Information for NAPLEX – May 2006 and forward

Please note – I began to shorten this up by combining questions or information that were about the same disease or drug on July 27, 2006. If you are trying to compare your file with one someone else got prior to that date, the numbers will not match up but all of the same information is present.

1. I want to say thanks a million times over to all who contributed to the information about NAPLEX. I opened my mailbox before the exam to find the pointers. I got through about 500 in a few short hours, and some of these actually showed up on my exam. So, a huge thanks to those who provided those last minute tips for me. I had lots of questions directly from the student question packet, probably over 50%.

2. The calculator was a nightmare to operate. Calculations were mostly easy for me (about 10-15% of questions) very little to no questions on CV, cancer, diabetes, depression, birth control, thyroid, Cushing's, CF. Overall my exam was clinical and hospital based it was not easy at all.

3. The review and the materials are right on target. I did Flynn’s review and the Comprehensive Pharmacy Review book and practice exams. Flynn’s review is more concise than the other and to be truthful the Comprehensive Pharmacy Review’s practice exams scared me. I thought the NAPLEX questions were right in line as far as difficulty with Flynn's practice exam and were easier than the practice exams that came with the Comprehensive Pharmacy Review. I, like other people, probably got 10-15 questions right just by looking at the comments section of the notebook, because they were word for word off previous exams. As far as the layout, I probably only had 20% math and probably 75% of the questions dealing with profiles, although the profile was not needed to answer some of the questions.

4. Probably 80% of the questions came straight from the questions submitted by the students and Flynn’s review test. You should personally research every student question because many of them are wrong or does not provide an answer.

5. Comments: can’t use keyboard for calculator. Have to click using mouse. I couldn’t type the numbers into my calculator; I had to click them – (From Flynn) Remember that you may have to push the NumLock key to turn the calculator pad on. I also had to dry erase cards and expo pens with an eraser, that wasn’t too bad.

6. No meq, mOsms for my version of the test. Recommend looking at previous questions due to high chance of seeing the same or similar questions/topics. APHA book is a good source to review.

7. For me, when I arrived early (for both MPJE and NAPLEX) they let me take the test early, I did not have to wait until the actual scheduled time - that is if they have a station available though. Also come early just in case something unexpected happens.

8. My test was very hospital oriented. There were a few drugs I’d never seen. This test is nothing about how much pharmacy you know – it is everything about how many random, useless facts you can memorize. There were several repeat questions based on the review material from Flynn.

9. I thought it was pretty hard, but I don’t know that studying a whole lot more would have helped any. I really don’t know how else I would have studied; pretty much Flynn’s notes and practice test was the most beneficial.

10. There was a whole lot of math, especially allegations. In the allegations, you would have to know meq of what you had to convert to a percent of what you needed or something like that. Always watch your units, and be really careful with that stupid calculator when you put in zeros or decimal points, be sure that they get entered.

11. Be sure to look at profiles before answering questions that may not necessarily require the profile to answer the question.

12. Review Flynn’s review handbook thoroughly before the exam. The APHA book is useful for general overview.

13. The Type K were by far the most difficult. There were a lot of patient profiles, but most of the time you didn’t really have to even look at the profile for the answer.

14. I had 10 questions on neonatology. All I can say is know the Essentials questions! I had about 35 or 40 of these questions. Definitely read Turner’s Classics (a lot are repeat questions). There were several questions (about 15-20) that showed up from the essential study tips. They yielded the most results and was extremely helpful.

15. Emend – several questions. Generic name: Aprepitant MOA: substrate P/neurokinin-1 receptor antagonist – an antinauseant for chemo induced nausea and vomiting; can combine with a
steroid or 5-HT-3 antagonist (Zofran)

16. A surprising amount of cystic fibrosis; know this disease state. It is an autosomal recessive disorder. If a sputum culture of somebody with Cystic Fibrosis is done what will most likely grow. A. H Influenza   B. Strep. Pneumo.   C. Pseudomonas – YES

17. Cystic fibrosis: what drug induce – this is probably a question about the use of pilocarpine to induce sweating when doing a sweat chlorides test as a diagnostic study to detect CF.

18. Cystic fibrosis: pt w/ CF needs dose decreased because of what? Decreased renal function so dose has to decreased; decreased liver function so dose has to be dec.; decreased hepatic circulation so dose has to be dec? I did not know cystic fibrosis affects other organs also. Thought it was just lung – also effects pancreas (reason patients take Ketraze, etc); intestinal problems include obstruction; can cause diabetes mellitus; cirrhosis, fatty liver and gall stones; genitourinary issues including male sterility; bone demineralization and growth retardation; digital clubbing of fingers (sign of low oxygen) and diminished fertility in females.

19. Pulmozyme MOA: to decrease viscosity

20. Pseudomonas aeruginosa occurs frequently. Tx of P. aeruginosa in cystic fibrosis. Pulmozyme for decreasing viscosity of sputum. Use nebulizer for administration.

21. There was a question about"Todd's disease," Todd being the patient's name."Todd's chronic illness was" it was definitely referring to the patients name as Todd. He had cystic fibrosis. Also, it asked what kind of a disease this was. A. Autosomal Dominant B. Autosomal Recessive – YES    C. Congenital Metabolic Defect

22. Cystic fibrosis patients need Pancrealipase.
23. Know autoimmune diseases:  (thyroiditis, Graves, SLE, RA)  Question was which was NOT one? I put Paget's Disease. Goodpasture's Syndrome is an autoimmune disease.

24. Prevention of RSV (respiratory syncytial virus infection): Synagis (palivizumab)...know generic name. What was the name of the drug given for RSV? When I looked it up on line it says no treatment is necessary other then treating the symptoms that the child presents with, such as acetaminophen and albuterol for fever and breathing.

25. Ten questions about RSV and ribivarin, how do you administer it (for RSV in children and infants use a VIRATEK small particle aerosol generator (SPAG-2) reconstitute with 300 ml of sterile water without preservatives) oral tablet is given with Intron A (interferon alpha-2b)for hepatitis C, etc.

26. Several calculations, Flynn’s course covers them. Know the pharmacy calculation set.

27. Know antidote to benzodiazepines – Romazicon (flumazenil), Lunesta overdose (Flumazenil) and Opioids – Narcan (naloxone)

28. Reverse respiratory depression from morphine – Naloxone; had a question asking what is the antidote for Avinza (know that it is long-acting morphine, an opiate) so the antidote is naloxone.

29. Vecuronium reversal with am fostine, naloxone, flumazenil; edrophonium is the correct answer (nerve paralysis)

30. DHE-45 (dihydroergotamine) – (they used the abbreviation) is used to treat migraines. Know dosage forms, side effects and MOA for migraine. What is ergotism? Includes diarrhea, ischemia, myalgias, paresthesias...can progress to gangrene – all ergots are vasoconstrictors. Wrong choices hypotension, blurry vision.

31. Benefit of Cerebyx (fosphenytoin) versus phenytoin – water solubility

32. Benzo's of choice in elderly pts: Ativan (lorazepam), Serax (oxazepam), & Restoril (temazepam); also Xanax

33. Interacti ons/side effects/basically everything. of gingko biloba. Know that Ginkgo Biloba is given to reduce intermittent claudication that reduces cholesterol levels; Adverse reactions of Ginkgo with Cournadin therapy, bleeding. Ginkgo would worsen subarachnoid hemorrhage. Patient on ginkgo which could cause: increased bleeding

34. Symptoms of Lyme Disease

35. Bacteria found in UTI; what to use to treat, watch pt allergies. Most likely bug for a UTI in a male with BPH... E.coli? a guy with prostate cancer and has UTI, most likely bug is E. coli. Question about treating UTI: answer was fluoroquinolone because of sulfa allergy in profile. Know that Septra or Cipro is given for UTI’s. Question about an azo drug aggravating a UTI. An azo drug usually means Pyridium.

36. Several HIV questions – know MOA of classes, how to take – with or without food. Probably 8-10 questions on HIV (which antivirals do you take WITHOUT food, treatment of (both DOC and alternates) PCP. Which vaccines do HIV patients need, etc. Which drug is a protease inhibitor?
Gave a list of drugs that were mostly NNRTI and NRTI. The answer was atazanavir (Reyataz) on mine. Flynn Note: HIVID (zalcitabine) will be removed from the market on Dec 31, 2006.

37. Patient case given for patient with HIV, being treated with Bactrim. Wanted to know what this medication also treated besides PCP: toxoplasmosis was correct choice. If CD4 count of patient above was 175, what prophylaxis meds could be D/C? Gave Bactrim as an option, several of his HIV medications (which could not be stopped), etc.

38. Again, patient above with HIV is being treated with Adefovir, what is it used for: Hep B because pt's profile showed he also had Hep B.

39. Had several HIV/AIDS questions, but nothing out the ordinary of what was stated would show up. (Counsel patient to take Crixivan on empty stomach, drink plenty of water to prevent nephrolithiasis, which one is a PI, Retrovir is available IV, etc).

40. K-type, which come in a suspension, choices were: Retrovir, Crixivan, and one other HIV med. Retrovir = Zidovudine = only HIV that is IV. which HIV meds need to be refrigerated? Norvir and keletra

41. Given a situation where a nurse is removing an IV line from an HIV positive patient and gets stuck with the needle. The test gives you a chart and you have to determine what her treatment should be. Essentially, just know that the exposure was through the skin and that she was exposed to blood (which is given in the question), look at the corresponding treatment beside this, and then ensure you select the correct option as your answer. SIMILAR QUESTION WITH MORE PATIENT INFO ... RN stuck herself with a needle while removing an IV line from a patient known to have HIV. Gives you a table on when to offer or not offer prophylaxis. She would be a candidate to offer prophylaxis, however she was already taking HIV medications - Not sure what to do or where they were going with this question. From Flynn – without seeing the table, I would say she WOULD NOT need prophylaxis is she is already responding well to therapy. Might check to see if labs indicate high (bad sign) or low (good sign) viral load.

42. Which HIV drugs do you take on empty stomach? Which with food?

43. Which vaccines not to give to an immunosuppressed pt? (No live virus vaccines – varicella, MMR) do not give HIV patient which vaccine? Tetanus toxoid would be OK.

44. Which class of HIV drugs may cause increased triglycerides? in pt with HIV

45. Prophylaxis for opportunistic infections with HIV. Covering for PCP also covers for what else? Toxoplasmosis. Mother admitted to ER gave birth to premature infant. What should the baby be tested for? Had to look in the notes to see the mother was an IV drug abuser; so test baby for HIV and hepatitis B.

46. Sunday start for birth control means what? Correct choice was Sunday after period starts. Another choice was Sunday after period ends.

47. What container does resorcinol/ASA/LCD need to be packaged in? Brown glass would be preferred. Resorcinol is light sensitive; LCD is COAL Tar.

48. LDL for someone with CAD and no other risks factor – less than 100 and down to 70 is preferred. Male pt had LDL 120, HDL 28 (no CAD, DM, or other risk equivalents), what advice do you give to him? Exercise to increase HDL. There was a profile question about how to lower LDL in a patient even farther if necessary. Pt was on Zetia 10, Zocor 20. I chose to increase Zocor. Choices were A. Should atorvastatin 10 be started. B. Increase the dose of Zetia C. Increase the dose of Zocor D. Add Tricor E.?

49. LDL goal for pt with Diabetes and all kinds of other diseases, 100, 120, 130, 140: I put 100

50. If a patient is on lithium it's alternative is? diazepam, fluoxetine, valproic acid, pemoline. Lithium can be substituted by DIVALPROIC ACID especially in manic state. Know Lithium toxicity.

51. Which drug can cause hyponatremia? carbamazepine, lithium, 3 others) – this is a listed side effect of carbamazepine and lithium causes HYPERnatrima.

52. Alternative to Lithium for treating ADHD with aggression: Valium, a SSRI drug, valproic acid

53. Which drug does not have immunomodulating effects? Prednisone, Cyclosporin, interferon alpha, infliximab, 5-FU (most likely correct since it is an antimetabolite).

54. What do you give someone w a K+ of 7.5 and EKG changes first? Kayexelate and Ca gluconate were listed I chose Calcium. What is the first electrolyte you use to stabilize hyperkalemia? Is Na right? NO, for hyperkalemia give calcium gluconate if patient has cardiac effects such as EKG changes. Ion to normalize in Hyperkalemia? Na – I would want to see this whole question and set of choices to verify this answer – Flynn

55. If a person has hyperkalemia and hypermagnesemia, what can you do? IV NA bicarbonate,
Calcium, Insulin, albuterol

Hyperkalemia in pt profile: know that Kaox late (sodium polystyrene sulfonate suspension; SPSS) is given for hyperkalemia and that it is only available in an enema or orally (both 15 grams in 60 ml of 70% sorbitol). I had to choose which dosage form or route of administration was incorrect and the answer was that giving it as IV was the incorrect one. NOTE: Regular Insulin can also be used to lower potassium levels.

