

## Chapter 13

1. Paralysis of intestinal muscle contractions is called:
  - A) emesis.
  - B) ileus.
  - C) anorexia.
  - D) intestinal arrest.
  
2. Colic is pain caused by:
  - A) distention or contraction of hollow organs.
  - B) the hunger associated with anorexia.
  - C) high temperatures in infants.
  - D) rough abdominal palpation.
  
3. Pain felt at a location other than its origin is:
  - A) transferred pain.
  - B) transposed pain.
  - C) remote pain.
  - D) referred pain.
  
4. Shock may occur with an acute abdomen because:
  - A) acute abdomen causes internal hemorrhage.
  - B) fluid shifts from the bloodstream into body tissues.
  - C) abdominal distention impairs the heart's ability to pump.
  - D) severe pain causes neurogenic shock.
  
5. Which of the following is NOT a characteristic sign or symptom of acute abdomen?
  - A) pain
  - B) tenderness
  - C) rapid deep breathing
  - D) abdominal distention
  
6. A ruptured ectopic pregnancy:
  - A) occurs in the last trimester.
  - B) usually presents with mild mid-menstrual-cycle back pain.
  - C) is retroperitoneal and therefore does not cause acute abdomen.
  - D) is a life-threatening emergency.

7. Nothing may be given by mouth to a patient with an acute abdomen because:
- A) digestive sounds prevent accurate auscultation.
  - B) food in the stomach prevents a patient from accurately describing the location of abdominal pain.
  - C) the presence of food in the stomach will make an emergency surgery more dangerous.
  - D) it will create referred pain and obscure the diagnosis.
8. Pain from a ruptured aortic aneurysm:
- A) is generally mild and diffuse in nature.
  - B) may be severe because of strangulation of the hernia.
  - C) may be severe because of separation of the peritoneum from the abdominal wall.
  - D) is generally relieved by high-flow oxygen and placing the patient in a position of comfort.
9. The parietal peritoneum lines the:
- A) surface of the abdominal organs.
  - B) walls of the abdominal cavity.
  - C) retroperitoneal space.
  - D) lungs and chest cavity.
10. Tensing of abdominal muscles with an acute abdomen is known as:
- A) protection.
  - B) referral.
  - C) guarding.
  - D) peritonitis.
11. Which of the following organs is retroperitoneal?
- A) liver
  - B) spleen
  - C) kidney
  - D) pancreas
12. Which of the following best describes what happens with an acute abdomen?
- A) Peritonitis causes ileus and abdominal distention.
  - B) Peritonitis causes ileus and diverticulitis.
  - C) Ileus causes peritonitis and cholecystitis.
  - D) Ileus causes peritonitis and guarding.

13. Which of the following is NOT a step in treating a patient with an acute abdomen?
- A) Anticipate vomiting.
  - B) Administer analgesic.
  - C) Anticipate shock.
  - D) Give oxygen.
14. Which of the following is NOT a condition associated with acute abdomen?
- A) emesis
  - B) anorexia
  - C) bulimia
  - D) guarding
15. The visceral peritoneum:
- A) covers the surface of the abdominal organs.
  - B) lines the abdominal cavity.
  - C) surrounds the lungs in the chest.
  - D) covers the surface of the brain.
16. A 35-year-old mildly obese woman is complaining of localized pain in the right upper quadrant with referred pain to the right shoulder. The probable cause of her abdominal pain would be:
- A) a kidney infection.
  - B) appendicitis.
  - C) cholecystitis.
  - D) pelvic inflammatory disease.
17. A 20-year-old male patient is complaining of a mass protruding in his groin. It is painful at the site, and the surrounding skin is bluish. You would suspect a serious problem of:
- A) strangulated hernia.
  - B) hernia peritonea.
  - C) congenital hernia.
  - D) herniation syndrome.
18. Oral glucose works in the body by:
- A) decreasing blood glucose levels.
  - B) decreasing insulin production.
  - C) increasing blood glucose levels.
  - D) increasing insulin production.

