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QUESTION 1

Vital capacity is best described as the volume of air which is:

- A. inhaled during normal respiration
- B. expelled during passive expiration
- C. remaining in the lungs after passive expiration
- D. actively exchanging with pulmonary venous blood
- E. able to be expelled following maximal inspiration

Correct Answer: E Section: (none)

Explanation:

Vital capacity is an important measure of respiratory function. It is defined as the maximum volume of air a person can expel following a maximum inspiratory effort. When vital capacity is normal, significant restrictive pulmonary disease is not present. Acutely decreased vital capacity indicates decreased ventilatory reserve.

QUESTION 2

A 6-month-old male infant presents to your clinic because the mother is concerned that he is not eating well and he has been constipated. The mother tells you that her prenatal course and delivery were uneventful. On physical examination, the infant has a puffy face, large tongue, and persistent nasal drainage. The above condition can be caused by a deficiency of which of the following?

- A. iron
- B. vitamin C
- C. vitamin D
- D. iodine
- E. cortisol

Correct Answer: D Section: (none)

Explanation:

Hypothyroidism results from inadequate thyroid hormone production or a defect in thyroid hormone receptor activity. Hypothyroidism can be congenital or acquired. Most infants with congenital hypothyroidism are asymptomatic at birth. Feeding difficulties, choking spells, and somnolence often present during the first month of life. Respiratory distress can also occur in part due to the large tongue and nasal obstruction. On physical examination, you may find a large abdomen, umbilical hernias, subnormal temperature, cold skin, murmurs, or bradycardia. Iodine is absorbed in the GI tract as iodide. Iodide is concentrated in the thyroid gland and four atoms are incorporated into each molecule of



thyroxine. Profound dietary deficiency of iodine will result in hypothyroidism and is the most common cause of goiter in the world. Rickets results from a deficiency of vitamin D.

This condition predominately affects the long bones and skull. Vitamin C deficiency results in scurvy, a condition with impaired collagen formation. The clinical manifestations may include changes in the gums, loosening of teeth, brittle bones, and swollen joints. Pallor is the most important sign of iron-deficiency anemia. Children may also have the desire to ingest unusual substances such as ice or dirt. Finally, hyponatremia and hypoglycemia are the prominent presenting signs of adrenal insufficiency in infants

QUESTION 3

A 24-year-old G1 presents to you for initiation of obstetric care. She informs you that she is on a medication that was prescribed for acne. The drug is listed as category X in your pharmacy book.

The patient reports that she is going to continue the medication because she would be too embarrassed to go to work if her acne were to return. You counsel the patient about the possible risks of this approach but she desires to proceed. You counsel the patient that her best option may be to terminate the pregnancy and continue the medication. Allowing her to make this decision is an example of which of the following?

- A. beneficence
- B. autonomy
- C. breach of confidentiality
- D. malfeasance
- E. justice

Correct Answer: B Section: (none)

Explanation:

The pregnancy risk factor category assists the physician and patient to understand the safety of the use of a medication during pregnancy. The summary of the categories is as follows: category A--controlled human studies demonstrate no risk to a fetus. Category B--animal-reproduction studies have not demonstrated fetal risk but there are no controlled human studies to assess the risk. Category C--animalreproduction studies have demonstrated risk to a fetus and no controlled human studies are available. Category D--evidence of human teratogenic risk exists but in some cases the known risks may be outweighed in serious situations, such as lifethreatening disease. Class X--this drug should never be used by a pregnant female under any circumstances. The principle of autonomy states that the patient has the right and capability to control the course of her medical care and to participate in the decision-making process.

QUESTION 4

An 80-year-old woman is admitted to the medical service for treatment of a UTI. While she is hospitalized, she is evaluated for confusion. On her mental status examination (MSE), she appears somnolent at times, fluctuating with an alert state. She is not cooperative, is hostile, and clearly is hallucinating at times. Her insight and memory are poor. The differential diagnosis includes both delirium and dementia.

Which of the following is the most appropriate pharmacotherapy for her behavioral management?



- A. low-dose diphenhydramine (Benadryl)
- B. low-dose donepezil (Aricept)
- C. low-dose haloperidol (Haldol)
- D. low-dose lorazepam (Ativan)
- E. low-dose risperidone (Risperdal)

Correct Answer: E Section: (none)

Explanation:

This case demonstrates a classic presentation for delirium. Delirium can present with many symptoms, including aggressiveness, hostility, memory impairment, psychotic symptoms (especially visual hallucinations), and overall uncooperativeness, such as pulling out IVs and getting out of bed. While these symptoms are common in delirious patients, they are not specific for delirium and can be seen in many psychiatric illnesses, including dementias, psychotic disorders, substance use disorders, personality disorders, and others.

The hallmark of delirium is a fluctuating level of consciousness over time, ranging from sedation to agitation. Diphenhydramine can be sedating but, due to its anticholinergic side effects, can also worsen delirium and cause urinary retention and constipation, especially in the elderly. Anticholinesterase inhibitors such as donepezil may be indicated for mild-to-moderate dementias, especially Alzheimer dementia. It is not indicated for the treatment of delirium and it would be difficult to diagnose a dementing illness in the context of a delirious state. Giving benzodiazepines such as lorazepam may be useful for agitation caused by a delirium, but they can also disinhibit a patient and cause further agitation, especially in older individuals. A benzodiazepine would be the preferred treatment of alcohol withdrawal delirium (delirium tremens [DTs]), however. A low dose of antipsychotic would be the best choice to decrease the agitation in a delirious patient. While a high-potency medication such as haloperidol can be used, it is more likely to cause extrapyramidal side effects than a second-generation (or atypical) antipsychotic such as risperidone.

QUESTION 5

The patient is a 28-year-old divorced female who presents in the emergency room complaining of insomnia. Further history reveals that she has been depressed since the divorce settlement 3 months ago. She also has anergia, poor concentration, decreased appetite with a 15-lb weight loss, anhedonia, and guilt surrounding her "failed marriage." She reluctantly admits to pervasive thoughts of killing herself, with a plan to overdose on two bottles of Tylenol as "I heard it can kill you." She has purchased the medicine and written a suicide note. She asks to leave to go home, and when discussion of admission is brought up, she becomes angry and demands to be discharged from the emergency room.

What is the next most appropriate course of action?

- A. admit her to the hospital involuntarily
- B. admit her to the hospital voluntarily
- C. discharge her against medical advice
- D. discharge her with instructions to return in the morning
- E. prescribe a selective serotonin reuptake inhibitor (SSRI) and provide outpatient follow-up

Correct Answer: A Section: (none)



Explanation:

This patient appears to be suffering from a major depressive episode and is exhibiting acute suicidal ideation with a definitive plan and intent to overdose on a potentially lethal substance. She clearly poses an increased risk of self-harm and requires immediate hospitalization. As she refuses a voluntary admission, involuntary admission (commitment) is warranted. Autonomy is the right of a patient to self-determination. Confidentiality is not a core ethical principle. Nonmaleficence is the duty to "first, do no harm." The concept of justice involves social, political, legal, and religious considerations. The important code of beneficence (preventing harm) is illustrated in the above case, where an immediately suicidal patient is admitted involuntarily.

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