Had a question with a profile that asked which drug would increase the risk of hyperkalemia if potassium supplement was added. Answer was Enalapril (any ACE inhibitor or ARB).

Know how to treat hyperkalemia and hypermagnesemia – for both, answer is calcium gluconate or calcium chloride for IV administration.

Digoxin toxicity is worsened by: hypomagnesemia, hypocalcemia, hyperkalemia

After 12 hours post MI what is not helpful? Clot bust er drugs

What will allopurinol potentiate toxicity? methotrexate, cytarabine, 5FU, 6-mercaptopurine – is correct because allopurinol blocks xanthine oxidase and xanthines are also purines.

All three drugs are for gout – Probenecid MOA and dosage form. Allopurinol MOA. Colchicine MOA and dosage forms (tablets of 0.5 and 0.6 mg and injection of 1 mg). Allopurinol MOA – inhibits xanthine oxidase and so reduces formation of uric acid from the metabolism of purine bases of DNA and RNA. Probenecid MOA – uricosuric agent, inhibits the renal reabsorption of uric acid from the urine into the blood.

I had a few meq probs to work as well as 1 prob where the millimoles of CaCl2 were given and you had to figure out how many meq of Cl the patient received.

Calculate mEq K+ received on a certain day from a profile; you must realize patient got both IV fluids containing KCl and PO KCl. My numbers came out to over 100 mEq (note: pt’s K+ level was 6.9). Several mEq to mg questions.

Math prob that you needed 80 meq of Na in a 1 liter bag. They told you that you had 2 stock solutions, one of NaCl and one of Na acetate. The 1 liter bag already contained 30meq of acetate. How many mL of NaCl injection (concentration of 4meq/mL) did you need to add to the bag to get 80 meq of Na. The answer was 12.5mL because you had to account for the 30meq of Na represented in 30meq of acetate that were added to the bag.

CALCULATIONS on – Creatinine clearance male and female; Absolute Neutrophil Count; Loading dose; Half life; Steady state calculations; Alligation; MEQ; Flow rate– (LOTS of them); TPN calories; Compounding questions; Calculate # mEq K from KCl

I had quite a few calculations, but all simple 1 or 2 step solutions. Ton of calculations – mostly mg to meq and figuring out the meq in certain % solutions. My test consisted of 75% pt profiles which most answers could be answered w/o looking. 25% math (TPN’s mEQ and flow rates)

Profile (patient with arrhythmia): 10mEq of KCl to infuse over 1 hr x 2 doses. What volume of D5W should the KCl be added? 50mL, 100mL, 500mL, 1000mL – (From hospital experience, I know that “K-runs” are in 100mL, so that was my guess) – I will agree that many hospitals use the 100 mL bags, but it is also available in 10 meq per 50 ml bags.

Had several calculations esp meq. and %conc. No e-value or mmol questions for me.

I had lots of calculations...roughly 30% of the test on mEq, TPN, and concentration questions

I got about 20 math problems out of 185. None were difficult and no mOsmol, mEq, or mmol. The test was a lot more difficult than I anticipated, but around 50% came from old test questions (the Essentials). And the ones I didn’t know I couldn’t have studied for anyway.

Know that there are 154 meq of Na in one liter of normal saline – saved me about 15 mins. No hard mmol/mEq/mOsm questions. One had to deal with the mEq of Cl in 0.9% NaCl a 1 Liter bag. In another, you only needed to add up the mEq the patient was given in one day. The potassium supplements and IV bag doses were already in mEq form.

I only had about 20 calculation problems. They were all pretty easy. Mostly alligation problems.

No Henderson-Hasselbach, No pH, pKa, No mOsm or logs. Had about 2 on TPN: (a) calculating how many calories dextrose gave in that bag (b) calculating how many mLs of NaCl to use from a vial given mEq

Had 1 or 2 on isotonicity using boric acid

Four or 5 question where given % conc in prescription (straight forward). Four or 5 question about drip rates (some were 5 or 6 steps).

Confusing mEq math question about a sodium citrate / trisodium citrate solution (51 was correct answer?)
2 or 3 mEq questions about none had any charges above +1.

2 or 3 calories from TPN questions (one had an unusual source of calories – must spot in profile [had to subtract the amount from 2000])

Only about 20 calculations – know what mM means to do a calculation (would be millimole); Most were mmol or mEq problems; Flynn’s tip of knowing 154 mEq Na/1L normal saline saved me time on 2 problems.

All my calc used alligation and converting mg to mEq and TPN stuff calories from protein, calories from dextrose calories per hour or per day or per bag of fluid.

I had LOTS of calculations. I had to calculate the carb calories for a baby formula based on what was given but same principle as any TPN.

I had one CrCl question, my patient was 250 lbs so I used IBW and Adj BW and couldn’t get my answer to match so I used the one closest to it and I got it wrong after the test was over I used actual BW and then I got the right answer.

No really hard math stuff like alligations or preparing a TPN. Just about 20 questions of mEq, mOsm, mM, drip rates in all kinds of formats (ml/hr, ml/min, drops/hr, etc). No CrCl questions or where I had to calculate it at all.

Don’t forget that the Intralipid 20% is 2 kcal/mL, not /grams. I got stuck on that questions in regards to how many calories a baby was getting. Had about 3 of those kinds of questions.

Know how to convert dL to L and vice versa. Answer had to be in dL but all the answers were the same amount of numbers ie. 25, 72, 103, 85. So I guess if you didn’t know how to convert just move the decimal appropriately when you got an answer.

I had one profile where the patient was receiving doxorubicin, 1 question concerned the cardiotoxicity of the drug, and another question was “What percentage of her lifetime dose has she recieved?” The patient’s BSA was given, but you had to calculate how many mg she had recieved in her 4 cycles, and you had to know that the lifetime dose max is 550mg/m2, because it was not given (I new the answer and the info, but still thought that was a crappy question).

I had a k-type question that concerned the different toxicities of methotrexate. Can Enbrel and methotrexate be taken together?

Lots of chemo, one question regarding which chemo drugs had to be stored in the refrig after reconstitution.

I had several questions on which antibiotic to choose in particular patients (watch the allergies!!).

I had 1 question where the patient had pneumonia and a blood culture of Pseudomanas and they asked you to pick the best regimen (3 of the answers didn’t make sense, one of the answers was Amp+Gent, and the other answer was Ceftazidime+Gent, which I chose the Ceftaz+Gent because of double treatment). You should be able to pick out duplicate therapies, not necessarily like 2 antihypertensives, but more like 2 drugs in the same class being given at the same time.

Know the dopaminergic dose of Dopamine.

I had roughly 8-10 questions on chemo drugs (know SE’s, Class (antimetabolite, etc).

Which drug is a protease inhibitor when given only brand names (it would have been easy if they would have given the generic names)

I had roughly 4 questions on vaccines, but most of them were the ones you went over or were in the comments section of the notebook.

I had 1 question concerning a patient who could not tolerate his Asacol for UC, what would you switch them to, but only one answer choice was a UC drug.

I had several questions about non-active ingredients, but for the most part they were the ones in the packet.

I had NO QUESTIONS concerning kinetics calculations, herbals, acne, diarrhea, constipation, pain management, BPH, or gout, but I’m sure others did.

I had the question about Wilson’s disease, but I can’t remember if the answer choice was Cuprimine or Penicillamine.

I also had several psych drugs and profiles, but they weren’t bad. You need to know what class the antipsychotics are (thiothixene, etc), what receptor they act on, the SRI’s, and the BZD’s, SE’s, etc.

I remember a series of questions on accolate.

I also got a multitude of questions on Inspira in which i was unfamiliar.

You need to know what drugs made upHyzaar and their classes.

