

MINISTRY OF HEALTH OF UKRAINE  
ZAPORIZHZHIA STATE MEDICAL UNIVERSITY  
DEPARTMENT OF GENERAL PRACTICE – FAMILY MEDICINE  
AND INTERNAL DISEASES

**N. S. Mykhailovska, A. V. Grytsay**

**PRIMARY ROLE OF FAMILY MEDICINE  
IN THE PUBLIC HEALTH SYSTEM**

COMPILATION OF TESTS FOR FINAL KNOWLEDGE CONTROL  
*for 6th-years students of international faculty  
speciality «Medicine», «Pediatrics»*



Zaporizhzhia  
2023

UDC 614.253.2-055(079.1)

M99

*Recommended for publication by Central Methodical Council  
of Zaporizhzhia State Medical University as a study guide  
(Protocol № 3 of 23.02.2023)*

**Authors:**

*N. S. Mykhailovska* – Doctor of Medical Sciences, Professor, head of General practice – family medicine and internal diseases department Zaporizhzhia State Medical University;

*A. V. Grytsay* – PhD, associated professor of General practice – family medicine and internal diseases department, Zaporizhzhia State Medical University.

**Readers:**

*S.Y. Dotsenko* – Doctor of Medical Sciences, Professor, Head of the Internal Medicine №3 Department, Zaporozhye State Medical University;

*D.A. Lashkul* – Doctor of Medical Sciences, Professor, Head of the Internal Disease 1 Department and simulation medicine, Zaporozhye State Medical University.

**Mykhailovska N. S.**

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Primary role of family medicine in the public health system : compilation of tests for final knowledge control for the practical classes and individual work for 6th-years students of international faculty (speciality «Medicine», «Pediatrics») Discipline «General practice – family medicine» / N. S. Mykhailovska, A. V. Grytsay – Zaporizhzhia : ZSMU, 2023. – 145 p.

Compilation of tests compiled in accordance with the program of «General practice - family medicine». Guidelines are intended to help students prepare for practical classes and learn the material. Can be used for training of 6<sup>th</sup>-years students of international faculty, discipline «General practice - family medicine».

**Михайловська Н. С.**

Первинна роль сімейної медицини в системі охорони здоров'я: збірник тестових завдань для студентів VI курсу міжнародного факультету (спеціальність «Медицина», «Педіатрія») з дисципліни «Загальна практика – сімейна медицина» / Н. С. Михайловська, Г. В. Грицай – Запоріжжя: ЗДМУ, 2023. – 145с.

Збірник тестових завдань складений відповідно до програми «Загальна практика - сімейна медицина». Видання має на меті сприяти кращому засвоєнню теоретичних знань студентами під час підготовки до практичних занять. Збірник рекомендований для використання студентами VI курсу міжнародного факультету з дисципліни «Загальна практика - сімейна медицина».

**UDC 614.253.2-055(079.1)**

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## PREFACE

The main aim of the National Program for the Development of Primary Health Care is to ensure the reduction of the morbidity, disability and mortality of the population by establishing the effective functioning of the system of available and high quality medical care on the basis of general practice - family medicine. In terms of health care reforming in Ukraine it becomes very important to teach students of medical universities the basics of the organization of the family doctor's activities.

Compilation of tests for VI year students of international faculty for the universities of III-IV accreditation level was made in the absence of such publications in Ukraine and urgent need in high level preparation of future family physicians on the undergraduate stage in terms of health care reform.

Compilation of tests for the final control of students' knowledge is compiled in accordance with the program of educational discipline "General practice - family medicine". The compilation includes tests on principles of organization of primary health care on the basis of family medicine and medical and social aspects of public health as the basis of preventive and therapeutical medicine, the basics of insurance medicine and telemedicine; test tasks for the provision of emergency medical help by a general practitioner - family doctor in emergency conditions: pain, bronchoobstructive syndromes, hypertensive crisis, heart rhythm disorders, convulsions, coma, bites, comas, effects of high and low temperatures, etc.

The publication aims to facilitate the better acquisition of theoretical knowledge by the students of the VI course of the medical faculty during the preparation for the final module control.

The cover image was downloaded from website <https://www.haywardfamilycare.com/>.

Compilation of tests is designed for the students of the VI course of the international faculty, interns, as well as teachers involved in the preparation of general practitioners - family doctors. This compilation of tests is being published for the first time.

## MODULE 1

### «ORGANIZATIONAL ASPECTS OF PRIMARY PUBLIC HEALTH IN UKRAINE, PRIMARY ROLE OF FAMILY MEDICINE IN THE PUBLIC HEALTH SYSTEM»

1. The main responsibilities of the family doctor in providing of health care to the population at assigned district are all, except:
  - A. timely provided therapeutic care;
  - B. organization of hospitalization of patients;
  - C. Organization of specialized medical care;
  - D. examination of temporary disability;
  - E. organization of dispensary observation of population.
2. Competence of general practitioner (the family doctor) has:
  - A. district therapist;
  - B. pediatrician;
  - C. obstetrician-gynecologist;
  - D. any doctor that provides medical care to the patient in health care institution;
  - E. a doctor, who held a special multidisciplinary training in providing care to family members, regardless of their sex and age.
3. Choose principles of work of the family doctor
  - A. The focus of the doctor directed not on the patient but on the plan of examination;
  - B. Focusing on the features of the family and society, in which the patient resides;
  - C. Working with the late stages of the disease;
  - D. High prevalence in family doctor's practice of severe diseases;
  - E. Working not with the family as a whole but separately with each of its members.
4. Select the main medico-social population health indicators:
  - A. Birth rate, mortality rate, rate of natural increase, child mortality, premature birth frequency, life expectancy, primary disability, incidence rate;
  - B. Birth rate, mortality rate, rate of natural increase, child mortality, life expectancy, incidence rate, proportion of healthy people among the total number of people;
  - C. Mortality rate, rate of natural increase, child mortality, premature birth frequency, primary disability;
  - D. Birth rate, rate of natural increase, child mortality, premature birth frequency, life expectancy, incidence rate;

E. Birth rate, mortality rate, rate of natural increase, child mortality, premature birth frequency.

5. According to the WHO, the ratio of conditions affecting the health, the following:

- A. Lifestyle, nutrition - 50%, genetics and heredity - 20%, the environment - 20% health care - 10%;
- B. Lifestyle, nutrition - 20% genetics and heredity - 30%; environment - 30% health care - 20%.
- C. Lifestyle, nutrition - 10% genetics and heredity - 30%, environment - 40% health care - 20%.
- D. Lifestyle, nutrition - 10% genetics and heredity - 30%, the environment - 20% health care - 40%.
- E. Lifestyle, nutrition - 20% genetics and heredity - 10%, the environment - 20% health care - 50%.

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6. The methods of evaluating quality of medical care include:

- A. Method of peer reviews;
- B. Accordance of model of final performance;
- C. method of evaluation of the preventive and therapeutic measures;
- D. Analysis and evaluation of demographic indicators.
- E. Analysis of indices of physical development

7. What information does genogram contain?

- A. Gene pool of patient's area;
- B. Individual set of tests for major diseases;
- C. List of family's hereditary diseases, detailed information on each family member, and the ratio of the risks of genetic diseases.
- D. A set of basic drugs.
- E. Medical history

8. What is the most promising way to improve public health?

- A. Elimination of risk factors;
- B. An opportune effective treatment of patients.
- C. Using effective tools for diagnostic and treatment of diseases;
- D. Creating favorable conditions of life;
- E. Establishment of improvement of health system.

9. What do we understand under the preventive activity of the population?

- A. Early appeal to healthcare facility to prevent the development of diseases;
- B. Absence of bad habits and implementation of hygiene recommendations for prevention of the diseases;
- C. Availability of healthcare centers and their implementation in everyday life;
- D. Strict compliance with the requirements of immunization;

- E. Compliance with hygiene standards.
10. The most important indicator in developing of measures of primary prevention in the population is:
- A. Level of somatic health;
  - B. State of the environment;
  - C. Quality of medical care;
  - D. Incidence;
  - E. Life expectancy.
11. Name the target of public health system
- A. Working off medical technology;
  - B. Improving the quality of medical care at all stages;
  - C. Providing of the socio-economic and medical conditions for the protection and improvement of public health;
  - D. Reducing morbidity and disability of population, storage and improving the health of the population;
  - E. Providing of social and public socio-economic, legal and medical measures that ensure a high level of protection and improvement of public health.
12. Define the health care system:
- A. Complex social dynamic functional system that created and used by society for the complex health and social measures aimed at protecting and constantly improving the health of each individual and population;
  - B. Health care is not and cannot be organizational and managerial system, because of its functional features.
  - C. the complex of treatment-and-prophylactic establishments
  - D. the treatment-and-prophylactic establishments of different levels and its intercommunication
  - E. the system of measures for health improvement
13. Why health care reform was needed?
- A. The presence of bureaucratic management, lack of autonomy and agency heads bookmarking health care;
  - B. Residual principles of health care financing, the effects of extensive way of development, poor health, excessive centralization of management;
  - C. The transition to the paid medical care;
  - D. The feasibility of the transition to health insurance, creating a mixed health system;
  - E. Lack of material resources.
14. What concept of "health" should be used in assigning a specific individual as "healthy" or "sick"?
- A. Average;
  - B. Generally pathological;
  - C. Populational;

- D. Individual actual;  
E. Individual theoretical.
15. What concept of "health" should be used to determine the health of people or group?  
A. WHO's definition;  
B. Generally pathological;  
C. Populational;  
D. Average;  
E. Individual theoretical or actual.
16. What concept of "health" based on the criteria of normal?  
A. Individual theoretical;  
B. General pathological;  
C. Average;  
D. Populational;  
E. Constructive.
17. The indices of individual health are:  
A. Physical, psychological, biological, social;  
B. Reproductive, adaptive resources;  
C. Homeostatic, reactivity;  
D. Viability biosystems;  
E. Absence of disease or infirmity.
18. The disease is:  
A. Any subjective or objective deviation from the state of physiological or psychological well-being, which established disease, injury or damage;  
B. Fact of the disease in individual person;  
C. Abstract nosological unit;
- D. Functioning of the organism, which is in continuous dynamic interaction of etiological factors of environment and characterized by freedom of activity.  
E. The abnormality of the organism  
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19. Groups of diseases that are not the most important among non-epidemic:  
A. Diseases of the circulatory system, respiratory and digestive;  
B. Accidents, poisoning and injury;  
C. Malignant neoplasms, active tuberculosis, venereal diseases, cardiovascular diseases, alcoholism and drug addiction, mental illness;  
D. Viral hepatitis, diphtheria, measles, polio;  
E. Mycoses, toxoplasmosis, brucellosis.
20. Types of medical and preventive care:  
A. Ambulatory, sanitary;  
B. Stationary, sanatorium;  
C. Ambulatory, stationary, sanatorium, emergency;  
D. Desinfective, sanitary;  
E. Ambulance.
21. The main volume of outpatient care should be carried out by:  
A. Neurologist;  
B. Surgeons;  
C. Allergologists;

- D. District physician and pediatricians (general practitioners, family doctors);
- E. Healthcare departments.
22. The ratio of the population that is treated in outpatient establishment is (%):
- From 40 to 50
  - From 50 to 60;
  - From 60 to 70;
  - From 70 to 80;
  - More than 80.
23. Main features of the organization of medical care for the rural population are:
- The presence of highly specialized care to rural medical stations, phasing;
  - A considerable proportion of first aid;
  - A considerable proportion of first aid and centralization of therapeutic help in the first stage;
  - Centralization therapeutic assistance and stages;
  - Stages, a considerable proportion of first aid.
24. Institutions that are part of rural medical stations:
- Central District Hospital;
  - The district hospital, clinic;
  - Medical clinic, antenatal;
  - Rural medical points;
  - The district hospital, medical clinic, medical points.
25. The prevalence of certain groups of diseases is calculated as:
- (number of new diagnosed disease with specified diagnosis) / (average population size) x 1000
  - (number of reported illnesses with the CURRENT Diagnosis) / (average population size) x 1000
  - (total number of diseases) / (average population size) x 1000
  - (total number of diseases per year) / (average population size) x 1000
  - (total number of diseases per month) / (average population size) x 1000
26. What is not a requirement for a family doctor?
- Initiative, discipline, faithful performance, their professional obligations;
  - Humanity and justice, mercy and kindness;
  - Communication;
  - High culture;
  - Active participation in the development of the country.
27. The main features of professional activities of a family doctor are:
- Possession knowledge and skills in therapy and related disciplines;



- B. Possession knowledge and skills in Obstetrics, Gynecology and Pediatrics;
  - C. Limited scope of professional activities by patients age and sex, organ systems involved or disease etiology;
  - D. Possession of knowledge and skills in pediatrics;
  - E. Possession of knowledge and skills in surgery.
28. How many children's health groups are defined:
- A. Two groups;
  - B. Three groups;
  - C. Four groups;
  - D. Five groups;
  - E. Six groups.
29. Children with chronic diseases in the stage of subcompensation included in:
- A. First group;
  - B. Second group;
  - C. Third group;
  - D. Fourth group;
  - E. Fifth group.
30. Family doctor was instructed to prepare a plan of complex preventive measures among the population. What are the measures for secondary prevention of diseases he must make in this plan?
- A. Prevention of complications of disease;
  - B. Prevention of disease;
  - C. Reduce sources of disease;
  - D. Improvement of living conditions;
  - E. Conducting rehabilitation activities.
31. Family doctor was instructed to undertake the analysis of morbidity at his district. Which sources can provide him with the statistical data about full accounting of acute reasons of death?
- A. Preventive examinations;
  - B. Specially organized study;
  - C. Causes of death;
  - D. Statements in outpatient clinics;
  - E. The survey population.
32. Family doctor was tasked to analyze the incidence with temporary disability. With the help of which statistical documents incidence with temporary disability can be defined?
- A. Report on the temporary disability, a sick-list, consolidated statement of accounting morbidity;
  - B. Report on the temporary disability, a temporary disability list;
  - C. Leaf disability, patient card that was out of the hospital;
  - D. Leaf disability, medical death certificate;

- E. Report on the temporary disability, card check-up.
33. A therapist was tasked to analyze adult health at his service area. What groups of indicators it will be involved in this analysis?
- A. Incidence, disability, mortality;
  - B. Demographic, incidence, and physical development;
  - C. Demographic, incidence, disability;
  - D. Fertility, incidence, disability;
  - E. Incidence, mortality, physical development.
34. Family doctor has analyzed child mortality his service area. What indicators have been used?
- A. Child mortality rate in the area;
  - B. Mortality of children under 1 year, mortinatality;
  - C. Mortality of children by age in hospitals;
  - D. Teenage mortality in the area;
  - E. Mortality of children under 1 year by age, sex, causes.
35. Family doctor has to prepare a report to the meeting on the state of health of his supervised area. What medical health indicators it should be used at the same time?
- A. The life expectancy;
  - B. Social welfare, satisfaction with quality of life;
  - C. Lifestyles, environmental pollution, genetic;
  - D. The average duration of treatment of the patient, the proportion of complications;
  - E. Morbidity, disability, demographic, and physical development.
36. Family Practice provides:
- A. Registration of history of the patient;
  - B. Registration of exchange cards;
  - C. Long-term concerns about the health of the patient and all members of his family, regardless of the nature of illness, functional status of internal organs and body systems, which continues during all the period of person's life;
  - D. Providing surgical care.
  - E. Registration of new case of disease
37. Form of physician's communication with the patient's family?
- A. Mandatory survey of all family members;
  - B. Family interviews;
  - C. Survey on effects of old diseases.

- D. Medical regular check-up  
E. Filling of questionnaire
38. Polymorbidity is:  
A. The presence of one disease;  
B. Development of several pathologies in one person;  
C. The presence of allergy.  
D. The co-existence of two diseases  
E. The co-existence of more than two diseases
39. What kind of work the family doctor doesn't perform?  
A. Admission of patients;  
B. Reception of healthy individuals;  
C. Serving patients at home;  
D. Prevention;  
E. Surgery.
40. The duties of the family doctor does not include:  
A. Providing timely medical care for adults;  
B. Providing timely medical care for children population;  
C. Clinical examination of the population;  
D. Taking courses to improve the professional level;  
E. Preparing medical personnel for operations.
41. Family doctor works on a principle:  
A. Brigades;  
B. GP;  
C. Clinics;  
D. Private;  
E. Day hospital.
42. Family doctor should know special issues in family treatment, except:  
A. Basic principles of family medicine;  
B. The method of practice of family medicine;  
C. The structure and development prospects of the family;  
D. Evaluation methods of family dysfunction;  
E. Work of stationary.
43. The functions of the family doctor include everything except:  
A. Provide qualified first aid;  
B. To conduct examination temporary disability;  
C. Conduct a disability group;  
D. Selection of patients for sanatorium treatment;  
E. Diagnosis and treatment of diseases of the internal organs;
44. General practitioner must possess the following practical skills except:  
A. Physical methods of examination of patients;  
B. The main methods of laboratory and instrumental studies;

- C. Keeping medical records;
  - D. Technology implementation injection techniques transfusion of blood and blood products;
  - E. Performing ultrasound of thyroid.
45. The duties of a general practitioner don't include:
- A. Nursing about their patients;
  - B. Being polite and honest;
  - C. Be competent;
  - D. Insurance of patients.
  - E. life style correction
46. What manipulations should be able to perform a family doctor?
- A. Injection;
  - B. Puncture of the pleural cavity;
  - C. Tracheostomy;
  - D. Dispensing medicinal baths;
  - E. Blood grouping.
47. Health protection - this:
- A.system of measures, sent to providing, maintenance and development of physiology and psychological functions, social activity and optimal capacity of man.
  - B.system of establishments which provide a health protection population.
  - C.control system by the guard of health of population.
  - D.system of the medical providing.
  - E.system of primary medicosanitary help.
48. A medicosanitary help it the complex of measures directed on:
- A. help to the persons with acute diseases and opening of new establishments of health protection, rehabilitation of patients and invalids.
  - B. help to the persons with chronic diseases and increase of sanitary culture
  - C. of providing of spa treatment, rise of sanitary culture
  - D. prevention of illness and disability, rise of sanitary culture, rehabilitation patients and invalids, help to the persons with chronic diseases and opening of new establishments of health protection
  - E. opening of new establishments of health protection and help to the persons with chronic diseases, rehabilitation patients and handicaps.
49. Establishments of Public health are:

- A. establishments which provide the management of health a guard
- B. the enterprises, establishments and organizations which provide the various requirements of population in sphere of health protection and medical providing.
- C. establishments which are give medicare of population
- D. social establishments for be single and people years old.
- E. All municipal hospital

50. The organs of Public health are:

- A. establishments which provide the management of health a guard
- B. the enterprise, establishments and organizations which provide the various requirements of population in industry of health protection and medical providing.
- C. establishments which are give medicare of population
- D. social establishments for be single and people years old.
- E. All municipal hospital

51. What normative-and-legal document in Ukraine is predefining the professional duties of medical and pharmaceutical workers?

- A. by the law of Ukraine "On providing of sanitary and epidemic prosperity of population"
- B. by the law of Ukraine of "Basis of legislation of Ukraine on a health protection"
- C. by the constitution of Ukraine
- D. by the law of Ukraine "On medications"
- E. by conception of reformation to the system of health protection Ukraine.

52. In what normatively-legal document in Ukraine are there these determinations of concepts "health", health "protection", "establishments of health protection"?

- A. law of Ukraine "On providing of sanitary and epidemic prosperity of population"
- B. law of Ukraine of "Basis of legislation of Ukraine on a health protection"
- C. constitution of Ukraine
- D. law of Ukraine "On medications"
- E. conception of reformation to the system of health protection Ukraine.

53. Principles of health protection citizens no are:

- A. free of charge of all types of medicare;
- B. free of charge of medicare which is conducted within the framework of the government program;
- C. priority of prophylactic measures;
- D. accessibility of medicosanitary help;
- E. social security of citizens in case of loss of health.

54. How many forms of compounding forms function today in practical activity of family doctor:

- A. 2
- B. 4
- C. 3
- D. 1
- E. the compounding forms of the ratified forms do not have.

55. Who has the right to give consent to medical interference?

- A. treating doctor;
- B. main doctor;
- C. patient;
- D. administration of enterprise, where a patient works;
- E. the relatives of patient

56. The disclosure of information which make a medical secret is shut out:

- A. on the request of the organs of social security and public welfare;
- B. at the threat of distribution of infectious diseases;
- C. at presence of signs, which allow to think that it is sorry to the health caused during realization of publicly-dangerous actions;
- D. on the request of the descendants;
- E. on the request of the office of public prosecutor.

57. In what normative-and-legal document are basic principles of health protection certain in Ukraine ?

- A. law of Ukraine "On providing of sanitary and epidemic prosperity of population"
- B. law of Ukraine of "Basis of legislation of Ukraine on a health protection"
- C. the constitution of Ukraine
- D. law of Ukraine "On medications"
- E. the conception of reformation to the system of health protection Ukraine.

58. What normatively-legal document in Ukraine is determine a right for a citizen on a health protection, medicare and medical insurance?

- A. by the law of Ukraine "On providing of sanitary and

- epidemic prosperity of population"
- B. by the law of Ukraine of "Basis of legislation of Ukraine on a health protection"
- C. by the constitution of Ukraine
- D. by the law of Ukraine "On medications"
- E. by conception of reformation to the system of health protection Ukraine.
59. What normative-and-legal document is marked in Ukraine as "alteration of primary medico-sanitary help foresees introduction of principles of family medicine"?
- A. law of Ukraine "On providing of sanitary and epidemic prosperity of population"
- B. law of Ukraine of "Basis of legislation of Ukraine on a health protection"
- C. th constitution of Ukraine
- D. law of Ukraine "On medications"
- E. the conception of reformation of the system of health protection Ukraine.
60. What drugs are written on the prescription form №2?
- A. Those, which appointed by a doctor to the patient gratis or on the favourable terms
- B. anabolic hormones
- C. drugs which act in the limited amount
- D. psychotropic drugs
- E. narcotic drugs.
61. What drugs are written on the on the prescription form №3?
- A. drugs and wares of the medical setting in accordance with the requirements of order of MHP of Ukraine № 233 from 25.07.1997
- B. drugs which are subject to the in-quantitative account
- C. narcotic drugs and psychotropic preparations
- D. appointed by a doctor to the patient gratis or on the favourable terms
- E. an alcohol is ethyl.
62. What index settles accounts as a relation of number of casual cases of major inepidemic diseases, first registered in this year and before, to the average annual quantity of population :
- A. index of prevalence of major non-epidemic diseases
- B. index of morbidity by major non-epidemic illnesses;
- C. structure of disease major non-epidemic illnesses;

- D. pathological staggered;  
E. no right answer.
63. Social meaningfulness of major non-epidemic diseases is caused by:  
A. by the high level of prevalence;  
B. by the considerable index of disability;  
C. by high disability;  
D. by the high level of death rate.  
E. all of mentioned above.
64. What is included in a division "development of primary medico-sanitary help" of national project in the sphere of health protection:  
A. rise in wages to the family doctor, general practitioners, district internists, district paediatricians, nurses;  
B. preparation and retraining of family doctor, district internists, district paediatricians, general practitioners;  
C. rigging the diagnostic equipment of ambulatory-policlinic establishments;  
D. rigging of first-aid cars;  
E. all of mentioned above.
65. Task of national project in the sphere of health protection:  
A. development of primary medicosanitary help;  
B. prophylactic measures;  
C. of providing of population hi-tech medicare;  
D. maternity and child health protection.  
E. all of mentioned above.
66. In what cases during realization of medico-diagnostic procedures the measures of obligatory and forced character should be used?  
A. treatment of child;  
B. testimonies to hospitalization;  
C. during realization of all types of quarantine measures and diseases which are a dangerous for surrounding.  
D. Emergency case  
E. Pregnancy complication
67. Who has the right to issue medical certificates?  
A. Attending doctor of healthcare institution;  
B. Physician of private clinic;  
C. Physician of Research Institute;  
D. Head nurse of the hospital;  
E. Employee of the Department of Medical University.
68. During last 12 months, the patient often had temporary disability because of exacerbation of the same disease (with short periods of well-being). Not later than which period of



sick leave for one year we need to send the patient to MSDE?

- A. 4 weeks;
- B. 4 months;
- C. 5 weeks;
- D. 5 months;
- E. 12 months.

69. What can cause person's temporary disability (but which is not directly related to his disease)?

- A. Recovering trauma;
- B. Sanatorium treatment;
- C. Occupational disease;
- D. Tuberculosis;
- E. Labor.

70. During 2 years the 12 years old girl was observed by family doctor because of asthma. She received a basic treatment (Seretide for 6 months). During last year there was no exacerbation of asthma. Please, indicate when the girl can be discharged from the dispensary with the full remission?

- A. 1 year
- B. 2 years
- C. 3 years
- D. 4 years
- E. 5 years

71. Medical ethics is defined as:

- A. Specific manifestation of the ethics of doctor;
- B. A system of moral principles that apply values and

judgments to the practice of medicine;

- C. The ability of the doctor to moral orientation in situations;
- D. A scholarly discipline;
- E. All of mentioned above.

72. Medical deontology considers relationships within the system:

- A. Doctor - patient;
- B. Physician – the society, the State, the law;
- C. Physician - other physicians, medical staff (good relations between health workers);
- D. Physician - micro environment of the patient;
- E. All of mentioned above.

73. Indicate which of the characteristics of medical ethics is correct:

- A. Is a specific manifestation of doctor's ethics;
- B. A science that considers issue of medical humanism, issues of duty, honor, conscience and dignity of health workers;
- C. A science that helps to produce a doctor's ability to moral orientation in the situations which require high moral and business and social qualities;
- D. All of mentioned above;
- E. Concerns the distribution of scarce health resources, and

the decision of who gets what treatment (fairness and equality).

74. The subjects of compulsory medical insurance are all of the following except:

- A. Health Insurance Fund;
- B. Insurance company;
- C. Healthcare organ;
- D. Medical institution;
- E. Citizen.

75. The methods and means of primary health prevention should consist of:

- A. Early diagnosis of diseases;
- B. Vaccination of the population;
- C. Preventive hospitalization;
- D. Preliminary and periodic medical examination;
- E. All of mentioned above

76. The definition of health by WHO, includes next elements:

- A. Physical, mental and social well-beings;
- B. Ability to work;
- C. Presence or absence of disease;
- D. Availability-designed house;
- E. Depends partially on the active, passive, and assisted cues people observe and adopt about their own health.

77. Public health is characterized by all indexes, except:

- A. Employment activity of the population;
- B. Morbidity;
- C. Disability;
- D. Demographic indexes;
- E. Physical development of the population.

78. Voluntary informed consent of the patient (or his representatives) should be obtained before the medical intervention:

- A. Always;
- B. In some cases;
- C. Usually;
- D. At the request of patient;
- E. At the request of doctor.

79. Statistical indices of Public health are all, except:

- A. Demographic indices;
- B. Incidence rate;
- C. Disability;
- D. Physical development;
- E. Working activity.

80. Specify which types of activity are not typical for tertiary prevention of alcoholism:

- A. Compulsory treatment;
- B. Prevention of relapses;
- C. Rehabilitation consumers in society;
- D. Re-socialization;
- E. Voluntary treatment.

81. Indicate what types of activities are not typical for secondary prevention of alcoholism:
- A. Early diagnosis of addiction;
  - B. Prevention of relapses;
  - C. Timely detection of abuse;
  - D. Timely treatment;
  - E. Timely physiotherapeutic treatment.
82. The main indices, which characterized Public health, are:
- A. Incidence rate;
  - B. disability;
  - C. physical development;
  - D. Demographic indices;
  - E. All of mentioned above.
83. International Classification of Diseases is:
- A. Regulatory document that provides comparability materials of health;
  - B. Classification system, providing a system of diagnostic codes for classifying diseases, including nuanced classifications of a wide variety of signs, symptoms, social circumstances, and external causes of injury;
  - C. Classification of diseases and injuries that have an official diagnosis;
  - D. Classification of signs, symptoms, abnormal findings, complaints, social circumstances, which were detected during research;
  - E. All of mentioned above.
84. “State of complete physical, mental and social well-being, the absence of disease or infirmity” is:
- A. Prevention;
  - B. Hygiene;
  - C. Day schedule;
  - D. Health.
  - E. The recovered disease
85. Valeology is a study about:
- A. State of living organisms on Earth;
  - B. Human health and the substances that support, stimulate, cause or increase health;
  - C. Mental state of the person;
  - D. Physical well-being;
  - E. An inexplicable energy that powers up person’s vitality.
86. The founder of the science valeology was:
- A. Amosov;
  - B. Bragg;
  - C. Brekhman;
  - D. Pavlov;
  - E. Mechnikov.

87. Complex of measures which help to prevent disease and preserve health is:

- A. Treatment;
- B. Hygiene;
- C. Immunizations;
- D. Prophylaxis;
- E. Life style

88. The risk of acquiring AIDS from a needle stick is very high among:

- A. Alcoholics;
- B. Drug addicts;
- C. Smokers.
- D. Patient with tuberculosis
- E. Urban resident

89. Which vitamin prevents from scurvy, affects the normal growth and promotes quick healing?

- A. D;
- B. C;
- C. A;
- D. B;
- E. E.

90. Fish oil, milk, egg yolk, liver contains next vitamin:

- A. D;
- B. C;
- C. A;
- D. B;
- E. E.

91. Indicate products rich with carbohydrates and fats:

A. Potatoes, chocolate, cream, sour cream;

B. Meat, fish, vegetables;

C. Seaweed, liver;

D. Juices, salads and fruits;

E. Fruits, chocolate.

92. Indicate one substance of milk which has great value for people:

A. Proteins;

B. Calcium;

C. Fats;

D. Carbohydrates;

E. Magnesium.

93. Prevailing substances of fruits and vegetables is:

A. Proteins;

B. Fats;

C. Vitamins;

D. Carbohydrates;

E. Pectin.

94. The iodine deficiency in the organism is the cause of:

A. Diseases of the gastrointestinal tract;

B. Disorders of the thyroid gland;

C. Vitamin deficiency;

D. Muscular dystrophy;

E. Depression.

95. Addictive behavior is:

A. Drug abuse;

B. Any activity, substance, object, or behavior that

- becomes the major focus of a person's life resulting in a physical, mental, and/or social withdrawal from their normal day to day obligations;
- C. A biological state that occurs when the body adapts to the current amount of the substance;
- D. Addiction and substance abuse;
- E. A physical, mental, and/or social withdrawal from their normal day to day obligations.
96. Please indicate which substances called addictive:
- A. Only drugs;
- B. All chemicals;
- C. Only psychotropic substances;
- D. Any substances that cause addiction;
- E. Some food.
97. Why it is impossible to define addiction as a social phenomenon:
- A. Specific social groups;
- B. The presence of withdrawal;
- C. Specific social relations between consumers;
- D. Mass addictive behavior;
- E. The conditions of tolerance.
98. Indicate whether alcohol and tobacco can be included into addictive substances:
- A. Only alcohol;
- B. Only tobacco;
- C. Yes;
- D. No;
- E. Sometimes.
99. The basic method of studying lifestyle is:
- A. Observation;
- B. Testing;
- C. Questionnaire;
- D. Experiment;
- E. Interview.
100. 38-years old man has overweight. His blood pressure is 130/80 mm Hg. He has no symptoms of CHD. Total cholesterol level 5,2 mmol/l, LDL Cholesterol 3.8 mmol/l, triglycerides 1,7 mmol/l. Which measures for atherosclerosis prevention should be used in this case?
- A. Diet lowering lipid levels in the organism;
- B. Drugs that affect the synthesis of lipids in the body;
- C. Drugs that affect the synthesis of cholesterol in the liver;
- D. Drugs that affect the absorption of cholesterol in the intestine;
- E. Drugs that contain essential phospholipids.

