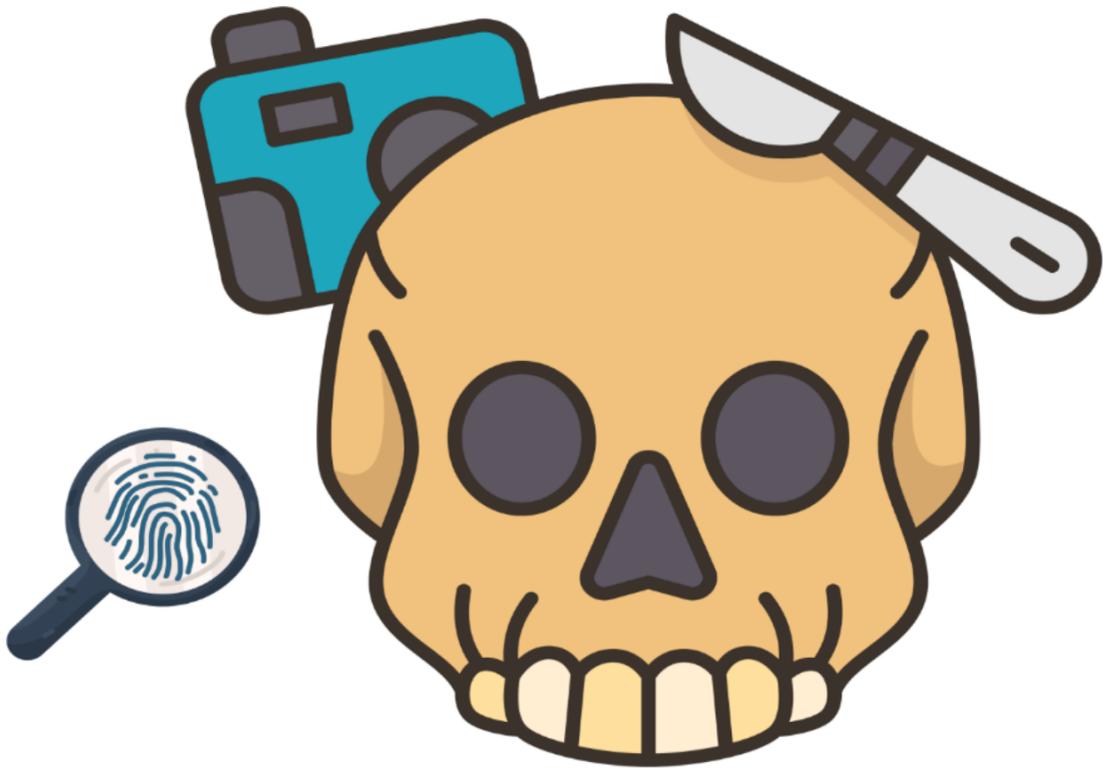


LEVEL (3) - SEMESTER (5)

FORENSIC



LECTURE (1) - MCQS

DR. KHALED MOHEY



MCQs



<p>1. What is the primary definition of Toxicology?</p> <p>a) The study of specific chemical poisons.</p> <p>b) The science dealing with properties, actions, toxicity, and treatment of poisons, including autopsy findings.</p> <p>c) The classification of poisons based on their target organs.</p> <p>d) The study of factors affecting the severity of poisoning.</p>	B
<p>2. A poison that acts only after absorption without any local tissue destruction is classified as having:</p> <p>a) Local action</p> <p>b) Remote action</p> <p>c) Both local and remote action</p> <p>d) Cumulative action</p>	B
<p>3. Which of the following is an example of a hepatotoxic poison?</p> <p>a) Lead</p> <p>b) Digitalis</p> <p>c) Carbon Tetrachloride</p> <p>d) Mercury</p>	C
<p>4. Children are generally more susceptible to toxic agents due to:</p> <p>a) Higher tolerance for atropine</p> <p>b) Increased detoxification power</p> <p>c) Decreased detoxification power</p> <p>d) Genetic factors like G6PD deficiency</p>	C
<p>5. A patient with G6PD deficiency is at risk of hemolysis from therapeutic doses of:</p> <p>a) Morphine</p> <p>b) Atropine</p> <p>c) Vitamin K and Sulfonamides</p> <p>d) Penicillin</p>	C



