Anticoagulants

MCQs

- Warfarin is an oral?

a. Anticoagulant which inhibits the reduction of vitamin K to its active form
b. Anticoagulant which acts as a direct antithrombin III inhibitor
c. Anticoagulant which inhibits the activated factor X
d. Antiplatelet which acts as an ADP receptor inhibitor
e. Antiplatelet which inhibit GPIIbIIIa

- A 70 year old women has a history of dyspnea and palpitations for six months, an ECG at that time showed atrial fibrillation, she was given digoxin, diuretics and aspirin. She now presents with two short lived episodes of altered sensation in the left face, arm and leg, there is poor coordination of left hand, ECHO was normal as was a CT head scan. What is the most appropriate next step in management?

a. Anticoagulant
b. Carotid endarterectomy
c. Clopidogrel
d. Corticosteroid
e. No action

- For a patient with suspected pulmonary embolism.What is the least appropriate strategy?

a. Thrombolytic therapy if cardiogenic shock is present
b. Initiation of anticoagulation treatment while diagnostic workup is ongoing
c. CT angiography if cardiogenic shock is present .
d. D dimer level measurement if shock is present
e. Bed side transthoracic echocardiography if the patient is in cardiogenic shock and CT angiography is not immediately available

- History: A female with history of long travel, then develops unilateral lower limb swelling with redness and hotness. She was diagnosed with DVT. She was started on Unfractionated heparin. 10 days later, she was found to have a platelet count of 60,000. Next step in management:

a. Stop unfractionated heparin and no longer anticoagulation
b. Stop unfractionated heparin and start low-molecular heparin.
c. Stop unfractionated heparin and start her on leperudine

- The treatment of choice for thrombotic events in the antiphospholipid antibody syndrome is?

a. Intravenous steroids b. High-dose oral steroids with a rapid taper c. Penicillamine d. Aspirin
e. Warfarin

- A 57-year-old man develops acute shortness of breath shortly after a 20-hour automobile ride. He has normal physical examination except for tachycardia,ECG: shows sinus tachycardia, but is otherwise normal.

Which ONE of the following is correct?

a- the patient should admitted to hospital and if there is no contraindicationto anticoagulant, Heparin should be started while waiting for tests.

b- Normal finding on examination of the lower limbs are extremely unusual

c- A definitive diagnosis can be made by history alone

d- Early treatment has little effect on overall mortality

e- The disease can be diagnosed definitely by Chest X-Ray

- A 50 year old man with no past medical history is found to be in atrialfibrillation during routine medical examination. He reports no history of palpitation or dyspnea.Normal physical examination. He refused DC cardioversion. If the patient remains in chronic Atrial fibrillation.

Which ONE of the following is most suitable treatment to offer?

a- Asprine. ??

b- warfarin,target INR 2-3. ??

c- no anticoagulation.

d- warfarin, target INR3-4.

e- warfarin, target INR2-3, for 6 months then Asprin.

- What is an indication for IVC (Inferior vena cava) or venous filter:

a- +Inability to anticoagulate in a patient with upper extremity DVT due to a vein catheterization xxx

b- Reccurent PE in a patient already on Warfarin with INR 1.5

c- Bleeding diathesis in a patient with femur fracture

d- A thrombus in the right ventricle

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- A 25 year old Pregnant female in the second trimester.she recently complains of dyspnea.pleuritic chest pain and left calf swelling and redness. Examination reveals a sinus tachycardia and her blood pressure is 130/80 mmHg,02 saturation is95% on room air. What is the best line of treatment?

a. Intravenous cefotaxime and oral azithromycin
b. Intravenous heparin and warfarin
c. Low molecular weight heparin
d. Thrombolysis with tenecteplase
e. Intravenous cefotaxime alone.

- A27 year women suffer from mitral stenosis develop atrial fibrillation. She placed on warfarin treatment what is the most appropriate target INR range?

a- Less than 1.0
b- 1.0 -2.0
c- 2.0-3.0
d- 3.0-4.0
e- More than 5.0

- 67 Y/O woman suffered a fracture to her hip during a fall and undergoes a successful hip replacement. After 2 weeks, the pt complains of pain in her leg, particularly on movement. On examination, the leg is swollen below the knee, erythematous and tender on palpation. The most appropriate one management is :

a) Aspirin
b) Low molecular weigh heparin
c) Warfarin
d) Early ambulation
e) Thrombolytic therapy

- Pateint taking antiTB and warfarin started feeling (arrythmia?) ?

Answer: Increase warfarin dose

Explanation: The Rifampin is hepatic microsomal enzymes inducer so increase the dose

- **Warfarin..**

INR

- **heparin antidote ..**

Protamine sulfate

- **Mechanism of action for warfarin>>**

Vit K ..etc.

