



QUESTION FOR DAY 1 POLLING COMPETITION

1. The following are false about SIADH except
 - A. Urine sodium less than 20 mmol/l
 - B. Correction by 0.9% saline
 - C. Edema
 - D. Plasma osmolality greater than urine osmolality
 - E. Correction by 3% Saline

Ans. E
2. Which of the following is the single most important factor in the development of hospital acquired hyponatremia?
 - A. Arginine vasopressin excess
 - B. Fluid retention
 - C. Hypotonic fluid administration
 - D. Renal disease
 - E. Subclinical volume depletion

Ans. C
3. Which of the following is a FALSE statement?
 - A. Potassium correction also raises Sodium
 - B. 1 ml/ kg of 3 % Saline raises Sodium by 1 meq/l
 - C. 1 ml of 3% Saline gives 1 meq of Sodium
 - D. Loop Diuretics are used in SIADH
 - E. Hyponatremia is defined as a serum Sodium less than 135 meq/l.

Ans – C
4. The following statement is false about early nutritional rickets:
 - A. It can be prevented by a daily intake of 400 IU vitamin D
 - B. Serum alkaline phosphatase is elevated
 - C. Bowing of legs is pathognomonic
 - D. Hypotonia is a clinical feature

Ans - C
5. A 3.5-kg male infant has a seizure at 7 days of age. The seizure is generalized and lasts approximately 8 minutes. Measurement of serum total calcium in the emergency department reveals a level of 6.4 mg/dL. On examination, the infant appears well but has a grade III/VI systolic murmur. The most appropriate next step in diagnosis is:
 - A. EEG
 - B. Measurement of intact PTH after the serum calcium is corrected
 - C. Measurement of intact PTH while the calcium is low followed by a fluorescence in situ hybridization (FISH) assay for DiGeorge syndrome
 - D. Measurement of serum phosphorus level

Ans - C.

6. 2 yr child with gastroenteritis presents to Emergency room. Clinical exam reveals child is very drowsy, severely dehydrated and in shock. Airway and Breathing – Maintained. Serum Sodium – 123 meq/L, Serum Potassium – 3.8meq/L, Chloride – 115 meq/L, Bicarbonate- 15 meq/L, Blood Sugar – 100 mg/dL. What should be the first fluid of choice?
- A. Isotonic Saline
 - B. 3% Saline bolus 3 ml/kg
 - C. D5 with Saline
 - D. Ringer Lactate
 - E. 3% Saline maintenance – 1 ml/ kg / hr

Ans - A

7. All are true Except
- A. Goal of correction is 6-8 meq/L in 24 hrs in chronic hyponatremia
 - B. True hyponatremia is hypotonic
 - C. Pain, stress can cause SIADH
 - D. Urine/ Plasma Electrolyte ratio less than 1 suggests hyponatremia can be corrected with fluid restriction
 - E. Translocational Hyponatremia is caused by Lab error

Ans – E

8. Is factitious hyponatremia and pseudohyponatremia same or different
- A. Both are same
 - B. Factitious hyponatremia is isotonic and Pseudohyponatremia is hypertonic hyponatremia
 - C. Factitious hyponatremia is hypertonic and Pseudohyponatremia is isotonic hyponatremia
 - D. None of the above

Ans – C

9. The upper tolerable limit of calcium in premature neonates as per IAP guidelines are
- A. 500 mg/day
 - B. 1000 mg/day
 - C. 750 mg/day
 - D. 800 mg/day

Ans - A

10. Identify the correct statement

		Urine sodium	Urine volume	Urine osmolarity	Urine specific gravity
a.	Hypovolemia with renal sodium loss	decreased	increased	Increased	Decreased
b.	Hypovolemia with extra renal loss	Increased	decreased	Increased	decreased
C	Hypervolemia with decreased intravascular volume	Decreased	decreased	Increased	increased
d.	SIADH like syndrome	increased	increased	decreased	decreased

Ans C