101. The patient underwent macro-focal myocardial infarction. Body weight exceeds the norm on 36%. BP 150/90 mmHg. Blood glucose 5,9 mmol/l, total cholesterol 4,9 mmol/l, uric acid 0,211 mmol/l. Which of risk factors takes priority over other for secondary prevention?

- A. Obesity;
- B. Hypertension;
- C. Hyperglycemia;
- D. Hypercholesterolemia;
- E. Hyperuricemia.

102. Define the concept of health of the individual:

- A. This is a state of complete physical and social well-being;
- B. A unity of biological and social qualities of person;
- C. Is the process of preservation and development of mental, physiological, biological health, individual optimal work ability, social activity with a maximum duration of active life;
- D. A state of complete physical, mental and social well-being;
- E. A state of complete physical well-being in the absence of disease or infirmity.

103. During 2 years the patient of 58-years old suffered from osteoarthritis

of the knee. He was accountant. 2 weeks he spent in hospital because of exacerbation of disease. The patient was discharged with minimal complaints of pain after prolonged static load. Local hyperthermia and exudative phenomena in the joints were absent. What may be expedient to further treatment of the patient?

- A. Treatment in a sanatorium;
- B. Re-hospitalization after 2 weeks;
- C. To conduct arthroscopy;
- D. Refer to MSCE;
- E. Consultation of orthopedist.

104. During 6 months the patient had complete remission of chronic pancreatitis. The doctor canceled the diet, appointed ultrasound and examination of pancreatic juice, recommended to the patient the actions of doctor:

- A. Should not have to cancel a diet;
- B. Should not be administered ultrasound and sensing;
- C. Should not have sent him to the sanatorium;
- D. Everything is done correctly
- E. Should prescribe prophylactic treatment.

105. The most significant impact on the health is given by all of the factors, except:

A. Cultural level of the population;

B. Ecological and environmental factors;

C. Quality and availability of medical care;

D. Safe working conditions;

E. Balanced nutrition.

106. The patient had ulcerative colitis. Six months ago he was discharged from hospital. Now his state is satisfactory. He takes prescribed medications, diet. Family doctor canceled herbal medicine for three months and sent the patient to sanatorium treatment. Assess the actions of doctor.

A. Everything is done correctly;

B. Everything is done by mistake;

C. Should not send the patient to sanatorium treatment;

D. Should not have to cancel herbs;

E. Should send patient to the hospital.

107. The woman is pregnant (32 weeks). The second prenatal patronage is planned. What is the purpose of patronage of pregnant in this case?

A. Assessment of household and material conditions of family;

B. Assessment of the state of pregnancy;

C. Teaching mothers of child care;

D. Assessment of heredity;

E. To recommend the diet and treatment for pregnant.

108. 35-years old patient with acute endometritis received the diadynamic therapy. Which was a therapeutic effect of diadynamic in this case?

A. Analgesia;

B. Myostimulation;

C. Trophic;

D. Immunostimulatory;

E. Anti-inflammatory.

109. 46-years old patient has varicose veins of the legs. The d'arsonvalization was prescribed for him. Which are contraindications for this procedure?

A. Acute right side pleuritis;

B. Arthrosis of the right knee;

C. Arterial hypertension (1-2 stage);

D. Acute lobular pneumonia (subacute stage);

E. Neck pain.

110. 36-years old patient has premature hair loss. The d'arsonvalization was prescribed for him. What is the mechanism of improvement of hair growth after local d'arsonvalization?

A. Underpinning the formation of vitamin D;

- B. Myostimulation effect;
- C. Improvement of blood circulation of hair follicles;
- D. Normalization of hormonal;
- E. Antispasmodic effect.

111. 19-years old patient with furuncle of gluteal areas received intended shortwave ultraviolet radiation (UVR). What is the pathogenic effect of UVR in the treatment of this disease?

- A. Anti-inflammatory;
- B. Stress-inducing;
- C. Bactericidal;
- D. Thermal;
- E. Trophic.

112. The ultraviolet irradiation was recommended to 19-years old patient with an infected wound of right shoulder. What disease is a contraindication for this procedure?

- A. Lupus;
- B. Sciatica;
- C. Osteoarthritis;
- D. Rickets;
- E. Hypovitaminosis D.

113. The pine baths with indifferent temperature was recommended to 50-years old patient with arterial hypertension (1 stage). What may be a contraindication to this method?

- A. Leucosis;
- B. Heart failure 1 stage;
- C. Subacute arthritis;

- D. Thyrotoxicosis;
- E. Chronic cholecystitis.

114. The baby of 9 months old was observed by family doctor. Detained tooth developments, prolonged period of healing fontanel, weakness were diagnosed. What type of hypovitaminosis it may be?

- A. Hypovitaminosis A;
- B. Hypovitaminosis B1;
- C. Hypovitaminosis B6;
- D. Hypovitaminosis C;
- E. Hypovitaminosis D.

115. The patient with severe injury spent in hospital three months. Which can be the maximum duration of treatment in the medical-and-prophylactic institution with sick leaf?

- A. 1 month;
- B. 2 months;
- C. 3 months;
- D. 4 months;
- E. 5 months.

116. In rural hospital the incidence of cervical cancer was increased. It was decided to conduct the examination of women. What is a type of this examinations?

- A. Complex;
- B. Regular;
- C. Current;
- D. Target;
- E. Screening.



117. The employee passed medical check-ups before work. Which is type of this medical examinations?

- A. Complex;
- B. Planned;
- C. Periodic;
- D. Target;
- E. Regular, preventive.

118. The primary prophylaxis of diseases includes:

- A. Warning of further development of illness and her complications;
- B. Methods to avoid occurrence of disease and influence on risk factors;
- C. Optimization of life style;
- D. improvement of socio-economic conditions;
- E. Medico-sanitary help to the patients with acute diseases.

119. The concept of "health" from positions of individual theoretical approach includes:

- A. The state of organism of person, which perms to execute the biological and social functions;
- B. The state of organism of person, when all his functions are balanced with an environment;
- C. The state of complete social, biological and mental well-

being with absence of disease and physical defects;

- D. Conditional statistical concept, which is characterized by the complex of demographic indices, morbidity, physical development and disability;
- E. The period when the oscillation of biological processes retained the organism at the level of functional optimum.

120. Leading groups of factors, which negatively impact on population's health a:

- A. Medico-biological factors, life style and ethnic factor;
- B. Volume and quality of medical care, education level, environment and medico-biological factors;
- C. Life style, medico-biological factors, environment, volume and quality of medical care;
- D. volume and quality of medical care, medico-biological factors, environment;
- E. environment, education level, ethnic factor, life style.

121. The share of influence of life style on the population's health (in %) is:

- A. 49-53%

- B. 18-22%
- C. 17-20%
- D. 8-10%
- E. 55-64%

122. The share of influence of volume, quality of medical care and inefficiency of prophylactic measures on population's health (in %) is:

- A. 49-53%
- B. 18-22%
- C. 17-20%
- D. 8-10%
- E. 55-64%

123. What is a risk factor of disease or death?

- A. reason of disease or death;
- B. endo- or exogenous additional unfavorable factors, which increase probability of onset of disease or death;
- C. level of specific antibodies in the blood serum and essential hypertension;
- D. life style, environment;
- E. the environment, psycho-emotional distress.

124. Types of prophylactic examinations which are carried out in medical institutions:

- A. periodic, having a special purpose;
- B. medical, every quarter;
- C. annual, ambulatory;

D. preventive, periodic, having a special purpose;

E. preventive, medical, every quarter.

125. According the WHO, the people of 60-74 years old belong to:

- A. long-livers;
- B. old people;
- C. senile age;
- D. middle age.

126. A healthy life style is one which provides:

- A. keeping the health;
- B. the high working ability;
- C. active longevity;
- D. all of mentioned above;
- E. improving people's health and well-being

127. The indexes which estimate the primary prophylaxis are:

- A. dynamics of primary morbidity;
- B. of decline of acute diseases incidence;
- C. dynamics of primary morbidity and of increase of frequency of healthy persons in population;
- D. general morbidity;
- E. invalidism.

128. Secondary prophylaxis includes:

- A. Methods to diagnose and treat existent disease in early

- stages before it causes significant morbidity;
- B. warning of diseases onset and influence of risk factors;
  - C. optimization of life style;
  - D. improvement of socio-economical conditions;
  - E. Medico-sanitary help to the patients with acute diseases.
129. The concept "health" as a individual practical approach includes:
- A. the state of organism, which perms to execute biological and social functions;
  - B. the state of organism, when all his functions are balanced with an environment;
  - C. the state of complete social, biological and mental prosperity "simultaneously with absence of illness and physical defects";
  - D. conditional statistical concept, which is characterized by the complex of demographic indices, morbidity, physical development and disability.
  - E. Period within which the oscillation of biological processes retained organism at the level of functional optimum.
130. The share of influence of environmental factor on health (in %) is:
- A. 49-53%;
  - B. 18-22%;
  - C. 17-20%;
  - D. 8-10%;
  - E. 55-64%.
131. The share of influence of medico-biological factors on health (in %) is:
- A. 49-53%;
  - B. 18-22%;
  - C. 17-20%;
  - D. 8-10%;
  - E. 55-64%.
132. The endogenous risk factors of diseases are belonged:
- A. level of specific antibodies in the blood serum and arterial hypertension;
  - B. life style, state of environment;
  - C. age;
  - D. sex;
  - E. heredity.
133. The exogenous risk factors of diseases are belonged:
- A. psycho-emotional distress;
  - B. climate, life style;
  - C. life style, environmental factor;
  - D. level of non-specific antibodies;

E. the environmental factor, level of non-specific antibodies.

134. On the first place in the structure of morbidity in Ukraine is:

- A. illness of breathing organs;
- B. oncological diseases;
- C. illness of the nervous system;
- D. endocrine diseases;
- E. illness of the system of circulation of blood.

135. The basic criteria of healthy life style are:

- A. Adequate nutrition;
- B. Absence of bad habits or addiction;
- C. Health education;
- D. Positive social communication
- E. Physical fitness.

136. The risk of onset and progression of atherosclerosis increases such factor:

- A. sedentary life style;
- B. smoking;
- C. excessive body mass;
- D. hyperhomocysteinemia.
- E. options A, B.

137. The patients with isolated systolic arterial hypertension are attributed to such group:

- A. Low risk of cardiovascular complications;

B. Middle risk of cardiovascular complications;

C. High risk of cardiovascular complications;

D. No risk of cardiovascular complications;

E. Very high risk of cardiovascular complications.

138. Medical programs, medical management software allows to automate all phases of the organization, including the following features:

- A. Medical billing creates a single database of patients;
- B. Easy search of patients, find patient;
- C. There is a preliminary registration to any doctor or research study;
- D. Healthcare practice management contains a register of medical examinations;
- E. All of mentioned above.

139. External factors which can impact on the change of priority:

- A. importance of process;
- B. amount of active files;
- C. there is a necessity in allocation of memory;
- D. time of implementation;
- E. plenty of memory to store information.

140. Medical programs, medical management software allows to automate all phases of the organization, including the following features:

- A. EMR system, patients history contains all visits of each client;
- B. Program medical stores all results of consultations;
- C. Application allows each specialist to set individual work shift, taking into account holidays;
- D. Software store the results of any investigations: ultrasound, laboratory tests, etc.;
- E. All of mentioned above

141. Medical programs, medical management software allows to automate all phases of the organization, including the following features:

- A. Medical coding and billing classes assigns each employee individual money rates;
- B. Electronic Healthcare Records fill cards for all patients;
- C. Patient guidelines, management medical provides automatic filling in any forms, reports and journals;

- D. Medical systems supported Diagnostic Center;
- E. All of mentioned above.

142. What is the auxiliary device which is imitated by programmatic facilities?

- A. virtual;
- B. imaginary;
- C. imitated;
- D. fictitious;
- E. visual.

143. What is the intermediate data storage in «rapid» memory for the repeated working?

- A. spooling;
- B. paging;
- C. swapping;
- D. cashing;
- E. hard disk.

144. How are algorithms and data structures named for providing of saving of information in bulk storage?

- A. hard disk;
- B. file system;
- C. virtual disk;
- D. files and folders;
- E. spooling.

145. Name the logical integral data set which is kept in bulk storage?

- A. file;
- B. document;
- C. program;
- D. cluster;

- E. file system.
146. What is the hierarchical structure of saving of information foresee organization of files?
- sectors;
  - clusters;
  - catalogues;
  - to the file system;
  - file.
147. The medico-social researches of health include:
- individual health;
  - group health;
  - regional health;
  - population health;
  - all of mentioned above.
148. The index authenticity of arithmetic average is determined by:
- moda;
  - criterion of authenticity;
  - errors of representative;
  - standard deviation;
  - limit.
149. Which index is used for defining difference between two averages?
- mode;
  - Student test;
  - errors of representative;
  - standard deviation;
  - limit.
150. Which is statistical significance of result, if the values lie within one standard deviation of the mean ( $\pm\sigma$ ):
- 10%;
  - 68%;
  - 95%;
  - 99%;
  - 100%.
151. What from stated below is not the element of time series:
- mode;
  - median;
  - error of representativeness;
  - amplitude;
  - variant.
152. According the three-sigma rule which share of values lie within three standard deviations of the mean in a normal distribution:
- 10,13%;
  - 68,27%;
  - 99,73 %;
  - 95,45%;
  - 100%.
153. How to represent graphically the dynamics of birth-rate during 5 years:
- by line chart;
  - by a radial diagram;
  - by cartogram;
  - by a sector diagram;
  - by a scatter plot.
154. Which value of correlation coefficient can be considered reliable:

- A.  $t=0,4$ ;
- B.  $t=1,8$ ;
- C.  $t=2,6$ ;
- D.  $t=3,7$ ;
- E.  $t=2,1$ .

155. How to describe relationship between two variables, if the correlation coefficient of is  $-0,62$ :

- A. negative middle-force relationship;
- B. negative weak relationship;
- C. negative strong relationship;
- D. positive middle-force relationship;
- E. positive weak relationship.

156. In which stage of clinical trial you conduct the registration and account of signs of the explored phenomenon:

- A. first;
- B. second;
- C. third;
- D. fourth;
- E. before trial.

157. «Grouped» statistical table is characterized by:

- A. by 3 interconnected signs;
- B. by one sign;
- C. by a few signs unconnected between itself;
- D. by 2 interconnected signs;
- E. by 4 interconnected signs .

158. A primary medico-prophylactic help is provided by:

- A. treatment in the specialized department;
- B. treatment of most widespread diseases, realization of health measures;
- C. direction the patient to the medical institution with specialized and high specialized help;
- D. simple diagnostics, hygienic education of population;
- E. consultation by general practitioner (family doctor), simple diagnostics, direction patient to the medical institution with specialized and high specialized help.

159. The basic tasks of medical rehabilitation are:

- A. the choice of new profession;
- B. acquisition of skills by using some auxiliary measures and vehicle;
- C. adaptation to the everyday life;
- D. maximal renewal of ability of person;
- E. medico-labour examination.

160. By which type of morbidity the group of often ill is defined:

- A. general morbidity;
- B. acute epidemic morbidity;
- C. non-epidemic morbidity;

- D. morbidity with the temporary disability;
- E. hospitalized morbidity.

161. The secondary medico-prophylactic help is:

- A. the direction of patient for the specialized and high specialized help;
- B. simple diagnostics procedure, hygienic education of population;
- C. consultation of general practitioner (family doctor), simple diagnostics, direction patient for the specialized and high specialized help;
- D. skilled advising, diagnostics and treatment by doctors-specialists;
- E. the treatment of the most widespread diseases.

162. Specify indexes which characterize morbidity with the temporary disability:

- A. absolute number of cases of temporary disability;
- B. absolute number of days of temporary disability;
- C. mean duration of one case of temporary disability;
- D. primary morbidity;
- E. prevalence of diseases.

163. A tertiary medico-prophylactic help is given by doctors or group of doctors in the case of:

- A. difficult illnesses for diagnostics and treatment, and illnesses which meet rare;
- B. realization of prophylactic reviews;
- C. realization of the health centre system;
- D. simple diagnostics and hygienic education of population;
- E. treatment of the most widespread diseases.

164. A woman works at the weaving factory. Because of a hypertension crisis she spent some days in the hospital. How you will decide the question about her disability?

- A. after ambulatory treatment you will recommend to change the job;
- B. to close the medical certificate and discharge to work;
- C. to close the medical certificate and recommend the change the work;
- D. to continue the medical certificate for one month;
- E. after ambulatory treatment she will go back to the workplace.

165. After the long clinical supervision a family doctor has to decide the question about character of disability. Who will send a patient to



the medico-social commission of expert?

A. manager of department of out-patient clinic;

B. the medical advisory commission;

C. doctor specialist;

D. family doctor;

E. manager of hospital department.

166. One doctor works in rural family out-patient's clinic. For which term this doctor can give out the medical certificate personally?

A. maximum to 30 days with following direction to medical advisory commission;

B. for all period of temporary disability;

C. maximum for 6 days with following direction to medical advisory commission;

D. maximum for 10 days with following direction to medical advisory commission;

E. maximum for 14 days with following direction to medical advisory commission.

167. The worker of private firm fell ill with acute respiratory viral infection. The family doctor established the fact

of temporary disability. But he refused to give out the medical certificate, because a patient worked in private institution. Will the doctor give out the medical certificate in this case?

A. yes, it should be given out regardless of ownership of institutions;

B. no, it should be given out only to the workers of municipal institutions;

C. no, it should be given out only because of temporary disability;

D. yes, it should be given out in the condition of guarantee of payment by firm;

E. no, it should be never given out.

168. Patient of 37th years old complained to the acute pain in right epigastric region, with irradiation to a back, nausea, vomiting. During 15 years he had gastric ulcer, he was self-treated irregularly. Objectively: pale, moistured skin; a tongue was assessed, a stomach was tense, painful at palpation in a pyloroduodenic area, "+" Mendel, Obrazcov symptoms. Complex blood analysis: neutrophilic leukocytosis, EPR 28 mm/hour. Gregersen reaction was negative. X-ray examination: the three-stratified niche of 0,8 x 1,2 cm with setting fire billow to 7 mm is submerged in the bulb of duodenum.

1. Gregersen Reaction is:
  - A. determination of H. pylory;
  - B. determination of pancreas enzymes in blood;
  - C. occult blood urine analysis;
  - D. occult blood feces analysis;
  - E. determination of pancreas enzymes in urine .

2. You diagnosed in this patient:
  - A. duodenal ulcer, exacerbation, heavy clinical course, gastric bleeding;
  - B. stomach cancer with tumor lysis syndrome;
  - C. duodenal ulcer, exacerbation; chronic superficial gastritis;
  - D. duodenal ulcer, exacerbation, associated from H. pylory;
  - E. duodenal ulcer, exacerbation, heavy clinical course, penetration of ulcer.

3. Further doctor's actions will be following:
  - A. treatment in daily-hospital
  - B. planned hospitalization in a therapeutic department
  - C. emergency hospitalization in surgical department
  - D. planned hospitalization in surgical department
  - E. out-patient treatment

169. During medical examination of man without complaints, the doctor defined some objective changes. A

skin was moderately pale. Heart borders were: the right one - on the right edge of breastbone, overhead - an overhead edge of III rib, left - a 1 cm to the left from a linea medioclavicularis. I tone was weak above an apex, accent of II sink in II intercostal space on the left of breastbone; above an apex systolic murmur which was conducted in the axillary area.

1. X-ray examination in this case help to define all signs, except:
  - A. smooth out waist of heart;
  - B. shadow of heart as "sabot" (wooden boot);
  - C. the left ventricle hypertrophy;
  - D. rejection of contrast gullet on the arc of large radius from lateral view;
  - E. to smooth out waist of heart and the left ventricle hypertrophy.

2. In this case the most typical characteristic will be:
  - A. increasing of top limit of heart;
  - B. murmur with systolic fremitus;
  - C. pansystolic murmur in the apex;
  - D. inspiratory strengthening of systolic murmur

- E. murmur with diastolic fremitus
3. This clinical symptoms are typical for such heart disease:
- congenital heart disease;
  - mitral stenosis;
  - the combined mitral valvular disease;
  - aortic stenosis;
  - mitral incompetence.
4. Which examination program you will propose first of all?
- biochemical blood tests for determination of rheumatism's activity;
  - biochemical blood tests for determination of rheumatism's activity + Echo-CG;
  - ECG + Echo-CG;
  - X-ray heart examination + ECG + Echo-CG;
  - Heart auscultation.
5. Which will be your action in this case?
- a secondary prophylaxis;
  - seasonal treatment;
  - the surgical correction;
  - the therapeutic treatment;
  - only dynamic supervision.
  - to appoint bycilin-5 one time in a month during one year

170. The patient of 25 years old appealed to the family doctor with complaints for pain, swelling of right knee joint and interphalangeal joints of right foot, hyperthermia 37,8, sickness. He was ill 2 weeks. He was self-treated. During this period urethral mucopurulent excretions and feeling of "sand in eyes" appeared. Objectively: the general condition is satisfactory; body temperature was 37,3; the skin with single psoriatic eruption, 5 mm in diameter; hyperemia of conjunctiva, injection of scleras. The cardiac border was not changed. Heart sounds are stored, the systolic "cliques" on apex; deformation of right knee joint and interphalangeal joints of right foot.

1. Your previous diagnosis will be:
- rheumatic fever, mitral incompetence, rheumatoid joint inflammation;
  - rheumatoid joint inflammation;
  - Reiter's disease;
  - gonococcus arthritis;
  - psoriatic arthritis,
2. Define the etiological agent of this disease:
- enterovirus;
  - streptococcus agalactiae;
  - gonococcus;
  - chlamydia;
  - not one of resulted.

3. Define the further curing tactic:

- A. treatment by dermatovenereologist;
- B. treatment in therapeutic hospital (rheumatology);
- C. out-patient treatment without medical certificate;
- D. treatment in daily-hospital;
- E. out-patient treatment with medical certificate.

4. Prescribe the plan of treatment:

- A. meloxicam 15 mg once a day;
- B. azithromycin 1 g per os non-permanent + meloxicam 15 mg once a day;
- C. Prednisolone of 30 mg once a day;
- D. Penicillinum 3 millions once a day intramuscular + Celecoxib 400 mg once a day;
- E. psoriasis treatment according to dermatovenereologist recommendations + Celecoxib 400 mg once a day.

171. Typical clinical symptoms of stable angina pectoris are:

- A. squeezing pain;
- B. retrosternal pain;
- C. efficiency of Nitroglycerin;
- D. broadened of pain irradiation;

E. normal ECG during attack and after the physical loading.

172. Several years ago, the patient of 55 years old had myocardial infarction. Now ABP rise to 160/100 mmHg. The family history – arterial hypertension. Which antihypertensive drugs you will prescribe to patient?

- A.  $\beta$ -adrenergic receptor blocker;
- B. diuretics;
- C. ACE inhibitors;
- D. vasodilators;
- E. ACE inhibitors or  $\beta$ -adrenoblocker.

173. The main differences between the IIA stages of heart failure (left-sided type) and I stages are:

- A. ABP increasing;
- B. acute peripheral edemata (transit);
- C. tachicardia in a rest position;
- D. symptom of the greater circulatory congestion;
- E. symptom of the lesser circulatory congestion.

174. What form of chronic glomerulonephritis is contraindication for heparin?

- A. with urinary syndrome, progressive clinical course;
- B. with hematuria syndrome;
- C. with nephrotic syndrome;
- D. with nephrotic syndrome (the stage of chronic renal failure);

E. with urinary syndrome (the stage of chronic renal failure).

175. The treatment of the secondary chronic pyelonephritis includes all, except:

- A. renewal and normalization of passage of urine;
- B. diuretics;
- C. immunomodulators;
- D. glucocorticoids;
- E. antibiotic.

176. What from the noted indexes is used for monitoring of bronchial asthma:

- A. FEV1 is a volume of air, which fizzes out at the forced exhalation for the first second after complete inhalation;
- B. MEF - index of maximal expiratory flow which is formed in times of the forced expiratory;
- C. VCL - a vital capacity of lungs;
- D. FVCL - the forced vital capacity of lungs;
- E. RV – residual volume.

177. Office worker did not go out to work as a result of high fever and indisposition. The family doctor was called home and asked to give the medical certificate. What can be ground for medical certificate issue?

A. the conclusion of medical-advisory commission;

B. the record from the "Book of registration of doctor's home visit";

C. the medical examination of patient by doctor;

D. the results of blood, urine and chest X-ray test;

E. complex medical examination.

178. The patient of 53 years old complains for feeling of heaviness in epigastric area, nausea, annoying taste in the mouth, unstable stool, emaciation, poor appetite. He was ill during 7 years. He was self-treated by alternative medicine. During two weeks it was last exacerbation. Clinical features: sufficient feed, clammy skin; no enlarged lymph node, abdominal (epigastric) wall tenderness.

1. In this case you diagnose:

- A. gastric dyspepsia;
- B. chronic non-atrophic gastritis (normoacidic state);
- C. stomach cancer;
- D. chronic atrophic gastritis (hypoacidic state);
- E. chronic atrophic gastritis (non-acidic state).

2. In accordance with this diagnosis specify the clinical features in stomach of this patient:

- A. the flatness of folds, shortening and narrowing of antral part, absents of gastric peristalsis;
- B. normal folds, hyperperistalsis;
- C. the flatness of folds, bradyperistalsis, pylorus constriction;
- D. the flatness of antral folds, tumor;
- E. thickening of folds, normal peristalsis.

3. Which laboratory tests must be done first in time:

- A. pancreas enzymes activity measurement;
- B. Gregersen's reaction;
- C. plasma gastrin activity measurement;
- D. antibodies to lambliasmeasurement;
- E. determination of H. pylori infection.

4. Define a further medical tactic:

- A. CT scan of abdominal organs;
- B. complete examination with further therapeutic treatment;
- C. complete examination with further therapeutic treatment by specialist;
- D. out-patient symptomatic treatment and examination;
- E. planned surgical treatment.

179. An indications for ABP daily monitoring are:

- A. arterial hypertension verification;
- B. differential diagnosis between arterial hypertension and "white coat hypertension";
- C. assessment of character of arterial hypertension and influence of different factors;
- D. assessment of efficiency of therapy;
- E. all mentioned above.

180. The pain in the case of angina pectoris is characterized by:

- A. without precursors, sudden, pain on activity, gradually increases on the peak of intensity in the form of crescendo;
- B. after auras;
- C. maximum intensity at the beginning;
- D. pain grows undulating;
- E. 4-6 hours after loading, maximum on 2-3 days.

181. Long time a patient had a gout and essential arterial hypertension. He was admitted to a hospital with the signs of polyarthritis and increased ABP to 170/100 mmHg. What antihypertensive drugs are contraindicated in this case?

- A. diuretics

- B. calcium channel antagonists
- C. ACE inhibitors
- D.  $\beta$ -adrenergic receptor blocker
- E. vasodilators

182. The most typical pathology of kidneys with the background diabetes mellitus:

- A. chronic pyelonephritis
- B. renal amyloidosis
- C. glomerulosclerosis
- D. glomerulonephritis
- E. acute pyelonephritis

183. A 55 years old patient has acute pyelonephritis with the background urolithiasis. Which examination program you will propose?

- A. clinical urine analysis, clinical blood analysis, bacterial research of urine
- B. clinical urine analysis, clinical blood analysis, bacterial urine test, isotopic rheography
- C. Bacterial urine test, ultrasonography of kidneys, survey urography
- D. Bacterial urine test, 3-glass test
- E. clinical urine analysis, clinical blood analysis, 3-glass test, serum creatinine

184. The main clinical symptom of chronic obstructive pulmonary disease is all, except for:

- A. dyspnea
- B. constant or periodic cough
- C. expectoration
- D. asthmatic fit
- E. hyperthermia

185. The etiological agent of primary atypical pneumonias is:

- A. mycoplasma
- B. legionella
- C. chlamydia
- D. staphylococci
- E. right A, B, C

186. Which kind of anemia is characterized by such clinical blood analysis: erythrocytes  $3,0 \times 10^{12}/l$ , hemoglobin 75 of gm/l, color index 0,75, reticulocytes 2%, leucocytes  $5,5 \times 10^9/l$ , platelets of  $220 \times 10^9/l$ , eosinophil 1%, neutrophilic 64%, lymphocyte 31%, monocyte 4%, speed of precipitation of erythrocytes 30 mm/hour, anisocytosis +++, hypochromic microcytosis?

- A. hypoplastic
- B. iron-deficiency
- C. megaloblastic
- D. hemolytic
- E. posthemorrhagic

187. The 04.10.2013, 37 years old worker appealed to the family doctor. During 2 days he became ill, a doctor diagnosed the acute bronchitis. During the second appointment to the doctor the state of patient worsened.

A patient was admitted to the hospital with a diagnosis: pneumonia. After 16 days in hospital he was discharged to work. How you will issue a medical certificate to this patient?

- A. From 02.10.2013 to 04.10.2013 , from 04.10.2013 to 26.10.2013 - one medical certificate;
- B. From 02.10.2013 to 04.10.2013 , from 04.10.2013 to 09.10.2013 - the first medical certificate was issued by family doctor in out-patient's clinic, from 10.10.2013 was the second medical certificate in hospital;
- C. issued 2 medical certificates: first by family doctor in out-patient's clinic from 04.10.2013 to 06.10.2013, second - in hospital from 07.10.2013 to 22.10.2013;
- D. issued 2 medical certificates: first - by family doctor in out-patient's clinic from 04.10.2013 to 09.10.2013, second - by family doctor in out-patient's clinic from 10.10.2013 to 25.10.2013;
- E. issued one medical certificate from 04.10.2013 to 25.10.2013.

188. A patient has a partial loss of consciousness with verbal contact on

the background of rising of perception of external stimuli and reduces of his own activity. What is the kind of loss of consciousness?

- A. Stupor;
- B. Sopor;
- C. Moderate coma;
- D. Deep coma;
- E. Apathy.

189. Destructive and reactive changes, intoxication, dehydration, shock, protein, water and electrolyte imbalance, autoimmunization, secondary infectious complications, all of these described:

- A. Overheating;
- B. Frostbite;
- C. Electric shock;
- D. Burn Disease;
- E. Altitude sickness.

190. The main cause of sudden "heart" death is:

- A. Ischemic heart disease;
- B. Left-ventricular hypertrophy;
- C. Hypertrophic cardiomyopathy;
- D. Dilatational cardiomyopathy;
- E. Pericarditis.

191. The 40 years old patient received burn of stomach and hips with boiling water.

What are the clinical features of II degree burn?

- A. congestion;



- B. Swelling;
- C. Bubbles filled with yellowish transparent liquid;
- D. Emptied, shrunken bladder with hemorrhagic fluid;
- E. Presence of necrotic tissue from charring.

192. The 24 years old patient injured with feet frostbite. Feet were pale, cold by touch, without bubbles. Which periods are distinguished in frostbite?

- A. Prereactive, reactive;
- B. Adynamic, prereactive;
- C. Reactive, soporous;
- D. Adynamic, reactive;
- E. Soporous, convulsive.

