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United States Medical Licensing Step 3

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**QUESTION 1**

A 23-year-old male is brought by ambulance to the ER after being found in a house fire. He was in a closed room with a large amount of smoke and has sustained burns to his face, torso, arms, and legs. His pulse is 120, BP 110/55, and SpO₂ 92% on 2 L of oxygen by nasal cannula. Which of the following statements is true?

- A. The burns should be covered in cool, moist dressings.
- B. An inhalation injury is unlikely since he is able to oxygenate on minimal supplementation.
- C. Fluids should be limited to prevent pulmonary edema after his smoke inhalation.
- D. This patient meets criteria for transfer to a dedicated burn center.
- E. Depth of the burn does not affect the management.

Correct Answer: D Section: (none)

Explanation:

Like other trauma patients, the initial management of burn patients is crucial in improving survival and function. Inhalation injury should be suspected in anyone with a history of confinement in smoke, facial burns, singed eyebrows or nasal hairs, carbonaceous sputum, or carboxyhemoglobin levels greater than 10%. These patients sometimes look stable initially but soon develop airway edema. These patients should be placed on high-flow oxygen and observed closely. There should be a very low threshold for endotracheal intubation to protect the airway. Burn patients require large volume fluid resuscitation that should begin immediately. If patients develop pulmonary edema, they should be intubated. Fluid resuscitation should not be withheld to prevent intubation. Heat loss is also a major concern in burn patients who have lost their thermoprotective skin covering. They should be wrapped in warm, moist dressings. Depth of burn affects management in resuscitation efforts, as well as need for debridement or escharotomy, and should be evaluated in every patient. The American Burn Association recommends transfer to a burn center for patients with:

- Partial thickness and full thickness burns of >10% of total body surface area TBSA in patients with age 50 years old
- Partial or full thickness burns of >20% in patients of any other age
- Partial or full thickness burns involving face, hands, feet, genitalia, or perineum
- Full thickness burns of >5% TBSA in any age group
- Significant electrical or chemical burns
- Inhalation injury

QUESTION 2

A 65-year-old White female presents to the office for her annual gynecologic examination. She has been a patient of yours for many years. She also sees you on a routine basis for treatment of hypertension and hypothyroidism. Her last pap smear was 5 years ago and she has never had an abnormal pap smear. She had a mammogram 1 year ago that was normal. She does not perform self-breast examination. She is without complaint today.

Past medical 1. Hypertension for 15 years history: 2. Graves' disease, treated with radioactive iodine thyroid ablation at age 50 OB/GYN history: 1. Menarche at age 14

2.

Four term pregnancies with vaginal deliveries (at age 22, 25, 27, and 32)

3.



Total abdominal hysterectomy and bilateral salpingo oophorectomy (TAH/BSO) age 47 for fibroids

4.

On estrogen replacement therapy from age 47 to 55 Past surgical 1. Appendectomy at age 16 history:

2. TAH/BSO as noted above Medications: 1. Hydrochlorothiazide 25 mg daily

2.

Levothyroxine 0.1 mg daily

3.

Potassium chloride 20 meq daily Allergies: None Family history: Parents, siblings unknown as patient was adopted Children are alive and well without known chronic medical conditions Social history: Widowed for 5 years, has not been involved in a sexual relationship since the death of her husband; retired school teacher; college educated; does not smoke cigarettes, drink alcohol, or use drugs; walks 3045 min a day for exercise

Which of the following vaccinations would be routinely recommended for this patient?

A. hepatitis B vaccine

B. measles, mumps, rubella (MMR) if patient does not recall having the measles

C. pneumococcal conjugate vaccine (PCV-7)

D. pneumococcal polysaccharide vaccine (PPV-23)

E. hepatitis A vaccine

Correct Answer: D Section: (none)

Explanation: Explanations: Screening for osteoporosis in women 65 years old or older is a level B recommendation of the USPSTF, as detection and treatment of osteoporosis may reduce fracture risk. In women who have had a hysterectomy (with removal of the cervix) for reasons other than cervical cancer, pap smear screening of the vaginal cuff is not recommended and cytologic screening can be discontinued. Therapy with either estrogen alone (in women who do not have a uterus) or combined estrogen and progesterone (in women who have a uterus) in postmenopausal women is controversial. Based on findings of the Women's Health Initiative and other studies, the USPSTF gives a level D recommendation to the use of combined estrogen and progesterone therapy and level I recommendation for estrogen therapy alone for the prevention of chronic conditions. Screening for asymptomatic bacteruria in all populations other than pregnant women is given a level D recommendation. No benefit from the intervention has been found and overtreatment with antibiotics may produce harm. While mammography for breast cancer screening has been given a level B recommendation, both self-breast examination and clinical breast examination are level I recommendations, with insufficient evidence to show any benefit in morbidity or mortality.