Which one of the following is a preservative? Benzalkonium chloride (my answer)
105. Rapid infusion of Vancomycin causes: Red Man Syndrome
106. Pt allergic to sulfa cannot give: CELEBREX
107. Which needs to be refrigerated: PROMETHAZINE SUPP
108. Beta blockers mask symptoms of: HYPOGLYCEMIA
109. Non sedating OTC- LORATIDINE
110. Generic for GLUCOTROL
111. Medrol dose pack – take fewer tablets each day – Decremental dosing
112. Pt counseling on FOSAMAX
113. Pt taking PPI- what OTC drug can RPh recommend?
114. MOA of metformin
115. Drug interaction between Theophylline and Cimetidine
116. Antidote of heparin- Protamine Sulfate
117. Action of Pirazinamide with INH?
118. PICC line is: I chose central – correct
119. Pitocin induces labor
120. How do you package nitroprusside?
121. What patient cannot self-monitor? Glucose, potassium, HCG, Leutinizing hormone
122. About spirometry
123. Which comes with spacer? Albuterol, serevent, Qvar, Azmacort (correct)
124. Pt. with Clostridium difficile- to give: METRONIDAZOLE
125. Chem name of Mesalamine
126. Dosage forms of Lactulose
127. Rescue drug for asthma: Albuterol Inh
128. Dosage forms of Prevacid
129. Reference Books (got about 4 questions)
130. Biaxin susp: store at Room Temp
131. Clozaril- to monitor WBC
132. Which of the ff is long acting? RITALIN
133. Tx for enuresis: DETROL (my answer)
134. Black box warning: MELLARIL
135. Pain from shingles, what topicals do you recommend? Bacitracin, Silver Sulfadiazine, Capsaicin
136. Wellbutrin and Zyban- duplicate therapy
137. Drug color change due to: OXIDATION
138. Cardura side effect: Syncope (my answer but not sure)
139. Tx of RA: gold, NSAID, immunosuppressant
140. Hepatitis B: 3 doses (pls check – correct)
141. What vaccine can you recommend for asthmatic? FLU Vaccine
142. Ambien works on what receptor?
143. Calcium and Phosphorus precipitate in TPN
144. Migraine prophylaxis: INDERAL
145. Pt on cholestryamine: can substitute WELCHOL
146. Pt on Lovastatin: to monitor LFT
147. TNKase – side effect is cerebral bleeding
148. Accutane contraindicated in pregnant women
149. Sustained release morphine: ORAMORPH, KADIAN (k type Q- pls check all SR’s)
150. White petrolatum- oleaginous base
151. Pt taking Niacin- to give ASA 325mg to prevent flushing
152. QUESTION on half-life of Gentamycin, given the peak, through
153. Enbrel – how to administer?
154. Active ingredient of Lomotil?
155. Peridex is: CHLORHEXIDINE
156. Adverse drug effect of Metformin: LACTIC ACIDOSIS
157. Prinivil is: ACE Inhibitor
158. Z-pack dosing: like pt started the first dose on 11/25, when will be the last dose? 11/29; 11/30
11/28
159. What requires intensive therapeutic monitoring? Quinindex (my answer- not sure)
160. Elderly pt with osteoporosis, which med on profile is contraindicated? PREDNISONE – my answer
161. Max dose of Pravachol: 80 mg per day
162. Side effect of HALOPERIDOL
163. Cough and cold meds for hypertensive pt: guaifenesin, dextromethorphan, diphenhydramine- (K type Q)
164. Side effect of Accutane: yellowing of the skin (my answer but not sure)
165. Side effect of Loniten (oral minoxidil): HIRSUTISM
166. What is in Prev Pack
167. MOA of glucophage
168. Moexipril (Univasec) interactions
169. Humalog 15 min before breakfast
170. Know everything about Exosurf
171. Clozapril monitor WBC
172. Flu vaccine yearly
173. Hepatitis vaccine 0, 1, 5 month
174. Accolate: leukotriene modifier
175. Crixivan No food
176. Ofloxacin (floroquinolone)
177. Propecia and pregnant pharmacist
178. oral vaccines
179. lipid soluble vit: phytonadione
180. Ketorolac 5 days max
181. about 24 calculations most of them drip rate they were all easier than the ones in Mr. warren's notes
182. insulin 30 min before evening meals
183. Actagall MOA
184. anticoagulant monitor 1) INR 2) PTT 3) APTT 4) all
185. What was the generic name of Glucotrol: Glipizide
186. Diarrhea is the most common side effect of Glucophage (Metformin)
187. When taking Glucophage there is a risk of developing lactic acidosis
188. The question was: A patient has to take 24 units of regular insulin and 16 units of Lantus. You first had to know that regular insulin and Lantus cannot be mixed together. They have to be given in two separate shots. The second thing you needed to know was how many mls to draw up. You would have to draw up 0.24 mls of regular. You had to be careful because the choices were 0.024, 2.4, etc.
189. Mannitol is an osmotic diuretic that increases the osmotic pressure of glomerular filtrate
190. Thiazide diuretics cause hypokalemia. It gave you a list of drugs and you had to choose which one caused this in a patient.
191. Know the selective beta blockers that hit only beta-1. The question was the patient had disease states and they wanted you to pick a beta blocker to give them. You had to know which one was a selective one. Acebutolol (Sectral) was the drug I was given.
192. Ziac is bisoprolol and Hctz. They gave me Ziac and I had to choose the contents consisted of a beta-blocker and a thiazide diuretic. There were other choices like a loop diuretic, potassium-sparing, etc.
193. The patient had BPH and hypertension. The best choice for the patient was Terazosin (Hytrin).
194. A patient had some side effects consisting of a cough. The doctor wanted to put the patient on another drug. You had to look up at the patient profile to see that they were on an ACE Inhibitor and then choose from the list of drugs to put them on an ARB. Losartan (Cozaar) was my choice.
195. Fleet's is a saline laxative. (sodium phosphate)
196. Sotalol is an antiarrhythmic. Be careful because hypertensive was also on there.
197. Know all about Nitroglycerin. The Dosage Forms it comes in (I.V., Sublingual, Spray, Oral, Ointment, Transdermal). Remove the cotton from the bottle because it deactivates it. Topical ointments should be placed on the skin, not rubbed or massaged. Oral spray should never be shaken or inhaled. Once opened the pills are only good for 6 months. I don't know if some of these were my "test" questions because I had at least 5 questions on this.
198. Statins are to be taken at night before bed.
199. A patient was complaining of muscle aches and tenderness and you had to know that it is rhabdomyolysis and that a statin had caused it.
200. Know the water soluble vitamins. A, E, D, and K. K is phytonadione and that was my choice given.
201. What was the components of Aggrenox: Dipyridamole and Aspirin.
202. Dilantin (Phenytoin) causes nystagmus.
203. I think this was a trial question. What drug is used to treat Moderate to Severe Alzheimer's type. Aricept and Reminyl is used to treat mild to moderate. But there is a new drug out called Namenda that treats moderate to severe and that was the answer.
204. I had a question on hydroxyzine (vistaril) but I can't remember what it was.
205. What do you give for an H. Pylori infection. The choices were amphotericin B, Cipro, Clarithromycin, or Levaquin. The answer was Biaxin.
206. Amoxicillin + Clavulanate = Augmentin
207. Two questions on Vancomycin. One was a scenario with a patient flushing and had a red face. Do you decrease the dose of van, d/c van, change to another drug, or reduce the infusion rate. You reduce the infusion rate.
208. Another patient was having muscle spasms of the chest and neck and they wanted to know what this syndrome was called.
209. Famciclovir = Famvir is indicated for herpes zoster.
210. Know the antifungal class of antibiotics. They gave me choices and the answer was Mycostatin.
211. I had at least 10 questions on asthma.
212. Salmetrol (Serevent) is taken on a scheduled basis.
213. The patient was on Salmetrol and Albuterol. When he vigorously exercised he would have an asthma attack. They asked what you needed to do.
214. Fluticasone and Salmetrol is Advair. The answer was worded as a beta-2 agonist and a corticosteroid.
215. Accolate and Singular are therapeutic duplications.
216. Atrovent = Ipratropium is an acetylcholine antagonist. Know that it works on ACH.
217. An older patient was not getting good results with her inhaler. Know that a spacer device is given. My choice was an aerosol chamber.
218. Know the brand and generic of all beta-2 agonists and corticosteroids. Know the off the wall ones from years back. I missed these I think.
219. Loratadine (claritin) is the antihistamine that causes no sedation.
220. The patient was taking Protonix. They asked for an OTC equivalent. You had to know which one was prilosec (omeprazole). All the other choices were Proton Pump inhibitors given as Lansoprazole, Esomeprazole, Pantoprazole.
221. Know theophylline to aminophylline conversion. I had two questions on this.
222. Know how Hepatitis B is given. In three separate shots at 0, 1, and 6 months old.
223. Enbrel's dosing is 25 mg sub Q twice weekly.
224. Cyclosporine is in a microencapsulated capsule. It might have referred to it as Neoral or Sandimmune. I don't remember.
225. I had 5 or 6 on Triptans – a. They work on the serotonin receptor; b. Their main side effect is hypertension.
226. The patient was taking Amerge and they had a sudden spike in blood pressure. You had to choose which drug caused this.
227. Almotriptan (Axert) - You cannot take more than 2 pills in a 24 hour period.
228. Patient was on chemo meds. They wanted to know what to give for nausea and vomiting. Diphenhydramine, compazine, and Zofran were choices. The answer was Zofran, which was given as Ondansetron.
229. Know that Ketorolac is Toradol and Toradol is Accular that is available as an eye drop.
230. Miacalcin and Fosamax are therapeutic duplications.
231. Straterra is the drug prescribed for ADD that is not a controlled substance.
232. Know what foods to avoid in a patient that has ADD. I put to avoid sugar and caffeine products. This seemed like the only logical one. Some other choices were to decrease fiber, Increase calcium, etc.
233. A patient had polydipsia and they wanted to know what this was. It was increased thirst.
234. The patient had complained of a high heart rate and sweating along with a tremor. I looked at their lab values and they had a High T4 and Low TSH. I put they had hyperthyroidism and I treated them with Tapazole (Methimazole).
235. Pregnancy is confirmed by HCG, while ovulation is confirmed by LH.
236. Benzalkonium chloride is a preservative.
237. What is the vaccine that an elderly person should get with diabetes annually. There were two choices that could have been right. Influenza was the only one given annually though.
238. Two questions on creatinine clearance.
239. Calcium and Phosphate will precipitate together in an I.V. solution.
240. A lot of micrograms (ug) to milligrams (mg) and L to dL. Know the conversion chart backwards and forwards.
241. You had to do a lot of drops per minute.
242. Which drugs can be taken with antacids and which ones cannot. I believe I missed these. I had two.
243. Asked which hypertensive drug should the patient be on. Looked at profile and patient had diabetes. Automatically chose ace inhibitor.
244. Use USP DI/VOL II to counsel a patient
245. Trituration was the process of grinding a drug in mortar to reduce its particle size. The question stated that a pharmacist needed to make a lotion and had to use tablets. They wanted to know what process to use to get the tablets into the lotion.
246. Demerol (Meperidine) is used to treat rigors.
247. You cannot take Kaopectate while taking Digoxin. This was a drug interaction.
248. What drug to give in a patient with a non-ST segment MI. I did not know the answer. (See VII. at bottom of page 102 in Washington Manual.) The choices were between a beta blocker, CCB, diuretic, etc. Do NOT give thrombolytic agents to a non-ST segment elevated MI (NSTEMI) patient. Can use antiplatelet agents such as ASA and Ticlid with Plavix being preferred over Ticlid (no bone marrow issues). Anticoagulation with heparin is indicated. Nitroglycerin, Beta blockers, ACE inhibitors, and CCBs with the exception of short acting nifedipine products (long acting OK), diltiazem or verapamil.
249. What will make osteoporosis worse. The answer was prednisone because it can cause poor blood supply to the bone.
250. The patient was taking Axert or Imitrex and they were not getting relief. They wanted you to choose another drug to give. The answer was propranolol; I think.
251. Several Questions on Fosamax. Know this drug inside and out.
   a. Drink with a Full Glass of Water
   b. Sit up right for 30 minutes.
   c. Take the first thing in the morning 30 minutes before you eat or drink anything.
252. I had a question about generic name of Forteo (Teriparatide).
253. Given generic of Avandia and asked for brand. they had also included generic for Actos.
254. Viread and Kaletra which caused hyperglycemia and others aids also.
255. Given a trough and a peak asked for half life.
256. Asked to calc. CL. Those are the only kinetics I had.
257. I had some neonatology questions.
258. Erythromycin use in newborns – prevent gonorrhea infection of the eyes.
259. Metformin --MOAs
260. Benzamycin gel...
261. Prandin MOA
262. That talc susp question
263. Given name of a compound asked whether emulsifier, suspending agent, antioxidant etc – long name I have not seen before cannot remember.
264. Coumadin adj of dosage based on INR
265. Fiorinal dosage form.
266. TPN osmolarity question. That is the only TPN question I had.
267. Demerol and Vistaril – can give together? Separate? Call MD. I did not understand this question.
268. Cytoxan ADR Renal. Cystitis
269. Which AIDS drug need refrigeration?
270. Did not gave a lot Antibiotics questions but that of Enterrococus Faecalis came back I probably got it wrong.
271. I did not gave not one herb question Good or bad?
272. The crutches question – 2 inches.
273. The question about size of scrotum and ans being Swimmer’s device.
274. Zantac IV dose = 50 mg
275. Herb that affects GABA receptor?
276. Drugs that increases triglyceride?
277. Tx of recurrent otitis media
278. Untreated Chlamydia infection causes infertility?
279. Use of Bactroban
280. Tx and cause of diaper rash
281. Non medical tx of diaper rash- leave baby without diaper and expose to air as much as possible
282. Benefit of carvedilol over metoprolol
283. Drugs in Bee sting Kit- epi injection, apap, and diphenhydramine
284. OTC cough med without alcohol- delsyn
285. What herb increases blood sugar
286. MOA of loop diuretics
287. Miotic for glaucoma- timolol or pilocarpine, I put timolol (wrong, pilocarpine)
288. Use of propylene glycol- solvent
289. Dosage forms of zyvox and synercid
290. Know difference between different robitussins
291. Difference between strattera and concerta
292. Side effect of theophyllin (respirations, heart rate)
293. Where is current PCP tx available
294. Which book has FDA approved drugs
295. What is not used in prostate cancer (oorchietomy, LHRH agonist etc) – I put oorchietomy
296. Patient info on lantus
297. Meds that worsen GERD
298. Too much Mg stearate affects kd or Tmax and how – tablet breaks up too easily
299. Where does procain work (moa)
300. I almost finished my exam 2 hours before. I worked hard but your ques and math were the ones that got me 137.
301. I researched each and every que through books and internet,study logically and be able to ask why? for each que.
302. group study of people who match ur wavelength helps.
303. APHA book was my base [read it twice]. Tarascon is good for knowing dosage forms and max daily dosages [3 readings] and above all i spend enough time with Flynn's que.[about 5 days with almost 8-10 hrs input per day].
304. Aminoglycoside kinetics: Calculate gentamicin elimination rate given dose, infusion time, dosing interval, time pk drawn, pk, trough
305. Calculate a drug's half life given the k value. (must know the constant 0.693)
306. Type K- Which should not be refrigerated: Biaxin, Zithromax, Bactrim suspensions (all)
307. Calculate calories from TPN for carbs, fat, protein
308. Calculate grams nitrogen per kcal protein (given x number of grams N = x number g protein)
309. Calculate flow rates
310. What is dopamine used for at a dose of 10mcg/kg/min? renal perfusion
311. Dobutamine use: stimulate Beta 1 receptors
312. Drug indicated for subarachnoid hemorrhage: nimodipine (a CCB)
313. Know auxiliary labeling for Zolft (sertraline): do not drink alcohol, etc..
314. What are vaccination requirements for Hib vaccine: not needed for over 5 years of age, should not be given with other vaccines, ....should not be given if less than xxx age.
315. What is the name of the pneumococcal vaccine approved for children <2 years old: Prevnar?
316. What should be given if dopamine extravasates? Norepinephrine, phentolamine, diphenhydramine, lidocaine?
318. Patient allergy to penicillin, what should you give for sinusitis? Cefobid, amoxicillin, auginentin, bactrim, erythromycin
319. What vaccine is grown on eggs? (influenza not a choice): mumps, IPV, diphtheria pertussis, Hepatitis B
320. What to give a premature neonate with ARDS? Caffeine, theophylline, beractant
321. 2 questions requiring you to recognize that Feverfew can be used for migraines
322. Licorice may exacerbate hypertension.
323. Diabetic, hypertensive patient—what drug should be added to regimen: ACE inhibitor (choice was lisinopril)
324. Know generic for Dynacirc CR is nicardipine, a CCB
326. Erythromycin formulation for IV use? Lactobionate, stearate, ethylsuccinate,....
327. Know phenytoin can cause megaloblastic anemia (folic acid deficiency)
328. Given profile> phos level 15, why calcium 7.5? increased excretion of calcium (patient was also on a loop diuretic)
329. Why is Phos elevated? (from profile) patient use Fleet’s
330. What website would you go to find AB rated drug? FDA, CDC, others...
331. What is the function of Sorbitol when given with Kayexelate? Control diarrhea, decrease constipation, increase absorption? (note: the patient for this question had C.diff colitis i.e. “explosive diarrhea” so I was not sure what the answer was)
332. Doubling the dose of phenytoin will—more than double the steady state concentration
333. What would help [monitor?] asthma? Truzone, Inspirease, Exactech RSG, ..... 
334. Calculate aminophylline/theophylline doses
335. Given IV procainamide at x mg/hr, convert to SR PO dose, given F and salt factor. My numbers came out closest to 1000 mg q6h.
336. Type K: In order to compound pilocarpine eye drops, should use hood, pyrogen free containers, something else (I chose all three)
337. Which drug must be prepared in a vertical flow hood (no chemo drugs listed)? Ganciclovir, furosemide, IVIG, ....
338. Two statements given regarding study results: 1) pts on theophylline used avg. 4 puff/day albuterol 2) pts on singulair used avg 2 puffs/day albuterol  p=0.01 What does this mean? Singulair users used less puffs of bronchodilator per day than theo. (another choice was Singular users had better control of their asthma symptoms)
339. Best source to look in for ADRs of injectable drug? AHFS, Handbook on Inj. Drugs, IV admixtures...
340. Type K: Which are available via injection: Ranitidine, Promethazine, Zafirlukast?
341. Type K: Biaxin auxiliary labeling? Shake well, refrigerate, one other...
342. CF patients are colonized with Pseudomonas.
343. Pt receiving insulin R and NPH, know when to change which drug—pt had 3:00 am BS range of 40-60, so I decreased NPH bedtime dose.
344. Penicillamine in a 15 yo—most likely treating Wilson’s dz
345. Pt with insomnia, most likely caused by HS dosing of Zoloft
346. Drug most likely to cause tendon rupture? Cipro
347. MOM is a saline laxative or stimulant laxative?
348. % ionization question: the drug’s pka 9.4, what is % I at phys. pH.
349. Type K: drugs available OTC and RX? Diphenhydramine, meclizine, hydroxyzine
351. Sunday start for OCPs means begin Sunday after period begins
352. What is strength of albuterol is 0.5% mixed with 2.5 ml NS?
353. Pt presents 12 hours post chest pain—what drug is least helpful—tpa
354. Major side effect of tpa—cerebral bleeding
355. Ethanol blocks metabolism of methanol
356. Octreotide is sandostatin for diarrhea
357. Must make an eyedrop isotonic—given E value
358. Must use inline filter for paclitaxel
359. Type K: about Mebendazole treatment... one was must treat entire family to prevent reinfection
360. Type K: know counseling for bactroban treatment of impetigo (profile directions were use as directed)—apply BID, must use for at least 5 days,.....
361. What is most likely pathogen for impetigo? S.Aureus
362. Type K: cyclosporine is available as: Rapamune, Sandimune, Neoral
363. What do you give for methanol poisoning if ethanol not available? Fomepizole
364. What to give premenopausal woman for prevention of osteoporosis? Calcitonin, calcium with D,
365. What product is available as a liposomal conjugate? Ampho B
366. Type K: smoking cessation OTC available: patch, nasal spray, inhaler
367. 2 questions on Raynaud’s: person most likely has-- cold hands, what treat with-- CCB?
368. Fanconi Syndrome---renal tubule affected
369. Pt receiving itraconazole (Sporanox pulsepak) as directed—How should it be given?
370. Same pt on Sporanox most likely taking for what? (pt had “nail infection” in comments section of the profile): onychomycosis, cryptococcosis, aspergillosis
371. Nitroprusside is light sensitive
372. If a patient has metabolic acidosis, change TPN order to include sodium acetate
373. Generic for remicade: infliximab
374. Acute exacerbation of Crohn’s Dz: is it an ulcer or fistula??
375. For a drug to be active in Crohn’s Dz treatment it must be converted to 5-Aminosalicylic acid
376. Leukeran is an alkylating agent
377. Cyclophosphamide calculations question---the pharmacy receives an order for a certain strength, the pharmacy sends up a different strength, what should the flow rate be....(I guessed...)
378. What OTC would most likely interact with Levaquin? (if you didn’t know Mylanta GAS is just simethicone, you’d miss this one) the answer was Alternagel (or something else ---it had aluminum in it)
379. MOA of gentamicin—bacteriostatic, inhibits cell wall synthesis, inhibits protein metabolism?
380. To increase hemoglobin F, give hydroxyurea
381. Generic for topicort—desoximetasone, clobetasol, betamethasone...
382. Pt hospitalized for angina, what to ADD to her regimen (profile question—already on a nitrate)—I chose add atenolol, other choice was Norvasc and Monoket
383. Why was a certain patient (from profile) getting Bicitra? For metabolic acidosis
384. What is the use of carboxymethylcellulose (I think it was in a eyedrop but not sure)? Prevent oxidation, antibacterial agent....
385. How to administer Ribavirin to someone for a pulmonary condition? Some sort of aerosolizer is what I chose...
386. What is propofol—an emulsion in soybean oil
387. Fentanyl IV = sublimaze
388. Pt had hysterectomy (vaginal) do you D/C estrogen therapy or progesterone?
389. Medroxyprogesterone is given with ERT to decrease risk of what—endometrial cancer
390. Type K: What comes in Emergency Bee sting kit? Diphenhydramine, tynelol, epinephrine
391. Best choice for decreasing excoriation of an ostomy site? Gauze, cellophane, karaya, talc
392. Type K I think: SE of didanosine (only AIDs question I had)
393. Which drug could exacerbate heart failure: rosiglitazone
394. Which drug most like Prandin-Diabeta
395. Which drug as monotherapy is least likely to cause hypoglycemia when given on empty stomach? Glyset, metformin, insulin, prandin
396. Drugs available as ODT: maxalt, ondansetron, loratadine
397. Common SE of INH: tinnitus, peripheral neuropathy, orange body fluids?
398. What drug to take with first bite of meal: Glyset
399. Best way to minimize ADR of diabetes drug (must identify glyset from profile): increase dose gradually
400. Given Relative risk—what is relative risk reduction
401. Man complains of nocturia, difficulty maintaining stream, urinary urgency—what to give? (note: this pt also had BPA and a UA +bacteria, later used for ID question): doxazosin 1 mg increase to 6 mg gradually
402. Type K: Pt with poison ivy, what would be good to treat with: aluminum acetate dressings, calamine lotion, hydrocortisone cream
403. Type K: What counseling for poison ivy? Self-limiting, exudates will spread the rash, hydrocortisone cream will help.
404. Type K: hemorrhoid treatment for a nursing home pt? Tuck’s pads, nupercainal ointment and one
other (not important)...
408. By how much do you decrease zocor dose when adding gemfibrozil? 25%, 50%, 75%
409. Type K: Given a profile: What type of anemia: (must look at all labs) iron deficiency, B12, folate (note: pt B12 level low at 250 but within normal limits given on exam)
410. If you are looking at a certain lab on a profile, NAPLEX will give you the normal range!
411. I suggest using the numberpad on the keyboard for calc questions because clicking doesn’t always register – could really mess you up.
412. Work through Flynn’s math problems section, understand them, and read through others’ comments.
413. By the way, it took me 2 hours and 40 minutes to take the test....i had a lot of math.
414. I had a compound prescription for metronidazole that contained several ingredients and aspartame. The patient had phenylketonuria. You need to know not to use the aspartame.
415. I had a lot of Enbrel questions. Where to keep it (frige), how it is given (SC), that is blocks tumor necrosis factor, the stability after reconstitution, and to stop using it when patient has serious infection
416. Know what amphojel is used for – remove excess phosphate
417. Know Mag Citrate is a saline laxative
418. What type of receptor does ondansetron work on? Serotonin 5HT
419. Know what to do with someone’s insulin if taking regular and NPH in the morning and evening and patient is experiencing high BG around 5PM.
420. Know what drugs cannot be crushed- ISMO can, Prevacid cannot
421. Know what is in Avandamet
422. Know what is in Prempro
423. By using lab values, know what type of renal failure, dehydration
424. Know starting dose for Carvedilol in HF (3.125 mg BID)
425. Hypomagnesemia- give Ca
426. Dosage forms of Vitamin K- (K type) injection and table, no liquid
427. Know substitute for Midrin could be a triptan
428. Two questions of Effexor- SE, hypertension
429. Do not use Zyban in seizure patients
430. SSRIs can cause insomnia
431. Know what Bupropion is used for
432. Know how long to use whole bowel irrigation, when to stop. In my case, the patient had ODED on Tylenol and Iron. Had to know to give desferral and another question asked how long the patient should receive WBI- until fecal content clear, until GI clear, until after iron level is received, after tynol level received, until tynol level is 0
433. Know methotrexate and phenytoin can cause megaloblastic anemia
434. Know exosurf
435. Biaxin suspension should not be refrigerated
436. Know how to treat Enterococcus faecium
437. Lexi-Comp says that PCP is a fungus vs protozoa...FWW – I checked in a medical microbiology book. It is now considered to be a fungus but it used to be a protozoa....hazard of old minds.
438. overall, not many calcs.
439. i was overloaded with patient profiles that had maybe 6-10 questions per profile. DM, CKD, AIDS, otitis media, cancer, cholesterol, TB, CHD. some calcs were built into these profiles but most were easy. My type K questions were easy also.
440. Two NaCL isotonicity ?s.
441. one question asked the ratio of nonprotein to protein kcals in a bad of AA 10% and dextrose 30%. it said that 1 g AA= 6g protein, but the answer was in kcal/g Nitrogen?? i have never seen anything like it. prob an experimental question.
442. when patient starts on avandia, which labs are necessary at baseline? AST/ALT
443. give pyridoxine (vit b6) with isoniazid to prevent peripheral neuropathy caused by isoniazid.
444. max duration of therapy of ketorolac is 5 days. max 40 mg/day.
445. which NSAID is available ophth? diclofenac
446. which cancer agents are not good for patients with prostate cancer? orchiectomy, radiation, alkylating agents, androgen blockers, etc... answer alkylating agents.
447. watch which vaccines if allergic to eggs? MMR and LAIV
what do you monitor if patient is on loop diuretic? bun/scr, electrolytes