193. The 16 years old man was found on the beach without vital signs, with pale skin, no movement, no breathing, throbbing neck vessels. His friends without special medical training did the following actions: one rubbed the skin; the other pressed by his right hand in the center of sternum; the third did mouth-to-mouth ventilation. Thus chest did not rise. What was the reason of this situation?

- A. Mechanical ventilation with positive pressure on inspiration;
- B. Ascites;
- C. Weak cardiac sphincter of the stomach;
- D. Obstruction of the upper airway;

E. Weakness of muscles of the anterior abdominal wall.

194. Which condition can cause the following changes from the CVS (bradyarrhythmia or ventricular fibrillation of the heart), of the respiratory system (Biot's respiration or apnea), CNS (absence of consciousness, convulsive muscle contractions and spasms of the vocal cords), local skin damage by type of circle 1-2 cm in diameter without inflammation signs.

- A. Electric damage;
- B. Hypothermia;
- C. Heat-stroke;
- D. Drowning;
- E. Ketoacidosis.

195. The upper limit of normal diastolic blood pressure is:

- A. 60 mmHg;
- B. 69 mmHg;
- C. 79 mmHg;
- D. 89 mmHg;
- E. 99 mmHg.

196. The 54 years old man was drowned in the sea. He was found and evacuated on the beach. The clinical features: no consciousness, pale skin, breathing was not bugged, thready pulse. After resuscitation the patient was saved. Which early complications may occur?

- A. Cardiac arrest;

- B. Apnea;
- C. Encephalopathy;
- D. Pulmonary edema;
- E. Acute respiratory failure.

197. The 58 years old patient with 2 type diabetes was found unconscious. The relatives informed the family doctor about diuretics overdose. The clinical features: no acetone breath, dry skin, heart rate 120 per minute, ABP 80/40 mmHg, blood glucose 52 mmol/L, plasma creatinine 230 mmol/l; urine analysis - acetone +, pH 7,30. What is this kind of coma?

- A. Hyperosmolar coma;
- B. Ketoacidotic coma;
- C. Hypoglycemic coma;
- D. Lactic coma;
- E. Uremic coma.

198. During 20 years the 60 years old patient had arterial hypertension. After stress he had acute attack of breathlessness. The clinical features: orthopnea; heart rate 120 per minute; ABP 210/120 mmHg; I tone over the apex of the heart weakened in diastole, additional tone, breathing rate 32 per minute; breath of the lower lung weakened, wheezing. Which emergency complication is happened?

- A. Acute left ventricular failure;
- B. The hysteria;
- C. Pulmonary embolism;
- D. Pneumonia;

- E. Aortic dissection.

199. A 64 years old female with unstable angina suddenly fainted. After medical examination the family doctor defined a loss of consciousness, a carotid artery ripple and heart tones, narrowed pupils and shallow breathing. Which volume of resuscitation should be performed in this case?

- A. transesophageal cardiostimulation;
- B. adrenalin injection;
- C. atropine injection;
- D. Start with the punch to the sternum;
- E. Intubation and mechanical ventilation.

200. After bee sting a patient appeared itching, hoarseness, dry cough. The clinical features: lips and eyelids edema, cyanosis. Which drugs should be used first of all?

- A. Adrenaline;
- B. Prednisone;
- C. Aminophylline;
- D. furosemide;
- E. Seduxen.

201. After arrest of paroxysms of atrial fibrillation the patient suddenly have chest pain, shortness of breath. The clinical features: the sweaty skin, swollen neck veins, wide open eyes, weak pulse 140 per minute, ABP

80/40 mmHg; the ECG - right side electric axis deviation. What complication appeared in this case?

- A. Pulmonary embolism;
- B. Myocardial infarction;
- C. Rupture of the interventricular septum;
- D. Cardiac tamponade;
- E. Cardiac asthma.

202. The 65 years old patient complains the breathlessness, heart pain, palpitation after exercise. Three months ago, he had macrofocal myocardial infarction. The clinical features: cold sweat, acrocyanosis, swollen neck veins, heart rate 110 per minute, ABP 100/60 mmHg; muffled heart sounds; remote heavy breathing; pink colored spumy sputum on coughing. What is the cause of this state?

- A. Acute pulmonary heart;
- B. Acute vascular insufficiency;
- C. Water and sodium retention;
- D. Acute left ventricular failure;
- E. Increased excretion of catecholamine.

203. The 17 years old woman received electrical injury. After resuscitation she was hospitalized. Which of the following life-threatening complications can appear later?

- A. Ventricular fibrillation;
- B. Apnea;

- C. Pulmonary edema;
- D. Coma;
- E. Neuromuscular conduction abnormality.

204. The 48 years old patient spent 2 days in the intensive care unit because of acute anterolateral myocardial infarction. During the examination doctor detected sudden "snore", a single tonic contraction of skeletal muscles, eyes widened, carotid artery pulse missing. What should be done first?

- A. epinephrine and atropine intracardiac introduction;
- B. "Triple reception" by Safar;
- C. ECG monitoring;
- D. Electrical defibrillation;
- E. Ventilator.

205. During emergency transportation of 60 years old patient doctor noticed aggravation of her state: no pulse, no respiratory movements, mydriasis. What is the primary help to this patient?

- A. cardiopulmonary resuscitation;
- B. the early admission to the hospital;
- C. epinephrine intracardiac introduction;
- D. oxygen inhalation;
- E. Polyglucinum (Dextran) intravenous introduction.

206. The 66 years old man complains of respiratory left chest pain that appeared 2 days ago. 2 months ago he had surgery for BPH. The clinical features: the poor condition, intensive cyanosis and suffocation; respiratory rate 28, heart rate 98, ABP 125/80 mmHg (usually - 140/90 mmHg); in inferoposterior lobe of left lung auscultated relaxed breathing; neck veins swell; ECG: S spike and deep Q wave in III lead, negative T in III lead, aVF in V1-V4 leads, P-pulmonale in II and III leads. What is the preliminary diagnosis?

- A. Pulmonary embolism;
- B. Transmural myocardial infarction;
- C. Community-acquired left-sided pneumonia;
- D. Acute pulmonary edema;
- E. Left dry pleurisy.

207. The 46 years old patient complains of suddenly increasing palpitations that accompanied pulsation in the neck and headache, nausea. The heartbeat continues for 15-20 min with the breath-holding attack. About what kind of cardiac abnormalities you may think in this situation?

- A. flutter attack;
- B. ventricular paroxysmal tachycardia;
- C. supraventricular paroxysmal tachycardia;

- D. atrial fibrillation;
- E. extrasystolic arrhythmia.

208. After the mental stress the 30 years old women had seizures. The clonic convulsions are accompanied by the foam from mouth and involuntary urination. There were focal signs. ABP 120/60 mmHg. What is the working diagnosis?

- A. Epilepsy;
- B. Neurasthenia;
- C. Eclampsy;
- D. Syncope;
- E. Stroke.

209. After sniffed orchid in botanic garden the 28 years old man became pale and unconscious. Heart rate was 115 per minute. ABP 50/0 mmHg. Which first medication you will use in this situation?

- A. Phenylephrine (Mesatonum);
- B. Cordiamin;
- C. Strophanthinum;
- D. Prednisolone;
- E. Diphenhydramine (Dimedrol)

210. A worker was exposed to an electric current a few minutes ago. He fainted. There were seizures. The patient lies, without breathing, no pulse, cyanotic discoloration, mydriatic pupil, no photoreaction. What will be emergency in this case?

- A. closed-chest resuscitation, artificial pulmonary ventilation;

- B. drugs introduction;
- C. anticonvulsants introduction;
- D. dextran intravenous introduction;
- E. respiratory analeptics intravenous introduction.

211. The 54 years old patient was hospitalized to intensive care unit because of Q-myocardial infarction. During night the patient's condition significantly aggravated. He felt suffocation. The clinical features: pale clammy skin, cold by touch; diminished vesicular respiration, respiratory rate - 36 per 1 min, heart rate - 110 per 1 min, gallop rhythm, ABP 80/40 mmHg, urination 10 ml/h. What complication was in this case?

- A. Dresler's syndrome;
- B. Cardiac asthma;
- C. Pulmonary edema;
- D. Acute aneurysm;
- E. Cardiac shock.

212. The 64 year old woman with had unstable angina. She fainted during walking. Family doctors confirmed unconscious, carotid pulsation and heart sounds, miotic pupil and shallow respiration. Which was working diagnosis?

- A. Syncope;
- B. Asphyxia;
- C. Cardiac arrest emergency;
- D. Collapse;
- E. Arterial hypotonia.

213. The 62 years old women complained to intensive burning chest pain, shallow breath. The life history: arterial hypertension. The clinical features: pale skin, lips cyanosis, vesicular respiration; muffled rhythmic heart sounds; II tone accent in the aorta; ABP 210/120 mmHg, HR = PS = 76 per 1 min. The ECG: ST segment increase in I, aVL, V5-V6 leads. Which was working diagnosis?

- A. Pulmonary embolism;
- B. Uncomplicated hypertensive crisis;
- C. hypertensive crisis complicated by unstable angina;
- D. hypertensive crisis complicated by acute left ventricular failure;
- E. hypertensive crisis complicated by acute myocardial infarction.

214. The 30 years old patient complained to headaches, temples pulsation, dizziness, palpitations, muscle weakness. The clinical features: pale skin, ABP 270/160 mmHg; such attack occurred mainly at night, the antihypertensive medication was not effective. The doctor suspected pheochromocytoma. Which medication was most effective in this case?

- A. Phentolamine;
- B. Hexamethonium benzosulfonate (Benzohexonium);
- C. Clophelinum (Clonidine);

- D. Bendazol (Dibazol);
- E. Furosemide.

215. During ultrasound examination of carotid arteries the 35 years old patient felt dizziness, weakness, nausea, shallow breath. He fainted for 20 s. The clinical features: pale skin, ABP 90/60 mmHg; heart rate 96 per min; flabby photoreaction; no focal neurological signs. Which was working diagnosis?

- A. ischemic stroke;
- B. seizures;
- C. syncope;
- D. Transient ischemic attack;
- E. Vagoinsular crises.

216. The 55 year old patient had dilated cardiomyopathy. During night he had heartbeats attack. The clinical features: stable state, pale skin, acrocyanosis; ABP 90/60 mmHg; ECG: heart rate 160 per min, QRS complexes expanded and deformed (QRS = 0,14 s). Which cardiac arrhythmia was in this case?

- A. Supraventricular paroxysmal tachycardia;
- B. Atrial fibrillation;
- C. Ventricular paroxysmal tachycardia;
- D. Paroxysmal atrial flutter;
- E. Frequent ventricular premature beats.

217. The 45 year old man had atrial flutter attack with ventricular arrhythmias. The heart rate 150-160 per min, low blood pressure. In this case you will use:

- A. Verapamil;
- B. Novocainamidum;
- C. Cardiac glycosides;
- D. cardioversion;
- E. Lidocaine.

218. The patients with acute myocardial infarction had attack of breathlessness. The clinical features: diffuse cyanosis, in the lungs many moist rales, pulse 110 per min, ABP 120/100 mmHg. What complication was most likely?

- A. Acute pulmonary edema;
- B. Cardiogenic shock;
- C. Pulmonary embolism;
- D. Rupture of interventricular septum;
- E. hypertensive crisis.

219. The 29 years old man was swimming in the river. Suddenly he disappeared from water surface. The clinical features: impairment of consciousness, the cyanotic skin, mouth and nose pink foamy discharge; ABP 50/0 mmHg, pulse 52 per min, arrhythmia, sudden jugular pulse and limbs pulse. What was the most likely cause of the critical state?

- A. laryngeal edema;
- B. Asphyxia drowning;

- C. Acute left ventricular failure;
- D. brain edema;
- E. drowning.

220. The 23 years old patient during intravenous injections of antibiotics for pneumonia suddenly complained to severe weakness, nausea, breathlessness. The clinical features: pale skin, lips cyanosis, thready rapid pulse, ABP was determined; muffled heart sounds; respiratory rate 26 per min, moist rales in the lungs. The symptoms of cardiopulmonary decompensation rapidly arouse. What was the working diagnosis?

- A. Air embolism;
- B. pulmonary embolism;
- C. Hysteria;
- D. Anaphylaxis;
- E. Spontaneous pneumothorax.

221. The man was found unconsciousness on the street after thunderstorms. On one's back was laceration 4x2 cm, no clear data on electric shock or lightning. What department a patient should be hospitalized?

- A. Neurosurgical;
- B. Polytrauma;
- C. Surgical;
- D. ICU;
- E. Therapeutic.

222. In 20 minutes after electric shock the 65 years old man was complained

to heart rhythm disturbance. The clinical features: mucous cyanosis, respiratory rate 20 per min, rhythmic muffled heart sounds, heart rate 102 per min, ABP 100/70 mmHg. At what department a patient should be hospitalized in?

- A. Therapeutic;
- B. Neurosurgical;
- C. ICU;
- D. Cardiological;
- E. Neurological.

223. The 20 years old Boy had an electric injury. During medical examination he had no complaints. The clinical features: normal color skin; vesicular respiration, respiratory rate 18 per min; normal cardiac border; heart rate 88 per min; ABP 100/70 mmHg; soft abdomen. At what department a patient should be hospitalized in?

- A. Surgical;
- B. Neurological;
- C. Cardiological;
- D. ICU;
- E. Therapeutic.

224. The unconsciousness man was laying on the ground, 2 -3 m away from the ragged electric wiring. The doctor suspected head injury. At what department a patient should be hospitalized in?

- A. Neurosurgical;
- B. ICU;

- C. Polytrauma;
- D. Neurological;
- E. Surgical.

225. The 50 years old man was found in the basement. The clinical features: no criticism to his state, diminished breath sounds, limitation of active movements; pale skin, respiratory rate 16 per min; muffled heart sounds, heart rate 60 per min, ABP 150/90 mmHg body temperature 35,3 C. Which was working diagnosis?

- A. hypothermia I degree;
- B. hypothermia II degree;
- C. hypothermia III degree;
- D. Intoxication;
- E. alcoholic intoxication.

226. The 30 years old man was found in the attic. He was inhibited, with muscle rigidity, he can only move to the external stimulus. The clinical features: pale skin, diminished breath sounds, muffled heart sounds, heart rate 48 per min, ABP 90/60 mmHg, rectal temperature +30°C. Which was working diagnosis?

- A. hypothermia I degree;
- B. hypothermia II degree;
- C. hypothermia III degree;
- D. Intoxication;
- E. alcoholic intoxication.

227. The 30-35 years old man was found unconscious in the basement. The clinical features: miotic pupils,

no photoreaction, upper respiratory tract reflexes were suppressed; myoclonia; pale skin, cold by touch; respiratory rate 10 per min, arrhythmic shallow breath; muffled heart sounds, ABP was not measured; only great vessels pulse, rectal temperature 26°C. What was the working diagnosis?

- A. alcoholic intoxication;
- B. hypothermia I degree;
- C. hypothermia II degree;
- D. Intoxication;
- E. hypothermia III.

228. The 55 years old man had psychomotor agitation on his way home. After work he had high body temperature and flu. The clinical features: patient cooperation was restricted; body temperature 41°C; very dry skin and mucous, flushed skin with decreased turgor; shallow breath, moist rales, heart rate 150 per min, ABP 95/70 mmHg, midriatic pupils, slow photoreaction. Which was working diagnosis?

- A. Acute cardiovascular failure;
- B. Mild heat stroke;
- C. Medium heat stroke;
- D. Severe heat stroke;
- E. Pulmonary edema.

229. The 50-55 years old man was found unconsciousness in the summer street. The clinical features: absence of productive contact; body



temperature 42°C, dry flushed skin and mucous, severe dehydration, midriatic pupils, heart rate 160 per min, ABP 90/60 mmHg. At what department a patient should be hospitalized in?

- A. Neurosurgical;
- B. ICU;
- C. Cardiological
- D. Polytrauma;
- E. Therapeutic.

230. The 45-50 years old man was drowning. After 3-4 min he was pulled out from the water. The clinical features: unconscious, skin and mucous marked cyanotic; jugular and limbs pulse; the frothy rosy sputum in mouth and nose. What was the working diagnosis?

- A. asphyxia;
- B. Real drowning;
- C. "Dry" drowning;
- D. Syncope;
- E. "Pale" drowning.

231. The 50 years old man was pulled from the water after few minutes drowning. The clinical features: unconscious, with alcohol odor; light cyanosis of the skin and mucous; jugular and limbs pulse; fluffy foam from the upper airways. Which was working diagnosis?

- A. Syncope;
- B. Real drowning;
- C. asphyxia drowning;

- D. Intoxication;
- E. craniocerebral injury.

232. The 27 years old patient is in a coma. Two months before the patient complained of weakness, excessive thirst. He loosed 8 kg weight. The worsening of clinical course of the disease had occurred during the last two days. The clinical features: unconscious, dry pale skin, areflexia;with acetone odor; ABP 90/60 mmHg, pulse of poor volume, 92 per min; tympanitic, swollen abdomen, glucose 24,9 mmol/l, glycosuria, positive acetone, ketone bodies levels 12 mmol/l. What was the working diagnosis?

- A. Ketoacidotic coma;
- B. Uremic coma;
- C. Hypothyroid coma;
- D. Hypoglycemic coma;
- E. Hepatic coma.

233. The 26 years old patient was excited invariable behavior, mental confusion, and psychomotor agitation. Medical history: in the course of 4 years he had diabetes mellitus, daily insulin dose was 54 units. The clinical features: moist cold skin, with normal turgor, hyperreflexia, midriatic pupils, ABP 140/90 mmHg, pulse 88 per min; glucose 2,3 mmol/l, aglycosuria. What was the working diagnosis?

- A. Vegetation management;
- B. Ketoacidotic coma;

- C. Addison's crisis;
- D. thyrotoxic coma;
- E. Hypoglycemic coma.

234. The 49 years old patient had community-acquired pneumonia. He felt excessive thirst, polyuria. Medical history: in the course of 8 years diabetes mellitus. The clinical features: unconsciousness, the pale, dry skin and mucous layers, skin turgor reduced, dehydration, sensory disturbances, positive Babinski sign; pulse 90 per min, arrhythmia, ABP 100/70 mmHg, body temperature 39,1°C; glucose 39,4 mmol/l, glycosuria, Na 186 mmol/l, serum osmolarity 374 mmol/l, increased prothrombin index, hyperchloremia. What was the working diagnosis?

- A. Tyreotoxic coma;
- B. Ketoacidotic coma;
- C. hyperlactacidemic coma;
- D. Hyperosmolar coma;
- E. Uremic coma.

235. The 20 years old patient was unconsciousness. The clinical features: moist by touch skin, lower eyebulbs tone; traces of injections on the shoulders and hips; shallow breathing, respiratory rate 20 per min; increased muscular tonus, muscles convulsion of the extremities; ABP 110/70 mmHg; glucose 2,2 mmol/l; acetonuria negative; calcium 2,25

mmol/l. What medication you will give first to this patient?

- A. 40% glucose solution;
- B. Insulin simple;
- C. calcium preparations;
- D. Detoxication therapy;
- E. Insulin prolonged.

236. Working in the garden on a hot day (to air +30°C), the 17 years old woman, complained headache, dizziness, nausea, tinnitus, blurred vision. The clinical features: flushed facial skin, body temperature 38°C; tachypnoe, heart rate 110 per min, ABP 110/70 mmHg. Which was working diagnosis?

- A. Moderate heat stroke;
- B. Vegetation management;
- C. Acute respiratory disease;
- D. Migraine;
- E. Collapse.

237. The 44 years old patient had pseudomembranous angina, shortness of breath, pain emerged to the backdrop, frequent palpitations. The clinical features: heart rate 120-140 per minute, arrhythmia, BP 160/100 mmHg; ECG: P-wave was not defined, RR intervals were different, QRS was not warped. Which drug is most appropriate?

- A. Betaxolol;
- B. Diltiazem;
- C. Amiodarone;
- D. Lidocaine;

E. Moracizine (Etmozine).

238. The patient had sopor, anasarca, dyspnea, BP 200/120 mmHg; blood creatinine 0,96 mmol/l, blood urea 38,5 mmol/l. Urinalysis: protein 3,3 g/l, leucocytes 5-15, erythrocytes leached 3-4, granular cylinders 12-15, waxy cylinders 2-4 in sight. The most likely diagnosis:

- A. Cerebral coma;
- B. Hypothyroid coma;
- C. Diabetic coma;
- D. Hepatic coma;
- E. Uremic coma.

239. The 32 years old patient had 1 type diabetes, severe course. The clinical features: fainted, Kussmaul breathing, pale skin, hypothermia, hypotension, acetone odor, anuria, blood sugar 19 mg/dL. What is the reason of patient's state.

- A. Acute ischemic attack;
- B. The eclampsy;
- C. Ketoacydotic coma;
- D. Amniotic fluid embolism;
- E. Air embolism.

240. On ECG of 76 years old patient, at home, was diagnosed ventricular fibrillation. The primary therapeutic help is:

- A. Electric defibrillation;
- B. adrenaline introduction;
- C. Lidocainum introduction;
- D. calcium chloride introduction;

E. Cordarone introduction.

241. In stuffy room the 30 years old women felt dizziness. An hour later there were 3 generalized tonic-clonic seizures. The clinical features: face flushed, negative photoreaction, blood pressure 180/90 mmHg, heart rate 122 per min. What is the most likely diagnosis?

- A. Seizures;
- B. autonomic dysfunction;
- C. Status epilepticus;
- D. Hypertensive crises;
- E. Hysterical attack.

242. During 15 years the patient abused alcohol. He was treated repeatedly. Last drinking bout was continued 2 months. After 3 days without alcohol, he became agitated, insomnia. The clinical features: skin moist, red face, full-blown tremor; under the bed he saw rats and spiders which tried to catch him; he was disoriented in place and time. What is the drug of the first line?

- A. Vitamin C;
- B. Analgin;
- C. Aspirin;
- D. diazepam (Seduxen);
- E. carbamazepine.

243. At the first defibrillation attempt in adult the energy charging electromagnetic pulse is:

- A. 400 J

- B. 250 J  
 C. 200 J  
 D. 360 J  
 E. 300 J
244. Most effective method of emergent ventilation is:  
 A. Rhythmical chest compression  
 B. mouth-to-mouth method  
 C. Sylvester's method  
 D. Holger-Nielsen's method  
 E. Ambu's bag
245. After a primary cardiac arrest the consciousness disappears during:  
 A. 10-15 sec  
 B. 2 min.  
 C. 15-20 sec  
 D. 1 min.  
 E. 30 sec
246. Most common cause of sudden death is:  
 A. Hypertensive crisis  
 B. brain lesion  
 C. Acute haemorrhage  
 D. cardiovascular disease  
 E. Cancer
247. What is leading symptom of circulatory arrest?  
 A. Convulsion  
 B. No heart sounds during auscultation  
 C. No carotid pulsation  
 D. mydriatic pupil  
 E. Absence of spontaneous breathing
248. Electrical defibrillation during cardio-pulmonary resuscitation is shown in the presence of:  
 A. isoline  
 B. irregular waves  
 C. atrioventricular nodal rhythm  
 D. circulatory arrest  
 E. sinus bradycardia
249. The asystole is:  
 A. Absence of systolic blood pressure  
 B. Collapse  
 C. complete AV block  
 D. Cardiac arrest  
 E. Syncope
250. What is most frequent complication of intensive care in elderly patients?  
 A. hepatorrhaxis  
 B. Spine fracture  
 C. Gaps lung  
 D. jaw fracture  
 E. Fractures of ribs and sternum
251. The often cause of sudden death is:  
 A. asystole  
 B. atrioventricular dissociation  
 C. ventricular fibrillation  
 D. atrial fibrillation  
 E. ventricular tachycardia

252. How often there aren't morphologic signs in heart in case of sudden death:
- 5-7%
  - 10-15%
  - 20-26%
  - 12%
  - 20%
253. During cardiopulmonary resuscitation you should observe the following rule:
- dropping head
  - elevated head
  - abdominal aorta compressing
  - The surface on which the patient lies is no matter
  - pure oxygen ventilation
254. Which of the following symptoms indicate a heart failure massage?
- no peripheral pulsation
  - mydriatic pupil
  - no carotid pulsation
  - miotic pupil
  - Cyanotic skin
255. The cause of cardiac arrest in diastole can be:
- Acidosis
  - Hypokalemia
  - Hypercalcemia
  - Respiratory alkalosis
  - Hypoglycemia
256. In the case of primary cardiac arrest the spontaneous breathing stops in after:
- 30 sec
  - 20 sec
  - 5 min.
  - 60 sec
  - 2 min.
257. On ECG of patients with pulselessness the asystole was diagnosed. Primary measure should be:
- Electric defibrillation
  - adrenalin introduction
  - atropine introduction
  - calcium chloride introduction
  - lidocain introduction
258. The endotracheal use of which drug is contra-indicated during cardiopulmonary resuscitation?
- Lidocain
  - Adrenalin
  - Noradrenaline
  - Atropine sulfate
  - Calcium chloride
259. Define the correct ratio between thorax movement number and breathing number during cardiopulmonary resuscitation:
- 5:1
  - 12:2
  - 30:2
  - 24:2
  - 9:1

260. In adult patients for effective closed-chest massage the breast is compressed to:

- A. 1 - 2 cm
- B. 5 - 6 cm
- C. 7 - 8 cm
- D. 3 - 4 cm
- E. 8 - 9 cm

261. The 55 years old patient after 0,75 mg digoxin injection suddenly lost consciousness. peripheral pulsation was absent, agonal breathing, blood pressure didn't determined. What kind of examination do you carry out during resuscitation?

- A. heart radiokymography
- B. electrocardiography
- C. vectorcardiography
- D. thoracic cavity radiography
- E. heart ultrasonography

262. During cardiopulmonary resuscitation the action of adrenaline is reduced in the case of:

- A. Hyperglycaemia
- B. Alkalosis
- C. Acidosis
- D. Hypokalemia
- E. Acid-base balance plasma doesn't matter

263. In the 82 years old patient there was a cardiac and respiratory arrest. In past history: prolonged cardiac

disease. After 5 min of cardiopulmonary resuscitation, the cardiac activity didn't restored. What is the prognosis for patient?

- A. impossible full restoration
- B. beatings restoration with extrasystoles
- C. Full recovery
- D. Full recovery with following aggravation
- E. possible sinus rhythm renewal

264. A patient had the acute cardiac rhythm disturbance: atrial fibrillation, paroxysm of ventricular tachycardia. What universal antiarrhythmic medicine you will administer for this patient:

- A. potassium aspartate & magnesium aspartate (Panangin)
- B. Procainamide hydrochloride
- C. Lidokain
- D. Verapamil
- E. Digoxin

265. On fourth postoperational day the 68 years old patient had acute bradycardia with asystole, unconscious, no breathing. The resuscitation was started. What is the criterion of intensive care measures effectiveness?

- A. sclera dryness
- B. Appearance of breath
- C. Reduction of cyanosis
- D. carotid pulsation

## E. Myosis

266. The 50 years old patient was in hospital because of arterial hypertension, ischemic heart disease. Suddenly he fainted. Duty doctor diagnosed cardiac and breathing arrest. The cardiopulmonary resuscitation was started. The patient's dentures were removed. What kind of following actions is correct?

- A. intracardiac adrenalin introduction
- B. intracardiac atropine introduction
- C. external cardiac massage
- D. artificial pulmonary ventilation
- E. Throw back patient's head, lift chin, pull and fix tongue

267. The man fall from height. He was injured. The clinical features: no response to irritants, unconscious, no breathing, thready pulse. Left foot was turned to the other side unnatural, numerous wounds and scratches on skin. What kind of measures you will conduct first of all?

- A. The sterile bandages on wounds
- B. Immobilization of fractures
- C. Transfusion-infusion therapy
- D. Respiratory
- E. Anaesthetization

268. The 75 years old man fainted on the street. The clinical features: no pulse, midriatic pupils, the apparent death. What are the first actions in this case?

- A. Emergency call
- B. closed cardiac massage
- C. cardio-pulmonary resuscitation
- D. to elevate the lower limbs
- E. artificial pulmonary ventilation

269. The resuscitation of elderly patient was not effective. The carotid pulsation didn't determine. The external cardiac massage was performed by displacement of sternum to 2-3 cm toward the spine, but with chest stiffness. When the cardiac massage may be effective?

- A. increase sternum displacement to 4-5 cm
- B. the open cardiac massage was necessary
- C. the chest compression in left parasternal region
- D. 10% calcium chloride 10 ml injection
- E. increase sternum displacement to 6-7 cm

270. Suddenly the patient was pale, unconscious. The clinical features: cyanotic skin, no photoreaction, no

carotid pulsation; ECG - asystole.

Which emergency aid was necessary?

- A. Cardiac knock
- B. artificial pulmonary ventilation
- C. closed cardiac massage
- D. droperidol introduction
- E. adrenaline introduction

271. You carry out the patient resuscitation (indirect cardiac massage and mouth-to-mouth ventilation). Which is duration of such measure if no cardiac and cerebral activity?

- A. 45 minutes
- B. Till emergency teams arrival
- C. 60 minutes
- D. 30 minutes
- E. 15 minutes

272. During diagnostic endoscopy the 45 years old patient had asystole on ECG. Which was emergent treatment?

- A. electric cardiostimulator
- B. Sodium bicarbonate
- C. Atropine
- D. Defibrillation.
- E. cardiac massage, ventilation

273. The patient's speech and thoughts became slow, his attention was distracted. He was drowsiness, no perception. What happened with him?

- A. Clear consciousness.
- B. Obtundation.
- C. Sopor.

D. Coma.

E. Syncope.

274. The state of patient was aggravated. The patient was unresponsive, but he opened eyes to speech:

- A. Clear consciousness.
- B. Obtundation.
- C. Sopor.
- D. Coma.
- E. Syncope.

275. The state of patient was aggravated. The patient was unresponsive to pain and voice:

- A. Clear consciousness.
- B. Obtundation.
- C. Sopor.
- D. Coma.
- E. Syncope.

276. Short-time faint, which was accompanied by losing of postural tone and caused by reduced blood flow to the entire brain:

- A. Clear consciousness.
- B. Obtundation.
- C. Sopor.
- D. Coma.
- E. Syncope.

277. Most important criterion of severity of coma is:

- A. Dead faint.
- B. Unresponsiveness to external stimuli.



- C. bilateral fixed mydriasis.  
D. Areflexia.  
E. Reduced muscle tone.
278. Types of syncope are:  
A. Neurogenic.  
B. Orthostatic.  
C. Cardiogenic.  
D. Cerebrovascular.  
E. All of mentioned above.
279. The seizure manifested with vertigo, loss of consciousness, falling, with tonic-clonic contraction. The result was unconsciousness with further sleep or psychomotor agitation:  
A. Absence.  
B. Unconsciousness.  
C. Generalized tonic-clonic seizure.  
D. Myoclonic attack.  
E. Focal attack.
280. The patient had sudden loss of consciousness during some minutes with behavioral arrest:  
A. Absence.  
B. Unconsciousness  
C. Atonic attack.  
D. Myoclonic attack.  
E. Focal seizure.
281. Generalized tonic-clonic seizure is typical for:  
A. Epilepsy.  
B. alcoholic abstinence.  
C. Fever, infectious of the CNS.  
D. Metabolic disorders.  
E. All of mentioned above.
282. Which metabolic disorders can lead to coma:  
A. Uraemia.  
B. diabetes mellitus.  
C. Hypoglycemia.  
D. Hepatic coma.  
E. All of mentioned above.
283. Which from stated below are not referred to the partial seizure:  
A. Jackson sensory.  
B. Jackson motor.  
C. Secondary generalized tonic-clonic seizure with aura.  
D. Kojewnikoff's epilepsy.  
E. Absence.
284. Which from stated below diseases could be causes of febrile convulsions?  
A. Epilepsy.  
B. infectious of the CNS.  
C. Alcoholism.  
D. Acute hypertensive encephalopathy.  
E. Ischemic stroke.
285. First aid in case of generalized tonic-clonic seizure:  
A. Prevent further injury  
B. Prevent tongue bite.  
C. Provide the ventilation.