19. You should give oral glucose to patients who are known diabetics and:
- A) are found unconscious.
  - B) are complaining of chest pain.
  - C) have high blood pressure.
  - D) have an altered level of consciousness.
20. Oral glucose comes in what form?
- A) gel
  - B) patch
  - C) spray
  - D) powder
21. Oral glucose should not be given to diabetic patients who:
- A) are found unconscious.
  - B) have low blood pressure.
  - C) are complaining of abdominal pain.
  - D) have been drinking alcoholic beverages.
22. If not given correctly, oral glucose may:
- A) be aspirated.
  - B) cause diarrhea.
  - C) bring on chest pain.
  - D) cause the pupils to dilate.
23. You find a 19-year-old man who tells you he "just doesn't feel right." His insulin and a syringe are on a table. The patient says he thinks he took his insulin but can't remember whether he ate. He is also unable to tell you the time or what day it is. What treatment does he need?
- A) Administration of oral glucose.
  - B) Testing for a gag reflex.
  - C) No care is required. Just encourage him to eat.
  - D) An insulin injection.
24. A man tells you that he can't awaken his wife, who you find lying on a bench in the lodge. He explains that she takes pills for diabetes. You find the patient to be unresponsive to painful stimulus. Your first action should be to:
- A) administer oral glucose.
  - B) start chest compressions.
  - C) open and maintain her airway.
  - D) assess sensory and motor function in her toes.

25. You are giving oral glucose to a patient with diabetes when the patient suddenly has a seizure. What should you do for this patient?
- A) Maintain the airway.
  - B) Assess ability to swallow.
  - C) Place in a prone position.
  - D) Continue giving glucose to increase the blood glucose level.
26. Diabetic patients with an altered level of consciousness are in need of prompt care because:
- A) hypertension can lead to unconsciousness.
  - B) hypoglycemia can lead to unconsciousness.
  - C) insulin overdose can lead to heat exhaustion.
  - D) cold skin temperatures can lead to hypothermia.
27. Oral glucose is given to patients by placing it:
- A) in a glass of juice.
  - B) behind the oropharynx.
  - C) underneath the tongue.
  - D) between the cheek and gum.
28. Before giving oral glucose, you must make sure the patient is:
- A) seizing.
  - B) not in kidney failure.
  - C) unconscious.
  - D) able to swallow.
29. A known diabetic patient is found on the floor of the day lodge. His speech is slurred, and he is unable to tell you his name. His wife states that she hasn't been able to get him to eat much for several days. What treatment should he receive?
- A) Administration of oral glucose.
  - B) Insertion of an oropharyngeal airway.
  - C) A glass of juice.
  - D) An insulin injection.
30. Children with diabetes who overexert themselves are prone to:
- A) rapid drops in their ability to sweat.
  - B) rapid drops in their blood glucose levels.
  - C) rapid increases in their blood pressure.
  - D) rapid increases in their blood glucose levels.

31. Diabetic patients can have a sudden change in their level of consciousness when they:
- A) take their insulin but skip a meal.
  - B) take their insulin but eat an extra meal.
  - C) forget to take their insulin and skip a meal.
  - D) forget to complete their daily exercise routine.
32. Patients with diabetes may have a seizure because of a change in the level of:
- A) stress in their life.
  - B) glucose in their blood.
  - C) water in their body.
  - D) blood in their body.
33. Oral glucose should be given to patients who have an altered level of consciousness and:
- A) a history of fatigue.
  - B) a history of diabetes.
  - C) a history of cardiac disease.
  - D) who are unable to swallow.
34. What are the side effects of oral glucose?
- A) increase in appetite
  - B) increase in amount of body fluid
  - C) decrease in the ability to walk
  - D) none, if medication is given correctly
35. What are the classic signs and symptoms of hypoglycemia?
- A) warm, dry skin; hunger; abdominal pain; deep, rapid respirations
  - B) warm, dry skin; irritability; bradycardia (slow heartbeat); rapid respirations
  - C) pale, clammy skin; bradycardia (slow heartbeat); hunger; deep, rapid respirations
  - D) pale, clammy skin; abnormal behavior; tachycardia (rapid heartbeat); rapid respirations
36. A change in the level of consciousness in a diabetic patient is usually due to:
- A) dehydration.
  - B) nausea and vomiting.
  - C) a lack of glucose in the blood.
  - D) a lack of electrolytes in the blood.