According to the Centers for Disease Control, diseases of the heart make up the most common cause of death in women in this age group. Heart disease is responsible for approximately one-third of all deaths in women aged 65 and older. Malignant neoplasms make up the next largest cause of death, followed by cerebrovascular diseases and chronic lower respiratory diseases. PPV-23 is recommended for all adults over the age of 65 and at younger ages for individuals at high risk for pneumonia or complications of pneumonia. These include persons with diabetes mellitus, chronic obstructive pulmonary disease, coronary artery disease, and those who have had a splenectomy or are functionally asplenic. The PCV-7 is recommended for the routine vaccination of children. Hepatitis B vaccine is recommended universally for children and for adults who are at high risk for the disease based on profession or lifestyle. Hepatitis A vaccine is recommended for children who live in certain areas of the United States in which the disease is prevalent and



may be offered electively to persons traveling to endemic areas. The MMR vaccine is recommended to all children but is not indicated in adults. Rubella vaccination is recommended for women of childbearing age who may become pregnant and who do not have immunity to rubella, in an effort to reduce the risk of congenital rubella infection

QUESTION 3

A mother brings her 21/2-year-old daughter to your office for evaluation of frequent urination. The mother relates that the daughter seems to be urinating more frequently, up to 810 times in a day, over the past week. The girl complains of pain when she urinates, but the urine does not have any different odor to it. The mother says that the girl otherwise seems fine and still loves to take her bubble bath at night. The girl does not have a fever, weight loss, diarrhea, or vomiting.

What is the most appropriate next step in evaluating this girl?

- A. fingerstick blood sample for random serum glucose
- B. plain abdominal x-ray
- C. clean urine sample for urinalysis and urine culture
- D. vaginal examination for discharge and cultures
- E. synchronized serum and urine osmolality

Correct Answer: C Section: (none)

Explanation:

Polyuria in a prepubertal female may indicate the presence of a UTI. AUTI must be excluded as the first step. Polyuria may also indicate vulvovaginitis. Vulvovaginitis in a prepubertal female is usually irritation and hygiene related. The presence of dysuria with the polyuria would make the utility of checking fingerstick glucose, as a screening test for diabetes, low yield. The nightly use of bubble baths makes chemical urethritis the most likely cause of this girl's polyuria and dysuria. Diabetes mellitus would present typically with polyuria, polydipsia, weight loss, and decrease in energy. There would also be no dysuria unless there were a concomitant UTI. Diabetes insipidus is a very rare disease in childhood and would be unlikely in an otherwise healthy girl. The presence of a retained foreign body (typically toilet paper) is usually seen in conjunction with a vaginal odor and discharge as well.

QUESTION 4

A 50-year-old man comes to the emergency room (ER) with a history of vomiting of 3 days' duration. His past history reveals that for approximately 20 years he has been experiencing epigastric pain that lasts for 23 weeks during spring and autumn. He remembers getting relief from pain by taking milk and antacids. Physical examination showed a fullness in the epigastric area with visible peristalsis, absence of tenderness, and normal active bowel sounds. What is the most likely diagnosis?

Which of the following metabolic abnormalities are typically found in the above patient?

- A. decreased antidiuretic hormone
- B. hypercalcemia



- C. hypokalemia
- D. hyperchloremia
- E. decreased aldosterone secretion

Correct Answer: C Section: (none)

Explanation: In a patient who is known to have had symptoms of peptic ulcer disease for many years and presents with nausea and vomiting, one should consider gastric outlet obstruction. The obstruction can be the result of an exacerbation of the ulcer and subsequent edema or it can be secondary to scar tissue formation. These patients typically describe the sensation of epigastric fullness and demonstrate visible peristalsis going from left to right. A succussion splash may be audible. The history of periodicity and pain relief by taking antacids also favors a diagnosis of previous peptic ulcer disease. Patients with an umbilical hernia will have a mass in the region of the umbilicus. Patients with acute cholecystitis usually present with the sudden onset of pain, radiating to the back, with fever and chills. Volvulus of the sigmoid colon presents with constipation and abdominal distention but vomiting is a late feature. Small bowel obstruction would be associated with a history of colicky abdominal pain, nausea, and vomiting. Additionally, patients with small bowel obstruction usually have hyperactive highpitched bowel sounds on examination

QUESTION 5

A 21-year-old male presents to the ED after sustaining a gunshot wound to the neck. After evaluation, it is determined that he has C6 quadriplegia.

Which of the following activities will be limited by this injury?

- A. wrist extension
- B. elbow extension
- C. elbow flexion
- D. shoulder flexion
- E. raising his arms above his shoulders

Correct Answer: B Section: (none)

Explanation:

This patient should be able to perform any activity that requires innervation from C6 or above. The biceps and deltoid are innervated by C5, so he should be able to lift his arms above his head, have shoulder flexion, and elbow flexion. C6 innervates the extensor carpi radialis, so wrist extension should be preserved. The triceps rely on C7, so he would not be able to perform elbow extension.

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