- D. Diazepam 0,5% 2 ml (fractionally up to 6 ml) after 10 min until the cessation of convulsions.
- E. All of mentioned above.

286. First aid in case of febrile convulsions is:

- A. Physical methods of cooling and hyperthermia.
- B. Cleansing enema.
- C. Antipyretic drugs: oral dosing of ibuprofen 5-10 mg/kg (for children older than 3 months), paracetamol 10-15 mg/kg, intramuscularly analgin 50% - 0,1 ml per 1 year of life, intramuscularly (no more than 1 ml).
- D. intramuscularly magnesium sulfate 25% 0,2 ml per 1 year of life (no more than 10 ml), diazepam 0,5% – 0,3 mg per 1 kg.
- E. All of mentioned above.

287. In a stuffy room the patient felt sick, lazy eyesight, ringing in the ears, paleness and loss of consciousness for 1 minute. The provisional diagnosis is:

- A. Loss of consciousness.
- B. Absence.
- C. Torpor.
- D. Sopor.
- E. seizure.

288. The emergency team delivered unconscious 43 years old patient to the hospital. The patient was examined by doctor. The clinical features: patient opened eyes and moved his hand to pain; scrambled speech. Estimate the conscious level by Glasgow coma scale:

- A. Clear consciousness.
- B. Obtundation.
- C. Sopor.
- D. Coma.
- E. Brain death.

289. The 3 day after acute respiratory viral infection the 20 year old patient had a headache, vomiting, tonic-clonic colvunsions, oculogyric crisis, right-side hemiparesis; the clinical features: pleocytosis, low protein level. the provisional diagnosis is:

- A. Meningitis.
- B. Encephalitis.
- C. Epilepsy.
- D. ischemic stroke.
- E. Migraine.

290. In case of hepatic coma the first aid is:

- A. Glucose 40% 100 ml, vitamins, glucocorticoids, antidotes.
- B. Glucose 40% 100 ml, Morphini hydrochloridum, diuretic, barbiturate.
- C. Glucocorticoids, antidotes, diuretic, barbiturate.

D. Glucose 40% 100 ml, vitamins, diuretic, barbiturate.

E. Vitamins, glucocorticoids, antidotes, diuretic

291. Untidy 15 year old patient was total unresponsive. He had miotic pupils, hypersalivation, alcohol odor, muscular hypertonus of extremities. Body temperature was 35,7<sup>0</sup>C. Blood pressure was 90/60 mmHg. Define the type of coma:

- A. Narcoma.
- B. Diabetic.
- C. Hypoglycemic.
- D. Uremic.
- E. Alcoholic.

292. 15 year old patient was unresponsive. He didn't open eyes to pain, but flexed upper extremities to pain. No verbal response. Estimate the level of conscious by Glasgow coma scale:

- A. Clear consciousness .
- B. Obtundation.
- C. Sopor.
- D. Coma.
- E. Brain death.

293. The 20 year-old woman suddenly felt unwell when she was taking exercise in the gym. She felt acute "strike" in head which was accompanied with severe headache, sickness, multiple vomiting with further impairment of consciousness.

The clinical features: somnolentia, tendon reflexes S=D, double-sided pathological Babinski's reflex, paresis in Bare's test isn't defined; neck stiffness double-sided Kernig sign, Brudzinski sign. the provisional diagnosis is :

- A. Subarachnoid hemorrhage.
- B. Hemorrhage stroke.
- C. Cerebellar hemorrhage.
- D. Migraine
- E. ischemic stroke.

294. The 60-year-old patient with malignant course of arterial hypertension and with high BP 210/130 mmHg felt diffuse intensive headache, sickness, vomiting, impairment of consciousness, generalized epileptic seizure. The neurological examination: positive meningeal symptoms, no focal neurological symptoms. The eye grounds: double-sided edema of disks of optic nerve. After correction of blood pressure and brain edema the described symptoms had been regressed after 72 hours. State a provisional diagnosis:

- A. Acute hypertensive encephalopathy.
- B. Subarachnoid hemorrhage.
- C. Intraventricular hemorrhage.
- D. Epilepsy.
- E. Cardioembolic ischemic stroke.

295. The 55-year-old patient felt acute headache with vomiting, hyperemia of face and psychomotor agitation. All these symptoms arose on the basis of arterial hypertension and emotional stress. After 10 minutes the impairment of consciousness and central superior paraplegia arose. After 3 hours meningeal symptom was arisen. What is the provisional diagnosis:

- A. Intracerebral hemorrhage.
- B. Subarachnoid hemorrhage.
- C. Cerebellar hemorrhage.
- D. Cardioembolic ischemic stroke.
- E. Acute hypertensive encephalopathy.

296. After emotional stress the patient with previous myocardial infarction had impairment of consciousness (coma). Also he had impairment of vital functions, hemodynamic reduction and respiratory impairment. The objective features: miotic pupils, weak ophthalmoreaction, no tendon and pathological reflexes. The provisional diagnosis is:

- A. Hemodynamic brainstem stroke.
- B. Cardioembolic brainstem stroke.
- C. Intracerebral hemorrhage.
- D. Recurrent myocardial infarction.

E. Cardiogenic unconsciousness.

297. The 45-year-old patient has impairment of consciousness (coma) after athletic overexertion and alcohol abuse. The objective features: pale skin, hyperhidrosis, mydriatic pupils, BP 100/70 mmHg. Body temperature is 36,7°C. Clonic convulsions, overactive tendon reflexes. Define the type of coma:

- A. Post-ictal period.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Coma as a result of stroke.
- E. Alcoholic coma.

298. Emergency team delivered unconscious patient of 18 years old to admitting office. The objective features: coma, cyanosis of face and extremities with injection marks, miotic pupils. Cheyne-Stokes respiration. BP 80/50 mmHg, heart rate 48 per minute. Define the type of coma:

- A. Narcoma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Alcoholic coma.
- E. Traumatic coma.

299. The 50-year-old woman was in unconscious. The objective features: Pale and face swelling, dry skin and mucous membranes, urine odor. BP

190/120 mmHg. Epileptiform fit, tunicary symptoms are defined. Define the type of coma:

- A. Hepatic coma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Uremic coma.
- E. Alcoholic coma.

300. The 59-year old patient is unconscious (coma). The objective features: icteric skin and mucous membranes, nosebleed, Mydriatic pupils, no pupillary reaction, "raw meat" odor, periodic clonic convulsions. Cheyne-Stokes respiration. Body temperature - 38,2<sup>0</sup>C. BP 80/60 mmHg. Heart rate is 120 per minute. Heart sounds are indistinct. Anuria. Define the type of coma:

- A. Hepatic coma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Uremic coma.
- E. Alcoholic coma.

301. The 60-year-old woman was unconscious. The objective features: dryness of skin and mucous membranes, weak turgor, cold skin, eye-bulbs are soft by touch; nosebleed; mydriatic pupils; Kussmaul's respiration, acetone odor; body temperature 36,2<sup>0</sup>C; BP 70/40 mmHg; heart rate 120 per minute; irregular heart rhythm; indistinct heart

sounds; thready pulse; enteroparesis; oliguria. Define the type of coma:

- A. Hepatic coma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Uremic coma.
- E. Alcoholic coma

302. The 40-year-old patient suddenly fainted. The objective features: unconsciousness, pale skin, generalized tonic-clonic seizure with involuntary urination; cyanotic face; BP wasn't defined; heart rate - 36 per minute. ECG: atrioventricular heart block with rare ventricular complexes. The provisional diagnosis is:

- A. Epileptic seizure.
- B. Morgany-Adam's-Stock's attack.
- C. block of bundle of His.
- D. Orthostatic syncope.
- E. Neurogenic unconsciousness.

303. Among patients who are older than 65 years the cause of seizure is:

- A. Brain tumor.
- B. Cerebrovascular accidents.
- C. Epilepsy.
- D. Metabolic disorders.
- E. Infections.

304. The 45-year-old patient had generalized tonic-clonic seizure. Patient was irritable, shivering. The anamnesis: the of alcohol abuse, had

drinking bouts for 3 days. The provisional diagnosis is:

- A. Epilepsy.
- B. Abstinent attack.
- C. Psychotogenic attack.
- D. Unconsciousness.
- E. Convulsive attack in case of

metabolic disorders.

305. During 5 hours the patient complains the left upper quadrant pain, weakness, vomiting, dizziness, hypotension, tachycardia. The anamnesis: 10 days ago blunt trauma of abdomen. What is the most likely diagnosis?

- A. Two landmark rupture of the spleen;
- B. Rupture of the liver;
- C. Rupture of intestine;
- D. Peritonitis;
- E. Perforated ulcer.

306. Patient 2 days ago felt a sharp pain in the right upper quadrant of irradiation under the right scapula. In the next day there was vomiting. The right half of the abdomen is tense. Determine symptoms Ortner, Musset. Your diagnosis?

- A. Acute pancreatitis;
- B. mesenteric vessels thrombosis;
- C. Acute intestinal obstruction;
- D. Biliary colic;
- E. Acute cholecystitis.

307. Type of pain, the most typical angina attacks:

- A. Pressing, squeezing, localized behind the breastbone.
- B. Burning pain in the region of the heart.
- C. Barbed pain in the region of the heart associated with movements or breathing.
- D. Feeling of discomfort in the region of the heart during physical or emotional stress
- E. Feeling heterogonous object under the sternum.

308. To the doctor admitted patient 21 years complaining of pain in the lower abdomen radiating to the anus, severe weakness, which came on the 12th day of the menstrual cycle. AO 70/40, pulse 120 beats min. Your preliminary diagnosis?

- A. Heatedly ectopic pregnancy;
- B. Torsion of ovarian cyst;
- C. Acute appendicitis;
- D. Acute pelvioperitonit;
- E. Ovarian apoplexy.

309. Patient 43 years old complains of pain in the right lumbar region radiating to the lower abdomen. Patient finds peace, groaning. Pulse 100 per min., BP 130/70. The tension of the muscles in the right iliac region. Symptoms Lasseha, Schetkina, Ortner negative.

Pasternatsky positive. The most likely diagnosis?

- A. perforated ulcer 12 duodenal ulcer;
- B. Renal colic;
- C. Radiculitis;
- D. Acute appendicitis;
- E. Acute cholecystitis.

310. Dangerous voltages to human health is an electric current:

- A. Above 50 volts.
- B. Above 150 volts.
- C. Above 100 volts.
- D. Above 75 volts.
- E. Above 200 volts.

311. In severe degree of overheating of the body indicates:

- A. The body temperature of  $40.5^{\circ}\text{C}$ .
- B. Heart rate 130 / min.
- C. Reduced muscle tone.
- D. Body temperature  $39.5^{\circ}\text{C}$ .
- E. Heart rate 120 / min.

312. In thermal burns skin lesions percentage of its mostly often determined by:

- A. "Rule of Donald."
- B. "Rule of Nine".
- C. "Frank Rule."
- D. "Rule palm."
- E. Rule of thermal shock.

313. The sign of deep frostbite will:

- A. Pale skin.

B. Cyanotic skin.

C. Pale skin, soft tissue lying below.

D. Heart rate 110/hv.

E. None of the above.

314. The victim of hypothermia in hospital. Rectal temperature is  $32^{\circ}\text{p}$ . What degree of hypothermia in a man?

A. Hard.

B. Easy.

C. Moderate.

D. Deep.

E. Coma.

315. Physicians tactics in the detection of patients with acute coronary syndrome:

A. Immediate hospitalization in intensive observation specialized cardiological offices.

B. Approve half-bed regime and outpatient treatment.

C. Planned hospitalization in general-office.

D. Tactics determined after routine examination of the patient.

E. Only patients with ECG changes are hospitalized.

316. Patient 72 years turned complaining of severe pain in the right lower limb, inability to walk because of the pain. Sick for 2 days.

The objective features: right lower extremity is cold to the touch, the skin is pale, cold to the touch, all kinds of sensitivity is much reduced. Pulsation of the arteries of the right lower limb is missing, the left lower limb - weakened. Suffers from obliterative atherosclerosis of the lower extremities for 15 years. Your diagnosis?

- A. Acute venous thrombosis iliofemoral
- B. Right-side syndrome Lericq;
- C. Acute arterial thrombosis iliofemoral
- D. layering aneurysm of the abdominal aorta.

317. The patient 28 years among full health was a sharp pain in the left half of the chest, shortness of breath, pain in the heart, palpitations, dry hoarse cough. The objective features: there is the presence of sharp acrocyanosis, restriction of respiratory excursions. Percussion left tympanitis, auscultation - a sharp easing breathing. What method of diagnosis is the most informative for diagnosis?

- A. Thoracoscopy;
- B. Bronchoscopy;
- C. Computed tomography;
- D. Angiography;
- E. Plain radiography of the chest.

318. To the family doctor appealed the 12 week's pregnant woman. She complains of colicky abdominal pain, heavy bleeding from the genital tract. What should the doctor?

- A. taken to the gynecological department;
- B. Call the doctor obstetrician - gynecologist;
- C. hospitalized in the maternity ward;
- D. hospitalized in the surgical ward;
- E. Conduct hemostatic therapy.

319. Man 30 years, with a total body overheating and heat stroke after working in high temperature bothers my emotions vomiting. What is the solution for intravenous administration should be for buying unrestrained vomiting?

- A. Hypotonic glucose.
- B. A solution of atropine sulfate.
- C. Hypertensive sodium chloride.
- D. Solution Reglan 4.0 ml.
- E. Polarizing mixture.

320. The patient was hospitalized immediately after the snake bite. Overall condition of moderate severity. In the city the bite victim feels pain and heartburn. HR - 100/hv ..., BP - 100/60 mm Hg. century.,



consciousness is not impaired. What treatment should be immediately?

- A. Glucocorticosteroids.
- B. Water-salt solutions.
- C. Cardiotonic drugs.
- D. Specific serum against snake.
- E. Narcotic painkillers.

321. After being bitten by wasps appeared itchy skin, hoarseness of voice, "barking cough" anxiety. The objective features: swelling of the lips, eyelids, cyanosis. What preparation should be first?

- A. Diclofenac sodium.
- B. Seduxen.
- C. Adrenaline.
- D. Laziks.
- E. Prednison.

322. Family doctor summoned to the patient. Male, 46 years old, who in a drunken state spent in the cold 2 days ago, complains of burning pain, itching, paresthesias in the toes of both feet areas. On examination: leather toes of both feet cyanotic, moderately swollen, there is some fatigue blisters that contain clear fluid yellow. Most likely, the victim:

- A. Frostbitten III degree.
- B. Crash syndrome.
- C. Frostbitten I degree.
- D. Frostbitten IV degree.
- E. Frostbitten II degree.

323. Working within a few minutes was under the influence of an electric current. The objective features: without consciousness, seizures. Self-breathing is absent, the pulse of the great arteries is not defined, eyes wide, the light does not respond. What you want to give priority assistance?

- A. intracardiac injection of adrenalin.
- B. Introduction to convulsive drugs.
- C. Closed cardiac massage and artificial ventilation.
- D. Intravenous respiratory analeptics.
- E. Hit on the chest.

324. A young guy while diving from a height into shallow hit his head on the bottom. Vacationers immediately brought to shore in a state of clinical death with signs of injury in the cervical spine. What features of resuscitation in this situation?

- A. Do not hold the maximum throwing back the head of the victim.
- B. Do not open the mouth of the victim and conduct CPR mouth to nose.
- C. Artificial respiration pursue the method Hohera-Nielsen.
- D. Do not print the victim's jaw up and forward.
- E. Artificial respiration conduct by the method of Sylvester

325. The electric current voltage is dangerous for human health:

- A. Above 50 volts
- B. Above 150 volts
- C. Above 100 volts
- D. Above 75 volts
- E. Above 200 volts

326. The severe degree of overheating is:

- A. Body temperature  $40.5^{\circ}\text{C}$
- B. Heart rate 130 per min.
- C. Reduced tonus of muscles
- D. Body temperature  $39.5^{\circ}\text{C}$
- E. Heart rate 120 per min.

327. The severity of burns with development of burn shock is?

- A. 30 units
- B. 20 units
- C. 10 units
- D. 35 units
- E. 15 units

328. In Ukraine the toxic effect of snake's venom belongs to:

- A. haemorrhagic action
- B. neurotoxic action
- C. neurotoxic and hemorrhagic actions
- D. the allergic action
- E. allergic and neurotoxic actions

329. The domestic dog bit the man for his shin shank. No shallow wound,

no bleeding. What is necessary to provide emergency care?

- A. limb immobilization
- B. painkillers
- C. Toilet of wound, to impose aseptic bandage
- D. Toilet of wound, to impose aseptic bandage, route to traumatology center
- E. Route to surgical hospital

330. The limb of thermal burns of the skin lesions is determined by:

- A. "Rule of Donald"
- B. "rule of nine"
- C. "Frank's Rule"
- D. «rule of palm"
- E. Rule of thermal shock

331. The criterion of deep frostbite is:

- A. Pale skin
- B. Cyanotic skin
- C. pale skin, below lying tissues soft
- D. Heart rate 110 per min.
- E. No one of the following

332. On the skin after a bite of snake (schytomordnykiv's species) will be:

- A. Two deep stab wound
- B. edema and hyperemia
- C. Swelling and bruising
- D. Two-deep stab wound, bruises petehial-hemorrhagic
- E. The two deep stab wound, swelling

333. A child of 10 years old dropped in cold water. He was extended after 10 minutes. The objective: pale skin, upper airways is released of foam liquid. What is the most likely diagnosis?

- A. "Dry" drowning
- B. Drowning, syncope type
- C. Drowning, asphyctic type
- D. Genuine drowning
- E. "Blue" drowning

334. Frostbite victim was admitted to the hospital. Rectal temperature was 32°C. What is the degree of frostbite?

- A. Severe
- B. Light
- C. Moderate
- D. Deep
- E. Coma

335. There was the skin burn of waist, buttocks, thighs, perineum and external genital organs. Identify an area of injury:

- A. 28%
- B. 21%
- C. 19%
- D. 36%
- E. 18%

336. After work under conditions of high temperatures the man of 30 years old with a total body overheating and heatstroke had uncontrollable vomiting. What solution for

intravenous infusion should be prescribed for reduction of vomiting?

- A. Hypotonic glucose solution
- B. atropine sulphate
- C. Hypertonic solution of sodium chloride
- D. metoclopramide 4,0 ml
- E. Polarizing mix

337. Immediately after snake bite the patients was admitted to hospital. The objective features: moderately severe condition; in the place of bite was pain and burning; HR 100 per min, BP 100/60 mmHg clear consciousness. What is immediate treatment?

- A. Glucocorticosteroids
- B. salt solutions
- C. Cardiotonic agent
- D. Specific serum against snake
- E. Narcotic painkiller

338. After a bite of wasps the patient felt the skin itch, hoarse voice, barking cough, anxiety. The objective features: swelling of the lips, eyelids, cyanosis. Which drug should be the first?

- A. Diklofenak sodium
- B. Seduksen
- C. Adrenaline
- D. Laziks
- E. Prednisolone

339. 30 years old received thermal burns. He has been examined by the family doctor, who determined the

epidermal burns of head and neck, deep dermal burn of his hand. The manifestation of burn shock by which degree should be expected?

- A. Severe
- B. Medium
- C. No burn shock
- D. Extremely hardvery severe
- E. Light

340. The boy was bitten by snake. After 20 minutes he was examined by family doctor. On the place of bite there was a swelling of tissue, heart rate 84 per min, BP 104/60 mmHg. Antitoxic serum was introduced. What is the prognosis for the victim's condition?

- A. Full recovery
- B. Delayed anaphylactic shock will develop
- C. Partial recovery
- D. Doubtful
- E. Renal failure will develop

341. The man was on the beach under intensive solar radiation (from 11 to 14 hours). He lost consciousness. What was the reason of such a reaction?

- A. Skin burns
- B. Photodermatosis of skin
- C. Photochemical effect of solar radiation
- D. Sunstroke
- E. autonomic dysfunction

342. Influence of electric current on the body primarily impact on:

- A. central nervous system
- B. cardiovascular system - shock
- C. Heart: the myocardial dystrophy
- D. Heart: the ventricular fibrillation
- E. peripheral nervous system

343. From the place of disaster (fired oil) the group of burnt was admitted to the hospital. What are the main diagnostic criteria of burn shock for physician of hospital reception for early?

- A. Dyspnea, tachycardia
- B. Cyanosis, shortness of breath
- C. The depth of lesion area
- D. Thirst, muscle tremors
- E. The feeling of anxiety, paleness of skin out of burns

344. Following changes are typical for drowning in sea water:

- A. Hypovolemia, hyponatremia, hyperkalemia
- B. Hypervolemia, hyperkalemia, hypernatremia
- C. Hypervolemia, hypoproteinemia, hyperchloremia
- D. Hypovolemia, hypokalemia, hyponatremia
- E. Hypovolemia, hypernatremia, hypercalcemia

345. The man of 24 years old was admitted to the hospital. He returned home in winter during 12 hours. The objective features: slight sleepiness, gooseflesh, light cyanosis, hypertonus of muscles of limbs and body. What happened with victim?

- A. Acute respiratory infection
- B. Undercooling
- C. Hypothermia
- D. Pneumonia
- E. Tiredness

346. Drowned was brought from the sea side. A man of 23 years old was unconscious. The objective features: pale skin, cyanotic, foam in the mouth, different calibers crepitations above lungs, RR 32 per min, BP 100/70 mmHgHR 104 per min, central venous pressure 160 mmHg. Find the factor of terminal condition:

- A. Cervical spine fracture
- B. Acute heart failure
- C. Cardiogenic shock
- D. Genuine drowning in sea water
- E. Pulmonary embolism

347. The bee bites the finger on right hand of 19 years old female. After 30 minutes later the victim was admitted to the hospital. She complained the weakness, burning sensation in the body, the compression of the chest, ringing in ears. Bee sting was

removed. The doctor diagnosed anaphylactic shock, moderate severity. Which drug should be introduced first?

- A. Calcium Chloride
- B. Adrenalin
- C. Prednisolone
- D. Tavehil
- E. Kordiamin

348. Family doctor was called to the patient. The man of 46 years old after Two days ago, he complained the stinging, itching skin, paresthesia in the toes of both feet. The objective features: cyanotic toes of both feet, moderately humid, is not some tense blisters containing clear yellow liquid. Most likely that he was affected by:

- A. frostbite III degree
- B. crush syndrome
- C. frostbite I degree
- D. frostbite IV degree
- E. Frostbite II degree

349. In the reception ward was brought a 54 years old man, who layed in the snow at air temperature - 10<sup>0</sup> C. The objective features: pungent smell of alcohol, consciousness matted, no gesture, skin is pale with cyanotic shade, cold to the touch. Pulse - 50/hv., SC - 80/40 mmHg. Cent., Body temperature 32<sup>0</sup> C. Most likely, that man:

- A. Hard alcohol level

- B. Acute pancreatitis
- C. slaughter brain
- D. General hypothermia
- E. Poisoning of alcohol substitutes

350. A worker for a few minutes was under the influence of electric wires. The objective features: without consciousness, seizures. Independent breathing absent, pulse on main arteries is determined, eyes wide, not react to light. What you need to give priority assistance?

- A. Introduction of adrenalin intracardially
- B. Introduction of anticonvulsive drugs
- C. Closed-heart massage and artificial ventilation
- D. Injection respiratory analeptic
- E. Blow on the chest

351. Received at the reception office man with symptoms of general hypothermia. Retarded victim, marked muscle tremors, body temperature  $33^{\circ}\text{C}$ , SC - 110/60 mm Hg.art., HR - 96/hv., breathing normal. On hand and stop freezing skin areas II-III degree. Which of the following measures ARE NOT PRESCRIBED for the patient?

- A. Warm external heat sources

- B. Oral administration of 30% alcohol solution
- C. Injection of warm fluids
- D. Bandager on foot and hand
- E. Drink warm drinks

352. Family doctor was summoned to a patient who received the freezing limbs. The objective features: skin of both feet and distal thirds of the shin-cyanosis, cool to the touch, pain sensitivity absent. Swelling goes beyond skin lesions. There are several medium-sized blisters, strained, containing hemorrhagic fluid. What is a tactic of doctor?

- A. Expand blisters
- B. Route to the office of thermal injuries
- C. Affected places desinfectar by ethanol
- D. Put a heat-insulated bandage
- E. Call a surgeon

353. Female 17 years working in the garden on a hot day (air temperature  $31^{\circ}\text{C}$ ) experienced headache, dizziness, nausea, tinnitus. The objective features: face congested skin, body temperature  $38^{\circ}\text{C}$ , frequent respiration, pulse 110/hv., SC 110/70 mm Hg. art. Indicate the most likely diagnosis:

- A. Vegetation management
- B. Migraine attack
- C. Heatstroke medium severity
- D. Heatstroke light severity

E. Acute respiratory disease

354. In the cold season came to the hospital a man who was extracted from an open stream. Contacts have respiratory water was not. Complains of pain and numbness hands and feet. Objective: agitated, pale skin, cold shivering. Rectal temperature of  $34.5^{\circ}\text{C}$ , HR - 110/hv., SC - 120/90 mm Hg. artCHDR - 22/hv. What kind of warming is shown to the victim?

- A. Warming compresses
- B. Warm bath
- C. Infusion solutions  $37.0^{\circ}\text{C}$
- D. Hemodialysis with warm blood
- E. Passive warming

355. The victim repaired an electric iron and electric shock at home. After half an hour after hospitalization came to life. Indicators of stable hemodynamics, adequate breathing, orientation of patient preserved. What further management of the patient?

- A. ECG in the absence of changes may be issued in 3 hours
- B. ECG, the absence of changes may be issued after 3 day
- C. ECG, with no changes may be issued in 12 hours
- D. ECG, with no amendments may be issued after 6 hours
- E. ECG, with no amendments may be issued after 9:00

356. Male 38 years as in hot weather first started to work in open-hearth furnaces. After the changes felt heat around the body, uncontrolled sweating, frequent palpitations, headache and dizziness. The objective features: significant hyperemia of skin, body temperature is  $38.2^{\circ}\text{C}$ , HR - 110/hv., SC - 160/60 mmHg. Cent. What emergency help is needed?

- A. blowing body by cool air, oxygen inhalation
- B. Introduction of antibiotics
- C. Introduction hypotensive and diuretic drugs
- D. Levying body ice, oxygen inhalation
- E. Levying body ice, putting pain

357. A young boy while diving from a height of little depth banged his head on the bottom. Guests are immediately brought to shore in a state of clinical death, and with signs of cervical spine trauma department. What are characteristics of intensive care measures in this situation?

- A. Do not carry maximum throw back victim's head
- B. Do not open the mouth of the victim, perform artificial respiration and mouth to nose
- C. perform artificial respiration method by Hohera-Nielsen

- D. Do not show the victim's lower jaw up and forward
- E. E. perform artificial respiration method by Sylvester

358. In the summer ambulance due to the 20-year-old girl that was taken out of the river without consciousness. The objective features: pale skin, no spontaneous respiration, peripheral pulse on main arteries is determined, advanced pupils. Which of the following resuscitation measures should be applied above all?

- A. Heart defibrillation
- B. Introduction of adrenaline hydrochloride
- C. External heart massage
- D. Introduction of calcium chloride
- E. Exemption respiratory

359. The Health protection is:

- A. A system of measures, sent to provision, maintenance and development of physiology and psychological functions, social activity and optimal capacity of individual.
- B. A system of establishments which provide a health protection of population.
- C. A control system by the guard of health of population.

D. A system of the medical provision.

E. A system of primary medical help.

360. A medical help is a complex of measures which directed on:

- A. help to the persons with acute diseases, opening of new establishments of Public health, rehabilitation of patients and invalids.
- B. help to the persons with chronic diseases and increase of sanitary culture
- C. provision of sanatorium-and-spa treatment, increase of sanitary culture
- D. prevention of morbidity and disability, increase of sanitary culture, rehabilitation patients and invalids, help to the persons with chronic diseases, opening of new establishments of Public health
- E. opening of new establishments of Public health, help to the persons with chronic diseases, rehabilitation patients and invalids.

361. Establishments of Public health are:



- A. establishments which provide the management of health a guard
- B. enterprise, establishments and organizations which provide the various requirements of population in industry of Public health and medical provision
- C. establishments of medical care for population
- D. social establishments for be single and elderly people.
- E. All of mentioned above

362. The body of Public health is:

- A. establishments which provide the management of health a guard
- B. enterprise, establishments and organizations which provide the various requirements of population in industry of Public health and medical provision.
- C. establishments of medical care for population
- D. social establishments for be single and elderly people.
- E. All of mentioned above

363. Principles of Public health are all, except:

- A. freedom of charge for all types of medical care;
- B. freedom of charge for medical care which is

conducted within the framework of the government program;

- C. priority of prophylactic measures;
- D. accessibility of medical help;
- E. social security of citizens in case of healthimpairment.

364. The disclosure of information which makes a medical secret is shut out:

- A. On the request of the bodies of social security and public welfare;
- B. the threat of distribution of infectious diseases;
- C. at presence of signs, which allow thinking that it is sorry to the health caused during realization of socially dangerous actions;
- D. on the request of the descendants;
- E. on the request of the office of public prosecutor.

365. Family physicians deliver a range of acute, chronic and preventive medical care services, which include:

- A. routine check-ups
- B. health-risk assessments
- C. immunization and screening tests
- D. personalized counseling on maintaining a healthy lifestyle
- E. all of mentioned above

366. Primary care involves the widest scope of health care, including:

- A. patients of all ages
- B. patients of all socioeconomic and geographic origins
- C. patients seeking to maintain optimal health
- D. patients with all acute and chronic physical, mental and social health issues
- E. all of mentioned above

367. The primary health care covers the basic medical care, simple diagnostics and treatment, referral to the higher level in difficult cases, preventive measures and the principal community health activities:

- A. basic medical care in the case of acute and chronic diseases
- B. simple diagnostics and treatment of chronic non-communicable diseases
- C. referral to the secondary and tertiary levels in difficult cases
- D. preventive measures and the principal community health activities
- E. all of mentioned above

368. Many FDs are trained in basic medical testing, such as interpreting results of blood or other patient samples, electrocardiograms, or X-Rays:

- A. interpreting results electrocardiograms, endoscopy
- B. interpreting results of blood, electrocardiograms, or X-Rays
- C. perform X-Ray
- D. perform endoscopy
- E. perform US or endoscopy

369. The FD acts on behalf of the patient to collaborate with:

- A. referral specialists
- B. coordinate the care given by varied organizations such as hospitals or rehabilitation clinics
- C. act as a comprehensive repository for the patient's records
- D. provide long-term management of chronic conditions
- E. all of mentioned above

370. In addition to diagnosing and treating illness, FD provides preventive care, which includes the following:

- A. routine check-ups
- B. health-risk assessments
- C. immunization and screening test
- D. personalized counseling on maintaining a healthy lifestyle
- E. All of mentioned above

371. Social meaningfulness of major non-epidemic diseases is conditioned by:

- A. High prevalence;
- B. Considerable disability;
- C. High disability;

- D. High death rate.
- E. All of mentioned above

372. FD acts on behalf of the patient with: to collaborate with referral specialists, coordinate the care given by varied organizations such as hospitals or rehabilitation clinics, act as a comprehensive repository for the patient's records, provide long-term management of chronic conditions.