37. What is a common trade name for oral glucose?
- A) Diabenase
  - B) Micronase
  - C) Glucagon
  - D) Insta-glucose
38. The first step in treating a patient found unconscious with a Medic Alert tag for diabetes is to:
- A) verify that the airway is open.
  - B) give insulin.
  - C) attempt to awaken the patient.
  - D) give smelling salts.
39. As you obtain a patient history from a known diabetic, what would be an important question to ask?
- A) Do you smoke?
  - B) How much do you weigh?
  - C) Have you seen your doctor lately?
  - D) Do you take insulin for your diabetes?
40. Which of the following would be an important question to ask as you obtain a patient history from a known diabetic?
- A) Have you had any alcohol today?
  - B) How many meals do you eat a day?
  - C) Did you eat today and if so, when?
  - D) Do you have problems with your vision?
41. As you obtain a patient history from a known diabetic, what would be another important question to ask?
- A) Are you feeling well today?
  - B) How long have you been a diabetic?
  - C) What is your normal blood glucose level?
  - D) If you are taking insulin, did you take it today?
42. Your patient is a known diabetic who is not feeling well. You are unsure whether there is too much or too little glucose in the bloodstream. You should give the patient:
- A) water or milk.
  - B) oxygen only and transport.
  - C) nothing without knowing for sure.
  - D) oral glucose, in case there are low levels of glucose in the bloodstream.

43. The function of insulin is to:
- A) carry glucose to the cells.
  - B) allow glucose to enter the cells.
  - C) nourish brain cells.
  - D) allow the kidneys to pass glucose.
44. A patient who is experiencing a diabetic emergency will most likely have:
- A) hot, dry skin.
  - B) a fruity breath odor.
  - C) a slow pulse.
  - D) hypertension.
45. Assessment of a patient with hypoglycemia is likely to reveal:
- A) hypertension.
  - B) hyperactivity.
  - C) irritability.
  - D) bradycardia.
46. Diabetes is best described as a:
- A) disorder of glucose metabolism.
  - B) lack of insulin production by the pancreas.
  - C) lack of glucose in the body.
  - D) kidney disease characterized by glucose in the urine.
47. Type I diabetes:
- A) appears more common later in life.
  - B) is identified by a complete lack of insulin production.
  - C) can frequently be controlled by diet and exercise.
  - D) requires oral medications to regulate blood glucose values.
48. Type II diabetes:
- A) strikes children of younger ages.
  - B) requires insulin injections to control blood glucose values.
  - C) can usually be controlled by diet and oral medications.
  - D) indicates patients are not able to produce insulin.

49. Classic symptoms of uncontrolled or undiagnosed diabetes include all of the following EXCEPT:
- A) polydipsia.
  - B) polyuria.
  - C) polyphagia.
  - D) polyemesis.
50. Normal blood glucose levels, as measured by a glucometer, are
- A) 40–80 mg/dL
  - B) 80–120 mg/dL
  - C) 120–200 mg/dL
  - D) 200–350 mg/dL
51. A 28-year-old female patient, recently diagnosed with type I diabetes, is only responsive to voice on your arrival at the lodge. Her roommate states she has had difficulty controlling her blood glucose levels and has gotten progressively worse the last 24 to 36 hours. Considering only the onset of her symptoms, you would suspect this patient to be:
- A) in insulin shock.
  - B) ill for another reason.
  - C) in the normal range of blood glucose levels.
  - D) approaching diabetic coma.
52. You respond to a gift shop for an elderly patient who is confused. His wife tells you he has type II diabetes but refuses to take his pills. Your initial treatment for this patient would be to:
- A) monitor vital signs and transport immediately.
  - B) confirm the patient can swallow without difficulty and give oral glucose.
  - C) complete a detailed exam inspecting for nonhealing wounds.
  - D) insist he take twice the dose of his oral hypoglycemic medication now.
53. The production of dangerous ketones is caused by:
- A) acidosis when glucose levels are critically low.
  - B) insulin allowing too much glucose into the cell too quickly.
  - C) metabolizing fats when glucose is unavailable.
  - D) low blood glucose levels releasing acids into the blood.