Danazol is used for what? I was clueless. answer was endometriosis.

Which oral antibiotic susps must be refrigerated? Bactrim, Biaxin, Vantin, Omnicef, Suprax...
answer was Vantin and I put Omnicef. Unfortunately, you have to try to memorize which ceph you have to refrigerate. The other refrigeration questions were easy.

had the enterohepatic circulation graph question. 2 humps... one of left higher, one on right lower

quite a few antibiotic questions (how stored? whats it being given for? which agent for certain ailment)

know drug interactions. digoxin, diltiazem, phenytoin, BBs, NTG were all on mine.

what kills aspergillus? I made the acronym CAVI (Caspofungin, Ampho B, Voriconazole, Itraconazole)

Sporanox Pulse Pak - I didn’t look at this while preparing, but there was a question on my exam about how a patient was supposed to take it. I guessed tid x1wk, then bid x1wk, then qd b/c the other choices seemed weird... I don’t know.

no kinetics, CF, HTN, CHF, very few CA questions,

few ceutics questions (methylcellulose is used as what in this solution?)

CKD. know what is used for decreasing phosphorus and K.

several kayexalate and hyperK questions. always know to give CaGluc if EKG abnormalities present with hyperK.

know MOA of abx/antivirals. I was asked about how gentamicin and doxycycline work

One pKa question (pKa of x drug is 9.5. what percent ionized will it be at physiological pH?)

Busulfan most likely to cause leukopenia

Leukeran is in which anti cancer class? alkylating agents.

MTX causes all except thrombocytopenia.

I had many patient profiles... one of CMV retinitis with detailed questions. wasn’t prepared for that at all. FWW review had question on CMV retinitis.

many vaccine questions. reconstitute MMR I saw in some way, shape, or form maybe 3 times. how is hep B vaccine given? 3 times. initial, then in 1 month, then in 6 months.

I had a sickle cell patient profile.. encourage patient to maintain adequate hydration.

make sure to look at allergies in patient profiles. question will ask you which drug to recommend for otitis media and pt is allergic to bactrim and penicillins.

diaper rash.... best thing to do is let area air out. can tx with mycolog II (nystatin + TAC)

no PPM, ratio strength, no drop/minute, specific gravity, TPN flow rate calcs.

I felt like I was slow taking the exam, but I ended up being finished maybe 20 minutes after my 2 hour break. you should have plenty of time!

Flynn’s packets cover a lot of the NAPLEX. I left the testing center knowing I missed some, but very confident that I had at least passed. You could probably go without looking at the APPh book, unless you need to review topics that you are shaky on from pharmacy school. It’s a waste to go through that whole book when you have Flynn’s info. Washington Manual was very helpful as well. I took the pre-NAPLEX and it is similar in design to the naplex. The only advantage is that it simulates the way the computer tests you at the testing center and it gives you a range of what you may actually make on the NAPLEX. It isn’t worth $50 especially since they don’t tell you what you miss and I didn’t think it really helped me. Several of those questions were straight out of Flynn’s packets.