- A. coordinate the care given by varied organizations such as hospitals
- B. coordinate the care given by varied organizations such as rehabilitation clinics
- C. act as a comprehensive repository for the patient's records
- D. provide long-term management of chronic conditions
- E. All of mentioned above

373. FD is usually the first medical practitioner contacted by a patient, due to factors such as:

- A. ease of communication
- B. accessible location
- C. familiarity
- D. Increasingly issues of cost and managed care requirements
- E. All of mentioned above

374. Continuous care is particularly important for patients with such medical conditions:

- A. medical conditions that encompass multiple organ systems

- B. diabetes mellitus and hypertension

C. medical conditions that encompass multiple organ systems and require prolonged treatment and monitoring

- D. diabetes mellitus and asthma
- E. COPD and asthma

375. The primary prophylaxis of diseases includes:

- A. Prevent further development of illness and its complications.
- B. Prevent development of diseases and influence of risk factors.
- C. Optimization of life style.
- D. Improvement of socio-economic conditions.
- E. Medical help to the patients in the case of acute illnesses.

376. The concept of "health" is:

- A. The state of organism, which permits to execute the biological and social functions
- B. The state of organism, when all his functions are balanced with an environment
- C. The state of full physical, spiritual and social well-being and not merely absence of diseases and physical defects.
- D. Conditional statistical concept, which is

characterized by the complex of demographic indices, morbidity, physical development, disability and frequency to the nosological states

E. Interval within the limits of what oscillation of biological processes is retained organism at the level of functional optimum

377. Types of prophylactic reviews which are carried out in medical and preventive establishments:

- A. Periodic, having a special purpose;
- B. Medical, quarterly;
- C. Annual, ambulatory;
- D. Previous, periodic, having a special purpose;
- E. Previous, medical, quarterly.

378. A healthy life style is a behavior of people with certain working conditions and mode of rest, which provides:

- A. Maintenance of health;
- B. The high functional capacity of organism;
- C. Active longevity;
- D. All of mentioned above;
- E. Good nutrition.

379. Palliative care is a:

- A. regular medical check-up
- B. in-hospital care

C. multidisciplinary approach to specialized medical and nursing care for people with life-limiting illnesses

D. home hospital

E. out-patient care

380. Legal entity or individual that pays financial (insurance) subscription and legally have a right to obtain sum of money in case of insured accident:

- A. Insured
- B. Insurer
- C. Insured person
- D. Insurance agent
- E. Insurance broker

381. Organization (legal entity) that realizes insurance, assumes a liability to indemnify and questions concerning creating and spending of insurance fund:

- A. Insured
- B. Insurer
- C. Insured person
- D. Insurance agent
- E. Insurance broker

382. Individual whose life, health and efficiency is the object of insurance security:

- A. Insured
- B. Insurer
- C. Insured person
- D. Insurance agent
- E. Insurance broker

383. Individual that makes an insurance treaty in the name of insurer for the commission compensation and who is a part-time servant.
- Insured
  - Insurer
  - Insured person
  - Insurance agent
  - Insurance broker
384. Insurer's fee for the insurance contract:
- Insurance premium
  - Sum insured (insurance money)
  - Underwriting rate
  - Deductible
  - All the above listed
385. Chronic pain syndrome is ongoing pain lasting longer than.
- 6 months
  - 3 months.
  - 1 months.
  - 8 weeks.
  - 6 weeks.
386. Chronic pain syndrome can affect patients in various ways. Which effects in the patient's life are leading?
- depressed mood, fatigue.
  - reduced activity and libido.
  - excessive use of drugs and alcohol, dependent behavior.
  - disability out of proportion with impairment.
  - All of mentioned above.
387. Chronic pain may lead to next changes in patient's life:
- prolonged physical suffering
  - loss of employment
  - marital or family problems
  - various adverse medical reactions from long-term therapy
  - All of mentioned above.
388. The goal of pharmacotherapy of chronic pain syndrome is to reduce morbidity and prevent complications. For this purpose we use the following medication:
- Nonsteroidal anti-inflammatory drugs, Muscle relaxants, Antidepressants
  - Corticosteroids, Muscle relaxants
  - Nonsteroidal anti-inflammatory drugs, Corticosteroids.
  - Nonsteroidal anti-inflammatory drugs, physical therapy
  - All of mentioned above.
389. Which disorders may cause or contribute to chronic pain
- Various psychiatric disorders
  - Various surgical disorders
  - Various neuromuscular, reproductive, gastrointestinal (GI), and urologic disorders
  - Various neuromuscular disorders

E. Various neuromuscular and rheumatologic disorders

390. NSAIDs may increase risk of serious events, such as:

- A. risk of stroke
- B. serious cardiovascular thrombotic events, myocardial infarction (MI), and stroke
- C. risk of serious gastrointestinal adverse events, including bleeding, ulceration, gastric or intestinal perforation
- D. risk of serious gastrointestinal adverse events, including gastric or intestinal perforation
- E. all of mentioned above

391. Pharmacotherapy of cervical spondylosis is the goal to reduce morbidity and prevent complications.

It is including:

- A. Corticosteroids, Muscle relaxants, injection
- B. Nonsteroidal anti-inflammatory drugs
- C. Nonsteroidal anti-inflammatory drugs, Corticosteroids, Muscle relaxants, Antidepressants
- D. Nonsteroidal anti-inflammatory drugs and Corticosteroids
- E. physical therapy, nonsteroidal anti-inflammatory drugs

392. The myofascial pain is termed as:

- A. Pain attributed to cervical nerves injuries
- B. Pain attributed to muscle
- C. Pain attributed to surrounding fascia of muscle
- D. Pain attributed to muscle and its surrounding fascia
- E. Pain attributed to cervical trauma

393. The routine examination for every patient with suspected cervical spondylosis is

- A. Plain cervical radiography
- B. Computer tomography
- C. MRI tomography
- D. Ultrasound examination
- E. Physical examination

394. The family doctor was appealed to the 12 week's pregnant woman. She complains to stabbing abdominal pain, intensive uterine bleeding. Which doctor should be appealed?

- A. Hospitalized to the gynecological department;
- B. Call the obstetrician - gynecologist;
- C. Hospitalized to the maternity hospital;
- D. Hospitalized to the surgical department;
- E. Haemostatic therapy.

395. The primary prophylaxis of diseases includes:

- A. Prevent further development of illness and its complications.
- B. Prevent development of diseases and impact of risk factors.
- C. Optimization of life style.
- D. Improvement of socio-economic conditions.
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- E. Interval within the limits of what oscillation of biological processes is retained

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- A. Maintenance of health;
- B. The high functional capacity of organism;
- C. Active longevity;
- D. All of mentioned above;
- E. Good nutrition.

399. Which alcohol consumption has been significantly associated with a lower incidence of cardiovascular and all-cause mortality in patients with cardiovascular disease?

- A. 15-40 g/d
- B. 20-30 g/d
- C. 25-35g/d
- D. 5-25 g/d
- E. 10-15 g/d

400. The initial goal of weight loss therapy should be to reduce body weight by approximately

- A. 5% from baseline
- B. 10% from baseline
- C. 20% from baseline
- D. 30% from baseline
- E. if waist circumference is 35 inches in women and 40 inches in men

401. In post-MI patients when clinically indicated (eg, atrial fibrillation, left ventricular thrombus) is recommended as antiplatelet agents and anticoagulants:

- A. Manage warfarin to international normalized ratio of 1,0-3,0 for paroxysmal or chronic atrial fibrillation or flutter
- B. Use of clopidogrel 75 mg/d in combination with aspirin for up to 12 month
- C. Use of clopidogrel 75 mg/d
- D. Use of warfarin in conjunction with aspirin and/or clopidogrel
- E. Use of higher-dose aspirin at 162-325 mg/d

402. Current rates of COPD are higher in:

- A. men
- B. women
- C. no difference between sex
- D. in men older than 50 years
- E. in women older than 50 years

403. COPD occurs predominantly in individuals.

- A. older than age 40 years
- B. older than age 60 years
- C. older than age 30 years
- D. older than age 50 years
- E. older than age 20 years

404. The patients with isolated systolic AH is attributed to the group:

- A. Low risk of cardiovascular complications
- B. the middle risk of cardiovascular complications
- C. the high risk of cardiovascular complications
- D. no risk of cardiovascular complications
- E. neoplasm risk

405. Risk Factors for chronic bronchitis, emphysema, and airways obstruction are the following:

- A. Cigarette smoking, Occupation, Familial and genetic factors
- B. Air pollution, Occupation, Familial and genetic factors
- C. Occupation, Cigarette smoking, Infection
- D. Infection, Alpha1-Antitrypsin Deficiency
- E. All of mentioned above

406. The prolonged cigarette smoking impairs by:

- A. impairs ciliary movement



- B. inhibits function of alveolar macrophages
- C. leads to hypertrophy and hyperplasia of mucus-secreting glands
- D. inhibits antiproteases, causes polymorphonuclear leukocytes to release proteolytic enzymes
- E. All of mentioned above

407. Passive exposure to tobacco smoke correlates with following symptoms:

- A. slowing of the decline in lung function
- B. rapid progression in patients with chronic airways obstruction
- C. cough, wheeze, and sputum production
- D. increased airways responsiveness
- E. vagally mediated smooth-muscle constriction

408. Chronic bronchitis is more prevalent in workers who engage in following occupations:

- A. exposing to either inorganic or organic dusts or to noxious gases
- B. plastics plants exposed to toluene diisocyanate
- C. carding room workers in cotton mills
- D. heavy pollution with sulfur dioxide

- E. All of mentioned above

409. Carcinogenesis from tobacco use occurs through several mechanisms, including:

- A. direct delivery of carcinogens to tissues
- B. direct delivery of carcinogens to tissues, inflammation, and breakdown of physiologic barriers
- C. autoimmune inflammation
- D. mechanical breakdown of physiologic barriers
- E. mechanical breakdown of tissues

410. The following risk factors are assessed as modifiable:

- A. Age, smoking, atherogenic diet, alcohol intake, physical activity, dyslipidemias, hypertension, obesity, diabetes, metabolic syndrome
- B. Smoking, sex, atherogenic diet, alcohol intake, physical activity, dyslipidemias, hypertension, obesity, diabetes, metabolic syndrome
- C. Smoking, atherogenic diet, alcohol intake, physical activity, dyslipidemias, hypertension, obesity, diabetes, metabolic syndrome
- D. Smoking, family history, atherogenic diet, alcohol intake, physical activity,

dyslipidemias, hypertension, obesity, diabetes, metabolic syndrome

E. Smoking, sex, genetic, atherogenic diet, alcohol intake, physical activity, dyslipidemias, hypertension, obesity, diabetes, metabolic syndrome

411. Before the management of elevated blood cholesterol is initiated, the following potential secondary causes of high LDL should be considered:

A. Hypothyroidism, nephrotic syndrome, and primary biliary cirrhosis

B. Hypothyroidism, primary biliary cirrhosis, and anorexia nervosa

C. Hypothyroidism, nephrotic syndrome, primary biliary cirrhosis, and anorexia nervosa

D. Hypothyroidism, nephrotic syndrome, cirrhosis, and excessive physical exercise

E. Hyperthyroidism, nephrotic syndrome, and anorexia nervosa

412. Before the management of elevated blood cholesterol is initiated, the following potential secondary causes of hypertriglyceridemia should be considered:

A. Diabetes mellitus, chronic kidney disease, alcoholism,

pregnancy, hypothyroidism, cirrhosis

B. Diabetes mellitus, chronic kidney disease, alcoholism, pregnancy, hypothyroidism

C. Diabetes mellitus, cirrhosis, alcoholism, pregnancy, hypothyroidism

D. Diabetes mellitus, chronic kidney disease, alcoholism, pregnancy, hyperthyroidism

E. Diabetes mellitus, chronic kidney and liver disease, alcoholism

413. General Nutritional

Recommendations for prevention of cardiovascular disease recommend all of the mentioned, except:

A. Eat a variety of fruits; vegetables; legumes; nuts; soy products; low-fat dairy products; and whole grain breads, cereals, and pastas; baked or broiled fish at least twice per week

B. Choose oils and margarines low in saturated fat and high in omega-3 fat, such as canola, soybean, walnut, and flaxseed oils, including those fortified with stanols and sterols

C. Avoid fatty fish

D. Limit alcohol consumption to no more than 2 drinks per day for a man or 1 drink per day for a woman

E. Eat less than 6 g of salt or <2400 mg/d of sodium

414. For prevention of cardiovascular disease the goal BP for patient with diabetes or chronic kidney disease is:

- A. BP <120/80 mm Hg or <110/70 mm Hg
- B. BP <135/90 mm Hg or <120/80 mm Hg
- C. BP <160/90 mm Hg or <140/80 mm Hg
- D. BP <140/90 mm Hg or <130/80 mm Hg
- E. BP <130/90 mm Hg or <120/80 mm Hg

415. FD's tactics in the case of acute coronary syndrome:

- A. Urgent admission to specialized intensive care unit of cardiology department.
- B. Out-patient treatment.
- C. Planned admission to therapeutic department.
- D. Tactics will be determined after routine examination of the patient.
- E. Only patients with ECG changes are admitted.

416. The healthy man of 28 years old felt acute left side chest pain, hypopnoea, palpitations, dry cough. Physical examination: acrocyanosis, restriction of respiratory excursions, percussion - left tympanic,

auscultation - diminished breath sounds. What is most informative diagnostic method?

- A. Thoracoscopy;
- B. Bronchoscopy;
- C. Computer tomography;
- D. Angiography;
- E. chest X-ray.

417. Differentiation criterion of II A and I stages of left-sided type heart failure:

- A. increased BP
- B. acute peripheral edema
- C. tachycardia in the rest
- D. symptom of large circulation engorgement
- E. symptom of small circulation engorgement

418. Most typical clinical symptom of stable angina pectoris:

- A. squeezing pain
- B. retrosternal pain
- C. efficiency to nitroglycerine
- D. irradiation of pain
- E. normal ECG during attack and after the physical loading

419. The patient 55 years old had myocardial infarction a few years ago. During last months he has BP 160/100 mmHg. Family history: arterial hypertension. What hypotension drugs will you prescribe?

- A.  $\beta$ -adrenoblocker
- B. diuretics

- C. ACE inhibitors
- D. direct action vasodilators
- E. ACE inhibitors or  $\beta$ -adrenoblocker

420. An indications is to the conducting of day's monitor ABP:

- A. detection arterial hypertension
- B. differential diagnosis of arterial hypertension and hypertension "white a dressing-gown"
- C. valuing to character of arterial hypertension and influence of different factors
- D. detection hypotension, valuing to efficiency of therapy
- E. all of mentioned above

421. Character of beginning of pain in case of the angina pectoris:

- A. without precursors, sudden, on height of the physical loading, gradually grows to the peak of intensity in the form of crescendo
- B. after auras
- C. maximum intensity will attack at the beginning
- D. pain grows undulating
- E. in 4-6 hours after loading, maximum on 2-3 days

422. A patient which long time suffers on a gout and essential hypertension entered induction centre of hospital

with the signs of polyarthritis and increase of ABP to 170/100 mm hg. p. What hypotension drugs are contra-indicated in this case?

- A. diuretics
- B. antagonist to the calcium
- C. ACE inhibitors
- D.  $\beta$ -adrenoblocker
- E. direct action vasodilators

423. In the case of angina the typical pain is:

- A. Pressing, squeezing, localized behind the breastbone.
- B. Burning heart pain.
- C. Barbed heart pain associated with movements or breathing.
- D. Feeling of discomfort in the pericardial region during physical or emotional stress.
- E. Feeling heterogonous object under the sternum.

424. The patients with isolated systolic AH is attributed to the group:

- A. Low risk of cardiovascular complications
- B. the middle risk of cardiovascular complications
- C. the high risk of cardiovascular complications
- D. no risk of cardiovascular complications
- E. neoplasm risk
- E. closed-chest cardiac massage, artificial ventilation

425. 82 years old patient had circulatory arrest and respiratory standstill. Medical history: prolonged heart failure. On the 5th minute of cardiopulmonary resuscitation, which was started on time, there wasn't the cardiac activity. What is the prognosis for further resuscitation?

- A. Full restoration is impossible
- B. Restoration of beatings with some extrasystoles
- C. Full recovery
- D. Full recovery with following deterioration
- E. Possible restore of sinus rhythm

426. There was patient with atrial fibrillation, paroxysm of ventricular tachycardia. Which universal antiarrhythmic is most reasonable for patient?

- A. Panangin
- B. Procainamide hydrochloride
- C. Lidocaine
- D. Verapamil
- E. Digoxin

427. On the fourth postoperational day the 68 years old patient had acute bradycardia with asystole, no consciousness, coarse breathing. Resuscitation was started. What is the criterion of effectiveness of resuscitation?

- A. xerophthalmus
- B. Appearance of breath

- C. Reduction of cyanosis
- D. The carotid pulsation
- E. Myotic pupils

428. In-hospital 50 year old patient with arterial hypertension, ischemic heart disease suddenly fainted. Duty doctor diagnosed the circulatory arrest and respiratory standstill. The cardiopulmonary resuscitation was started. A set of false teeth was extracted. What will be the following actions?

- A. Intracardiac injection of adrenalin
- B. Intracardiac injection of atropine
- C. Closed-chest massage
- D. Proceed to ventilation
- E. Throw back patient's head, lift chin, pull and fix tongue

429. Man was injured as a result of falling from a height. Physical examination: no response to natural irritants, unconscious, no breathing, thready pulse, left foot was unnatural turn to the other side, numerous wounds and scratches on skin. Which are primary measures in this case?

- A. Applying of sterile bandages on wounds
- B. Immobilization of fractures
- C. Transfusion-infusion therapy
- D. Respiratory restoration
- E. Anesthesia

430. The 75-years-old man was unconscious in the street with no pulsation on main arteries, mydriatic pupils. The clinical death was diagnosed. Which are primary measures in this case?

- A. emergency call
- B. Start a closed-chest cardiac massage
- C. Start the cardiopulmonary resuscitation
- D. Elevate the lower limbs
- E. Start artificial respiration

431. Resuscitation of elderly patient was not effective: wave of artificial carotid pulsation was not determined; the closed-chest cardiac massage was performed with displacement of the lower half of the sternum on 2-3 cm toward the spine because of chest stiffness. When the heart massage will be effective?

- A. Increasing the displacement of sternum to 4-5 cm
- B. Start the open-chest cardiac massage
- C. Perform chest compression in left parasternal region
- D. 10 ml 10% calcium chloride solution injection
- E. Increasing displacement of sternum to 6-7 cm

432. The patient suddenly turned pale, unconscious. The skin was cyanotic, no photoreaction, no carotid

pulsation, asystole on ECG. Which are primary measures in this case?

- A. Precardiac blow
- B. Artificial respiration
- C. The closed-chest cardiac massage
- D. Droperidol injection
- E. Adrenaline injection

433. You perform the resuscitation measures for patient - closed-chest cardiac massage, mouth-to-mouth ventilation. Which will be duration of these actions in the absence of recovery of cardiac and central nervous system activity?

- A. 45 minutes
- B. Before the emergency arrival
- C. 60 minutes
- D. 30 minutes
- E. 15 minutes

434. During diagnostic endoscopy the 45-years-old patient was asystole on ECG. Which will be your primary action?

- A. Electrical cardiac acceleration
- B. Sodium bicarbonate injection
- C. Atropine injection
- D. defibrillation.
- E. closed-chest cardiac massage, artificial ventilation

435. Which forms of chronic glomerulonephritis is not appointed for heparin

A. with urinary syndrome, progressive course

B. with hematuria syndrome

C. with nephrotic syndrome in any stage

D. with nephrotic syndrome in the stage of chronic renal failure

E. with urinary syndrome in the stage of chronic renal failure

[8, p.24, 15, p.453]

436. For treatment of the second chronic pyelonephritis is prescribed all, except:

A. renewal and normalization of passage of urine

B. diuretics

C. immunomodulators

D. glucocorticoids

E. all of mentioned above

437. What from the noted indexes to use for monitoring and assessment of degree of weight of bronchial asthma:

A. OFV1 is a volume of air, which fizzes out at the forced exhalation for the first second after complete inhalation

B. MPV - index of maximal stream which is formed in times of the forced exhalation

C. VCL is a vital capacity of lights

D. FVCL - the vital capacity of lights is forced

438. A patient of 55 years old had acute pyelonephritis with urolithiasis. Which examit is a necessity to perform?

A. urinalysis, complete blood count, bacterial research of urine

B. urinalysis, complete blood count, bacterial research of urine, isotopic rheography

C. Bacterial research of urine, ultrasonic examination of kidneys, urinary ways, survey urography

D. Bacterial research of urine, three glass test

E. urinalysis, complete blood count, three glass test, creatinine of blood

439. The main clinical symptom of COPD is all, except:

A. dyspnea

B. constant or periodic cough

C. expectoration availability

D. choke seizure

E. rise temperatures

440. The primary atypical pneumonias etiology is:

A. mycoplasmal

B. legionellal

C. chlamydial

- D. staphylococcal
  - E. options A, B, C
441. COPD as a disease state characterized by:
- A. airflow obstruction that is not fully reversible
  - B. chronic bronchitis, emphysema, or asthma
  - C. airflow limitation that is not fully reversible, is usually progressive, and is associated with an abnormal inflammatory response of the lungs to inhaled noxious particles or gases
  - D. airflow obstruction and emphysema
  - E. chronic bronchitis with an abnormal inflammatory response of the lungs and emphysema

442. The outcome of COPD is determined by such index:

- A. body mass index, obstruction [FEV<sub>1</sub>], dyspnea [modified Medical Research Council dyspnea scale]
- B. obstruction [FEV<sub>1</sub>]
- C. body mass index, obstruction [FEV<sub>1</sub>], dyspnea [modified Medical Research Council dyspnea scale], and exercise capacity [6MWD]

- D. obstruction [FEV<sub>1</sub>], dyspnea [modified Medical Research Council dyspnea scale]
- E. obstruction [FEV<sub>1</sub>], dyspnea [modified Medical Research Council dyspnea scale], and exercise capacity [6MWD]

443. The goal of COPD management is to improve a patient's functional status and quality of life by:

- A. improving symptoms
- B. education of patient about the disease and to encourage his/her active participation in therapy
- C. preserving optimal lung function, improving symptoms, and preventing the recurrence of exacerbations
- D. preserving optimal lung function and preventing the recurrence of exacerbations
- E. preserving optimal lung function, improving symptoms

444. Most of oral and inhaled medications which are used for patients with stable COPD are directed at the following causes of airflow limitation:

- A. Nutritional support, bronchial mucosal congestion and edema, increased airway secretions



B. Bronchial smooth muscle contraction, bronchial mucosal congestion and edema, airway inflammation

C. Bronchial smooth muscle contraction, airway inflammation, increased airway secretions

D. Bronchial smooth muscle contraction, bronchial mucosal congestion and edema, increased airway secretions

E. Bronchial smooth muscle contraction, bronchial mucosal congestion and edema, airway inflammation, increased airway secretions

445. The data of pulmonary function test, which is typical for COPD is the following:

A.  $\downarrow\downarrow$  forced expir. volume in 1 sec (FEV1),  $\downarrow$  forced vital capacity (FVC)

B.  $\downarrow\downarrow$  forced expir. volume in 1 sec (FEV1),  $\downarrow$  forced vital capacity (FVC), FEV1/FVC  $<0.7$  (no significant changes post bronchodilator)

C.  $\downarrow\downarrow$  forced expir. volume in 1 sec (FEV1),  $\downarrow$  forced vital capacity (FVC),

FEV1/FVC  $<0.5$  (no significant changes post bronchodilator)

D.  $\downarrow\downarrow$  forced expir. volume in 1 sec (FEV1),  $\downarrow$  forced vital capacity (FVC),

FEV1/FVC  $<0.9$  (no significant changes post bronchodilator)

E. FEV1/FVC  $<0.7$  (no significant changes post bronchodilator)

446. Clinical manifestations of asthma have the following signs:

A. episodic exacerbation

B. wheezing, chest tightness, sputum

C. wheezing, cough and dyspnea

D. dyspnea, chest tightness, sputum

E. cough, chest tightness, sputum

447. Asthma plus” syndromes are the following:

A. nasal polyps

B. asthma, allergic rhinitis, atopic dermatitis

C. eosinophilia

D. arterial hypertension

E. Hypoglycemia

448. Peak flow readings are classified into 3 zones of measurement; green, yellow, and red. Red Zone is into the following value:

A.  $<60\%$  of the usual or normal peak flow readings

B.  $<40\%$  of the usual or normal peak flow readings

C. 30 to 49% of the usual or normal peak flow readings

D.<50% of the usual or normal peak flow readings

E.40 to 49% of the usual or normal peak flow readings

449. Peak flow readings are classified into 3 zones of measurement; green, yellow, and red. Yellow Zone is into the following value:

A.30 to 59% of the usual or normal peak flow readings

B.40 to 69% of the usual or normal peak flow readings

C.50 to 69% of the usual or normal peak flow readings

D.40 to 79% of the usual or normal peak flow readings

E.50 to 79% of the usual or normal peak flow readings

450. “Controller” medications for asthma daily control are:

A.Inhaled corticosteroids, Short-acting inhaled  $\beta$ 2-agonists, Theophylline

B.Inhaled corticosteroids,Long-acting inhaled  $\beta$ 2-agonists, Long-act inhalator anticholinergics

C.Inhaled corticosteroids,Long-acting inhaled  $\beta$ 2-agonists, Theophylline

D.Short-acting inhaled  $\beta$ 2-agonists, Long-act inhalator anticholinergics, Theophylline

E. Inhaled corticosteroids,Long-act inhalator anticholinergics, Theophylline

541. “Reliever” medications, which are used prn to quickly relieve symptoms are the following:

A.Short-acting inhalator  $\beta$ 2-agonists,Short-acting inhalator anticholinergics

B.Short-acting inhaled  $\beta$ 2-agonists, Theophylline

C.Short-acting inhalator anticholinergics,Theophylline

D.Inhaled corticosteroids,Theophylline

E.Inhaled corticosteroids, Short-acting inhalator  $\beta$ 2-agonists

452. Which types of chronic glomerulonephritis not is appointed at a heparin:

A. urinary syndrome, progressive course

B. hematuria

C. nephrotic syndrome

D. nephrotic syndrome with chronic renal failure

E. urinary syndrome with chronic renal failure

453. For treatment of the secondary chronic pyelonephritis is prescribed all, except:

A. renewal and normalization of passage of urine

B. diuretics

- C. immunomodulators
- D. glucocorticoids
- E. all of mentioned above

454. Which indexes is used for monitoring and assessment of degree of asthma:

- A. OFV1 - volume of air, which fizzes out at the forced exhalation for the first second after complete inhalation
- B. MVS - index of maximal stream which is formed in times of the forced exhalation
- C. TLC - a total vital capacity of lungs
- D. FVC - the forced vital capacity of lungs
- E. all of mentioned above

455. The patient complaints for pain in the left upper quadrant of abdomen, weakness, vomiting, dizziness, which appeared 5 hours ago. Hypotension, tachycardia. Medical history: 10 days ago blunt trauma of abdomen. What is the likely diagnosis?

- A. Rupture of the spleen;
- B. Rupture of the liver;
- C. Rupture of intestine;
- D. Peritonitis;
- E. Perforated ulcer.

456. 2 days ago the patient felt a sharp pain in the right upper quadrant of

abdomen with irradiation under the right scapula. Next day he had vomiting. The right half of the abdomen is tense. Positive symptoms of Ortner, Musset. What is the likely diagnosis?

- A. Acute pancreatitis;
- B. Mesenteric ischemia;
- C. Acute intestinal obstruction;
- D. Biliary colic;
- E. Acute cholecystitis.

457. An 82-year-old female with a history of untreated atrial fibrillation presents to the ED with abdominal pain after consuming dinner. She states that the abdominal pain is severe yet physical examination shows a mildly tender abdomen without rebound or guarding. Blood lactate level is found to be elevated. She has no prior abdominal surgeries. What is the likely diagnosis?

- A. Pancreatitis
- B. Acute Mesenteric Ischemia
- C. Peptic Ulcer Disease
- D. Bowel Obstruction
- E. Appendicitis

458. The 21 years old patient admitted to the doctor. She complained for the lower abdomen pain spreading to the anus, weakness, which came on the 12th day of the menstrual cycle. BP 70/40 mmHg, HR 120. What is the likely diagnosis?

- A. ectopic pregnancy;

- B. Torsion of ovarian cyst;
- C. Acute appendicitis;
- D. Acute pelvioperitonit;
- E. Ovarian apoplexy.

459. The 43 years old patient complains for right lumbar pain spreading to the lower abdomen. Patient was motionless, groaning. HR 100, BP 130/70 mm Hg. The muscles tension in the right iliac region. Negative Lassega, Schetkina, Ortner signs. Positive Pasternatsky sign. What is the likely diagnosis?

- A. perforated duodenal ulcer;
- B. Renal colic;
- C. Radiculitis;
- D. Acute appendicitis;
- E. Acute cholecystitis.

460. Microvascular complications of diabetes include:

- A. retinal, renal, and neuropathic disease
- B. retinal, renal, and neuropathic disease which affects autonomic nerves
- C. retinal, renal, and neuropathic disease which affects peripheral nerves
- D. coronary artery and peripheral vascular disease
- E. peripheral vascular disease

461. Macrovascular complications diabetes include:

- A. retinal, renal, and neuropathic disease
- B. retinal, renal, and neuropathic disease which affects autonomic nerves
- C. retinal, renal, and neuropathic disease which affects peripheral nerves
- D. coronary artery and peripheral vascular disease
- E. peripheral vascular disease

462. Major risk factors for type 2 diabetes mellitus are the following:

- A. Family history of type 2 diabetes in a first-degree relative, History of gestational diabetes mellitus or of delivering a baby with a birth weight of over 9 lb
- B. Age greater than 45 years, weight greater than 120% of desirable body weight
- C. Hypertension (>140/90 mm Hg) or dyslipidemia (HDL cholesterol level < 40 mg/dL or triglyceride level >150 mg/dL)
- D. Polycystic ovarian syndrome
- E. all of mentioned above

463. Metabolic syndrome, thought to be due to insulin resistance, can occur in patients with overtly normal glucose tolerance, prediabetes, or diabetes. It is diagnosed when a patient has:

- A. Abdominal obesity, low level of HDL cholesterol, Elevated blood pressure
  - B. Abdominal obesity, elevated triglyceride level, Elevated blood pressure
  - C. Low level of HDL cholesterol, Fasting glucose value of 100 mg/dL or higher, Elevated blood pressure
  - D. Elevated blood pressure, Fasting glucose value of 100 mg/dL or higher
  - E. at least 3 of the following 5 conditions: Abdominal obesity, elevated triglyceride level, Low level of HDL cholesterol, Elevated blood pressure, Fasting glucose value of 100 mg/dL or higher
464. Type 2 diabetes management includes the following, accept:
- A. blood glucose should be maintained at near-normal levels (preprandial levels of 90-130 mg/dL and hemoglobin A1C [HbA1c] levels <7%)
  - B. focus on glucose alone does not provide adequate treatment for patients with diabetes mellitus
  - C. Treatment involves multiple goals (ie, glycemia, lipids, blood pressure)
  - D. Only dietary and exercise modifications is enough
  - E. Aggressive glucose lowering may not be the best strategy in all patients
465. The status of patient when his speech and thoughts become slow, his attention is distracted; there is fatigue, drowsiness and lack of perception and evaluation of what is happening:
- A. Clear consciousness.
  - B. Obtundation.
  - C. Sopor.
  - D. Coma.
  - E. Syncope.
466. The status of patient when his mental state is depressed. After repeated appeal to the patient he opens his eyes but there is no contact with him:
- A. Clear consciousness.
  - B. Obtundation.
  - C. Sopor.
  - D. Coma.
  - E. Syncope.
467. The status of patient when a dead faint and non-responsiveness to external irritants are observed:
- A. Clear consciousness.
  - B. Obtundation.
  - C. Sopor.
  - D. Coma.
  - E. Syncope.
468. Short-time loss of consciousness which is accompanied by loss of

postural tone and caused by temporary inadequate blood supply to brain is:

- A. Clear consciousness.
- B. Obtundation.
- C. Sopor.
- D. Coma.
- E. Syncope.