<p>6. Which condition of the stomach might make potassium cyanide poisoning less fatal?</p> <ul style="list-style-type: none">a) Hyperacidityb) Achlorhydria (lack of HCl)c) Presence of fatty foodsd) Full stomach	B
<p>7. Which route of administration typically results in the fastest absorption of a poison?</p> <ul style="list-style-type: none">a) Oralb) Intravenous (IV)c) Subcutaneous (SC)d) Cutaneous (Skin)	B
<p>8. Cumulative poisoning is best exemplified by which of the following drugs?</p> <ul style="list-style-type: none">a) Cocaineb) Digitalisc) Atropined) Penicillin	B
<p>9. The "Coma Cocktail" typically includes all of the following EXCEPT:</p> <ul style="list-style-type: none">a) Dextroseb) Naloxonec) Thiamined) Diazepam	D
<p>10. Which toxidrome is characterized by hyperthermia, tachycardia, hypertension, mydriasis (dilated pupils), and hot, dry, red skin?</p> <ul style="list-style-type: none">a) Sympathomimeticb) Opioidc) Anticholinergicd) Cholinergic	C



<p>11. A classical example of poison that can give both systemic & local actions is:</p> <ul style="list-style-type: none">a. Corrosives.b. Heavy metals.c. Opiatesd. Digoxin	B
<p>12. Which of the following factors not influencing the action of the poison:</p> <ul style="list-style-type: none">a. The size of the stomach.b. Age of the patient.c. Tolerance.d. Health of the patient.e. Genetic factors	A
<p>13. A patient presents with hypothermia, bradycardia, hypotension, miosis (pinpoint pupils), and CNS depression. This is most consistent with which toxidrome?</p> <ul style="list-style-type: none">a) Sympathomimeticb) Opioidc) Sedative-Hypnoticd) Cholinergic	B
<p>14. Which of the following is a common toxic cause of seizures?</p> <ul style="list-style-type: none">a) Opioidsb) Benzodiazepinesc) Amphetaminesd) Barbiturates	C
<p>15. The first-line anticonvulsant for managing toxic seizures is:</p> <ul style="list-style-type: none">a) Phenobarbitoneb) Phenytoinc) Diazepamd) Carbamazepine	C



<p>16. For a substance to be confidently diagnosed as a "non-toxic ingestion," which of the following criteria is NOT required?</p> <ul style="list-style-type: none">a) The container must have a "Warning" label.b) Only one product was ingested.c) The victim is free of symptoms.d) The product has been absolutely identified.	A
<p>17. Which of the following substances is generally considered a non-toxic ingestion?</p> <ul style="list-style-type: none">a) Organophosphate insecticidesb) Tricyclic antidepressantsc) A small amount of soapd) Digitalis tablets	C
<p>18. For a suspected opioid overdose in an adult, the appropriate initial dose of Naloxone is:</p> <ul style="list-style-type: none">a) 0.1 mg/kgb) 0.4 mgc) 2 mgd) 10 mg	B
<p>19. Thiamine is a component of the coma cocktail primarily for which group of patients?</p> <ul style="list-style-type: none">a) Pediatric patientsb) Patients with hypoglycemiac) Malnourished and chronic alcoholic patientsd) Patients with suspected opioid abuse	C
<p>20. Strychnine causes convulsions by acting primarily on the:</p> <ul style="list-style-type: none">a) Cerebrumb) Brain stemc) Spinal cordd) Liver	C