54. Which of the following symptoms is NOT an indication of an allergic reaction?
- A) hoarseness
  - B) high blood pressure
  - C) itching or burning of the skin
  - D) swelling of the face and tongue
55. The usual skin reactions to an allergen include:
- A) urticaria.
  - B) atrophy.
  - C) coldness.
  - D) diaphoresis.
56. The general signs and symptoms of an allergic reaction include:
- A) dry eyes, cool skin, dyspnea, and a runny nose.
  - B) dry eyes, a sense of impending doom, decreased heart rate, and itching.
  - C) watery eyes, cool skin, decreased heart rate, and a runny nose.
  - D) watery eyes, a sense of impending doom, headache, and a runny nose.
57. A patient is experiencing itching, with tearing and swelling around the eyes after exposure to a sensitive substance. What should you do for this patient?
- A) Administer epinephrine immediately.
  - B) Tell the patient to see the family physician.
  - C) Administer oxygen while completing an initial assessment.
  - D) Have a family member transport the patient to the emergency department by private car.
58. You are performing your initial assessment on a 38-year-old woman with an allergic reaction. She states that she has a mild headache, trouble breathing, and a sense of impending doom. The first treatment you should give her is:
- A) oxygen.
  - B) aspirin.
  - C) albuterol.
  - D) activated charcoal.
59. Which of the following drugs can you help to give if the patient has a prescription and you have consent from your medical director (advisor)?
- A) cocaine
  - B) codeine
  - C) morphine
  - D) epinephrine

60. A person with a severe allergic reaction will commonly have swelling of the face, neck, hands, feet, and:
- A) legs.
  - B) ears.
  - C) tongue.
  - D) abdomen.
61. Which of the following signs indicates a possible upper airway involvement?
- A) stridor
  - B) urticaria
  - C) watery eyes
  - D) uneven pupils
62. An allergic reaction that happens soon after exposure to a substance is most likely caused by:
- A) mutations of white blood cells.
  - B) abnormal red blood cell production.
  - C) the body having an immune response to that substance.
  - D) an under-reaction of the immune system.
63. Which of the following is the main chemical released into the body during an allergic reaction?
- A) histamine
  - B) epinephrine
  - C) beta-carotene
  - D) antihistamine
64. Which of the following words is defined as "an extreme allergic reaction"?
- A) protein
  - B) antigen
  - C) antibodies
  - D) anaphylaxis
65. Which of the following actions does epinephrine cause when administered for an allergic reaction?
- A) dilates blood vessels and dilates bronchi
  - B) dilates blood vessels and constricts bronchi
  - C) constricts blood vessels and dilates bronchi
  - D) constricts blood vessels and constricts bronchi

66. When using an auto-injector to administer epinephrine, the primary injection site is the:
- A) abdomen.
  - B) upper arm.
  - C) lateral portion of the thigh.
  - D) medial portion of the thigh.
67. Which of the following is the normal adult dosage of epinephrine in milligrams?
- A) 0.1
  - B) 0.15
  - C) 0.2
  - D) 0.3
68. Which of the following is the normal child dosage of epinephrine in milligrams?
- A) 0.1
  - B) 0.15
  - C) 0.2
  - D) 0.3
69. Stridor is a sound produced by:
- A) an enlargement of the tongue and gums.
  - B) air movement through the small nasal passages.
  - C) a narrowing or constriction of the lower airway caused by swelling or a foreign object.
  - D) a narrowing or constriction of the upper airway caused by swelling or a foreign object.
70. Which of the following is NOT a symptom of anaphylaxis (allergic reaction)?
- A) hives
  - B) hypertension
  - C) burning, itching skin
  - D) swelling of the lips and tongue
71. Which of the following is NOT a sign or symptom of a pit viper snakebite?
- A) paralysis
  - B) burning pain
  - C) one or two puncture wounds
  - D) swelling and bluish discoloration