469. Most important criterion of coma severity is:

- A. Dead faint.
- B. Non-responsiveness to external stimuli.
- C. Two-sided fixed mydriasis.
- D. Areflexia.
- E. Reduced muscle tone.

470. During cardiopulmonary resuscitation the electrical defibrillation is shown by:

- A. izoline
- B. irregular waves
- C. nodal rhythm
- D. Always circulatory arrest
- E. sinus bradycardia

471. Asystole is the same as:

- A. Absence of systolic blood pressure
- B. Collapse
- C. complete atrioventricular heart block
- D. Cardiac arrest
- E. Syncope

472. What is the most frequent complication of resuscitation in elderly patients?

- A. hepatorrhexis
- B. Spine Fractures
- C. Gaps lung
- D. jawfall
- E. Fractures of ribs and sternum

473. More often sudden death occurs as a result:

- A. asystole
- B. development of atrioventricular dissociation
- C. ventricular fibrillation
- D. atrial fibrillation
- E. Ventricular tachycardia

474. Identify the share of cases without morphologic signs in heart in the case of sudden death

- A. 5-7%
- B. 10-15%
- C. 20-26%
- D. 12%
- E. 20%

475. During cardiopulmonary resuscitation the following rules should be observed:

- A. Head should be dropped
- B. Head should be elevated
- C. Compressed abdominal aorta
- D. Whatever surface on which the patient lies
- E. The patient should be ventilate by pure oxygen

476. Which of the following is the indication for closed-chest massage?
- A. The absence of peripheral arteries pulsation
  - B. Midriatic pupils
  - C. The absence of carotid pulsation
  - D. Miotic pupils
  - E. Cyanotic skin
477. The cause of circulatory arrest in diastole is the following:
- A. Acidosis
  - B. Hypokalemia
  - C. Hypercalcemia
  - D. Respiratory alkalosis
  - E. Hypoglycemia
478. After a primary circulatory arrest spontaneous breathing stops after:
- A. 30 sec
  - B. 20 sec
  - C. 5 min.
  - D. 60 sec
  - E. 2 min.
479. In patients with absence of pulse the asystole was diagnosed by ECG. First step measure should be:
- A. Electric defibrillation
  - B. Adrenalin injection
  - C. Atropine injection
  - D. Calcium chloride injection
  - E. Lidocaine injection
480. Which of the following medicines cannot be injected endotracheal during cardiopulmonary resuscitation?
- A. Lidocaine
  - B. Adrenalin
  - C. Noradrenaline
  - D. Atropine sulfate
  - E. Calcium chloride
481. Define the correct ratio between the number of chest compression and the respiration rate during cardiopulmonary resuscitation:
- A. 5:1
  - B. 12:2
  - C. 30:2
  - D. 24:2
  - E. 9:1
482. For effective closed-chest massage in adult patients, breast bone drifts toward the spine to:
- A. 1 - 2 cm
  - B. 5 - 6 cm
  - C. 7 - 8 cm
  - D. 3 - 4 cm
  - E. 8 - 9 cm
483. After injection of digoxin 0,75 mg the patient of 55 years old suddenly lost consciousness. Peripheral pulsation was absent, agonal breathing, BP didn't determined. What examination do you have to conduct during resuscitation?
- A. Heart radiokimography
  - B. ECG
  - C. Vektorcardiography

- D. chest X-ray
- E. Heart ultrasonography

484. Adrenaline injection resumes the cardiac function in the case of:

- A. Hyperglycemia
- B. Alkalosis
- C. Acidosis
- D. Hypokalemia
- E. Acid-base balance plasma

does not matter

485. 20-year-old woman suddenly felt faintness during physical work-out in sportive hall. She felt acute “strike” in her head which was accompanied with severe headache, sickness, multiple vomiting with further impairment of consciousness. The neurological status: somnolent, tendon reflexes S=D, double-sided pathological Babinskij reflex, Bare test was negative, occipital muscles rigidity, positive bilateral Kernigand Brudzinskij sign. What is preliminary diagnosis?

- A. Subarachnoid hemorrhage.
- B. Parenchimatous hemorrhage.
- C. Cerebellar hemorrhage.
- D. Migrainous stroke.
- E. Thromboembolic ischemic stroke.

486. 60-year-old patient with malignant course of arterial hypertension and with BP 210/130 mmHg felt diffuse intensive

headache, sickness, vomiting, and impairment of consciousness, generalized tonic-clonic seizure. Neurological status: positive meningeal symptoms, no focal neurological symptoms. The eye grounds: bilateral edema of optic nerve disks. After BP and brain edemacorrection, these symptoms had been regressed after 72 hours. What is provisional diagnosis?

- A. Acute hypertensive encephalopathy.
- B. Subarachnoid hemorrhage.
- C. Intraventricular hemorrhage.
- D. Epilepsy.
- E. Cardioembolic ischemic stroke.

487. Sudden 55-year-old patient felt headache. He also had vomiting, hyperemia of face and psychomotor agitation. These symptoms arouse on the basis of arterial hypertension and after emotional stress. After 10 minutes there was impairment of consciousness and central superior paraplegia. In 3 hours meningeal symptom arose. What is provisional diagnosis?

- A. Intracerebral bleeding
- B. Subarachnoid hemorrhage.
- C. Cerebellar hemorrhage.
- D. Cardioembolic ischemic stroke.
- E. Acute hypertensive encephalopathy.



488. After emotional stress the patient with previous myocardial infarction has coma. There was impairment of vital functions, hemodynamics reduction and respiratory impairment. Clinical exam: miotic pupils, flabby photoreaction, absence of tendon and pathological reflexes. What is provisional diagnosis?

- A. Hemodynamic stroke.
- B. Cardioembolic stroke.
- C. Intracerebral bleeding.
- D. Recurrent myocardial infarction.
- E. Cardiogenic unconsciousness.

489. After physical exertion and alcohol intake 45-year-old patient has coma. Clinical exam: pale skin, sweating, mydriasis, BP 100/70 mmHg, body temperature 36,7<sup>0</sup>C, clonic seizure, overactive tendon reflexes. Define the type of coma.

- A. Postictal coma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Coma as a result of stroke.
- E. Alcoholic coma.

490. Emergency team delivered unconscious patient of 18 years old to admission department. Clinical exam: coma, cyanosis, injection marks on extremities, miosis, Cheyne-Stokes respiration, BP 80/50 mmHg, heart

rate 48 beats per min. Define the type of coma:

- A. Narcoma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Alcoholic coma.
- E. Traumatic coma.

491. The 50-year old woman was unconscious. Clinical exam: pale face, swelling, dries skin and mucous membranes, urine odor, BP 190/120 mmHg, epileptiform activity, meningeal syndrome. Define the type of coma:

- A. Hepatic coma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Uremic coma.
- E. Alcoholic coma.

492. The 59-year old patient was in coma. Clinical exam: icteric skin and mucous membranes, nosebleed, mydriasis, absence of photoreaction, raw-meat odor, periodic clonic convulsions, Cheyne-Stokes respiration, body temperature 38,2<sup>0</sup>C, BP 80/60 mmHg, heart rate 120 beats per min, muffled heart sounds, anuria. Define the type of coma:

- A. Hepatic coma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Uremic coma.
- E. Alcoholic coma.

493. 60-year-old woman was unconscious. Clinical exam: dry skin and mucous membranes, cold loose skin, soft eye-bulbs by touch, nosebleed, mydriasis, Kussmaul's respiration, acetone odor, body temperature 36,2°C, BP 70/40 mmHg, hart rate 120 beats per min, irregular heart rhythm, muffled heart sounds, thready pulse, abdominal distension, oliguria. Define the type of coma.

- A. Hepatic coma.
- B. Diabetic coma.
- C. Hypoglycemic coma.
- D. Uremic coma.
- E. Alcoholic coma

494. 40-year old patient suddenly fainted. Clinical exam: unconsciousness, pale skin, generalized tonic-clonic convulsion with incontinency, cyanosis, BP isn't defined, heart rate 36 beats per min; ECG: atrioventricular heart block with rare ventricular complexes. What is provisional diagnosis?

- A. Epileptic seizure.
- B. Morganiy-Adam's and Stock's attack.
- C. left bundle block.
- D. Orthostatic syncope.
- E. Neurogenic unconsciousness.

495. The risk factors can be classified as following:

- A. qualitative and quantitave

- B. primary and secondary
- C. modifiable and non-modifiable
- D. positive and negative
- E. all of mentioned above

496. What is the scale SCORE?

- A. the scale for assessment the risk of arterial hypertension
- B. the scale for complex cardiovascular risk assessment
- C. the scale for total cholesterol assessment
- D. the scale for angina pectoris functional class assessment
- E. all of mentioned above

497. The scale SCORE includes all except:

- A. cholesterol
- B. blood pressure
- C. smoking
- D. alcohol abuse
- E. all of mentioned above

498. The main group of risk factors of oncological diseases:

- A. biological, chemical, physical
- B. autoimmune
- C. surgical
- D. genetics
- E. all of mentioned above

499. Which infectious diseases can lead to oncological diseases?

- A. Salmonellosis
- B. Papillomavirus
- C. Helmintosis
- D. Flu
- E. all of mentioned above

500. First of forth elements of WHO strategy for oncological diseases are:

- A. rehabilitation
- B. psychological support
- C. prevention
- D. medicinal curing
- E. all of mentioned above

501. According WHO report Global 2010 the reason of 71% pulmonary cancer are:

- A. tuberculosis
- B. air pollution
- C. infection
- D. smoking
- E. alcohol abuse

502. According epidemiological data the 20% of DM patients die because of such failure:

- A. renal
- B. pulmonary
- C. heart
- D. multi-organ
- E. all of mentioned above

503. Body mass index is:

- A. the rate of height to mass

B. body mass (kg) divided by square of height (m)

C. the rate of mass to height

D. body mass (kg) multiplied to height (m),

and divided by 100%

E. height (m) divided by square of body mass (kg)

504. The risk factors of urogenital diseases are all except:

A. alcohol abuse

B. flu, cooling

C. traumas and injuries

D. pregnancy

E. all of mentioned above

505. Endogenous risk factors for circulatory system diseases are:

A. arterial hypertension

B. inappropriate nutrition

C. hypercholesterolemia

D. smoking and drinking

E. A,C is correct

506. Exogenous risk factors for circulatory system diseases are:

A. arterial hypertension

B. smoking and drinking alcohol

C. hypercholesterolemia

D. inappropriate nutrition

E. B,D is correct

507. Which of the following risk factors are related to endogenous controlled ones?

A. age, gender, heredity

- B. arterial hypertension, dyslipidiosis
- C. the state of the environment, lifestyle
- D. climate, natural conditions

508. Which of the following risk factors relate to endogenous uncontrolled?

- A. age, gender, heredity
- B. arterial hypertension, dyslipidiosis, dysmenorrhea
- C. the state of the environment, lifestyle
- D. climate, natural conditions

509. Which of the following risk factors relate to exogenous controlled ones?

- A. age, gender, heredity
- B. arterial hypertension, dyslipidiosis, dysmenorrhea
- C. environmental condition, lifestyle
- D. climate, natural conditions

510. Which of the following risk factors refers to exogenous uncontrolled?

- A. age, gender, heredity
- B. arterial hypertension, dyslipidiosis, dysmenorrhea
- C. the state of the environment, lifestyle
- D. climate, natural conditions

511. The study of the health status of the population gives the opportunity to receive comprehensive information, including the distribution of population by groups of health. Who belongs to a healthy group?

- A. Persons with risk factors, premorbid conditions and those who have in history less than 2-3 cases of acute respiratory diseases per year.
- B. Persons who have history of 3 or more acute illnesses during the year and have no chronic diseases.
- C. Persons with a history of chronic diseases in the stage of subcompensation and short-term disability.
- D. Persons with a history of chronic diseases in the stage of compensation and short-term disability.
- E. Persons who do not have a history of acute respiratory disease, or have no more than 1 case.

512. According to the World Health Organization, the coefficient of viability of the population is an integrated indicator that characterizes the state of health of the society. Determine which of the following is used to calculate this metric.

- A. Morbidity.

- B. Budgetary expenses for social, medical and environmental programs.
- C. Fertility
- D. Disability, mortality of persons of working age.
- E. Morbidity and traumatism, physical development.

513. The risk factors for cardiovascular diseases include:

- A. the plasma glucose level is 5.6-6.9 mmol / liter
- B. the test of tolerance to carbohydrates is unsatisfactory
- C. use of alcoholic beverages
- D. absence of substitution hormonal therapy for women
- E. all of the above

514. The risk factors for cardiovascular diseases are the following indicators of lipidogram:

- A. total cholesterol level less than 5.0 mmol / l.
- B. total cholesterol level is more than 6.2 mmol / l.
- C. triglyceride level is more than 1.7 mmol / l.
- D. triglyceride level is more than 1.2 mmol / l.
- E. B,C correct

515. Functioning is a term with denotes:

- A. for body functions
- B. for body structures

- C. for body activities
- D. for body participation
- E. an umbrella term for body functions, body structures, activities and participation

516. Disability is a term with denotes:

- A. for impairments
- B. for activity limitations
- C. for participation restrictions
- D. the negative aspects of the interaction between an individual and that individual's contextual factors
- E. an umbrella term for impairments, activity limitations and participation restrictions

517. The ICF provides a scientific, operational basis for describing, understanding and studying health and health-related states, outcomes and determinants. The health and health-related states associated with any health condition can be described using ICF.:

- A. a scientific basis for describing health condition
- B. a operational basis for describing health condition
- C. a scientific, operational basis for describing, understanding and studying health and health-related

- states, outcomes and determinants
- D. associated between health conditions
- E. a scientific, operational basis for studying outcomes and determinants
518. WHODAS 2.0 covers 6 Domains of Functioning, including all except:
- A. Cognition, Mobility, Self-care, Getting along, Domestic responsibilities, Participation
- B. Cognition, Mobility, Self-care, Getting along, Leisure, work & school
- C. Cognition, Mobility, Self-care, Getting along, Life activities, Participation
- D. Cognition, Mobility, Self-care
- E. Cognition, Mobility, Self-care, Life activities
519. In the case of gallstone disease such job is contraindicated:
- A. Intellectual job
- B. Long-term noise's impact
- C. With emotional stresses
- D. With vibration
- E. all of mentioned above
520. The functioning of an individual in a specific domain reflects the following:
- A. interaction between the health condition and the personal factors
- B. interaction between the health condition and the environmental factors
- C. impact of the health condition
- D. impact of the contextual factors
- E. complex, dynamic relationship among all factors
521. For all patients with chronic glomerulonephritis is contraindicated all, except:
- A. Physical and emotional stresses
- B. Weather (cold, heat, humidity, sun exposure)
- C. Vaccination
- D. physiotherapy
- E. all of mentioned above
522. For mild DM is not contraindicated:
- A. Intellectual job
- B. Work related to traffic or machinery
- C. Job in conditions of high or low temperature
- D. Hard physical job
- E. all of mentioned above
523. For patient with hemolytic anemia such work is contraindicated:

- A. the job with excessive illumination
- B. the job with excessive noise
- C. the job with excessive CO<sub>2</sub> concentration
- D. the job with excessive vibration
- E. all of mentioned above

524. The clinical forecast for patient with cured pyelonephritis (except azotemia stage):

- A. Good
- B. Partially good
- C. Extremely bad
- D. Doubtful
- E. Bad

525. ICF as the international standard to describe and measure health and disability was officially endorsed in:

- A. 2011
- B. 2001
- C. 2004
- D. 2007
- E. 2009

526. In what spheres of life ICF can be used?

- A. Clinical practice
- B. Support services and income support
- C. Population statistics
- D. Education
- E. All of the above

527. ICF organizes information in two parts. What are they?

- A. Part 1- Functioning and disability, part 2- Contextual factors.
- B. Part 1-General information about the patient, part 2- Functioning and disability
- C. Part 1- Functioning and disability, part 2-Professional experience
- D. Part 1- Professional experience, part 2- Functioning and disability
- E. None of the above

528. What are the two qualifiers, that are described in the ICF?

- A. performance and capacity
- B. height and weight
- C. body functions and structures
- D. all of the above
- E. none of the above

529. What is the definition for Environmental factors?

- A. The physical, social and attitudinal environment in which people live and conduct their lives
- B. Problems an individual may experience in involvement in life situations
- C. The execution of a task or action by an individual
- D. Difficulties an individual may have in executing activities

- E. Problems in body function and structure such as significant deviation or loss
530. What is the definition for Activity?
- A. The physiological functions of body systems
  - B. Anatomical parts of the body
  - C. Difficulties an individual may have in executing activities
  - D. Problems an individual may experience in involvement in life situations
  - E. The execution of a task or action by an individual
531. What is the definition for Activity limitations?
- A. The physiological functions of body systems
  - B. Anatomical parts of the body
  - C. Difficulties an individual may have in executing activities
  - D. Problems an individual may experience in involvement in life situations
  - E. The execution of a task or action by an individual
532. What is the definition for Impairments?
- A. Problems in body function and structure such as significant deviation or loss
  - B. Problems an individual may experience in involvement in life situations
  - C. The execution of a task or action by an individual
  - D. The physiological functions of body systems
  - E. Anatomical parts of the body
533. What features do not characterize professional diseases:
- A. Women are more likely to be ill
  - B. Men are more likely to be ill
  - C. Mostly, chronic diseases
  - D. Mostly, multiple organ failure
534. The type of rehabilitation of patients is:
- A. Social
  - B. Professional
  - C. Medical
  - D. All listed
535. What are not task of the resort treatment:
- A. The training of adaptation mechanisms
  - B. The restoration and amelioration of functions of bodies and systems
  - C. The treatment of diseases complication
  - D. The stimulation of regeneration and restitution



536. Which is the duration of resort treatment for patients with gastrointestinal diseases?

- A. 24 days
- B. 10 days
- C. 2 months
- D. 1 month

537. Which is the duration of resort treatment for patients after trauma or diseases of spinal cord?

- A. 30 days
- B. 45 days
- C. 15 days
- D. 3 months

538. What are not contraindications for resort treatment?

- A. Psychiatrically diseases, drug dependency, alcoholism
- B. Neoplasms
- C. Blood diseases
- D. Compensated chronic diseases

539. What is not type of climate-therapy?

- A. Aerotherapy
- B. Thalassotherapy
- C. Heliotherapy
- D. Aquatherapy

540. What is used as a background of heliotherapy?

- A. sun radiation
- B. air

- C. water
- D. therapeutic mud

541. What is used as a background aquatherapy:

- A. sun radiation
- B. air
- C. mineral water
- D. therapeutic mud

542. The patient of 23 years old was appealed to the family doctor. She was pregnant, 18 weeks. She wanted to receive the resort treatment because of asthma. The pregnancy course was normal. Which will be the action of family doctor?

- A. The pregnancy is a contraindication for resort treatment
- B. She can receive resort treatment
- C. She can receive resort treatment after 26 weeks of pregnancy
- D. She has to ask only gynecologist

543. The patient of 46 years old was appealed to the family doctor because of acute lymphoblastic leucosis. He wanted to receive the resort treatment. Which will be the action of family doctor?

- A. resort treatment is contraindicated

- B. he can receive resort treatment after consultation of oncologist
- C. he can receive treatment in the specialized sanatorium
- D. he has to ask only oncologist
544. In which state the salts are in mineral water?
- A. Crystalloid
- B. Soluble
- C. Suspension
- D. Ionized
545. What is the main aim of medical rehabilitation?
- A. To enhance and restore functional ability and quality of life
- B. To prevent complications of most common diseases
- C. To educate patient about their diseases
- D. To improve the population health.
546. Rehabilitation programs can be used for everything, except:
- A. Acute reversible insults, eg sepsis
- B. Acute respiratory infections, eg influenza
- C. Acute non-reversible or partially reversible insults, eg amputation, MI
- D. Chronic or progressive conditions, eg Parkinson's disease.
547. Rehabilitation is an active process done by whom?
- A. By the treating doctor
- B. By nurses
- C. By the patient himself
- D. By patient's family.
548. The process of rehabilitation includes everything, except:
- A. Selection of patients
- B. Therapy
- C. Follow-up and maintenance
- D. Medical concilium.
549. Select the disadvantages of measurement tools in rehabilitation process.
- A. Scores may conceal considerable complexity - patients scoring the same may be very different
- B. Widely understood, and transferable across boundaries
- C. Facilitates communication between professionals and settings of care
- D. Quantify.
550. The tasks of rehabilitation in patients with heart diseases are all listed, except for:

- A. Increase of compensatory possibilities of cardio-vascular system
- B. Expansion of the functional capacity of the respiratory system
- C. Improvement of the neuropsychic state
- D. Improving physical performance.

551. The main sanatorium medical institutions include all of the following, except:

- A. Sanatorium
- B. Balnearies
- C. Resort polyclinic
- D. Boarding house.

552. The need for sanatorium-resort treatment for the patient is determined by

- A. Head of the polyclinic department
- B. Chief Specialist
- C. Sanatorium selection commission
- D. Treating doctor.

553. The final decision to send a patient to a sanatorium in disputable cases takes

- A. Head of the polyclinic department
- B. Sanatorium selection commission
- C. Chief Specialist

D. Therapist.

554. Sanatorium treatment can be recommended for all of the above categories, except:

- A. Persons with initial manifestations of long-lasting diseases
- B. People after the disease and injury
- C. Healthy people
- D. Patients with tuberculosis in specialized sanatoria.

555. What can be the indication for pregnancy interruption?

- A. Aortic failure of II and III degree
- B. Many-valve heart defects
- C. Rheumatic carditis with coronary insufficiency
- D. Mitral valve prolapses
- E. All of mentioned above

556. The pregnant of 26 years old (I trimester) was admitted by family doctor. No complaints. Clinical exam: vesicular breathing, breathing rate – 16 per min, normal heart tones, heart rate – 68 per min. General blood count and urinalysis normal. Ultrasound of heart –non-significant isolated defect of interatrial septum. Which will be the doctor's tactic?

- A. pregnancy interruption
- B. non-significant isolated defect

- C. to make appointment with cardiologist
- D. cardiosurgical treatment
- E. to make appointment with rheumatologist
557. The risk of pregnancy doesn't be ensured by:
- A. severe pulmonary artery stenosis
- B. mitral valve prolapse
- C. aortic coarctation of II-III degree
- D. congenital heart defect of "bluish type" (pulmonary vascular disease, tetralogy of Fallot).
558. Among pregnant the most often reason of blood pressure increasing is:
- A. essential arterial hypertension
- B. pheochromocytoma
- C. gestosis
- D. symptomatic arterial hypertension
559. The contraindication for pregnancy is:
- A. arterial hypertension III stage;
- B. arterial hypertension I stage;
- C. arterial hypertension II stage
- D. arterial hypertension of "white coat"
560. The drug of choice in the case of arterial hypertension for pregnant is:
- A. methyldopa
- B. enalapril
- C. valsartan
- D. bisoprolol
561. The algorithm of family doctor in the case of asthma exacerbation in pregnant is:
- A. the out-patient treatment
- B. urgent admission to the therapeutic department
- C. appealing to the pulmonologist's consultation
- D. urgent admission to the gynecology department
562. The most often urogenital diseases during pregnancy is:
- A. renal colic
- B. Acute glomerulonephritis
- C. Pyelonephritis
- D. Amyloidosis
563. The pregnant, 12 weeks, was appealed to the family doctor with complaints for weakness. Physical exam: moist rose skin, vesicular breathing, breathing rate of 15 per min, normal heart sounds, heart rate of 80 per min. General blood count: hemoglobin 130 g/l, erythrocytes – 4,0; leucocytes – 5,6; SR – 10 mm/h. Ultrasound of thyroid gland: node of right lobe, 0,5 sm. TSH – 1,2 IU/l; T4 – 10 pmol/l. Is it a contraindication for pregnancy?
- A. Yes, it is subacute thyroiditis
- B. Yes, it is diffuse goiter of IV stage.

- C. No, there is no pathology of thyroid gland
- D. No, there is euthyroid stage
564. What is indication for urgent admission to the hospital in the case of GI pathology in pregnant?
- A. Exacerbation of chronic gastroduodenitis
- B. Acute pancreatitis
- C. Restless bowel syndrome
- D. GI bleeding
565. The first-born, 36 years old, is in the department of pregnancy pathology. Pregnancy 34 weeks, hypertension 2 A stage. BP - 160/100 mm Hg. Ultrasound examination revealed a syndrome of delayed development of the fetus. What are the possible complications in this situation:
- A. Development of hypertensive crisis
- B. Premature detachment of the normally located placenta
- C. Intrauterine fetal death
- D. Eclampsia.
566. For the diagnosis of pyelonephritis of pregnant women, is necessary to perform everything, except:
- A. General analysis of urine, blood
- B. Urine culture to determine the type of pathogen and its sensitivity to the antibiotic
- C. Angiography
- D. Ultrasonography of the kidneys and urinary tract.
567. What extragenital diseases has indications for pregnancy interruption in terms up to 12 weeks:
- A. Endemic goiter of the first degree;
- B. Stage I hypertension;
- C. Chronic gastritis
- D. Glomerulonephritis with hypertensive syndrome.
568. Treatment of acute appendicitis during pregnancy:
- A. Surgery at any time of pregnancy
- B. Conservative-expectant management
- C. Surgery after 12 weeks of pregnancy
- D. None of the above.
569. Differential diagnosis of pregnant women vomiting is most often performed with:
- A. Diseases of the gastrointestinal tract
- B. Food poisoning
- C. Diseases of the biliary tract and pancreatitis
- D. All of the above.

570. The course of pregnancy in patients with diabetes mellitus is complicated with?

- A. Miscarriage
- B. Gestosis
- C. Polyhydramnios
- D. Antenatal fetal death.

571. Choose drugs that can be used during Pregnancy:

- A. Antibiotics (streptomycin, aminoglycosides, tetracyclines)
- B. Indomethacin
- C. Acetylsalicylic acid
- D. ACE inhibitors.

572. When diagnosing elevated blood pressure in the first 20 weeks of pregnancy

arterial hypertension is considered:

- A. AH is not associated with pregnancy
- B. Gestational arterial hypertension
- C. Pre-eclampsia
- D. Manifestation of early gestosis of pregnant women.

573. Which statement regarding the treatment of iron deficiency anemia with

pregnancy is not true?

- A. Medicines containing iron are contraindicated for pregnant women
- B. For treatment depending on the severity of IDA are used

doses of 100-120 mg of ferrous iron

C. Treatment with iron should be long

D. Recommended maintenance therapy with iron in preventive dose before delivery and for 6 months in the postpartum period.

574. The survey plan for pregnant women with iron-deficiency anemia does not include:

A. Clinical analysis of blood and urine

B. Determination of serum iron level, total iron-binding ability

C. Determination of the total protein of blood, bilirubin and its fractions,

ALT - according to indications

D. Consultation of the endocrinologist.

575. The medical ethics is:

A. The branch of general ethics in the doctor's activity;

B. The science about set of values such as autonomy, non-maleficence, beneficence, and justice;

C. The science that apply values to the practice of clinical medicine and in scientific research;

D. All of mentioned above;

E. No correct answer.

576. The issues of medical ethics are applied in?

- A. doctor-patient communication;
- B. doctor-patient's relatives communication;
- C. communication with colleagues;
- D. doctor – society communication;
- E. communication.

577. The cognitive process in the structure of medical professional activity:

- A. perception, attention
- B. imagination
- C. memory
- D. cognition

578. The components of professional communication in medical activity are:

- A. communicative process, communicative abilities, communicative phenomena;
- B. communicative abilities, communicative phenomena;
- C. communicative process, communicative abilities;
- D. communicative process.

579. Note the psychological requirements for emotional profile of medical worker:

- A. self-control;
- B. emotional stability, restraint;

- C. All of mentioned above;
- D. Medical activity don't need of the special requirements for emotional profile of medical worker

580. Which social and psychological factors impact on the medical activity and personality of medical worker?

- A. Salary;
- B. social and psychological climate in the collective, management style
- C. age;
- D. work experience.

581. The psychological changes in the personality due to professional activity are:

- A. fatigue;
- B. exhausted;
- C. monotony;
- D. professional deformation, professional burnout.

582. The psychological features of the medical personality are revealed:

- A. in the interrelation;
- B. in relation to work and to himself;
- C. in the field of professional knowledge and emotions;
- D. all of mentioned above

583. When was accepted the international code of medical ethics?

- A. Geneva, 1948.

- B. Helsinki, 1964.
- C. Tokyo, 1975.
- D. London, 1949.
- E. Nürnberg, 1947

- A. Hippocrates.
- B. Avicenna
- C. Potter
- D. Bentham.
- E. Mudrov.

584. The duties of doctor include all:

- A. discussion of remuneration.
- B. Assessment of emotional state of patient
- C. Deep assessment of patient's personality .
- D. to contact with patient and his relatives
- E. psychological support of patient and his relatives

587. In what document are the basic postulates of the ethics and duties of the doctor formulated?

- A. Geneva Declaration.
- B. Lisbon Declaration.
- C. Helsinki Declaration.
- D. The International Code of Medical Ethics.
- E. Hippocrates's oath.

585. Definition of the concept of "medical deontology":

- A. The science of the relationship between a physician and a patient.
- B. Science on the moral principles of the medical profession.
- C. Science of the relationship between a physician and a patient, about the duties of a doctor.
- D. System of ethical rules, norms and principles of behavior in the activities of the physician.
- E. System of professional, legal and moral and ethical principles of the activities of the doctor.

588. Basic principles of medical ethics:

- A. Truth.
- B. Justice.
- C. Confidentiality.
- D. Humanism.
- E. Do not harm.

589. The Geneva Declaration is based on:

- A. Oath of Hippocrates.
- B. Nuremberg Code.
- C. International Code of Medical Ethics.
- D. All of the above is correct.
- E. All of the above is incorrect.

586. Who first proposed the term "deontology"?

- 590. What actions of medical worker can be classified as a deliberate crime?
- A. Failure to help the patient.



- B. Illegal abortion.
- C. Violation of the rules of the fight against the epidemic.
- D. Violation of rules for the storage and distribution of narcotic drugs.
- E. All of the above.

591. The basis of a successful relationship between a doctor and a patient is:

- A. Mutual understanding.
- B. Feelings.
- C. Trust
- D. Professionalism.
- E. Authority.