I didn’t have a confirmation after each question. I know you mentioned that we would have to say yes twice at the review, and maybe it was just my testing center that didn’t have this.

type of laxative-MOM

k-type TED stocking need to measure-circumference of calf, leg length, foot length?

child with Fe overdose-whole bowel evacuation-what to use-mag citrate, colyte, etc??, when you stop

convert iron salts to elemental iron-chart % elemental iron was given

dopamine @ 10mcg/kg/min in neonate- pressor dose or perfuse kidneys?

dobutamine-B-1 agonist

tx of extravasation for dopamine-phenolamine

herbals that cause bleeding, worsen subarachnoid hemorrhage

tx of subarachnoid hemorrhage-nimodipine

cause, sx, and tx of Raynauds
484. tx for prostate cancer
485. use of capsaicin (zostrix) 3-4 times per day
486. Counseling for gaviscon-chew tablet before swallowing
487. storage of liposyn III
488. Indomethacin- iv and for PDA
489. metabolite of soma-meprobamate
490. cohort study characteristics
491. DOC for paroxysmal supraventricular tachycardia
492. rimantadine in flu propylaxis (in child who already had flu vaccine)? Vit c was a choice too
493. dose limiting side effect of docetaxel treated with dexamethasone-wording was confusing-choices included-ototoxicity, maybe fluid retention was a choice. After looking at lexicomp, could have meant a SE worsened with premedication of dexamethasone
494. determine amt of elemental fluoride from luride dose
495. which HTN meds do not increase lipids- beta blockers and diuretics INCREASE lipids
496. rapamune is sirolimus-know when to monitor levels
497. bupropion contraindicated in pts with seizures
498. smoking worsens GERD
499. retrovir (zidovudine, AZT) is available IV
500. generic for prevacid
501. what meds could affect iron absorption-a PPI on mine
502. what HTN meds do not increase lipids beta blockers and diuretics INCREASE lipids
503. mechanism for aspirin worsening asthma
504. Asacol is delayed release (and enteric coated) -do not crush
505. know green(80-100% personal best), yellow(50-79), red zones(<50) for peak flow measurements
506. watch allergies
507. sertraline counseling and know can cause insomnia
508. know CD4 counts for initiating/dcing (watch what they ask) prophylaxis- PCP start < 200, MAC start <50
509. what could be added to tablet to increase dissolution-methylcellulose, silica, calcium carbonate, magnesium hydroxide- should have reviewed this stuff more
510. diaper rash- bacterial vs yeast – sx and tx
511. dynacirc is ccb
512. methotrexate dose is once weekly in child with RA
513. What is Helidac?
514. Pt was on linezolid and they asked which drug to stop-- an SSRI was listed so I picked that one
515. Had about 5 questions on Reynauds
516. Lots of calculations, some were repeated with only slightly different numbers (no mOsm)
517. Had something about a chi-square test and what does it tell you about the study
518. Had to figure out the relative risk between drug A & B
519. LOTS of AIDS questions
520. One question where a child was on about 7 or 8 herbs and they wanted to know which one was increasing his liver enzymes
521. Question about what Danazol was used for
522. A question about the most common organism in ear infx.
523. One of the patients on a profile was on about 20 drugs, had sepsis, had ESRD, had a K of 6.6 and a Na of 120, etc. etc. and they wanted to know what drug she should not be on. I really had no clue. With the state she was in, I’m not sure d/c’ing one drug would really help.
524. I had a couple questions on Dopamine doses and had to recognize the renal dose and the pressor dose
525. One question about light-sensitive drugs (Nitroprusside)
526. A question about which drug had to be prepared in a vertical flow hood (ganciclovir)
527. The question listed in the essential study tips about the mom w/gestational diabetes and what will be the effects on her child (she also was on CBZ)
528. Storage question about room temperature Antibiotics(biaxin, zithromax, septra)
529. Treatment for hypermagnesemia
530. I had the ISMO dosing question twice! On the first one the answer was 8am and 3pm and on the second one it was 7am and 2pm.
I didn't have any questions about excipients

I didn't have any CrCl questions

Which asthma medication comes with a spacer (Azmacort)

No questions on reference books

I had 2 questions on the storage of Miacalcin

What is Bicitra used for?

How to counsel a mom whose kid has poison ivy (what not to say—choices were like, give benadryl, OTC hydrocortisone, use aluminum sulfate, and tell her that the fluid from the pustules can spread the rash)

What dosage form is Concerta?

What is the brand name of fluvastatin?

What is not an accepted treatment for BPH—included orchiectomy

What is the side-effect of glyset that requires slow dose titration?

What is the max dose of prandin

What vaccines should you not give if the patient is allergic to eggs—didn't list flu or measles, but gave mumps

What vaccine needs to be reconstituted? MMR

Three TPN/kcal calculations. Know how many kcal/gram of AA and dextrose. Also, remember to look at your bag size and flow rate to determine how long the bag will last.

Ingredients in Truvada

Toe nail infection is what bug?

How to treat paroxysmal SVT's

When the CD4 count drops to _____, what drug should the patient be taking/what bug could arise?

What alternative therapy would decrease the incidence of hot flashes? Black cohosh

What alternative therapy is most like Midrin? Feverfew

What percent of a weak base would be ionized at physiological pH if pKa of drug is 9.4?

MOA of Lupron?

Dosage forms available of: Cipro, Zithromax, Singularair, valproic acid, Topamax,

Calculate absolute neutrophil count.

Storage of Ativan and diazepam vials.

Rifampin is a prophylactic against meningitis.

Tamiflu – treatment versus prophylaxis therapy

DOC for H. flu?

MOA of finasteride? Inh conversion of testosterone to dihydrotestosterone

Do you need to tell a patient to sterilize an Aerochamber after each use?

Raynauds: treat with what class of meds: CCB

Raynauds Again—What can you do to help the patient besides drugs—only choice that made sense was get them to wear gloves in the winter time

Gave list of patient's meds and asked which drug was being used to treat Raynauds: Norvasc

Diabetes: Max dose of metformin: 850mg TID

Which one does not cause hypoglycemia: Glyset

Max daily dose of Prandin: 16 mg

If patient brought glucose meter and said it was working incorrectly, you would check all of the following except: lancets

Infant issues: Treat RDS with: Caffeine

Med used to close patent ductus arteriosus: indomethacin

Newborn being treated with gentamycin, what bug are they treating (guessed E. coli since this is common in pregnant females and could have been transferred to the baby during delivery)

Asthma: Singular used to treat: asthma and allergies, NOT COPD (k-type)

Gave patient case with patient on Respules. Asked what you didn’t need to do: shake well

K-type: what do you use for long-term treatment of asthma: all three were correct (beta agonists and steroids)

One question relating to asthma, can’t remember the question but the answer was: Serevent (salmeterol) Diskus = dry powder inhaler good for 6 weeks after removing foil

Otitis Media: Gave a patient profile, patient was on several antibiotics, and asked what was wrong with the regimen: the Augmentin was only scheduled for 5 days, not 10 as recommended.
577. Treat recurrent Otitis media with: Zithromax
578. Have patient profile, patient is allergic to PCN and sulfas, they give you the option to treat with Bactrim, Augmentin, 2 different cephalosporins, or Biaxin. Biaxin is the only reasonable choice.
579. Most common bacterial causes of Otitis media (H flu was not an option): Strep pneumo
580. Kid (7 y.o. I believe) put on Rocephin on 3/21, on 3/24 he is newly diagnosed with Otitis media, what do you do with his drug regimen: stay on Rocephin, D/C Rocephin and add levofloxacin, D/C Rocephin and add nafcillin, and one other choice
581. Vaccines: In AIDS patient, the vaccine you would NOT administer: varicella
582. Prevnar = pneumococcal vaccine
583. Prevnar = can be used in children younger than 2 (Pneumovax 23 CANNOT)
584. Question about H flu vaccine, one of the answers was “is not needed after the age of five” so this may be correct
585. Chemo: MTX does not cause: alopecia
586. Paclitaxal needs to be filtered before administration
587. What needs to be heated before administration: cisplatin, mannitol, and several other chemo drugs
588. Why is mannitol given before and after cisplatin therapy: to increase diuresis
589. BPH/ED: Leuprolide = LH-RH agonist (NOT antagonist which was an option)
590. Alprostadil is what: Caverject; also Prostin-VR for use in neonates to maintain a patent ductus arteriosus
591. Women: Patient on Climara at increased risk for: uterine cancer
592. Pt on Climara, doctor wants to start Vivelle this is considered: duplicate therapy
593. Given patient profile, if patient comes in and asks for a refill of all of her Rx after 30 days, which one would you NOT refill: the Climara because she was given 28 when they were first dispensed and thus would not need anymore at this time.
594. Danazol (danocrine) is used for: endometriosis
595. Patient case where patient on 4-5 different herbs (kava kava, valerian, ginseng, and at least one more). If patient comes back to MD with increased liver enzymes, which would you discontinue. Kava kava I think.
596. Gave a chemical name p________ acid is a compound in what herb? Possibly feverfew (I am not sure) – could have been parthenolide derivatives in Feverfew.
597. Cardiac: What drug would be most useful for treating angina: gave CCB, a BB (atenolol), and several other drugs but NOT nitroglycerin
598. Isosorbide mononitrate should be given at: 8AM and 3PM (any combination that doses them within 7-8 hours of each other to allow for the nitrate-free period in the PM
599. Give what drug to counteract dopamine extravasation: phentolamin
600. If patient takes an excess amount of albuterol tablets, what medication would you administer to treat the resulting cardiac effects: propranolol (only logical choice)
601. RA: MTX in children is dosed: weekly
602. OA: Question that I cannot remember but one of the answers stated that misoprostol came IV (it does not!)
603. Antibiotics/Antivirals: Question about which antibiotic to use—only one you could have picked would be Zyvox because it comes PO
604. Do not store: Biaxin, Zithromax, or Bactrim in the fridge
605. Do add a shake well label for the above suspensions – Biaxin, Zithromax, or Bactrim
606. Patient case given with patient on SMX/TMP DS BID. Need to convert this over to liquid (which concentration is 40/200 per 5 mL). They want to know how many TABLESPOONS the patient should receive in one day.
607. PCN resistance caused by beta lactamase enzyme production
608. K-type: Treat Aspergillus with: Ampho B, itaconazole, and/or ketoconazole (only the first 2 are correct)
609. Given patient on an antibiotic regimen for febrile neutropenia and asked to to adjust his antibiotic regimen, several options contained Zyvox as a choice along with another antibiotic
610. Treat Legionaire’s with: only logical choice was Zithromax
611. Diaper rash caused by: candidiasis
612. Non pharm tx of diaper rash: expose area to air as much as possible
613. Cream used to treat diaper rash: Micolog cream (nystatin and triamcinolone)
614. What is Bactroban used to treat: impetigo
615. Relenza works by inhibiting: neuraminidase
616. What medication could be given to a patient after receiving the flu vaccine to further prevent the flu: rimantadine
617. Transplant: K-type question asking which items contain cyclosporine: Neoral and Sandimmune were the answers, the other choice was a brand name medication which started with an R (might have been Restavis, an ophthalmic drug that contains cyclosporine; there is another brand name for the oral form called Gengraft.)
618. Which drug has the same ingredient as Sandimmune: Neoral
619. GERD: Helidac is a combination of: bismuth, metronidazole, and tetracycline)
620. Pregnancy: topical oxytocic: PGE-2 (which is prostaglandin-2)
621. Mom with eclampsia and gestational diabetes, what could happen to baby as a result (k-type): high birth weight (yes from gest diabetes), congenital deformities/abnormalities (yes because gest diabetes), diabetes in the baby (no, this is based on genetics and not on the state the mother was in while the baby was in the womb)
622. What test would you use to check for ovulation: several pregnancy tests were listed along with some OTC tests for glucose, etc. The only one that was correct was: basal thermometer
624. Plavix MOA: irreversibly binds to ADP
625. Product most similar to Plavix: Ticlid
626. Before starting Lovenox (enoxaparin), what lab should be done: check platelets
627. Calc absolute neutrophil count
628. Subarachnoid hemorrhage: What drug is used to treat this: nimodipine = CCB
629. Cholesterol: If a patient exercises, what form of cholesterol increases: HDL
630. Given patient case dealing with cardiac issues. Patient is on statin, ACEI, BB, etc. If the patient presents to you with muscle pain, which drug would you contribute this to: Zocor (the statin
631. MOA of statins
632. Psych: Patient case given, patient on Seroquel and Lexapro. Which drugs would interact with Zyvox: Lexapro
633. Seroquel is what type of antipsychotic: dibenzothiazepine
634. Lexapro = escitalopram
635. Sertraline should have the following auxiliary label(s) attached (k-type): don't drink EtOH was the only correct one
636. If patient is suffering from insomnia due to meds what should you do: move the sertraline (Zoloft) dosing to the AM instead of PM
637. Alzheimer's: Exelon = rivastigmine
638. Exelon inhibits what: cholinesterase
639. Exelon's dose is titrated slowly to minimize: nausea
640. Pain: Demerol (meperidine) can build up in the body and cause: seizures
641. Capsaicin should be dosed: TID
642. Gave patient case and asked which drug was being dosed incorrectly. The Demerol was schedule Q6H instead of Q3-4H so I chose this
643. Given patient profile. If patient on Vicoden ES (and look at profile and see he is also on Acetominophen), he could also take (k-type): APAP – no, an abbreviation for acetaminophen; ASA and ibuprofen would be okay.
644. Active ingredient in Soma: carisoprodol
645. Overdose: Methanol: use ethanol (only correct choice given)
646. Why use ethanol with methanol: to prevent metabolism of methanol
647. Ethylene glycol: use fomepizole (only correct choice given)
648. Mag sulfate: use calcium gluconate
649. Avinza (long-acting morphine): use naloxone
650. Renal failure: Pt has decreased calcium because: decreased parathyroidism, increased calcitonin, decreased phos excretion, increased calcium excretion
651. What made this patient's phosphate increase (a drug): only rational option seemed to be the Fleet enema, which is sodium phosphate
652. OTC: Would tell patient all of the following about poison ivy except: it is spread by the exudates from the blisters because it IS NOT spread by the exudates

