

1. IV ceftazidime is used in combination with ciprofloxacin in treatment of

- A. Adult Pneumonia inpatient with non ICU
- B. Adult Pneumonia outpatient
- C. Adult Pneumonia inpatient with ICU with no Pseudomonas
- D. Non of the above

2. IV Aminoglycoside is used in combination with IV azithromycin in treatment of

- A. Adult Pneumonia inpatient with non ICU
- B. Adult Pneumonia outpatient
- C. Adult Pneumonia inpatient admitted to ICU with Pseudomonas
- D. Non of the above

3. IV Meropenem is used in combination with levofloxacin in treatment of

- A. Adult Pneumonia inpatient with non ICU
- B. Adult Pneumonia outpatient
- C. Adult Pneumonia outpatient with Pseudomonas
- D. Non of the above

4. IV Aztreonam is used in combination with levofloxacin in treatment of

- A. Adult pneumonia inpatient with ICU with no pseudomonas
- B. Adult pneumonia outpatient with co morbidity
- C. Adult pneumonia inpatient with non ICU
- D. All of the above

5. IV ceftriaxone is used in combination with Azithromycin in treatment of

- A. Adult pneumonia outpatient with co morbidity
- B. Adult pneumonia inpatient with non ICU
- C. Adult pneumonia inpatient with ICU with Pseudomonas
- D. Non of the above

6. In Adult pneumonia with suspected ORSA all of the following could be added except:

- A. Daptomycin
- B. Vancomycin
- C. Linezolid
- D. Streptogramin

7. Adult inpatient pneumonia could be discharged from hospital if there are no complications within

- A. 3 days
- B. 5 days
- C. 7 days
- D. 10 days

8. Adult inpatient pneumonia treatment could be converted to oral therapy when there are hemodynamically stable symptoms and signs within

- A. 2- 5 days
- B. 5- 7 days
- C. 7- 10 days
- D. 10- 21 days

9. Adult pneumonia treatment duration with negative blood culture is:

- A. 5- 7 days
- B. 7-10 days
- C. 7-14 days
- D. 14- 21 days

10. Oral cefuroxime is used in combination with Azithromycin in treatment of

- A. Adult pneumonia inpatient with ICU with no pseudomonas
- B. Adult pneumonia outpatient with co morbidity
- C. Adult pneumonia inpatient with non ICU
- D. Non of the above

11. Choose the Wrong statement regarding therapy of pneumonia

- A. Levofloxacin is used for 5 days in adult outpatient without comorbid factors
- B. Add vancomycin if ORSA is suspected in adult inpatient with pneumonia
- C. Add Daptomycin with meropenem in adult inpatient suspecting pneumonia caused by pseudomonas
- D. In suspecting Pseudomonas as a cause of pneumonia a combination therapy is recommended

12. Duration of therapy for pneumonia with +ve blood culture

- A. 7 days from the day blood culture is positive
- B. 14 days from the day blood culture is positive
- C. 7 days from the day blood culture is negative
- D. 14 days from the day blood culture is negative

13. 1st choice in Acute (Not severe) Otitis media is

- A. Amoxicillin oral in High dose
- B. Ceftriaxone IV
- C. Clindamycin oral
- D. Augmentin oral

14. 1st choice in Acute (severe) Otitis media is

- A. Amoxicillin oral in High dose
- B. Ceftriaxone oral
- C. Clindamycin oral
- D. Amoxicillin/Clavulanate (Augmentin oral)