592. Models of communication between doctor and patient:

- A. All listed.
- B. Informational.
- C. Interpretational.
- D. Paternalistic.
- E. Liberal.

593. What does the term "iatrogenia" mean?

- A. Unfavorable consequence of the behavior of the medical staff.
- B. Psychogenic disorder due to errors of the medical staff.
- C. Disease caused by traumatic influence of thoughtless expressions and actions of medical staff.

- D. Disease caused by the doctor's wrong actions.
- E. Disease due to the reading of medical literature.

594. The main causes of iatrogenic diseases:

- A. Insufficient professional level of the doctor.
- B. Insufficient psychological contact of the doctor with the patient.
- S. Polipragmazia.
- D. Indecision of the doctor.
- E. All of the above.

595. The primary prevention of asthma includes all, except:

- A. elimination of professional risk factors in the mother during pregnancy
- B. breastfeeding;
- C. stop smoking
- D. avoid the contact with blossom herbs and trees

596. Secondary prevention of asthma is indicated for:

- A. all children till 2 years old
- B. children with sensibilization, and without symptoms of asthma
- C. children with moderate exacerbation of asthma
- D. children with acute respiratory viral infection more than 5 times per year

597. Note the right recommendation:
- A. vaccination is excluded in the period of exacerbation of asthma;
  - B. vaccination is excluded in the period of moderate exacerbation of asthma
  - C. vaccination is't excluded in the period of exacerbation of asthma
  - D. vaccination is excluded in the period of severe exacerbation of asthma

598. For all children older than 5 years old with recurrent wheezing wheezing will be perform:

- A. ECG
- B. chest X-ray
- C. empirical inhaled corticosteroids
- D. spirometry, test with broncholytics

599. Attention deficit hyperactivity disorder is:

- A. psychological deviation in children till 5 years old, with difficult communication with other children, offense and isolation
- B. neurological syndrome which started after 2 years old among children with intranatal trauma

C. a developmental condition of inattention and distractibility, with or without accompanying hyperactivity

D. psychological disorder among children from dysfunctional families; it is characterized by hyperkinesia and inattention

600. The obesity in children is:

A. the condition with body mass excess >8% than age norm

B. the condition with BMI >30.

C. the condition with BMI >25

D. the condition with body mass excess > 5% than age norm

601. The risk factors of children's obesity are all, except:

A. the children who were born with body mass more than 4 kg

B. excessive feeding with high-caloric mixture

C. not correct supplements for infants

D. disturbance of water balance for child

602. The prevention of obesity includes all, except:

A. active life style

B. fractional meal

C. intake of catabolic drugs

D. systematic gym

603. The specific diagnostics of allergic rhinitis in children are all, except:
- A. skin tests;
  - B. blood serology (IgE-antibodies for dust allergens);
  - C. prevocational tests.
  - D. eliminational diet
604. The diagnostical skin tests with allergens are:
- A. 1 week before the test the antihistamin drugs are stopped
  - B. the dose of antihistamin drugs is increased
  - C. are performed in the period of blossom
  - D. don't change the dose of antihistamin drugs
605. The risk factors for the development of cardiovascular diseases in children are all except:
- A. Smoking
  - B. Obesity
  - C. Low physical activity
  - D. The large family.
606. At what age is it best to screen for lipid metabolism disorders in children?
- A. 7-8 years
  - B. 9-11 years
  - C. 14-15 years
  - D. 5-6 years.
607. What kind of diet should be recommended for children with lipid metabolism violations?
- A. CHILD-1
  - B. DASH
  - C. Dukan's diet
  - D. Mediterranean diet.
608. What are the drugs of choice for hypercholesterolemia correction in children?
- A. Omega-3 polyunsaturated fatty acids
  - B. Essential phospholipids
  - C. Statins
  - D. Fibrates.
609. Factors of arterial hypertension prevention for children include everything, except:
- A. Breastfeeding and enriching the diet with polyunsaturated fatty acids at the age of 1 year
  - B. Reducing the use of salt
  - C. Sufficient physical activity
  - D. Early breastfeeding abandonment.
610. The method of secondary prevention of rheumatism in children is:
- A. Rational treatment of angina and other streptococcal infections
  - B. Bicillin-5 750 000-1 500000 OD intramuscularly monthly for at least 5 years

- C. Early diagnosis and treatment of foci of chronic infection
- D. Rational mode of the day, full nutrition.

611. Postnatal prophylaxis of asthma and allergy involves the following measures:

- A. Breastfeeding and quit to smoke for parents
- B. Inhalations
- C. Non-carbohydrate diet
- D. Hardening.

612. The risk of atopic dermatitis significantly increases in children with the presence of everything except:

- A. Pregnancy toxicosis
- B. Rational nutrition
- C. Monotonous carbohydrate food
- D. Irrational drug therapy of women during pregnancy.

613. Pregnant women at risk (nephropathy, diabetes, hypertension, rheumatism, etc.), if they do not receive special multivitamin and mineral complexes, should be additionally prescribed with:

- A. Glucose solution
- B. Antioxidants
- C. Calcium preparations
- D. Vitamin D in a dose of 500-1000 IU for 8 weeks.

614. The group of children at high risk of developing iron deficiency anemia includes all, except:

- A. Children born of multiple pregnancy
- B. All premature babies
- C. Children with jaundice of newborns
- D. Children born from pregnancy with complicated course of its second half (gestosis, fetoplacental insufficiency, complications of chronic diseases).

615. The primary prevention of asthma includes all, except:

- A. elimination of professional risk factors in the mother during pregnancy
- B. breastfeeding;
- C. stop smoking
- D. avoid the contact with blossom herbs and trees

616. Secondary prevention of asthma is indicated for:

- A. all children till 2 years old
- B. children with sensibilization, and without symptoms of asthma
- C. children with moderate exacerbation of asthma
- D. children with acute respiratory viral infection more than 5 times per year

617. Note the wrong recommendation:

- A. vaccination is excluded in the period of exacerbation of asthma;
- B. vaccination is excluded in the period of moderate exacerbation of asthma
- C. Vaccination is excluded in the period of exacerbation of asthma
- D. vaccination is excluded in the period of severe exacerbation of asthma

618. For all children older than 5 years old with recurrent wheezing wheezing will be perform:

- A. ECG
- B. chest X-ray
- C. Empirical inhaled corticosteroids
- D. spirometry, test with broncholytics

619. Attention deficit hyperactivity disorder is:

- A. psychological deviation in children till 5 years old, with difficult communication with other children, offense and isolation
- B. neurological syndrome which started after 2 years old among children with intranatal trauma

C. a developmental condition of inattention and distractibility, with or without accompanying hyperactivity

D. psychological disorder among children from dysfunctional families; it is characterized by hyperkinesia and inattention

620. The obesity in children is:

- A. the condition with body mass excess  $>8\%$  than age norm
- B. the condition with BMI  $>30$ .
- C. the condition with BMI  $>25$
- D. the condition with body mass excess  $> 5\%$  than age norm

621. The risk factors of children's obesity are all, except:

- A. the children who were born with body mass more than 4 kg
- B. excessive feeding with high-caloric mixture
- C. not correct supplements for infants
- D. disturbance of water balance for child

622. The prevention of obesity includes all, except:

- A. active life style
- B. fractional meal
- C. intake of catabolic drugs
- D. systematic gym

623. The specific diagnostics of allergic rhinitis in children are all, except:

- A. skin tests;
- B. blood serology (IgE-antibodies for dust allergens);
- C. prevocational tests.
- D. eliminational diet

624. The diagnostical skin tests with allergens are:

- A. 1 week before the test the antihistamin drugs are stopped
- B. the dose of antihistamin drugs is increased
- C. are performed in the period of blossom
- D. don't change the dose of antihistamin drugs

625. The risk factors for the development of cardiovascular diseases in children are all except:

- A. Smoking
- B. Obesity
- C. Low physical activity
- D. The large family.

626. At what age is it best to screen for lipid metabolism disorders in children?

- A. 7-8 years
- B. 9-11 years
- C. 14-15 years
- D. 5-6 years.

627. What kind of diet should be recommended for children with lipid metabolism violations?

- A. CHILD-1
- B. DASH
- C. Dukan's diet
- D. Mediterranean diet.

628. What are the drugs of choice for hypercholesterolemia correction in children?

- A. Omega-3 polyunsaturated fatty acids
- B. Essential phospholipids
- C. Statins
- D. Fibrates.

629. Factors of arterial hypertension prevention for children include everything, except:

- A. Breastfeeding and enriching the diet with polyunsaturated fatty acids at the age of 1 year
- B. Reducing the use of salt
- C. Sufficient physical activity
- D. Early breastfeeding abandonment.

630. The method of secondary prevention of rheumatism in children is:

- A. Rational treatment of angina and other streptococcal infections
- B. Bicillin-5 750 000-1 500000 OD intramuscularly monthly for at least 5 years

- C. Early diagnosis and treatment of foci of chronic infection
- D. Rational mode of the day, full nutrition.

631. Postnatal prophylaxis of asthma and allergy involves the following measures:

- A. Breastfeeding and quit to smoke for parents
- B. Inhalations
- C. Non-carbohydrate diet
- D. Hardening.

632. The risk of atopic dermatitis significantly increases in children with the presence of everything except:

- A. Pregnancy toxicosis
- B. Rational nutrition
- C. Monotonous carbohydrate food
- D. Irrational drug therapy of women during pregnancy.

633. Pregnant women at risk (nephropathy, diabetes, hypertension, rheumatism, etc.), if they do not receive special multivitamin and mineral complexes, should be additionally prescribed with:

- A. Glucose solution
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634. The group of children at high risk of developing iron deficiency anemia includes all, except:

- A. Children born of multiple pregnancy
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- C. Children with jaundice of newborns
- D. Children born from pregnancy with complicated course of its second half (gestosis, fetoplacental insufficiency, complications of chronic diseases).

635. How many death of children under five are due to breathing disorder, diarrhea, malaria, measles, HIV, neonatal pathology?

- A. 40 - 55%
- B. 70 - 90%
- C. 20 - 40%
- D. 15 - 65%

636. Which is the purpose of integrate curing of children?

- A. Diagnosis of disease
- B. The control under widespread non-epidemic diseases in children under five
- C. The improvement of practical knowledge in medical staff
- D. the decreasing of morbidity, mortality,

diseability and physical development of children under five

637. Which is the main principle of integrate curing of children?

- A. Diagnosis of disease
- B. The alhorhytm of emergency as rule of «traffic lights»
- C. The urgent admission to the hospital
- D. sign of severe disease
- E. Speed,quality, complex

638. Which conditions are included in the intergated curing of children?

- A. flu, pneumonia, anemia, diarrhea
- B. Infection of ear and throat
- C. HIV/AID, local infections, sepsis, meningitis, disorder of nutrition, jaundice
- D. options A, B,C
- E. options A,C

639. For which age groups of children are recommended integrated treatment?

- A. 1 week - 2 mo
- B. 2 mo - 5 years
- C. 0 - 5 years
- D. 1 week- 3 years
- E. options A,B

640. How many steps are included in the integrated treatment of children?

- A. 2: physical exam, treatment
- B. 8: physical exam, the assessment of pathological changes, classification, treatment plan, medications, consultation of mother, assessment of vaccination, following exams
- C. 6: the assessment of pathological changes, classification, treatment plan, medications, consultation of mother, following exams
- D. 3: the assessment of pathological changes, treatment plan, following exams
- E. 5: the assessment of pathological changes, classification, treatment plan, consultation of mother, following exams

641. Which steps are included in the examination of children 1 week - 2 months age?

- A. To check the possibility of bacterial diarrhea



B. To assess the feeding and immunization's status

C. Other problems

D. options A,B,C

E. No answer

D. Cough or breathing disorders, діарея, hyperthermia, disorders of ears

E. jaundice, діарея,hyperthermia

642. When the doctor has to monitor for jaundice and bilirubine level in all newborns?

A. If more than 70% of body is jellow

B. If the jaundice was duirnh first 24 hours of live

C. If the palms and soles arejellow

D. options B,C

E. options A, B

644. The family doctor assesses the calendar of immunization. The child after of 2 mo to 5 years age?

A. If the patient has to be additted to hospital

B. If the patient has primary or secondary immunodeficiency you can not use alive vaccine

C. They don't performa PSif during 3 daysafterprevius dose

D. options A,B,C

E. No correct answer

643. The "red flags" for children of 2 months - 5 years age are:

A. Cough or breathing disorders, hyperthermia, disorders of ears and throat

B. Cough or breathing disorders, jaundice, hyperthermia, disrurbance of calendar of immunization

C. Not enough feeding, junsufficient feeding, jaundice,diarrea, hyperthermiahyperthermi a, disorders of ears

645. After birth, essential care of a newborn should include everything, except:

A.Ensuring that the baby is breathing

B.Starting the newborn on exclusive breastfeeding right away

C.Keeping the baby warm andwashing hands before touching the baby

D. Giving vitamins and minerals to the baby.

646. What is the reason of about 45% of deaths in children under 5 years of age?

- A. Nutrition-related factors
- B. Vaccination
- C. Ecology
- D. Injuries.

647. What is the main task of the Sustainable Development Goals (SDGs) adopted by the United Nations in 2015?

- A. To decrease number of overweight children
- B. To ensure healthy lives and promote well-being for all children
- C. To decrease child mortality rate in Africa
- D. To ensure children get vaccinated.

648. What bilirubin level leads to a jaundiced appearance in newborns?

- A. 35  $\mu\text{mol/l}$
- B. 50 $\mu\text{mol/l}$
- C. More than 85  $\mu\text{mol/l}$  (5 mg/dL)
- D. 51-85  $\mu\text{mol/l}$ .

649. Which of the following features characterizes pathological jaundice?

- A. Clinical jaundice appearing in the first 24 hours or greater than 14

days of life direct bilirubin more than 34 $\mu\text{mol/l}$  (2.0mg/dL).

- B. The level of bilirubin raised from the second day after birth and
- C. The level of bilirubin reaches a maximum by 4-7 days
- D. The level of bilirubin in the blood normalized to 2-nd week.

650. The signs of dehydration in children in case of diarrhea are all except?

- A. No urine in more than 8hours
- B. Very dry mouth
- C. No tears
- D. Pink skin color.

651. In which case parents should ask for medical care?

- A. A child who is less than three months old in too many clothes or blankets with fever 37,5C°
- B. Children of any age who have recurrent fevers for more than seven days, even if the fevers last only a few hours
- C. A child who had fever short time after

vaccination but it ended shortly

D. A child with a fever 37,8 C° who goes through teething.

652. The typical symptoms of ear infections are all except:

- A. Fever
- B. Pain
- C. Dyspnea
- D. Fussiness.

653. The most common cause of croup in children:

- A. Viral infection (parainfluenza or influenza)
- B. Bacterial infection
- C. Mycoplasma
- D. Fungi.

654. Medications that can be used in children with common cold are all except:

- A. Acetaminophen
- B. Ibuprofen
- C. Saline nose drops
- D. Antibiotics.

655. The patient of 72 years old had pain in right leg, he cannot walk because of pain. He was ill during 2 days. Physical exam: cold right leg, with pale skin, all types of sensitivities are decreased; no peripheral pulsation on the right leg,

decreased – on the left leg. He had 15 years history of peripheral vascular disease. What is preliminary diagnosis?

- A. Acute iliofemoral thrombosis
- B. Right Leriche syndrome
- C. Acute arterial iliofemoral thrombosis
- D. Laying of the abdominal aorta aneurysm

656. The patient of 63 years old had the left chest pain during 1 week. The pain irradiated to the scapula, didn't alleviate by nitroglycerine, precipitated in the night time. The palpation in Th3-Th5 level was painful. ECG: sinus rhythm, extrasystoles, HR 85 per min, LVH, disorder of depolarization. Normal laboratory tests. What is preliminary diagnosis?

- A. Osteochondrosis
- B. Angina pectoris
- C. Metabolic cardiomyopathy
- D. Layer aortic aneurysm
- E. Myocardial infarction

657. The patient of 66 years old had the left chest pain during 2 days, which was precipitated in the breathing. Medical history: 2 months ago he was operated because of prostate adenoma. Physical exam: severe cyanosis, breathlessness, breathing rate 28 per min, HR 98 per min, BP 125/80 mmHg (usually

140/90 mmHg). Auscultation: decreased breathing under low left lung. The neck veins were swelled. ECG: deep S - in I lead, Q in III lead, negative T wave in III, aVF, V1-V4 leads, P-pulmonale in II and III leads. What is preliminary diagnosis?

- A. Lung edema
- F. Transmural Myocardial infarction
- B. Left-side pneumonia
- C. Pulmonary embolism
- D. Left-side dry pleuritis

658. The patient of 32 years old had epigastric pain in the morning and in the night, 2 hours after meal, "coffee grounds" vomiting, burning, lightheadedness, weakness. Physical exam: gastroduodenal pain, positive Mendel sign, GBC: HB 90 g/l; Leu  $8,0 \times 10^9/l$ ; SR 20 mm/h. What is preliminary diagnosis?

- A. perforation
- B. penetration
- C. gastric bleeding
- D. stenosis
- E. malignancy

659. The patient of 50 years old was admitted to the hospital with heart pain, breathlessness after physical exertion. ECG: elevation of ST segment in II, III, aVF leads. Elevated CK-M. What is preliminary diagnosis?

- A. Pulmonary embolism
- B. Posterior myocardial infarction

- C. Angina pectoris
- D. Acute pericarditis
- E. Layer aortic aneurysm

660. After physical exertion the patient of 38 years old had low back pain, which was irradiated to the left leg. The pain was precipitated in the standing position. Physical exam: positive Lasseg sign. What is preliminary diagnosis?

- A. Disk hernia
- B. Spinal tumor
- C. Myeloma disease
- D. Polyneuritis
- E. Ankylosing spondylitis

661. The patient of 44 years old had severe lancet upper abdominal pain, nausea, vomiting. He became ill after fatty meal and alcohol. Physical exam: HR 106 per min, BP 100/60 mmHg; blowing and painful left upper abdomen, uncertain Blumberg's sign. What is preliminary diagnosis?

- A. Acute peritonitis
- B. Acute cholecystitis
- C. Acute intestinal obstruction
- D. Mesenteries thrombosis
- E. Acute pancreatitis

662. The woman of 44 years old was admitted to the surgical hospital with low abdomen pain, which was irradiated to the right leg and anus. Medical history: abdominal trauma 2 days ago, she didn't appeal to the

doctor. Physical exam: decreased conscious, pale skin, superficial breathing, BR 30 per min, HR 120 per min, muffled heart tones, BP 90/60 mmHg, body temperature 36,1°C, during palpation of right low abdomen –positive symptoms of irritation. Gynecological exam: painful right ovarian. What is preliminary diagnosis?

- A. Right ovarian apoplexy
- B. Appendicitis
- C. Ectopic pregnancy
- D. Uterus cancer
- E. Salpingoophoritis

663. The patient of 52 years old was admitted to the hospital with complaints for severe right chest pain. The pain started after ascending to the 3rd floor. He had cough, breathlessness, severe cyanosis. He had a history of disseminated tuberculosis. What is preliminary diagnosis?

- A. Respiratory failure
- B. Spontaneous pneumothorax
- C. Pleuritis
- D. Myocardial infarction
- E. Heart failure

664. The patient of 42 years old had acute severe pain in the right inguinal area and leg, frequent urination, chills, nausea, vomiting. Physical exam: positive Pasternacki's sign. Urinalysis: erythrocytes, leukocytes, heme, nitrite.

protein. What is preliminary diagnosis?

- A. Kidney infarction
- B. intestinal obstruction
- C. renal colic
- D. radiculopathy
- E. biliary colic

665. Medical help in case of an angina attack in the polyclinic conditions includes:

- A. Nitroglycerin sublingually
- B. Nitrates intravenously
- C. Antispasmodics
- D. Narcotic analgesics.

666. Tactics of the family doctor with the first arising angina attack:

- A. ECG, pain relief and outpatient treatment
- B. ECG, relief of pain syndrome, aspirin 0.325 mg and hospitalization
- C. Planned hospitalization
- D. Outpatient examination.

667. The patient, 45 years old, suffering from constant aching pain after any food intake, weight in the epigastrium, weight loss by 5 kg per month, because she was afraid to eat because of the pain. With fibrogastroscopy, there was no ulcerative defect. Primary diagnosis:

- A. Chronic gastritis
- B. Ulcer disease, perforation of the ulcer

- C. Biliary dyskinesia
- D. Rupture of abdominal aorta aneurysm.

668. Antianginal drugs used at an early stage of acute coronary syndrome, which have pain relief effect and improves patient survival:

- A. Controlled (BP, HR) infusion of nitroglycerin or nitrosorbide
- B. Intravenous injection of verapamil with subsequent transition to oral administration in a patient with heart failure
- C. Intravenous administration of metoprolol followed by oral administration in a daily dose of 100-200 mg
- D. Monotherapy with calcium antagonists.

669. Pathognomonic for angina is:

- A. Retrosternal pain without connection with physical activity
- B. Ventricular extrasystole after exercise
- C. Chest pain and depression on ST-segment ECG 1 mm higher
- D. ST segment elevation less than 1 mm.

670. The 57-year-old patient complains of chest pains 1-2 times per month in the morning during the year, erradiating under the left scapula,

which pass within half an hour after taking nitroglycerin. In holter monitoring at the time of an attack, there is STsegmentelevation in the leads v2-v6 about 3 mm. The next day ST on the isline. The most probable diagnosis:

- A. Stable angina pectoris
- B. Myocardial infarction
- C. Vasospastic (variant) angina
- D. Progressive angina.

671. What is visceralgia?

- A. Pain associated with the pathology of internal organs, innervation which is provided by the sympathetic nervous system
- B. Pain associated with the pathology of the central nervous system
- C. Pain in the spine
- D. Pain associated with pathology of internal organs, innervation which is provided by the autonomic nervous system.

672. The cause of pain in the case of osteochondrosis:

- A. Vertebrogenic
- B. Unvertebrogenic
- C. Somatogenic
- D. Vascular.

673. Causes of pain syndrome in the case of renal colic:

A. Ureterolithiasis and ureteral colic

B. Stricture, kink and torsion of ureter

C. Obstruction of ureteral lumen with blood clots, mucus or pus with caseous masses

D. The development of cup-and-tubal hypertension, reflex spasm of arterial kidney vessels, venous stasis and edema of the parenchyma, its hypoxia and overgrowth of the fibrous capsule.

674. Lumbago is:

A. Acute pain in the interblade area

B. Acute pain in the lower back

C. Acute headache

D. Acute pain in lower limbs.

675. The patient with the viper's bite on the right hand was admitted to the ambulatory of family doctor. The bite was 5-10 min ago. The patient complained to the severe pain in the place of bite. Physical exam: hyperemia, 2 stab wounds. Which will be emergency in this case?

A. hand's immobilization, removal of poison, forced diuresis

B. take alcohol and drug for BP increasing

C. Applying the tourniquet on the upper limb above the bite site

D. cut the place of bite

E. inject the antibiotics around the bite

676. Forester of 45 years old was admitted to the rural ambulatory after fox's bite in the right leg. Before it were some cases of rabies among wild animals in this district. Which will be emergency in this case?

A. to wash the wound with soap, to admit the patient to nearest hospital

B. to cut the edges of the wound, to admit the patient to nearest hospital

C. to admit the patient to nearest hospital

D. to wash the wound with soap, out-patient observation

E. to cut the edges of the wound, out-patient observation

677. The woman of 22 years old was bitten by snake during walking in the forest. 8 h later she felt fainting. Clinical exam: pale cold skin, swollen and cyanotic right hand, heart rate of 122 per min, breathing rate of 22 per min. Which will be emergency in this case?

A. forced diuresis

B. hemodialysis

C. IV therapy

D. antitoxic serum

E. plasmapheresis

678. After bee's bite in the neck the woman had the sign of angioedema

edema: feeling of lack of air, agitation, fainting, swelling of face, tongue and neck, acute respiratory failure, arterial hypotension, BP 60/40 mmHg . She had the history of allergies. Which will be emergency in this case?

- A. IV adrenaline and glucocorticoids
- B. IV sodium bicarbonate and atropine
- C. IV tavegil and cordiamine
- D. IV Euphyllinum and antibiotics
- E. artificial ventilation mouth-to-mouth and closed-heart

679. After bee's bite the patient of 27 years old was appealed to the doctor with the complaint for local swelling of lips, eyelids, hoarseness of the voice, cough, difficult breathing, dizziness, BP of 110/70 mHg, HR 96 per min. The anaphylaxis was diagnosed. Which will be emergency in this case?

- A. Lasix
- B. hemosorbtion
- C. prednisolone
- D. enterosorbtion
- E. Contrycal

680. After bee's bite on the leg the patient felt weakness pricking in the throat, red face, shortness of breath. beforehe had only local swelling after

bee's bite. Which will be emergency in this case?

- A. aspirin
- B. Put the tourniquet above the bite
- C. Put the tourniquet below the bite
- D. remove the sting, apply the cold, put the tourniquet above the bite, emergency call
- E. emergency call

681. After snake bite the patient was admitted to the hospital. Clinical exam: pain in the place of bite, HR of 100 per min, BP of 100/60 mmHg, normal conscious. Which will be emergency in this case?

- A. glucocorticoids
- B. Water and salt solutions
- C. cardiotonics
- D. specific serum
- E. narcotics drugs

682. The girl had bee's bite in the right hand. After 30 min she was admitted to the hospital with complaint to the weakness, feeling of heat throughout the body, compression in the chest, ringing in the ears.The sting was removed. The moderate anaphylaxis was diagnosed. Which will be emergency in this case?

- A. Calcium Chloride
- B. adrenaline
- C. prednizolone
- D. tavegil



E. cordiamin

683. After bee's bite the boy of 10 years old had paraorbital swelling, red face and itchy. Clinical exam: HR 94 per min, BP 100/60 mmHg. Which will be emergency in this case?

- A. anaphylaxis
- B. urticaria
- C. Angioedema
- D. Atopic dermatitis
- E. Nephrotic syndrome

684. For snake bite is not typical:

- A. Petechial and spotted hemorrhages
- B. Pale skin, dizziness
- C. vomiting, nausea, tachycardia, hypotension
- D. acute parenchymal bodies failure
- E. hypersalivation, bronchorrhea, photophobia

685. An eight-year-old child is brought to the emergency department by his parents after receiving multiple fire ant bites at his home. His lips are swollen, and he is complaining of itching. During your assessment, you note that he is wheezing. The most appropriate immediate treatment for this child is:

- A. Antibiotic
- B. IV antihistamine
- C. IV steroid
- D. IM epinephrine

686. Name the animals, which bite people more often:

- A. small rodents
- B. dogs
- C. cats
- D. spiders

[2, 15, p. 10]

687. Scorpio bite clinics include:

- A. temperature increase up to 38°C with chill
- B. the appearance of nausea
- C. vomiting
- D. all of the above

688. In the sharing places of shark, the following rules are necessary:

- A. to bathe in dark clothes
- B. float calmly without sudden movements
- C. do not panic
- D. all of the above

689. Hematoxin and protease is secreted by the following species of snakes:

- A. vipers
- B. pit snake
- C. aspid snakes
- D. sea snakes

690. To the infection risk factors relates the following:

- A. deep inflamed and contaminated wounds

- B. wounds requiring surgical treatment
- C. crushed and punctured wounds
- D. all of the above

[2, 11, p. 27]

691. Duration of vaccination against rabies:

- A. on the day of infection, 3,7, 14, 28 days
- B. 3,7,14, 21, 28 day
- C. on the day of infection, 3, 7, 14, 21 days
- D. all of the above

692. Rabies prevention with the help of vaccination begins immediately in case of:

- A. all bites, scratches, smearing of the skin and the mucous membranes, caused by the animals which are obviously suffering from rabies, suspicious of rabies and unknown
- B. animals (category II and III exposition)
- C. injury by objects contaminated with saliva or brain rabid or suspicious on rabies animals
- D. bites through clothing if it is punctured or torn, through thin or knitted clothes
- E. all of the above

693. In case of eating of passive-poisoning fish, emergency help includes the following measures:

- A. washing the stomach with water
- B. the use of activated carbon
- C. taking saline laxatives
- D. all of the above

694. Emergency help in case of snake bite consists of the following activities, except:

- A. put the patient in the shadow with the head down, use of anesthetics
- B. flush surface lesions with large amount of water, rinse wound with soapy water, treat with alcohol or diamond greens
- C. remove poison by squeezing or sucking pear
- D. impose a cold

695. The first measure in the case of electrical current injury is:

- A. defibrillation
- B. disconnect the victim from the strum source
- C. cardio-pulmonary resuscitation
- D. Ensure patency of the respiratory tract
- E. Apply an aseptic bandage to the burns

696. The death reason in the case of a lightning strike injury is:

- A. Primary stop breathing
- B. Thermal injury
- C. Hyperpotassemia
- D. Heart standstill
- E. Disorder of central nervous system

[2, 8, p. 13]

697. The woman of 32 years old used faulty electrical appliance. She was fallen unconscious with seizure. Which heart rhythm disturbance most likely will be marked on an electrocardiogram?

- A. Paroxysmal tachycardia
- B. asystole
- C. mechanical electrodisociation of ventricles
- D. AV block
- E. Atrial fibrillation

698. The patient of 32 years old was admitted to the emergency room with electrical injury. Clinical exam: clear conscious, on the skin of right hand – burn, BP 110/70 mmHg, heart rate 82 per min, breathing rate 16 per min. Which department has to be admitted this patient?

- A. Cardiology
- B. intensive care
- C. burnt
- D. neurological
- E. doesn't need of admission

699. After summer agricultural work the 40 years old man was injured by lightning strike. Breathing rate – 8 per min, heart rate – 60 per min. Which will be emergency in this case?

- A. analeptic drug
- B. atropine
- C. adrenaline
- D. artificial lung ventilation
- E. electrical defibrillation

700. The result of fresh water drowning may be:

- A. hypovolemia
- B. hypernatremia
- C. hemolysis
- D. hypoproteinemia
- E. liver failure

701. The girl of 18 years old was trained in the fresh water. Sudden she had seizure, fainting, and she started to going under water. She was saved. Clinical exam: unconscious, pale skin, dilatated pupils, no carotid pulsation, no breathing. Which will be emergency in this case?

- A. emergency call
- B. artificial lung ventilation, indirect heart massage
- C. ensuring the patency of the respiratory tract
- D. IV diuretics
- E. intensive care admission

702. The boy of 16 years old was saved in the sea by his friends. He

was without signs of life: pale skin, no movement, no carotid pulsation, no breathing. his friends provided emergency: one was rubbing the skin, other pressed by right hand to the chest, third performed mouth-to-mouth breathing. They saw that after each breathing the abdomen was enlarged, the chest didn't elevated. Which was the reason of such condition?

- A. artificial lung ventilation with positive inspiration pressure
- B. Ascites
- C. Gastric cardiac sphincter failure
- D. Obstruction of the upper respiratory tract
- E. Weakness of abdominal muscles

703. In the sea the man of 54 years old was drowned. He was saved. Clinical exam: unconscious, pale face, no breathing, weak peripheral pulsation. The resuscitation was successful. Which can be early complication?

- A. heart arrest
- B. breathing standstill
- C. encephalopathy
- D. pulmonary edema
- E. acute pulmonary insufficiency

704. The person of 45-50 years old was drowned. He was saved after 3-4 min. Clinical exam: fainted, cyanotic

skin, swollen veins of neck and extremities. There was pink sparkle from the mouth and nose. Which is the preliminary diagnosis?