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653. (K-type): use which of the following to treat poison ivy: calamine, hydrocortisone, and/or aluminum acetate (Dombor's soln), it would be all three
654. Glaucoma: hydroxypropyl methycellulose added to eye drop to: decrease burning
655. Electrolytes: With metabolic acidosis give: sodium acetate
656. Must have albumin level to calc. serum calcium
657. Dosage forms: (K-type) which of the following come in orally disintegrating tablets: ondansetron, loratadine, and/or rizatriptan (it would be all three)
658. Cytovene (ganciclovir) comes in an ocular insert for CMV
659. Concerta is considered to be what type of formulation: extended release (not sustained release)
660. Vitamin K comes as (k-type): tablet, injection, and/or solution
661. Drug properties: Which drug is light sensitive: nitroprusside
662. Liposyn II should be stored at room temp
663. What test can you use to determine if Liposyn II is still safe to use?
664. Side effects: Neupogen causes bone pain
665. Compounding: How do you incorporate precipitated sulfur into an ointment: levigate with mineral oil (?)
666. References: Which reference would you use to look up side effects of Pneumovax? I selected AHFS
667. Clinical trials: If a study is done and the study population is randomly assigned to get either Viagra or Levitra, what can you conclude: ONLY that each subject would have an equal chance of being randomized to either group (nothing about blinding can be assumed, etc.)
668. Calculate absolute risk and relative risk
669. Counseling: Eye drops containing a sulfad drug: burn
670. Miocalcin: should be shaken well, the pump primed at the initial use, and refrigerated until first used
671. Calculations: Have a RX to compound a 3% substance, qs to 3ml. E = 0.24 for the substance. How much sodium is needed to = isotonicity? Answer: 5.4ml
672. Have a 1% epi soln with 50 ml of x% of bupivicaine. To get a 1:100,000 how much epi do you use? Answer: 0.05 mg
673. If given the total calories of a given TPN, knowing that it is made up of X g of dextrose and X g of protein, how much fat is in it?
674. If have 15% dextrose in 1L, how many calories are in it?
675. Given k, asked to calculate the half-life.
676. Clindamycin covers (Type K question) I. Gram Pos II. Gram Neg III. Anaerobes
677. Patient profile on a cancer patient. He's experiencing decreased sensation and deep tendon reflexes. Basically which of the multiple cancer drugs is he on causing this decrease in sensation and reflexes. The answer was vincristine
678. A question about poison ivy treatment. Which of the following is FALSE. I don't remember the options... i picked the exudate from the blisters will not spread the rash....correct
679. A calculations question stating that you had 150 ml of a 50 mMol solution (maybe KCl). It gave a molecular weight for the KCl and asked what the total weight of the chemical in the solution was.
680. What needs to be reconstituted in a vertical flow laminar hood? A. Rifampin B. Ganciclovir C. Amphoteracin B D. ? E. ? Ganciclovir because it is like a cancer drug
681. SEVERAL questions on Enbrel: How is it given?, what it is for?, how it is stored?, what to counsel on?, etc.
682. No questions about the AIDS drugs.
683. Several questions like, which of the drugs on the patient profile come in an injectable form? Used Protonix on one of them.
684. Lot of patient profile questions. Specifically a lot about which antibiotics to choose for things like otitis media, etc.
685. Given a list of drugs and asked which drug came in controlled release dosage form, which came in oral only, which came in injectable form, etc... Lots of dosage form questions!
686. Only had 1 kinetics type question. (looking at AUC, Cmax, and Tmax of 3 different dosage forms of phenytoin and drawing conclusions about absorption, dissolution, etc.
687. Had the question about what was the advantage of fosphenytoin over phentrione? fosphenytoin is more water soluble.
688. Had a question about why sorbitol 70% was given with kayexelate? Think the choices were better absorption, better dissolution, etc?? Wasn't sure about this one. Answer should have been improve taste (sorbitol is sweet) or suspending agent (sorbitol is thick) or laxative action (also effect of oral sorbitol). Many other questions about kayexelate and its uses.
689. Several questions about the drug Inspra! I keeping with the emphasis on potassium.
690. What is Metformin's most common side effect? -- diarrhea
I actually had a question that told me to add a diabetes drug to an existing regimen for a patient based on their Hgb A1c value but there was no Hgb A1c value listed anywhere on the profile. I had to just make an educated guess!
691. Calculate the half-life of gentamicin if Cpk is 8 mg/dl and Ctr is 1 mg/dl
692. Enbrel- storage, indication, administration (subQ)
693. Statistical significance is indicated by p<0.05
694. Cannot give live virus vaccines to pregnant women
695. If a product is heat labile, what can you do to the product? Probably meant to sterilize the product – Run it through 0.22 micron filter (YES), use autoclave (NO), and one other option. Other possible choices would include ethylene oxide sterilization and gamma irradiation.
696. Bactroban (topical) is used for staph aureus infections
697. Know that precoze is given with first bite of each meal, know what the max dose is
698. If getting IV pyelogram cannot use metformin (glucophage) for 2 days before and after procedure; has been changed to only for 48 hrs after (FFW)
699. What age group can Prevnar be given in?
700. Imitrex works on 5-HT-1 (or is it 5-HT-3) receptors and if does not work, what is second option (I chose propranolol)
701. Which OTC equivalent can you recommend for a patient taking lanzoprazole? metoclopramide; esomeprazole; pantoprazole; nizatidine (correct ans); fexofenadine
702. Brand name of metolazone: Zaroxolyn
703. Xenical can cause greasy stools
704. Micacalcin: I. shake well II. Prime pump before first use (yes) III. Refrigerate until 1 dose (yes)
706. Singularair: can be used for BOTH asthma and allergic rhinitis
707. What does a BC rating mean?
708. What is sulfasalazine converted to? 5-Aminosalicylic Acid
709. Side effects of St. John's Wort
710. Detrol for patients with urinary urgency
711. Questions on the use of lactulose: indications, dosing
712. Lab values to monitor while on carbamezepine therapy: CBC, LFTs
713. boatload of CALCULATIONS!
714. TB - what test is used to monitor TB?
715. what should be given in addition to isoniazid? (B-6 to prevent neuropathy)
716. metformin - MOA and a dangerous side effect (lactic acidosis)
717. what abx covers legionella (no clue)
718. c. diff - what abx most likely caused c. diff (clindamycin)
719. what can you treat C difficile with (Vanc)
720. what is not usually seen w/ c. diff (stomach ulcerations?)
721. Gentamicin - MOA
722. IV morphine to oral oxycontin + percocet conversion
723. ISMO - 8am and 3 pm
724. know that enalapril comes in IV
725. viagra - works on which enzyme (phosphodiesterase)
726. Relenza - know which enzyme it works on
727. Vaccines - know that Prevnar is the pneumococcal vaccine and is indicated for children
728. Pred Pak - last for (6 days)
729. Know that Singulair comes in a chew tab
730. conversion of ca carbonate to ca citrate
731. what is not used to treat SLE (hydralazine...actually can cause it)
732. what is the purpose of using sorbitol with Kayexylate? (to prevent constipation)
733. MOA of Vanc
734. pregnancy in HTN? (methyldopa)
735. what size syringe should be used for 24u of insulin? (1/4 cc)
736. what is black cohosh used for (menopause)
737. IV soln contains 10% amino acids and 30% dextrose. What is the ratio of non-protein kcal to grams of nitrogen? (1g nitrogen = 6g AA)
738. Generic names of lescol and crestor
739. All of the following are measurements of diuretic effectiveness except: weight, intake/output, daily Na excretion, pretibial edema, chest auscultation
740. Glyset least likely to cause hypoglycemia even when taken on empty stomach
741. Treatment for active hepatitis C (2 drugs—1 was interferon?)
742. Profile question: What recommendation could the pharmacist make based on the patient’s A1C level? (THERE WAS NO A1C LEVEL ON THE PROFILE!) options: increase actos dose (already on 45mg daily), increase avandia dose (not taking avandia), add glyburide (pt already taking 1 sulfonylurea), increase insulin dose (not taking insulin), add metformin (ONLY LOGICAL ANSWER FROM THESE CHOICES)
743. Nitroprusside is light sensitive
744. MMR vaccine must be reconstituted
745. CL = k * Vd (given Vd and t1/2, calc CL)
746. What drug can be given to a child with lead overdose?
747. What percent of a drug will be ionized at physiological pH if its pKa is 9.4?
748. Septra, Biaxin, Zithromax suspensions stored at room temp
749. Liposyn II storage – room temp?
750. Diaper rash—if doesn’t respond to nystatin/triamcinolone, what is best alternative? diflucan?
751. Soma is carisoprodol and is metabolized to meprobamate
752. Bicitra for metabolic acidosis
753. IV Nitroglycerin – monitor closely
754. Handbook on Injectable Drugs for IV stability info
755. Erythromycin formulation for IV use: lactobionate
756. Must use inline filter for paclitaxel
757. Impetigo pathogen: Staph aureus
758. Fanconi Syndrome affects renal tubule
759. Sporanox pulsepak—how should this be dosed??
760. Hydroxyurea to increase hemoglobin F
761. K-type: What is used for the chronic pain of diabetic neuropathy? I. gabapentin II. amitriptyline III. topical capsaicin
762. Patient having trouble sleeping—which medication could be responsible? sertraline
763. Dopamine at 10mcg/kg/min—pressor dose
764. Phentolamine for dopamine administered too rapidly
765. Mechanism for pcn resistance
766. Danazol for endometriosis
767. Rotohaler = nebulizer
768. Herbal substitution for Midrin – fever few
769. lab characteristics for hyperthyroidism: decreased TSH
770. Plavix MOA
771. alternative therapy would decrease incidence of hot flashes? black cohosh
772. Ativan vials stored in refrig
773. MOA of finasteride? inh conversion of testosterone to dihydrotestosterone
774. Vit B12 inj is cyanocobalamin
775. Atovent = albuterol and ipratropium
776. Fosamax counseling (donot take with food)
777. Octreotide is sandostatin for diarrhea, stored in refrig
778. Toradol therapy limited to 5 days
779. Breath acetone test use? to detect H. pylori
780. Which cancer agents are not effective in prostate cancer? alkylating agents?
781. Topical labor inducer—PGE2
782. Which vaccine to avoid in immunocompromised pt? MMR
783. What type of laxative is MOM?
784. Pt taking Tums 500mg 2 tabs TID. How much elemental Ca is she getting per day? (% not given)
785. Elemental Fe from ferrous gluconate (% WAS given)
786. Pt asks for home blood glucose test that does not require a monitor. What to recommend?
787. Nurse asks how long pt should wear ntg patch – 12 hours
788. methotrexate side effects
789. What determines the solubility of Ca and PO4 in a TPN. None of the choices included the amounts of either Ca or PO4. A. Na B. Cl C. K D. dextrose E. amino acids
790. Urea test for H. pylori
791. Generic name of Adalat
792. What additive helps absorb drug quicker into skin. Choices included wax, petrolatum, methylcellulose, some type of acid, and 1 other.
793. Compound prescription. What is the propylene glycol used for? Choices included humectant, preservative, emulsifier, and 2 more than made no sense.
794. What quality assurance procedures should be performed on Liposyn II (k type): A. USP dissolution testing B. pyrogen testing C. particle size testing.
795. What electrolyte do you fix before correcting hypokalemia? hypomagnesemia (can cause rebound hypokalemia)
796. Ativan vials in fridge, valium vials at room temp
797. Which laxative does not come in a oral solution? Bisacodyl (CORRECT), senna, docusate, mineral oil, magnesium citrate.
798. Can Ultram cause serotonin syndrome? YES
799. What reference would you find ADR of HepB vaccine?
800. Nephrocaps - B complex vitamins
801. Arava MOA - make sure to look up what enzyme it inhibits
802. Benefits of Evista
803. MOA of progesterone. Thins mucous, "stabilizes uterine lining", inhibits FSH, inhibits follicular development, and one other.
804. I only studied the notes from Flynn’s review, and I felt very good about the exam when I left the testing site. The main packets I studied were the questions from other students and the practice exam. The ques. from students really helped out!
805. Need to know: what vecuronium is (I had about 3-4 questions on this drug and I didn’t know what it was)
806. What is the generic for Forteo? teriparitide is correct..watch for lots of teri-something answers..tricky!
807. If a patient has a hysterectomy they no longer need to take Provera is what I put
808. Know that Rowasa comes in a suppository form
809. What is Synercid?
810. What are isoflavonoids?
811. If a pt has COPD they should try what drug as last resort before surgery? I put Prednisone..can’t remember other choices
812. What makes up Zestoretic?
813. What virus has no cure? I guessed Ebola and that was right (i looked it up)
814. What drug can keep pt awake at night? I put theophylline..other choices were depressants and didn’t make sense
815. I had lots of questions on Clostridium difficile; I also needed to know the dosing for Flagyl 500mg TID was correct
816. Oxycontin and Percocet share a same ingredient
817. what can you use for mycoplasma? I put doxycycline
818. What is used for BPH? flomax and know that it is an alpha blocker
819. What do ovulation test kits test for? LH is the correct answer
820. Paclitaxel inline filter
821. Amifostine with cisplatin to Px RENAL TOXICITY
822. Gent peak 8 trough 1 q24 hour dosing in neonate, what is half life
823. Nitroprusside light sensitive, dopamine was there too, not k type
824. Crutch 2 inches
825. Fomeipazole is alternative to ethanol for methanol poisoning
Zofran is a 5-HT3 receptor antagonist, know the 5-ht3 subtype!