72. Which of the following is NOT a sign or symptom of a coral snake bite?
- A) blurred vision
  - B) slurred speech
  - C) bluish discoloration and burning pain
  - D) small bite pattern with scratch like wounds
73. The stinger from a honeybee sting should be:
- A) scraped off.
  - B) swabbed with alcohol.
  - C) squeezed and pulled out.
  - D) covered with meat tenderizer.
74. Which of the following snake or insect bites is NOT cytotoxic (poisonous to local tissues)?
- A) black widow spider
  - B) brown recluse spider
  - C) copperhead snake
  - D) cottonmouth water moccasin snake
75. Which of the following snakes is NOT considered a pit viper?
- A) rattlesnake
  - B) coral snake
  - C) copperhead snake
  - D) cottonmouth water moccasin snake
76. People die of bee stings because of:
- A) aneurysm.
  - B) thrombosis.
  - C) hypovolemia.
  - D) hypersensitivity.
77. A patient experiencing an allergic reaction has multiple small raised areas of skin that itch. This is called:
- A) urticaria.
  - B) wheals.
  - C) allergens.
  - D) ecchymosis.

78. Which of the following insects is unable to sting multiple times?
- A) wasps
  - B) yellow jackets
  - C) honey bees
  - D) hornets
79. When documenting signs and symptoms related to bites and stings, a single, well-defined, white elevation of the skin is properly called a:
- A) hive.
  - B) wheal.
  - C) urticaria.
  - D) rash.
80. Immediately after administering an epinephrine injection you should:
- A) record the time and dose given.
  - B) place the syringe in a sharps container.
  - C) obtain another set of vital signs.
  - D) advise medical control the medication was given.
81. When helping a patient administer an epinephrine auto-injector, it is important to push the injector firmly against the thigh for how long until it activates?
- A) 3 to 5 seconds.
  - B) 5 to 10 seconds.
  - C) 10 to 20 seconds.
  - D) until it no longer hurts.
82. A 10-year-old patient was bitten by an insect and is now experiencing dizziness, nausea, vomiting, and a rash. You suspect she was bitten by a:
- A) brown recluse spider.
  - B) hobo spider.
  - C) black widow spider.
  - D) fire ant.
83. A 54-year-old woman was recently cleaning a closet when a bug bit her. Several hours later she describes a swollen, tender area on her hand that appears pale. You suspect she was bitten by a:
- A) brown recluse spider.
  - B) black widow spider.
  - C) red ant.
  - D) yellow jacket.

84. A 6-year-old child was bitten by a black widow spider. Priority care should focus on:
- A) monitoring vital signs.
  - B) relieving muscle cramps.
  - C) evaluating for breathing difficulty.
  - D) stabilization of the affected extremity.
85. Venom from a poisonous scorpion produces a systemic reaction of:
- A) circulatory collapse.
  - B) respiratory distress.
  - C) dizziness and confusion.
  - D) urticaria and rash.
86. Removal of a tick should be accomplished by:
- A) covering it with Vaseline.
  - B) suffocating it with gasoline.
  - C) burning it with a lighted match.
  - D) gently pulling on the body with tweezers.
87. Treatment for coelenterate stings include:
- A) washing the area with soap and fresh water.
  - B) scrubbing the tentacles off with a sponge.
  - C) applying generous amounts of alcohol.
  - D) soaking the affected part in cold water for 30 minutes.
88. Activated charcoal should be given to patients who have come in contact with a poisonous substance through:
- A) injection.
  - B) ingestion.
  - C) inhalation.
  - D) absorption.
89. You should give a patient activated charcoal if a medical history includes ingesting a poison and:
- A) chest pain and coughing.
  - B) an altered level of consciousness.
  - C) if local protocol allows.
  - D) medical control has directed administration.