- **Wrong about a patient with liver cirrhosis:**

A. Lactulose
B. Warfarin
C. Restrict proteins
D. Restrict diet
E. Restrict salt

Answer: B.
Salt restriction is often necessary, as cirrhosis leads to accumulation of salt (sodium retention). Diuretics may be necessary to suppress ascites. Diuretic options for inpatient treatment include aldosterone antagonists (usually spironolactone) and loop diuretics. Aldosterone antagonists are preferred for patients who can take oral medications and are not in need of an urgent volume reduction, with loop diuretics as additional therapy.[21]\
http://en.wikipedia.org/wiki/Cirrhosis#Management

- **A70 hypertensive woman patient with mild left hemiparesis and finding ofperistant atrial fibrillation. Optimal treatment with anti-hypertensive drugs would be ONE of the following**

a- close observation
b- permenant pace maker
c- asprin
d- warfarin
e- I.V heparin

- **best drug for DVT?**

Low molecular weight heparin

- one of the following drugs may be safely continued at the same dose in renal failure?

A. Tetracycline
B. Diclofenac
C. Warfarin
D. Nitrofurantoin
E. Lithium

- All the followings are true about Unfractionated heparin EXCEPT.

a. Safe in lactating women.
b. Antidote for over dose is vit. K.
c. Can cause heparin induced thrombocytopenia (HIT)
d. Prolong use can cause osteoporosis.
e. Safe in pregnancy.

- A 60 year old asthmatic lady is admitted with sudden onset left sided pleuritic chest pain and shortness of breath.Arterial blood gases are as follows: pH of 7.30, pO2 77 mmHg, and pCO2 28 mmHg.Chest X-ray is normal. She is commenced on oxygen.What is the most appropriate immediate action?

a. Chest CT scan
b. Request D-dimer
c. Start low molecular weight heparin and request CT pulmonary angiography
d. Start low molecular weight heparin and request echocardiography
e. Broad spectrum antibiotics

- A 57-year-old man comes to the emergency department with severe, central, crushing chest pain. By the time he arrives on the medical admissions unit he is pain-free.He had a myocardial infarction (MI) two years ago; additionally he has type 2 diabetes mellitus, hypertension and hypercholesterolaemia. His brother died of a MI at a similar age. His repeat prescriptions include aspirin, metformin, ramipril, amlodipine and atorvastatin.On examination he looks pale and sweaty. On auscultation he has vesicular breathing and normal heart sounds. He is overweight.His oxygen saturations are 98% on air; respiratory rate 14 breaths per minute; blood pressure 150/88 mmHg, heart rate 90 beats per minute.His blood sugar (BM) is 22.5.There are no ischemic changes on his ECG; however a 12 hour troponin is elevated. The admitting doctor has already given aspirin, clopidogrel and heparin.What is the next step in the management of this patient?

a. IV GTN infusion
b. 15L oxygen via non-rebreather mask
c. Primary PCI within 4 hours
d. Additional dose metformin
e. Angiography within 96 hours

- Drugs that affect platelets include all except?

a. Low molecular weight heparin
b. Aspirin
c. Isoniazid
d. penicillamine
e. Bendrofluazide

- Wrong about heparin:

A. Half life 90 minutes
B. Skin necrosis
C. Thromobcytopenia
D. Only administered SC and IV

- All about heparin true except??

cause skin necrosis

- Venous thromboembolism prophylaxis with subcutaneous heparin should be given to all of the following patients, EXCEPT :

A 60-year old woman undergoing total hip arthroplasty
A 45-year old man undergoing hemi-colectomy for colon cancer A 35-year old man mechanically ventilated for severe pneumonia A 70-year old man admitted with thrombotic stroke in the ICU
A 21-year woman who had normal vaginal delivery ####

- patient with stable angina on asprine, nitrate and B-Blocker, developed 3 episodes of sever and long –lasting chest pain each day over the past 3 days.

His ECG and cardiac enzymes are normal.
One of the following is the best treatment
a- admit the patient and start I.V digoxine
b- admit the patient and start I.V heparine
c- admit the patient and start I.V prophylactic streptokinase
d- admit the patient and for observation without changing hismedications
e- Discharge the patient with increasing the dose of B-blocker and nitrate

- All the following are mechanism – drug induced Hyperkalemia except :

a) Trimethoprim inhibits Na channels
b) yclosporin and Cl shunting
c) Heparin decreases Aldosterone level
d) Digoxin inhibits K-ATP ase

- 67 year old man with a 4 year history of NIDDM is admitted to the hospital with DVT in his calf . He is placed at bed rest & given a diet for diabetic patients & started on heparin therapy . He is treated with his chronic antihypertensive regimen of Captopril , 25 mg, twice daily

Labs :
Na 138 meq/L, K 4.6 meq/L , HCO3 25 meq/L , Cr 2 mg/dl stable for 2 years , 5 days later Blood pressure remained stable 135/85 mmHg , but labs became :
glucose 225mg/dl, Na 135 meq/L , k 7 meq/L , HCO3 21 meq/L , Cr 2.4 mg/dl , TTKG 4 .
What is the most likely cause of hyperkalemia ?
A) Acute adrenal hemorrhage
B) Acute Renal failure
C) Hyperglycemia
D) Pulmonary embolus
E) Hypoaldosteronism xxx