Luprolide is a GNRH agonist or something? Know its class

Singularair for COPD, asthma, allergic rhinitis, in that order, k type

Take prilosec one hour before meal?? Can you break up the capsule and put it in juice or food?

Topamax and depakote dosage forms - 3 or 4 on this

Enterococcus faceilis question, doxy, Ampicillin, look in Sanford guide

Know what is in helidac and prevpac

Urea breath test is for H.Pylori (check this!!)

Which one is miotic? Pilocarpine or Timolol? Pilocarpine is, gave profile and said what are the
directions for the miotic prescribed on 11/2, you had to know which one was the miotic

Truspot generic name

Does digoxin, bumex have a extended release form??

Concerta is a extended release tablet?

Egg allergy - no MMR!!

MTX does not cause thrombocytosis, it causes alopecia, mucotis,

thrombocytopenia, and GI upset - check GI upset please

DOC for supraventricular tachycardia and for V. Fib - no clue

A few on Tamiflu, can it be used with a person who just got a recent flu shot for Px in a girl that

has a flu epidemic for added prevention.

Also do children of mother who has flu need to be prophlaxed?

Feverfew: Alternative to Midrin for Tx Migraines

Max dose of Precose: 100mgTID, with first bite of meal, will cause GI upset initially so needs to

be titrated up

Glyburide max dose: 20 mg/day

Zocor max dose?

Evaluate Avandia for 6 weeks? 3 months? 3months = 12 weeks 4mgBID or 8mgQDis max

Max Avandia dose: 4mg BID

What is in Truvada?

What is U-500 insulin: how many mL bottle does it come in, you need it for a calculation

question, I looked it up, and I think it is 20ml bottle

Atavaquone for PCP, know what PCP stands for! Can also use pentamidine

How do you store unopened bags of Liposyn II: Freeze? Fridge? RT? I put RT but who knows

No CF

Vasotec is the ONLY ACEI that comes IV!

Watch for angioedema(put as facial swelling) and other ace inhibitors

PMNs is another word for Neutrophils, be careful, add the Bands + PMN's (Neutrophils) then

multiply this % by the TOTAL WBC Count to get ANC: absolute neutrophil count

Opportunistic infection: PCP, start Px at <200(150 was the pts. CD4 count on my test) with

Bactrim

Black Cohosh = Herbal Tx of hot flashes and menopausal Sx

Antidote for Mg overdose? I put Ca gluconate

Biaxin, zithromax, and Bactrim are all stored at ROOM TEMPERATURE

Tx of Asperigllos: CAVI: Capsofungin, Amphi B, Voriconazole, Itraconazole (NOT ketoconazole)

Diaper rash is from Canidia albicans?? Yeast likes moist environments so I chose that, and Tx

with Mycolog: Nystatin + Trinicinolone

Is beclomethasone used for Long term asthma control?? I know serevent and fluticasone are,
yeah I looked it up, it is used for asthma

RDS: Respiratory Distress Syndrome in children or infants: best to use BERACTANT, lung

surfactant

Singularair is used for 1. COPD 2. Asthma 3. Allergic rhinitis : answer is 2 and 3

What is Stearic acid? In a question about what would help increase drug absorption in a drug
given vaginally – also true for oral administration, e.g. Erythromycin Stearate

Zostrix is Capsacin best used TID

Fanconi's syndrome: damage to RENAL TUBLE!!!

Danazol is used for ENDOMETRIOSIS not osteoporosis

PT on Warfarin need to monitor aPTT, PT, INR: answer PT and INR

Most common org in otitis media
Drug for RECURRENT otitis media: zithromax??

Do not place Estraderm on breast, how often to change patch, 2x per week, climara is the only one that is weekly I think

Ingredients in Prempro: medroxyprogesterone and conjugated estrogens!!

Topical tocolytic = Mg? opposite of line below

PGE2 is a topical gel that induces labor, not oxytocin, oxytocin is not topical,

Amino to Theo conversion

How many g's of dextrose, lipid, and AA is in Enfamil? Need for a calculation? Look up what is in Enfamil on the nutrition facts

Precose and Glyset with 1st bite of meal, NOT 30 prior

Glyset/Precose is LEAST likely to cause hypoglycemia when taken alone in the fasted state

Indocin = indomethacin = IV form available = Patent ductus arteriosus question

How do you store Micacalin after you have started using it, rotate nostrils everyday, Prime every time you use it?

G-CSF: filgrastim: Neupogen, PEG extended from is Neulasta

Nimotop = Nimodipine (careful with spelling) = Tx subarachnoid hemmorahage

#18 Foley catheter is a URINARY CATHETER, not an indwelling venous catheter

Mom on Tegretol with gestational diabetes, baby will be high birth weight? Congenital abnormalities? Baby will have diabetes? I put the first two choices

Does tamoxifen cause bone pain? Does Bumex? What about cyclophosphamide or 5-FU? Only one of those is the answer(not k-type) It is tamoxifen per Lexicomp DIH

Erythromycin IV is lactobionate salt

What happens in DKA? Compensatory met. Alkalosis? Dehydration? Loss of electrolytes where the three k-type choices, I put all three

Is CIPRO primarily eliminated renally? Only like 50% renally, I looked it up..And do not give it to a 6 year old

Fleet's phspho soda was most likely the cause for a patient's high phosphate level I put.

Is ANOVA used to compare 3 groups? Or sum rank test?

Overdose of Buspar? Control respirations? Give physostigmine? No clue

Can you give H flu b before age 6

Does Neurontin need renal adjustment??

Hep B is given in 3 shots: now, 2 months and 6 months

Eliminate Menigiococcal carrier state? Rifampin is what I put, no clue, that is correct I looked it up

What to measure for elastic stockings for DVT's: leg length? Calf length, Foot length? I put leg

What lifestyle mod will raise HDL? I put exercise, stop drinking every night maybe?

Most common organism in Otitis media: I put strep pneum. But Staph Aureus was there, look it up

Do you need to sterilize a spacer (aerochamber) before each use? If you suck too hard will it make a whistle noise, and you need to wash your mouth out after you use it, they said with water on the test, I guess water is okay, what else would you use

Know the SPECIFIC MOA of Plavix, something to do with ADP irreversible binding, and I'm pretty sure it is NOT meant to be used WITH ASA, it is an alternative drug

Zostrix = Capsacin, use TID people

Are Demerol and Vistaril okay in the same syringe?

Relative risk of Using drug A over Drug B = 1.2, I think that means drug A is 20% more likely to cause whatever Sx (rhabdo I think), it seemed like the only logical choice

Os-Cal D - what salt of Ca is in here? Carbonate, definitely got that wrong, who knows that, not me

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What is CholesTek - guessing its used for cholesterol monitoring? It is

What is a DEXA track or something like that to do with Dexamethasone? Can't remember much else

What Nicotine products are available in 2mg and 4mg: Nicorette and Commit, NOT Zyban

What is Arava?

Child with RA, make sure you look at his age, the little guy is like 6, dose MTX WEEKLY