90. A 4-year-old patient is brought into the aid room by his mother. She explains that she found him next to an empty bottle of toilet bowl cleaner in the restroom, and she thinks he drank it. You should first:
- A) contact your local poison control center and monitor the child for breathing difficulties.
  - B) get the mother to help you get the patient to drink a glass of milk.
  - C) give water continuously to the patient while waiting for transport to a medical facility.
  - D) give syrup of ipecac and then give oxygen.
91. A woman who had an alkaline chemical splashed in her eye states her eye feels as though it is burning. You also note excessive tearing from the injured eye. Your care should include:
- A) patching the injured eye with a dry, sterile dressing.
  - B) irrigating the eye with water for at least 5 minutes.
  - C) irrigating the eye with water for at least 15 to 20 minutes.
  - D) irrigating the eye with a neutralizing agent to decrease the burn.
92. Activated charcoal is given to absorb certain:
- A) inhaled poisons.
  - B) injected poisons.
  - C) absorbed poisons.
  - D) ingested poisons.
93. A patient who has taken a CNS depressant and has an altered level of consciousness should be continuously reassessed because you must:
- A) maintain the airway due to the possibility of vomiting.
  - B) give activated charcoal once the patient is completely unresponsive.
  - C) ask about the exact substance taken once the patient regains consciousness.
  - D) turn the patient over to law enforcement once the patient regains consciousness.
94. A worker at the resort swimming pool is complaining of being dizzy and states, "I can't catch my breath." Coworkers tell you that they found him in the chemical supply room. On the basis of this history, you suspect:
- A) toxic inhalation.
  - B) toxic absorption.
  - C) toxic overdose by ingestion.
  - D) poisoning by ingestion.

95. When treating a patient for toxic inhalation, you should:
- A) consult medical control before you give activated charcoal.
  - B) consult medical control for direction to give syrup of ipecac.
  - C) give the patient large glasses of water to dilute the poison.
  - D) give supplemental oxygen by nonrebreathing mask.
96. You are called to the resort's maintenance shop. The patient is a worker whose arms are covered from the elbows down with a powdery substance that he says is a potent pesticide. He tells you that his arms became red and extremely painful even after he brushed off most of the pesticide. Your next action should be to:
- A) brush off the remaining powder and irrigate both of his arms.
  - B) brush off the remaining powder and apply a dry, sterile dressing.
  - C) apply ice packs to the affected areas and prepare for transport.
  - D) apply a neutralizing agent and splint his arms in a position of comfort.
97. What is a common trade name for activated charcoal?
- A) Actidose
  - B) InstaCoal
  - C) syrup of ipecac
  - D) activated ipecac
98. A patient who has overdosed by swallowing too much of a medication should be given:
- A) syrup of ipecac to induce vomiting.
  - B) a glass of milk to coat the stomach.
  - C) an antidote to neutralize the medication.
  - D) activated charcoal to absorb the medication.
99. Emergency medical care for a patient who has inhaled a poisonous substance should include:
- A) giving supplemental oxygen.
  - B) giving activated charcoal.
  - C) diluting with water and rapid transport.
  - D) inducing vomiting with syrup of ipecac.
100. Activated charcoal is given to patients to:
- A) induce vomiting.
  - B) decrease seizure activity.
  - C) decrease absorption of poisons into the lungs.
  - D) prevent absorption of poisons into the body.