<p>21. Which of the following is a manner of poisoning?</p> <ul style="list-style-type: none">a) Cumulativeb) Idiosyncraticc) Homicidald) Hypersensitivity	C
<p>22. The speed of absorption for a poison is fastest in which physical state?</p> <ul style="list-style-type: none">a) Gaseousb) Liquidc) Fine Powderd) Big Lumps	A
<p>23. A patient with depression of consciousness should immediately receive Dextrose to rule out:</p> <ul style="list-style-type: none">a) Opioid overdoseb) Thiamine deficiencyc) Hypoglycemiad) Seizures	C
<p>24. What is IDIOSYNCRASY?</p> <ul style="list-style-type: none">a) Reaching the effect of the large dose after multiple small doses.b) Small harmless doses of drugs produce severe symptomsc) Large dose of some poisons may not cause toxicity if previously given in repeated small doses.d) When person has unusual reaction to certain drug.e) Characteristic illness occurs on withdrawal of the drug,	D
<p>25. Mydriasis, tachycardia and urinary' retention manifestations represent a toxidrome of toxicity with:</p> <ul style="list-style-type: none">a) Tricyclic anti-depressantsb) Digoxinc) Salicylatesd) Carbamatese) Opiates	A



<p>26. The following poison produces FLUSHED SKIN:</p> <ul style="list-style-type: none">a) Lead.b) Cocaine.c) Atropine.d) Paracetamol.e) Opium.	C
<p>27. All of the following are true, EXCEPT:</p> <ul style="list-style-type: none">a) Fat helps absorption of phosphorus and arsenic.b) Excessive fluids delay absorption of poisoningc) Liquids are absorbed more rapidly than solids.d) Full stomach delays absorption of poisons.e) Children are more liable to poison effect.	A
<p>28. PULSE is rapid in case of:</p> <ul style="list-style-type: none">a) Atropine Poisoningb) Parathion Poisoningc) Acute digitalis poisoningd) mercury poisoning.Opium poisoning	A
<p>29. Which of the following poisons can be identified by smell:</p> <ul style="list-style-type: none">a) Benzodiazepinesb) Carbon monoxidec) Barbituratesd) Paracetamole) Methanol	E
<p>30. A high anion gap metabolic acidosis (MUD PILES) can be caused by all of the following EXCEPT:</p> <ul style="list-style-type: none">a) Methanolb) Salicylatesc) Irond) Acetaminophen (Paracetamol)	D



<p>31. Which acronym (BETA CHIP) helps remember radio-opaque substances visible on an abdominal X-ray?</p> <p>a) Barbiturates, Ethanol, Tricyclics, Acetaminophen, Chloral hydrate, Heroin, Iodides, Phenothiazines</p> <p>b) Barium, Enteric-coated tablets, Tricyclics, Antihistamines, Chloral hydrate, Heavy metals, Iodides, Phenothiazines</p> <p>c) Beta-blockers, Enteric-coated tablets, Theophylline, Aspirin, Cocaine, Heavy metals, Iron, Paracetamol</p> <p>d) Bismuth, Ethanol, Tricyclics, Antihistamines, Calcium, Heroin, Iodides, Potassium</p>	B
<p>32. The most important evidence for confirming a diagnosis of poisoning is:</p> <p>a) Clinical history</p> <p>b) Physical examination findings</p> <p>c) Chemical analysis</p> <p>d) Radiological findings</p>	C
<p>33. Which of the following would be most useful to measure in a case of suspected carbon monoxide poisoning?</p> <p>a) Blood Ethanol level</p> <p>b) Serum Iron level</p> <p>c) Carboxyhemoglobin level</p> <p>d) Urine Cannabis screen</p>	C
<p>34. A 25 years old comatose male patient presented to toxicology unit with muscle flaccidity, hypothermia, bradyapnea and constricted pupils. The most probable diagnosis is toxicity with:</p> <p>a) Neuroleptics</p> <p>b) Antihistamines</p> <p>c) Organophosphates</p> <p>d) Diacetyl morphine</p>	D
<p>35. A 20 years old female patient presented to toxicology unit with constricted pupils, vomiting, bradycardia, bronchorrhea. The most probable diagnosis is toxicity with:</p> <p>a) Aspirin</p> <p>b) Amphetamine</p> <p>c) Phenothiazine</p> <p>d) Antihistamine</p> <p>e) Organophosphates</p>	E



36. A patient presented with mydriasis, tachycardia, hypertension and moist skin represents:

- a) Cholinergic toxidromes
- b) Anticholinergic toxidromes
- c) Opioid toxidromes
- d) Sympathomimetics toxidromes
- e) Hypermetabolic toxidromes

D