15. 1st choice in Acute (severe) Otitis media with type I penicillin Allergy is

- A. Cefuroxime
- B. Clindamycin
- C. Azithromycin
- D. Amoxicillin

16. 1st choice in Acute (severe) otitis media with failure of therapy

- A. Cefuroxime
- B. Clindamycin
- C. Azithromycin
- D. Amoxicillin

17. Ceftriaxone duration of treatment in patient with severe otitis media should not exceed

- A. 10 days
- B. 7 days
- C. 5 days
- D. 3 days

18. Ibuprofen duration of treatment in patient with severe otitis media should not exceed

- A. 10 days
- B. 7 days
- C. 5 days
- D. 3 day

19. Azithromycin duration of treatment in patient with not severe OM should not exceed

- A. 10 days
- B. 7 days
- C. 5 days
- D. 3 days

20. Ceftriaxone IV/IM could be used in treatment of the following

- A. Acute severe OM with no penicillin allergy
- B. Acute severe OM with non type I penicillin allergy
- C. Acute severe OM with type I penicillin allergy
- D. A+B

21. Cefuroxime oral could be used in treatment of the following

- A. Acute not severe OM with no penicillin allergy
- B. Acute not severe OM with non type I penicillin allergy
- C. Acute not severe OM with type I penicillin allergy
- D. A+ B

22. Clindamycin could be used in treatment of the following

- A. Acute severe OM with type I penicillin allergy
- B. Acute severe OM with failure of therapy
- C. Acute not severe OM with non type I penicillin allergy
- D. A+B

23. The following antibiotic is not recommended in acute bacterial rhinosinusitis in 6 years old child.

- A. Amoxicillin/ clavulanate
- B. Clindamycin
- C. Doxycycline
- D. Ceftriaxone

24. 1st choice in acute bacterial pharyngitis is

- A. Penicillin V
- B. Amoxicillin
- C. Cephalexin
- D. Clindamycin

25. Azithromycin duration of treatment in patient with pharyngitis and type I penicillin allergy is:

- A. 3 Days
- B. 5 Days
- C. 7 Days
- D. 10 days

26. The following drug is not 1st line therapy in treatment of pulmonary tuberculosis

- A. Rifampicin
- B. Isoniazid
- C. Linezolid
- D. Ethambutol
- E. Streptomycin

27. Patient with latent TB can be treated with

- A. Isoniazid for 9 months
- B. Rifampin for 9 months
- C. Isoniazid & rifapentine for 3 months
- D. A & C

28. The following drug is recommended in extensive drug resistance tuberculosis

- A. Isoniazid
- B. Aminoglycosides
- C. Pyrazinamide
- D. Linezolid
- E. Streptomycin

29. The following is wrong statement about isoniazid

- A. Metabolized in the liver by acetylation
- B. Addition of pyridoxine decreases risk of convulsion
- C. Decrease serum level of phenytoin
- D. Risk of hepatitis increase in patients taking rifampin

30. Which of the following is incorrect regarding rifamycins

- A. Broad spectrum antibiotics that is effective against mycobacterial tuberculosis
- B. Rifabutin is less inducer than rifampin
- C. Rifapentine is shorter duration of action than rifampin
- D. Rifabutin is preferred in TB patients with HIV
- E. Rifampin has antiviral effect

31. The following is not expected adverse effects of Rifampin

- A. Skin rash and fever
- B. Red coloration of secretion
- C. Nephrotoxicity
- D. Hepatic toxicity
- E. Flu like syndrome

32. The following antituberculosis drug do not induce hepatic toxicity

- A. Rifampin
- B. Isoniazid
- C. Pyrazinamide
- D. Ethambutol

33. The drug is not matched with its adverse effect

- A. Rifampin / Enzyme inducer and cholestatic jaundice
- B. Isoniazid / Enzyme inhibitor and neurotoxicity
- C. Pyrazinamide/ optic neuritis and hyperuricemia
- D. Ethambutol / Color blindness and hyperuricemia

1=D	2=C	3=D	4=A	5=B	6=A	7=B	8=A
9=C	10=B	11=C	12=D	13=A	14=D	15=B	16=B
17=D	18=D	19=C	20=D	21=D	22=D	23=C	24=A
25=B	26=C	27=D	28=D	29=C	30=C	31=D	32=D
33=C							