

QUESTION

1. A patient with a long history of alcohol abuse is brought to the emergency department with a severe headache and vomiting. The patient is found to have a blood alcohol concentration of 0.25 g/dL. The patient's vital signs are stable, and there are no other significant findings on physical examination. The patient is diagnosed with alcohol withdrawal. Which of the following is the most appropriate initial management?

A. Intravenous lorazepam 2 mg

B. Intravenous phenytoin 15 mg/kg

C. Intravenous diazepam 10 mg

D. Intravenous valproic acid 15 mg/kg

E. Intravenous propofol 1 mg/kg

Option	Correct Answer	Explanation
A	Correct	Intravenous lorazepam is the most appropriate initial management for alcohol withdrawal. It is a benzodiazepine that effectively treats the symptoms of alcohol withdrawal, including tremor, tachycardia, and hypertension. The other options are not first-line treatments for alcohol withdrawal.
B	Incorrect	Intravenous phenytoin is used for the treatment of seizures, but it is not the first-line treatment for alcohol withdrawal. It is also associated with a risk of cardiac arrhythmias and other side effects.
C	Incorrect	Intravenous diazepam is a benzodiazepine, but it is not the most appropriate initial management for alcohol withdrawal. Lorazepam is preferred due to its shorter half-life and lower risk of respiratory depression.
D	Incorrect	Intravenous valproic acid is used for the treatment of seizures and bipolar disorder, but it is not the first-line treatment for alcohol withdrawal. It is also associated with a risk of liver toxicity and other side effects.
E	Incorrect	Intravenous propofol is used for sedation and anesthesia, but it is not the first-line treatment for alcohol withdrawal. It is also associated with a risk of respiratory depression and other side effects.

ANSWER: A

DISCUSSION: The patient is presenting with symptoms of alcohol withdrawal, including a severe headache and vomiting. The patient's blood alcohol concentration is 0.25 g/dL, which is significantly elevated. The patient's vital signs are stable, and there are no other significant findings on physical examination. The patient is diagnosed with alcohol withdrawal. The most appropriate initial management is intravenous lorazepam 2 mg.

QUESTION

2. A 65-year-old male patient with a long history of alcohol abuse is brought to the emergency department with a severe headache and vomiting. The patient is found to have a blood alcohol concentration of 0.25 g/dL. The patient's vital signs are stable, and there are no other significant findings on physical examination. The patient is diagnosed with alcohol withdrawal. Which of the following is the most appropriate initial management?

A. Intravenous lorazepam 2 mg

B. Intravenous phenytoin 15 mg/kg

C. Intravenous diazepam 10 mg

D. Intravenous valproic acid 15 mg/kg

E. Intravenous propofol 1 mg/kg

Option	Correct Answer	Explanation
A	Correct	Intravenous lorazepam is the most appropriate initial management for alcohol withdrawal. It is a benzodiazepine that effectively treats the symptoms of alcohol withdrawal, including tremor, tachycardia, and hypertension. The other options are not first-line treatments for alcohol withdrawal.
B	Incorrect	Intravenous phenytoin is used for the treatment of seizures, but it is not the first-line treatment for alcohol withdrawal. It is also associated with a risk of cardiac arrhythmias and other side effects.
C	Incorrect	Intravenous diazepam is a benzodiazepine, but it is not the most appropriate initial management for alcohol withdrawal. Lorazepam is preferred due to its shorter half-life and lower risk of respiratory depression.
D	Incorrect	Intravenous valproic acid is used for the treatment of seizures and bipolar disorder, but it is not the first-line treatment for alcohol withdrawal. It is also associated with a risk of liver toxicity and other side effects.
E	Incorrect	Intravenous propofol is used for sedation and anesthesia, but it is not the first-line treatment for alcohol withdrawal. It is also associated with a risk of respiratory depression and other side effects.

ANSWER: A

DISCUSSION: The patient is presenting with symptoms of alcohol withdrawal, including a severe headache and vomiting. The patient's blood alcohol concentration is 0.25 g/dL, which is significantly elevated. The patient's vital signs are stable, and there are no other significant findings on physical examination. The patient is diagnosed with alcohol withdrawal. The most appropriate initial management is intravenous lorazepam 2 mg.