101. Approximately 80% of all poisonings are by:
- A) mouth.
  - B) inhalation.
  - C) injection.
  - D) surface contact.
102. You are obtaining a history from an adult who has possibly taken an unknown substance orally. Which of the following is NOT relevant to your history taking or the patient's condition?
- A) How much was taken?
  - B) How long ago was it taken?
  - C) What type of substance was taken?
  - D) Has the patient ever taken this before?
103. Treatment for injected poisons include:
- A) dilute with oral fluids.
  - B) monitor airway, breathing, and circulation.
  - C) place a constricting band proximal to the injection site.
  - D) a lengthy evaluation of the patient on scene for available history.
104. When removing a contact poison from the eyes it is important to do all of the following EXCEPT:
- A) irrigate from the bridge of the nose out.
  - B) gently open the eyelids to flush the surface of the eyes.
  - C) administer a neutralizing agent.
  - D) flood the affected area for a minimum of 10 to 20 minutes.
105. A person who routinely misuses a substance and requires more to achieve the same result best describes:
- A) addiction.
  - B) tolerance.
  - C) withdrawal.
  - D) substance abuse.
106. The most commonly abused drug in the United States is:
- A) alcohol.
  - B) opioids.
  - C) anticholinergic agents.
  - D) marijuana.

107. Delirium tremens is a syndrome related to withdrawal from:
- A) alcohol.
  - B) opioids.
  - C) sedatives.
  - D) hypnotics.
108. You are called to a hotel room for an unresponsive patient found fully clothed in a bathtub of cold water. The patient is in respiratory arrest with pinpoint pupils. On the basis of these findings you suspect the patient has overdosed on:
- A) heroin.
  - B) alcohol.
  - C) diazepam.
  - D) jimson weed.
109. Abused inhalants are likely to produce what unique complication when compared to most other sedatives?
- A) respiratory compromise
  - B) drooling
  - C) cardiac arrest
  - D) seizures
110. Which of the following recreational drugs falls into the stimulant category?
- A) nutmeg
  - B) Ecstasy
  - C) LSD
  - D) phencyclidine
111. An overdose on acetaminophen is likely to produce:
- A) respiratory arrest.
  - B) kidney failure.
  - C) liver failure.
  - D) gastric ulcers.
112. Which of the following are hollow organs?
- A) stomach, pancreas, gallbladder
  - B) intestines, stomach, kidney
  - C) gallbladder, stomach, intestines
  - D) all of the above

113. Jaundice is caused by an abnormal accumulation of \_\_\_\_\_ in the blood.
- A) bilirubin
  - B) red blood cells
  - C) platelets
  - D) hepatitis
114. A substance that damages the body directly or through chemical actions that interfere with normal metabolic processes is called a(n):
- A) drug.
  - B) poison.
  - C) alkali.
  - D) antidote.
115. Substances that react violently when combined with water include:
- A) chlorine
  - B) ammonia
  - C) petroleum
  - D) sodium
116. The most severe form of toxin ingestion is:
- A) botulism.
  - B) *Staphylococcus*.
  - C) ptomaine poisoning.
  - D) *Salmonella*.
117. Which is NOT a cause of diarrhea?
- A) *Giardia lamblia*
  - B) contaminated food
  - C) peeled fruit in an underdeveloped country
  - D) *Cryptosporidium*

## Answer Key

1. B
2. A
3. D
4. B
5. C
6. D
7. C
8. C
9. B
10. C
11. C
12. A
13. B
14. C
15. A
16. C
17. A
18. C
19. D
20. A
21. A
22. A
23. A
24. C
25. A
26. B
27. D
28. D
29. A
30. B
31. A
32. B
33. B
34. D
35. D
36. C
37. D
38. A
39. D
40. C
41. D
42. D
43. B
44. B

45. C
46. A
47. B
48. C
49. D
50. B
51. D
52. B
53. C
54. B
55. A
56. D
57. C
58. A
59. D
60. C
61. A
62. C
63. A
64. D
65. C
66. C
67. D
68. B
69. D
70. B
71. A
72. C
73. A
74. A
75. B
76. D
77. A
78. C
79. B
80. B
81. B
82. C
83. A
84. C
85. A
86. D
87. C
88. B
89. C
90. A

- 91. C
- 92. D
- 93. A
- 94. A
- 95. D
- 96. A
- 97. A
- 98. D
- 99. A
- 100. D
- 101. A
- 102. D
- 103. B
- 104. C
- 105. B
- 106. A
- 107. A
- 108. A
- 109. D
- 110. B
- 111. C
- 112.

D115.

- 116. A
- 117. C

C  
A113.  
B114.