<<外科学>>

图书基本信息

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内容概要

美国医师执照考试是针对全世界各国医学院的学生或毕业生,欲到美国从医的执照考试,考试全部为选择题,采用计算机考试。

考试分为: Step 1(第一阶段),考察医学基础学科知识; Step 2(第二阶段),考察临床医学知识和临床技能; Step 3(第三阶段),测试考生的实际工作能力。

本册《外科学(第12版)》介绍了"Pre- and Postoperative Care"、"Critical Care: Anesthesiology, Blood Gases, and Respiratory Care"、"Skin: Wounds, Infections, and Burns; Hands; Plastic Surgery"等众多内容。

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章节摘录

22. The answer is c. (Brunicardi, pp 1463-1465.) Acute adrenal insufficiency can occur in patients with severe stress, infection, or trauma or as a result of abrupt cessation or too rapid tapering of chronic glucocorticoid therapy, and is classically manifested as changing mental status, increased temperature, cardiovascular collapse, hypoglycemia, and hyperkalemia. The diagnosis can be difficult to make and requires a high index of suspicion. Its clinical presentation is similar to that of sepsis; however, sepsis is generally associated with hyperglycemia and no significant change in potassium. The treatment for adrenal crisis is intravenous steroids, volume resuscitation, and other supportive measures to treat any new or ongoing stress. Dexamethasone is the steroid replacement of choice when empirically treating adrenal insufficiency since hydrocortisone can interfere with confirmatory testing (adrenocorticotropic hormone [ACTH] stimulation test). Steroid treatment can be subsequently converted to oral medication and tapered after treatment of the adrenal crisis.23. The answer is e. (Brunicardi, p 78.) Transfusions with FFP to replenish vitamin K-dependent dotting factors should be administered on call to the operating room. The timing of transfusion is dependent on the quantity of each factor delivered and its half-life. The half-life of the most stable dotting factor, factor VII, is 4 to 6 hours. Thus, transfusion of FFP on call to the operating room ensures that the transfusion is complete prior to the incision, with circulating factors to cover the operative and immediate postoperative period.



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