- A. asphyxia drowning
- B. active drowning
- C. dry drowning
- D. syncopal drowning
- E. wet drowning

705. What factors affect the outcome of a person's electric shock?

- A. Serviceability of the electrical installation.
- B. Individual properties of person.
- C. Protective earthing.
- D. All listed factors.

706. In case of electric shock, if there is no cardiac and pulmonary arrest first of all, it is necessary to do the following on the first place:

- A. to create rest for the victim and to examine him;
- B. stop the electric current impact on the victim;
- C. take measures to bring the victim to a medical facility or call an ambulance;
- D. give the patient an analgesic and cardiac remedy

707. In what way can the electric current on the victim can be terminated:

- A. discard the electric wire from the person with one hand;
- B. throw the wire away from the victim with both hands;
- C. wind a rag onto your arm and quickly throw away the wire;
- D. throw the wire away with a dry stick.

708. The main cause of death in case of damage to household electricity:

- A. Ventricular fibrillation.
- B. Incompatible loss of blood.
- C. Incompatible with life injuries.
- D. Atrial fibrillation

709. Which of the following improvised means it is better to use to dump an electric wire from the unconscious person on the floor in his apartment:

- A. Dry the handle of a mop brought from a bathroom or the toilet.
- B. Dry home slipper, removed from his leg.
- C. A dry wooden stick brought from the yard.
- D. All of the above can be used

710. State the first step of a sequence of actions when providing first aid to an electric shock victim who lies unconscious in the bath:

- A. Release the water from the bath.
- B. Enter the bathroom and turn off all electrical appliances from the network.
- C. Assess the condition and proceed to cardiopulmonary resuscitation.
- D. To call an ambulance brigade.

711. State the first step of a sequence of actions when providing first aid to the victim, lying unconscious under electric wire of urban lighting on a lawn near walking trail:

- A. Discard the wire with any non-conductive object.
- B. Assess the condition of the victim and, in the absence pulse on the carotid artery, apply a blow to the chest.
- C. To drag the victim to 3-4 meters away from the wire lying on ground and arrange it on a pedestrian path, free of grass.
- D. Ask others to call an ambulance.

712. Patients with electrical injuries after getting the emergency medical help:

- A. should visit their family doctor
- B. do not need further examination and treatment

- C. should be hospitalized by the ambulance
- D. should be examined by the neurologist

713. When drowning in cold water, the duration of clinical death:

- A. is shortened
- B. is extended
- C. does not change
- D. depends on a person

714. For electrical injuries of the 1st degree of severity it is typical:

- A. loss of consciousness
- B. respiratory and circulatory disorders
- C. convulsive muscle contraction
- D. clinical death

715. After hot summer day the women of 60 year old felt headache, tinnitus, weakness. Clinical examination: hyperemic face, body temperature 38,2<sup>0</sup>C, heart rate – 110 per min, BP 105/70 mmHg. The working diagnosis is:

- A. collapse
- B. heat stroke
- C. sympathetic crisis
- D. flu
- E. vagal crisis

716. After agricultural work in the summer day the man of 40 year old felt weakness, dizziness, dry mouth.

Clinical examination: hyperemic hot skin, body temperature 37,1<sup>0</sup>C, heart rate – 125 per min, BP 150/90 mmHg, breathing rate – 24 per min, muffled heart tones, decreased diuresis. Which will be emergency?

- A. hydration, moist wiping
- B. dehydration, antipyretic drug
- C. diuretics, analgetics
- D. cardiotoxic drug, lasics
- E. desensibilizing therapy

717. The girl of 16 year old was fainted after standing in the sunny day. Clinical examination: pale skin, heart rate – 96 per min, BP 70/50 mmHg, normal heart tones, vesicular breathing. Which will be emergency?

- A. sitting position
- B. supine position with elevated legs
- C. electrical defibrillation
- D. IV glycosides
- E. IV dexamethasone

718. The patient of 40 years old had abdominal wall and thighs burn of 2<sup>nd</sup> degree. Which is clinical presentation of 2<sup>nd</sup> degree burn?

- A. hyperemia
- B. swelling
- C. vesicles with yellow fluid
- D. empty vesicles with hemorrhage fluid
- E. necrosis of tissue

719. The victim of 50 years old was found in the basement. He was obtunded, with decreased reflexes, with bad breath. Language was slurred, movements were limited. Clinical examination: pale skin, breathing rate– 16 per min, muffled heart tones, heart rate 60 per min, BP 150/90 mmHg, body temperature - 35,3°C. Which is the working diagnosis?

- A. mild hypothermia
- B. moderate hypothermia
- C. severe hypothermia
- D. alcohol abuse
- E. alcohol poisoning

720. The criteria of severe heat stroke is:

- A. body temperature 40,5°C
- B. heart rate 130 per min
- C. decreased muscle tonus
- D. body temperature 39,5°C
- E. heart rate 120 per min

721. In the case of thermal burn the share of skin damage is estimated by:

- A. rule of Donald
- B. Wallace rule of nines
- C. rule of Franck
- D. rule of palm
- E. rule of thermal shock

722. The victim of overcooling was admitted to the hospital. The rectal temperature is 32°C. Which is degree of hypothermia?

- A. severe

- B. mild
- C. moderate
- D. deep
- E. coma

723. The family doctor was called for the home visit. The drunk man of 46 years old was in the cold out-door 2 day ago. He felt burning painful itchy skin, paresthesia of toes. Clinical examination: cyanotic swollen skin of feet, with some vesicles with yellow fluid. The working diagnosis is:

- A. frostbite of III degree
- B. Crash Syndrome
- C. frostbite of I degree
- D. frostbite of IV degree
- E. frostbite of II degree

724. The man of 24 years old was admitted to the hospital. In the winter he walked home during 12 hours. Clinical examination: sluggish, "goose skin", mild cyanosis, hypertonic muscles of extremities and body. The working diagnosis is:

- A. acute viral infection
- B. overcooling
- C. hypothermia
- D. pneumonia
- E. asthenia

725. Burnt surface of the skin should be covered with:

- A. bandage with furatsillinum
- B. bandage with sintomycin emulsion

- C. dry sterile bandage
- D. a bandage with a solution of tea soda

726. Cooling of the burnt surface with cold water is indicated:

- A. in the first minutes after the injury
- B. only with a 1st degree burn
- C. not shown
- D. after 1 hour

727. One of the characteristics of the pre-active period of the frostbite is:

- A. lack of skin sensitivity
- B. pain
- C. skin hyperemia
- D. edema

728. What is the extent to which infusion therapy is performed during the therapy of the victim with burn shock?

- A. 30 ml / h.
- B. 20 ml / h
- C. 45 ml / h
- D. 15 ml / h
- E. 50 ml / h

729. After what time at a temperature of air 0 ~ C cooling will be fatal?

- A. 4-6 hours
- B. 6-8 hours
- C. 10-12 hours
- D. 1-2 hours
- E. 24 hours

730. The victim of overcooling is inhibited, the criticism of assessment of his state is reduced, the speech is chanted, his movements are constraint, the ability to independent movement is preserved, the blood pressure is elevated, respiration is satisfactory. Indicate the clinical stage of overcooling:

- A. I (dynamic)
- B. II (stuporous)
- C. III (convulsive)
- D. All of the above
- E. None of the above

731. The victim of overcooling is sharply restrained, in a pose of a "twisted man", movements are impossible. The skin covers are bluish, with marble vine, heart rate up to 40 in 1 min. Breathing is fluid, superficial. Indicate the clinical stage of overcooling:

- A. I (addynamic)
- B. II (stuporous)
- C. III (convulsive)
- D. All of the above
- E. None of the above

732. Patient without consciousness, pupils are narrowed, the reaction to the light is weakened or retarded, convulsions, trichism of chewing muscles, no blood pressure, respiration of fluid, periodic rhythm of Chain-Stokes. Indicate the clinical stage of overcooling:



- A. I (addynamic)
- B. II (stuporous)
- C. III (convulsive)
- D. All of the above
- E. None of the above

733. Your measures in providing assistance to the victim with general overcooling:

- A. 40% ethanol inside
- B. intravenous Bemegrid, Cordiamine
- C. Prednisolone 60-90 mg

- D. intravenous infusion of the solutions heated up to 36-37 C

734. Indicate unacceptable measures of the pre-hospital stage when providing assistance to a victim with overheating:

- A. physical cooling
- B. Aminazine or droperidol
- C. Intravenous infusion of cooled crystalloids
- D. Sulfoxamaphocain

### Answer table

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
C	E	B	A	A	A	C	E	C	A
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
C	A	B	D	C	C	A	A	C	C
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>
D	D	E	E	B	E	C	D	D	A
<b>31</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>35</b>	<b>36</b>	<b>37</b>	<b>38</b>	<b>39</b>	<b>40</b>
C	B	C	E	E	C	A	B	E	E
<b>41</b>	<b>42</b>	<b>43</b>	<b>44</b>	<b>45</b>	<b>46</b>	<b>47</b>	<b>48</b>	<b>49</b>	<b>50</b>
B	E	C	E	D	D	A	E	B	A
<b>51</b>	<b>52</b>	<b>53</b>	<b>54</b>	<b>55</b>	<b>56</b>	<b>57</b>	<b>58</b>	<b>59</b>	<b>60</b>
B	B	E	C	C	A	B	B	E	A
<b>61</b>	<b>62</b>	<b>63</b>	<b>64</b>	<b>65</b>	<b>66</b>	<b>67</b>	<b>68</b>	<b>69</b>	<b>70</b>
C	A	E	E	E	C	A	D	E	E
<b>71</b>	<b>72</b>	<b>73</b>	<b>74</b>	<b>75</b>	<b>76</b>	<b>77</b>	<b>78</b>	<b>79</b>	<b>80</b>
B	A	D	C	E	A	A	A	E	B
<b>81</b>	<b>82</b>	<b>83</b>	<b>84</b>	<b>85</b>	<b>86</b>	<b>87</b>	<b>88</b>	<b>89</b>	<b>90</b>
C	A	B	D	B	D	B	B	B	A
<b>91</b>	<b>92</b>	<b>93</b>	<b>94</b>	<b>95</b>	<b>96</b>	<b>97</b>	<b>98</b>	<b>99</b>	<b>100</b>
A	B	D	B	B	D	B	C	C	A
<b>101</b>	<b>102</b>	<b>103</b>	<b>104</b>	<b>105</b>	<b>106</b>	<b>107</b>	<b>108</b>	<b>109</b>	<b>110</b>
A	C	A	D	A	C	C	A	A	C
<b>111</b>	<b>112</b>	<b>113</b>	<b>114</b>	<b>115</b>	<b>116</b>	<b>117</b>	<b>118</b>	<b>119</b>	<b>120</b>
C	A	A	E	D	D	E	B	C	C
<b>121</b>	<b>122</b>	<b>123</b>	<b>124</b>	<b>125</b>	<b>126</b>	<b>127</b>	<b>128</b>	<b>129</b>	<b>130</b>
A	D	B	D	B	D	C	A	A	C
<b>131</b>	<b>132</b>	<b>133</b>	<b>134</b>	<b>135</b>	<b>136</b>	<b>137</b>	<b>138</b>	<b>139</b>	<b>140</b>
B	A	C	A	D	C	B	E	B	E
<b>141</b>	<b>142</b>	<b>143</b>	<b>144</b>	<b>145</b>	<b>146</b>	<b>147</b>	<b>148</b>	<b>149</b>	<b>150</b>
E	A	D	B	A	C	E	C	B	B
<b>151</b>	<b>152</b>	<b>153</b>	<b>154</b>	<b>155</b>	<b>156</b>	<b>157</b>	<b>158</b>	<b>159</b>	<b>160</b>
C	C	A	D	A	B	C	E	D	D
<b>161</b>	<b>162</b>	<b>163</b>	<b>164</b>	<b>165</b>	<b>166</b>	<b>167</b>	<b>168</b>	<b>169</b>	<b>170</b>
D	C	A	A	B	D	A	D,E,C	B,C,E,B,A	C,D,E,B
<b>171</b>	<b>172</b>	<b>173</b>	<b>174</b>	<b>175</b>	<b>176</b>	<b>177</b>	<b>178</b>	<b>179</b>	<b>180</b>
C	E	E	B	D	A	C	D,C,C,B	E	A
<b>181</b>	<b>182</b>	<b>183</b>	<b>184</b>	<b>185</b>	<b>186</b>	<b>187</b>	<b>188</b>	<b>189</b>	<b>190</b>
A	C	C	E	B	C	B	B	D	A
<b>191</b>	<b>192</b>	<b>193</b>	<b>194</b>	<b>195</b>	<b>196</b>	<b>197</b>	<b>198</b>	<b>199</b>	<b>200</b>

C	A	D	A	D	D	A	A	D	B
<b>201</b>	<b>202</b>	<b>203</b>	<b>204</b>	<b>205</b>	<b>206</b>	<b>207</b>	<b>208</b>	<b>209</b>	<b>210</b>
A	D	A	D	A	A	C	A	D	A
<b>211</b>	<b>212</b>	<b>213</b>	<b>214</b>	<b>215</b>	<b>216</b>	<b>217</b>	<b>218</b>	<b>219</b>	<b>220</b>
E	C	E	A	C	C	D	A	E	D
<b>221</b>	<b>222</b>	<b>223</b>	<b>224</b>	<b>225</b>	<b>226</b>	<b>227</b>	<b>228</b>	<b>229</b>	<b>230</b>
D	C	E	B	A	B	E	D	B	B
<b>231</b>	<b>232</b>	<b>233</b>	<b>234</b>	<b>235</b>	<b>236</b>	<b>237</b>	<b>238</b>	<b>239</b>	<b>240</b>
C	A	E	D	A	A	C	E	C	A
<b>241</b>	<b>242</b>	<b>243</b>	<b>244</b>	<b>245</b>	<b>246</b>	<b>247</b>	<b>248</b>	<b>249</b>	<b>250</b>
C	D	C	B	A	D	C	B	D	E
<b>251</b>	<b>252</b>	<b>253</b>	<b>254</b>	<b>255</b>	<b>256</b>	<b>257</b>	<b>258</b>	<b>259</b>	<b>260</b>
C	D	E	C	A	D	B	E	C	D
<b>261</b>	<b>262</b>	<b>263</b>	<b>264</b>	<b>265</b>	<b>266</b>	<b>267</b>	<b>268</b>	<b>269</b>	<b>270</b>
B	C	A	B	C	E	C	C	A	BD
<b>271</b>	<b>272</b>	<b>273</b>	<b>274</b>	<b>275</b>	<b>276</b>	<b>277</b>	<b>278</b>	<b>279</b>	<b>280</b>
D	E	B	C	D	E	C	E	C	A
<b>281</b>	<b>282</b>	<b>283</b>	<b>284</b>	<b>285</b>	<b>286</b>	<b>287</b>	<b>288</b>	<b>289</b>	<b>290</b>
E	E	E	B	E	E	A	C	B	A
<b>291</b>	<b>292</b>	<b>293</b>	<b>294</b>	<b>295</b>	<b>296</b>	<b>297</b>	<b>298</b>	<b>299</b>	<b>300</b>
E	D	A	A	A	B	E	A	D	A
<b>301</b>	<b>302</b>	<b>303</b>	<b>304</b>	<b>305</b>	<b>306</b>	<b>307</b>	<b>308</b>	<b>309</b>	<b>310</b>
B	B	B	B	A	E	A	E	B	E
<b>311</b>	<b>312</b>	<b>313</b>	<b>314</b>	<b>315</b>	<b>316</b>	<b>317</b>	<b>318</b>	<b>319</b>	<b>320</b>
A	B	E	C	A	C	E	A	D	D
<b>321</b>	<b>322</b>	<b>323</b>	<b>324</b>	<b>325</b>	<b>326</b>	<b>327</b>	<b>328</b>	<b>329</b>	<b>330</b>
E	E	C	A	C	A	E	A	D	B
<b>331</b>	<b>332</b>	<b>333</b>	<b>334</b>	<b>335</b>	<b>336</b>	<b>337</b>	<b>338</b>	<b>339</b>	<b>340</b>
E	D	B	C	A	C	D	E	B	A
<b>341</b>	<b>342</b>	<b>343</b>	<b>344</b>	<b>345</b>	<b>346</b>	<b>347</b>	<b>348</b>	<b>349</b>	<b>350</b>
D	D	C	E	B	D	B	E	D	C
<b>351</b>	<b>352</b>	<b>353</b>	<b>354</b>	<b>355</b>	<b>356</b>	<b>357</b>	<b>358</b>	<b>359</b>	<b>360</b>
A	B	C	E	B	D	A	E	A	C
<b>361</b>	<b>362</b>	<b>363</b>	<b>364</b>	<b>365</b>	<b>366</b>	<b>367</b>	<b>368</b>	<b>369</b>	<b>370</b>
B	A	E	A	E	E	E	B	E	E
<b>371</b>	<b>372</b>	<b>373</b>	<b>374</b>	<b>375</b>	<b>376</b>	<b>377</b>	<b>378</b>	<b>379</b>	<b>380</b>
E	E	E	C	B	C	D	D	C	A
<b>381</b>	<b>382</b>	<b>383</b>	<b>384</b>	<b>385</b>	<b>386</b>	<b>387</b>	<b>388</b>	<b>389</b>	<b>390</b>
B	C	D	A	B	E	E	E	C	E
<b>391</b>	<b>392</b>	<b>393</b>	<b>394</b>	<b>395</b>	<b>396</b>	<b>397</b>	<b>398</b>	<b>399</b>	<b>400</b>
C	D	A	A	B	C	D	D	D	B

<b>401</b>	<b>402</b>	<b>403</b>	<b>404</b>	<b>405</b>	<b>406</b>	<b>407</b>	<b>408</b>	<b>409</b>	<b>410</b>
A	A	A	C	E	E	C	E	B	C
<b>411</b>	<b>412</b>	<b>413</b>	<b>414</b>	<b>415</b>	<b>416</b>	<b>417</b>	<b>418</b>	<b>419</b>	<b>420</b>
C	B	C	D	A	E	D	C	E	E
<b>421</b>	<b>422</b>	<b>423</b>	<b>424</b>	<b>425</b>	<b>426</b>	<b>427</b>	<b>428</b>	<b>429</b>	<b>430</b>
A	A	A	C	A	B	C	E	C	C
<b>431</b>	<b>432</b>	<b>433</b>	<b>434</b>	<b>435</b>	<b>436</b>	<b>437</b>	<b>438</b>	<b>439</b>	<b>440</b>
A	B	D	E	E	D	A	C	E	E
<b>441</b>	<b>442</b>	<b>443</b>	<b>444</b>	<b>445</b>	<b>446</b>	<b>447</b>	<b>448</b>	<b>449</b>	<b>450</b>
C	C	C	E	B	C	B	E	D	B
<b>451</b>	<b>452</b>	<b>453</b>	<b>454</b>	<b>455</b>	<b>456</b>	<b>457</b>	<b>458</b>	<b>459</b>	<b>460</b>
A	E	D	A	A	E	B	E	B	A
<b>461</b>	<b>462</b>	<b>463</b>	<b>464</b>	<b>465</b>	<b>466</b>	<b>467</b>	<b>468</b>	<b>469</b>	<b>470</b>
D	E	E	D	B	C	D	E	C	B
<b>471</b>	<b>472</b>	<b>473</b>	<b>474</b>	<b>475</b>	<b>476</b>	<b>477</b>	<b>478</b>	<b>479</b>	<b>480</b>
D	E	C	D	E	C	A	D	B	E
<b>481</b>	<b>482</b>	<b>483</b>	<b>484</b>	<b>485</b>	<b>486</b>	<b>487</b>	<b>488</b>	<b>489</b>	<b>490</b>
C	D	B	C	A	A	A	B	E	A
<b>491</b>	<b>492</b>	<b>493</b>	<b>494</b>	<b>495</b>	<b>496</b>	<b>497</b>	<b>498</b>	<b>499</b>	<b>500</b>
D	A	B	B	C	B	D	A	B	C
<b>501</b>	<b>502</b>	<b>503</b>	<b>504</b>	<b>505</b>	<b>506</b>	<b>507</b>	<b>508</b>	<b>509</b>	<b>510</b>
D	A	B	B	E	E	B	A	C	D
<b>511</b>	<b>512</b>	<b>513</b>	<b>514</b>	<b>515</b>	<b>516</b>	<b>517</b>	<b>518</b>	<b>519</b>	<b>520</b>
E	B	E	E	E	E	C	A	D	B
<b>521</b>	<b>522</b>	<b>523</b>	<b>524</b>	<b>525</b>	<b>526</b>	<b>527</b>	<b>528</b>	<b>529</b>	<b>530</b>
D	A	D	A	B	E	A	A	A	E
<b>531</b>	<b>532</b>	<b>533</b>	<b>534</b>	<b>535</b>	<b>536</b>	<b>537</b>	<b>538</b>	<b>539</b>	<b>540</b>
C	A	A	D	C	A	B	D	D	A
<b>541</b>	<b>542</b>	<b>543</b>	<b>544</b>	<b>545</b>	<b>546</b>	<b>547</b>	<b>548</b>	<b>549</b>	<b>550</b>
A	D	A	A	A	B	C	D	A	B
<b>551</b>	<b>552</b>	<b>553</b>	<b>554</b>	<b>555</b>	<b>556</b>	<b>557</b>	<b>558</b>	<b>559</b>	<b>560</b>
C	D	B	C	D	C	B	D	A	A
<b>561</b>	<b>562</b>	<b>563</b>	<b>564</b>	<b>565</b>	<b>566</b>	<b>567</b>	<b>568</b>	<b>569</b>	<b>570</b>
B	C	D	C	D	C	D	A	D	D
<b>571</b>	<b>572</b>	<b>573</b>	<b>574</b>	<b>575</b>	<b>576</b>	<b>577</b>	<b>578</b>	<b>579</b>	<b>580</b>
C	A	A	D	D	A	D	A	B	B
<b>581</b>	<b>582</b>	<b>583</b>	<b>584</b>	<b>585</b>	<b>586</b>	<b>587</b>	<b>588</b>	<b>589</b>	<b>590</b>
D	D	D	A	C	D	D	D	A	C
<b>591</b>	<b>592</b>	<b>593</b>	<b>594</b>	<b>595</b>	<b>596</b>	<b>597</b>	<b>598</b>	<b>599</b>	<b>600</b>
C	A	B	A	D	B	A	D	C	B
<b>601</b>	<b>602</b>	<b>603</b>	<b>604</b>	<b>605</b>	<b>606</b>	<b>607</b>	<b>608</b>	<b>609</b>	<b>610</b>

D	C	D	A	D	B	A	C	D	B
<b>611</b>	<b>612</b>	<b>613</b>	<b>614</b>	<b>615</b>	<b>616</b>	<b>617</b>	<b>618</b>	<b>619</b>	<b>620</b>
A	B	D	C	B	A	C	D	A	A
<b>621</b>	<b>622</b>	<b>623</b>	<b>624</b>	<b>625</b>	<b>626</b>	<b>627</b>	<b>628</b>	<b>629</b>	<b>630</b>
C	A	A	A	C	D	B	A	D	A
<b>631</b>	<b>632</b>	<b>633</b>	<b>634</b>	<b>635</b>	<b>636</b>	<b>637</b>	<b>638</b>	<b>639</b>	<b>640</b>
C	B	A	A	B	D	B	D	B	C
<b>641</b>	<b>642</b>	<b>643</b>	<b>644</b>	<b>645</b>	<b>646</b>	<b>647</b>	<b>648</b>	<b>649</b>	<b>650</b>
D	E	D	D	D	A	B	C	A	D
<b>651</b>	<b>652</b>	<b>653</b>	<b>654</b>	<b>655</b>	<b>656</b>	<b>657</b>	<b>658</b>	<b>659</b>	<b>660</b>
B	C	A	D	C	A	C	C	B	A
<b>661</b>	<b>662</b>	<b>663</b>	<b>664</b>	<b>665</b>	<b>666</b>	<b>667</b>	<b>668</b>	<b>669</b>	<b>670</b>
E	A	B	C	A	B	A	C	C	C
<b>671</b>	<b>672</b>	<b>673</b>	<b>674</b>	<b>675</b>	<b>676</b>	<b>677</b>	<b>678</b>	<b>679</b>	<b>680</b>
D	A	D	B	A	A	C	A	C	D
<b>681</b>	<b>682</b>	<b>683</b>	<b>684</b>	<b>685</b>	<b>686</b>	<b>687</b>	<b>688</b>	<b>689</b>	<b>690</b>
D	B	C	E	C	B	D	D	A	D
<b>691</b>	<b>692</b>	<b>693</b>	<b>694</b>	<b>695</b>	<b>696</b>	<b>697</b>	<b>698</b>	<b>699</b>	<b>700</b>
A	E	D	D	B	D	E	B	D	C
<b>701</b>	<b>702</b>	<b>703</b>	<b>704</b>	<b>705</b>	<b>706</b>	<b>707</b>	<b>708</b>	<b>709</b>	<b>710</b>
B	D	D	E	A	B	D	A	D	B
<b>711</b>	<b>712</b>	<b>713</b>	<b>714</b>	<b>715</b>	<b>716</b>	<b>717</b>	<b>718</b>	<b>719</b>	<b>720</b>
A	C	B	C	B	A	B	C	A	A
<b>721</b>	<b>722</b>	<b>723</b>	<b>724</b>	<b>725</b>	<b>726</b>	<b>727</b>	<b>728</b>	<b>729</b>	<b>730</b>
B	C	E	B	C	A	A	A	C	A
<b>731</b>	<b>732</b>	<b>733</b>	<b>734</b>						
B	C	D	D						

## RECOMMENDED LITERATURE

### Basic

1. Mykhailovska N.S. Care of Patients With HIV Infection in the practice of family doctor: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «Medicine», «Pediatrics») Discipline «General practice – family medicine» / N. S. Mykhailovska, A. V. Grytsay (approved by the Central Methodical Council of Zaporizhzhia State Medical University (prot. № 3 dated 22.02. 2022). – Zaporizhzhia : ZSMU, 2022. – 130p.

2. Mykhailovska N.S. The rehabilitation of out-patients in the practice of family doctor: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «Medicine», «Pediatrics») Discipline «General practice – family medicine» / N. S. Mykhailovska, A. V. Grytsay (approved by the Central Methodical Council of Zaporizhzhia State Medical University (prot. № 3 dated 22.02. 2022). – Zaporizhzhia : ZSMU, 2022. – 155p.

3. Mykhailovska N.S. Prevention of the most common diseases in the practice of family doctor: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «Medicine», «Pediatrics») Discipline «General practice – family medicine» / N. S. Mykhailovska, A. V. Grytsay, I.O. Stetsyuk, M.O. Konovalova (approved by the Central Methodical Council of Zaporizhzhia State Medical University (prot. № 5 dated 27.05. 2021). – Zaporizhzhia : ZSMU, 2021. – 242p.

4. Mykhailovska N.S., Grytsay G.V., Kachan I.S. Tactics of family doctors in case of syncopal states: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine») Discipline «General practice – family medicine», approved by the Central Methodical Council of Zaporizhzhia State Medical University (prot.№ 3 dated 27.02. 2020). – Zaporizhzhia : ZSMU, 2020. –166 p.

5. Mykhailovska N.S., Gritsay G.V., Stetsyuk I.O., Kachan I.S. Pain syndrome in general medical practice: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine») Discipline «General practice – family medicine», approved by the Central Methodical Council of Zaporizhzhia State Medical University (prot. № 3 dated 27.02. 2020). – Zaporizhzhia : ZSMU, 2020. –138 p.

6. Mykhailovska N.S., Gritsay G.V., Kulinich T.O. The principles of the primary health care organization in Ukraine: the practical workbook for the 6th-year students of international faculty, the academic discipline: «General practice – family medicine» approved by the Central Methodical Council of Zaporizhzhia State Medical University (prot. № 1 dated 01.10. 2020). – Zaporizhzhia: ZSMU, 2020. – 90 p.

7. Mykhailovska N.S., Gritsay G.V., Miniailenko L.E. Organizational aspects of primary health care system in Ukraine: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine») Discipline «General practice – family medicine», approved by the Scientific Council of Zaporizhzhia State Medical University (prot.№ 8 dated 20.03 2018). – Zaporizhzhia : ZSMU, 2018. –175 p.

8. Mykhailovska N.S., Gritsay G.V. Miniailenko L.E., Stetsyuk I.O. The risk factors and screening of main chronic noncommunicable diseases: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine») Discipline «General practice – family medicine», approved by the Central Methodical Council of Zaporizhzhia State Medical University (prot.№ 5 dated 24.05 2018). – Zaporizhzhia : ZSMU, 2018. – 158 p.

9. Mykhailovska N.S., Gritsay G.V., Miniailenko L.E., Stetsyuk I.O. The first aid in the case of non-epidemic diseases: study guide for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine») Discipline «General practice – family medicine», approved by the

Central Methodical Council of Zaporizhzhia State Medical University (prot.№ 5 dated 24.05 2018). – Zaporizhzhia : ZSMU, 2018. –105 p.

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11. Family Medicine: in 3 books: textbook. Book 2. Symptoms and syndromes in clinical course of internal diseases / O.M. Hyrina, L.M. Pasiyeshvili, O.M. Barna, A.S. Svintsitskyi et al.; edited by O.M. Hyrina, L.M. Pasiyeshvili. – Kyiv: AUS Medicine Publishing, 2018. – 376 p.

12. Family Medicine : in 3 books : textbook. Book 1. General Issues of Family Medicine / O.M. Hyrina, L.M. Pasiyeshvili, O.M. Barna, A.S. Svintsitskyi et al. ; edited by O.M. Hyrina, L.M. Pasiyeshvili. – Kyiv : AUS Medicine Publishing, 2018. – 560 p.

### **Additional**

13. Mykhailovska N.S., Gritsay G.V. The basis of prevention in the practice of general practitioners: The textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine») discipline «General practice – family medicine, approved by the Scientific Council of Zaporizhzhia State Medical University (prot.№ 12 dated 30.05 2017). – Zaporizhzhia : ZSMU, 2017. – 224p.

14. Mykhailovska N.S., Gritsay G.V. E-teaching complex «The basis of family medicine» for 6th-years students of international faculty (speciality 222 «Medicine») Discipline: «General practice – family medicine», approved by the Scientific Council of Zaporizhzhia State Medical University (prot. № 3 dated 02.02. 2017). – Zaporizhzhia : ZSMU, 2017.



15. Mykhailovska N.S., Gritsay G.V. The practical workbook. Discipline «General practice – family medicine» for 6-th year students of international faculty. Content module 1,2, approved by the Scientific Council of Zaporizhzhia State Medical University (prot.№ 4 dated 23.02. 2017). – Zaporizhzhia : ZSMU, 2017. – 69p.

16. Mykhailovska N.S., Gritsay G.V. The practical workbook. Discipline «General practice – family medicine» for 6-th year students of international faculty. Content module 3, approved by the Scientific Council of Zaporizhzhia State Medical University (prot.№ 4 dated 23.02. 2017). – Zaporizhzhia : ZSMU, 2017. – 75p.

17. Mykhailovska N.S., Gritsay G.V. The basis of prophylaxis of widespread diseases in the practice of family doctor: The teaching textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by Central Methodical Council of Zaporizhzhia State Medical University (prot. № 4 protocol № 4, dated 02.06.2016). – Zaporizhzhia : ZSMU, 2016. –187 p.