5 alpha reeducates inhibors like Proscar inhibit conversion of Testosterone to DHT which is 5x as potent, I'm pretty sure
914. Concerta’s exact dosage form ER tablet I think
915. What can be used for poison Ivy, calamine, hydrocortisone, and aluminum sulfate or acetate can’t remember, k type
916. Increase fetal Hb in sickle cell - use hydroxyurea
917. MMR needs to be reconstituted
918. Bicitra is more metabolic acidosis
919. Octeotride is a SOMATOSTATIN analog that is used for diarrhea in cancer pts.
920. Cyclophosphamide was on there a lot, so was 5-FU
921. Know what you used mesna for
922. Generic for fluvastatin
923. What drugs will cause digoxin toxicity: glyburide?, bumex?, no clue
924. Best place to look for lisinopril eq products: FDA website, CDC website,
925. AHFS, Fact and comp? I put FDA webstie b/c it has a link to the orange book
926. Know the indications for the herbs and the virus old questions from the students old comments and you should be fine in those areas
927. Ocular implant drug for cytomegalovirus? I may be forgetting something here, but is there an antiviral ocular implant? YES - Vitraserb brand of ganciclovir
928. Know what a Sporonax pulse pak is, dose qd x30, every other day x 60, tapered like medrol dose pack? I put every other day, but I had no clue but here is the answer – Cyclic (pulse) nail therapy: 2 capsules (200 mg) twice daily for 1 week. After that, stop taking SPORANOX for 3 weeks. Then the cycle is repeated, once for fingernails and twice for toenail infections (with or without fingernail infections).
929. Know that a “fingernail infection” is onychomycosis or something spelled like that b/c that is what you are using the sporonax for
930. Can replace Valerian for Ambien if you crazy patient wants to use herbals
931. Max dose of metormin is 850mg TID, 2250mg/day.
932. Pt was chewing on protonix, what alt. are available, listed all PPI’s, I put Prevacid b/c doesn’t it have a solutab or some powder you can use, I don’t know
933. Make sure you know to put a pt on Spironolatone for HTN if he has CHF
934. Cytotaxan is an alkylating agent
935. Insulin U-500 is in a 20ml bottle, you need it for a calculation
936. Lactose intolerance, use Lactaid, and you would see a decrease in diarrhea is what I put
937. Know ingredients in Truvada
938. Fleets phosphsoda is a saline laxative
939. Soma metabolite is meprobamate
940. DOC for paroxysmal supraventricular tachycardia - no clue
941. Calculations were not impossible, for the most part if you do Flynn's calculations
942. There are some questions that you will probably have to guess at b/c I had no clue, very few though, and read over every single one of the students comments in that book + the information you already know from school and rotations, you should be fine. If I did not have those old student comments I would have missed a whole lot, I would say about 30-40% were exact old questions and I just clicked right through them b/c I knew the answer, and knowing them helped me answer other questions also.
943. Most of the general pharmacy stuff is stuff you already know, the old student comments are what help you out with the totally random, off the wall questions that no one would every know.
944. Risk factors for DVT
945. Golytely pt counseling
946. Pt is on Lispro & NPH both AM & PM, pt's BS is high in the morning, which do you change and when (AM/PM)
947. Meperidine's toxic metabolite can cause what affect in the body
948. Which diabetic drug can cause a rash
949. Signs and symptoms of Addison’s disease
950. Which herb can cause/adds to subarachnoid hemorrhage
951. Which herb’s use is similar to Ambien
952. Humira information
953. Zocor information (MOA, dosing)
954. MOA of BPH drugs
955. Vit D analog
956. Zovirax information (dosing, MOA)
957. Lisinopril dosing
958. Hyzaar ingredients
960. Helidac: H. pylori treatment
961. Ivanz (Ertapenem)
962. IV PPIs
963. Bumex does not come in 40 mg
964. Danazol: for endometriosis treatment
965. MOA of plavix: Irreversibly binding to ADP receptor
966. MOA of proscar:
967. Dosage form for Phytonadione: tablets, injection
968. Know about Bicitra
969. Infectious mononucleosis: Know symptoms (generally lack of energy (they used the word lassitude), loss of appetite, fever, swollen lymph glands... etc)
970. Treatment of prostate cancer
971. Exelon: causes GI effects
972. Counseling on Miacalcin
973. (Fosinopril and Lotrel) Therapeutic duplication
974. Aminoglycoside if they give you half life, how many half lives until you reach steady state
975. Herbas: know the ones in Flynn and basically what they are used for and major SE (I had black cohosh and others)
976. If you have hypokalemia, know to fix magnesium levels too
977. Egg allergy vaccines: Influenza was not a choice but mumps was?? (not sure about answer)
978. Maxalt, Claritin, and Zofran: all come in ODT
979. least likely to cause hypoglycemia: Glyset
980. know how to adjust insulin doses
981. Prostaglandin comes in a topical form for labor induction (not oxytocin)
982. Triptans MOA: Serotonin agonists
983. Feverfew: Migraines
984. Know Aminophylline (x) 0.8 = Theophylline dose
985. Mg overdose: Give calcium
986. Advanced Cholesterol kit: what do you avoid 4 hrs before? I put vit. C (not sure if right)
987. Respiratory distress in neonate: use caffeine
988. Why take nitroglycerin patch off at night? I put to avoid tachyphylaxis
989. MOA of drug interactions with Sucralafate: Binding to other agents
990. MTX does not cause: Thrombocytosis
991. To increase fetal hemoglobin in sickle cell patients: hydroxyurea
992. Oscal (calcium carbonate)
993. Monitor LFTs when on Avandia
994. Enterococcus faecalis treatment
995. Acyclovir: on empty stomach or with food?? Does one increase absorption:
996. Prevention of neural tube defects: Take folic acid
997. Know Daptomycin
998. Brinzolamide (Azopt) for glaucoma
999. Things that worsen/help GERD and GOUT
1000. Know MOA of major antibiotics: AG, penicillins, etc
1001. Lorazepam injection store in fridge, do not have to do this with diazepam
1002. Many TPN questions (know calories of dextrose, carbs, protein, etc./gram)
1003. Raynard's disease (causes, treatment)
1004. bugs/drugs (c.diff, pseudomonas)
1005. know first order half life equation: 0.693/k
1006. had to know 2.54 cm in 1 inch
1007. zoloft causes insomnia
1008. MOA of flomax
1009. MOA of cubicin and generic of cubicin (daptomycin)
1010. nicotine and theophylline interaction?
1011. know how to determine half life by looking at graph (curve) of concentration vs. time
1012. make sure to do Flynn's packet on calculations
1013. Take Crixivan with food? What if Crixivan is combined with another drug, do you take it with food?
1014. What risk factors inc risk of prostate cancer? choices: overweight, non-exercise, black race
1015. What is not used in the tx of prostate cancer? choices: alkylating agents, orchietomy, anti-androgen
1016. MOA proscar (not 5-alpha reductase, what enzymes does it prevent the conversion between)
1017. What causes serotonin syndrome if taken with paxil? choices: tramadol, trazodone, diazepam
1018. Tobra is dosed AFTER dialysis
1019. What is the purpose of methylcellulose in phenytoin injection? (suspending agent was not a choice)
1020. 454g = 1 pound
1021. Convert dL to mL
1022. Use of bicitra
1023. What drug is an aerochamber used with?
1024. Strattera vs Concerta
1025. What lab is most diagnostic of MI?
1026. Calculate odds ratio
1027. Relative risk
1028. Generic ratings: AB vs B vs BP
1029. Given a half life of 8 hours and the dose of drug. How many hours does it take to get to steady state?
1030. Tx of VRE (none of the usual choices) Choices: Ancef, Doxy, Clinda, 2 others I can't remember
1031. What vaccine has to be reconstituted?
1032. Tx aspergillus
1033. I had a dosing question where septra was dosed based on sulfamethoxazole. Weird!
1034. Nicotine gum- chew until tingles then park
1035. Do you shake miacalcin? The drug info never indicates that you do, but I don't know
1036. Tx of high K
1037. OTC cough syrup without alcohol
1038. I had several vaccines, antibx and AIDS questions
1039. Anti-flu medications that come as a liquid. I put Tamiflu
1040. Which disease state is the drug Danazol indicated to treat? Endometriosis.
1041. Setraline causing insomnia – others have said Zoloft (brand name) was used instead
1042. Feverfew relieves migraines.
1043. Max dose Prandin
1044. Max dose Metformin
1045. Which of these alone most likely will not cause hypoglycemia? Amaryl, glyset, micronase, prandin, acarbose
1046. Person with DKA will have I. low blood electrolytes, II. ??, III. Compensatory metabolic alkalosis
1047. Given 5% solution, how much to add to a 100mL bag to make 1% solution
1048. Mix Dopamine with I. KCl, II. Other electrolytes III. D5W
1049. Profile of premature neonate (1200g). Given Ampicillin on 1st day. Given Gentamicin on 2nd day. What bug is gent treating? E coli, M Catarrhalis, S pneumonia, H influenzae
1050. Patient profile with ESRD - which one of following pain meds is appropriate? Demerol, hydromorphone, methadone, fentanyl
1051. Patient profile with Retrovir, Crixivan and ?? Which of these are PI's?
1052. Which of the above antivirals is available as injection
1053. Lotrel is mix of what 2 classes of drugs?
1054. What type of laxative is lactulose?
1055. What type of laxative is MOM?
1056. Why is patient getting PhosLo?
1057. What is MOA of ASA for causing pain relief?
1058. What is MOA of ASA for precipitating asthma attack?
1059. Pt w/ Crohns exacerbation in hospital. What to do with treatment? Increase dose of asacol, replace asacol with rowasa, add 5ASA, replace asacol with 5ASA
1060. Which is not SE of Methotrexate
1061. MOA of leukeran
1062. Pt with atopic dermatitis on face? Which brand name steroid to give?
1063. What is generic name of Forteo
1064. What do you counsel pt on Acarbose
1065. 4 yo in hospital for pneumonia. Has asthma. On several nebulized drugs What do you counsel parents on? Use of spirometer, use of Peak flow meter, use of spacer
1066. Pt. getting Lovenox. How do you monitor if pt has ESRD? INR, aPTT, CBT, bleeding time, Xa
1067. Pt getting Vicodin. What do you recommend to take with Vicodin? I. ASA, II. Ibuprofen, III. APAP
1068. Pt with Lead overdose, what do you recommend to treatment?
1069. Pt with Iron overdose, what do you recommend to treatment? (brand name)
1070. Pt taking TUMS, wants to switch to Ca Citrate. Given % Ca of each, how many tablets of Ca Citrate to give.
1071. Pt taking CaCO3, how much elemental Ca is patient getting? % Ca in CaCO3 not given
1072. With Tylenol overdose, how to administer Acetylcysteine? Until Tylenol undetectable in blood,
1073. How long to administer total bowel irrigation with Fe overdose?
1074. What to use for total bowel irrigation
1075. MOA of finasteride
1076. Which one of these is a NSAID available for use as eyedrops? Ketaorolac, diclofenac,
1077. Difference between concerta and strattera
1078. Pt instructions for Micacalcin
1079. Pt has anemia. Which brand name iron prep is available IV?
1080. What can be used to treatment aspergillosis? I. A II. Itraconazole III. Ketoconazole
1081. How to dose Zostrix? Q day, BID, TID, etc.
1082. Pt receiving cancer chemotherapy. Also getting dexamethasone and ondansetron. How to give dexamethasone and ondansetron? Mix in same bag and give 1 hr after treatment. Mix in same bag and give 4 hrs before treatment. Mix in 2 bags and give 4 hrs before treatment. Mix in 2 bags and give with first sign of NV
1083. Given pt profile, what is metabolite of muscle relaxant? Soma is muscle relaxant on profile. Its metabolite is meprobamate.
1084. Baby has red diaper rash with small Pustules. What organism is it caused by? How to treat it?
1085. Which one of these cephalosporins is not available as oral dosage form?
1086. How often do you give flu vaccine? Yearly, every 2 yrs, every 5 years, etc.
1087. On profile, Pt has Enterococcus Faecalis – resistant to Vancomycin (= VRE). Patient is allergic to penicillin. Which of the following antibiotics will you recommend to treat it? Clindamycin, Synercid, etc.
1088. What is the max dose of donepezil (aricept)
1089. Which PPI comes in liquid form
1090. does acarbose cause hypoglycemia
1091. Which antibx cover Enterococcus facium?
1092. Which antibx cover Pseudomonas
1093. K type question: What is correct about Serevent discus?
1094. Raynauds disease is what? What drug makes it worse? What drug can you treat it with?
1095. Calculate ANC
1096. Exosurf is for Respiraotry distress syndrome
1097. Lady with hysterectomy? D/c which drug? D/C provera
1098. Calculate CrCl
1099. Stop Metformin 48 hrs before angiogram – should be after the angiogram
1100. Flu prophylaxis: Rimantadine, Amantadine
1101. If someone is on heparin, what do you do if the aPPT is too high?
1102. Td can be given to a pregnant lady
1103. Lotrel is ccb and ace inhibitor
1104. Oleaginous base: white petrolatum
1105. What tests to monitor with Actos and Avandia
1106. Definition of Levigation
1107. S/Sx of Sepsis
1108. What tests are done for sterilization?
1109. Tx for aspergillus
1110. Zoloft, ultram, trazadone can cause serotonin syndrome when used in combo
1111. What eyedrops are used for miosis?
1112. Feverfew: migraines
1113. Leupron Is GHRH AGONIST
1114. Neupogen side effect: bone pain
1115. calcium and phosphate will precipitate
1116. What are active ingredients in Truvada
1117. Generic name for Lescol
1118. Overdose with Buspar, what do you give?
1119. What is mannitol?
1120. What is the name of Erythromycin injection?
1121. What are times you give Isosorbide mononitrate? 2 doses, spaced out 7-8 hrs in between.
1122. What is silicosis?
1123. What are the alternative treatments for PCP, if someone has a sulfa allergy?
1124. What reference book to look to see the off label use of the drug?
1125. Migraine prophylaxis if Imitrex doesn’t work.
1126. RA: treat with gold, immunosuppressants, and NSAIDS. Look up sedimentation rate.
1127. Exelon’s ADR?
1128. Morphine ADR?
1129. Tetanus shot, how often do you get it?
1130. Know chrone’s dz drugs
1131. Know what is Paget’s dz, hasimoto’s dz, cushing dz, addisions dz, myasthnis gravis.
1132. Bactroban is used for impetigo. Which organisms cause impetigo?
1133. How often do you change an estrogen patch?
1134. Take progestins to protect the endometrium/uterus. If hysterectomy, you don’t need to take Provera anymore. Note: Premarin is only estrogens!!
1135. Calculations-Epi, Calc doses, CrCl
1136. Oncology – MOA for Leucovorin
1137. N/V ex MOA ondansitron, dexamethasone for delayed N/V
1138. SE of Doxorubicin and Vincristine
1139. Agents that require a vertical hood (ex gancyclovir)
1140. Antibiotic combinations for febrile neutropenia (what bugs do you need to cover)
1141. Vaccines – At what age should adults get the pneumococcal vaccine
1142. Brand names of vaccines (ex pneumococcal vaccine for pediatric patients Prevnar ®)
1143. At what ages do you give H. flu (2 mo to 2 years)
1144. Which vaccines contain eggs or egg proteins ( influenza and MMR)
1145. Raynaud’s – Know what it is (abnormal response to cold); What to treat it with (CCB); What not to treat it with (Beta Blocker)
1146. Biologics – Humira; Infliximab; Filgrastim (SQ use a short needle); Neupogen (SE is bone pain)
1147. Labor/NICU – Topical products for induction of labor
1148. Tx for patent ductus artiosis (Indomethacin)
1149. Respiratory distress syndrome (Synergis and other therapies)
1150. MOA of all antibiotics especially Aminoglycosides (interferes with protein synthesis) and Fluoroquinolones (inhibits DNA gyrase )
1151. Invanz is Ertapenem a carbopenem and does not have Pseudomonas coverage
1152. Know which cephalosporins cover Pseudomonas (cefepime and ceftazidime)
1153. Know the brand names and generations of cephalosporins
1154. Can you safely use cephalosporins in a PCN allergic patient?
1155. Know microorganisms and whether or not they are gram negative or gram positive and aerobic or anaerobic
1156. GERD – Nonpharmacologic therapies (elevated head of bed, decrease fat intake, quit smoking, avoid lying down within 3 hours of eating, losing weight, avoiding alcohol, eating smaller meals)
1157. PUD – PrevPac contains Prevacid, clarithromycin, and amoxicillin
1158. Common cause of PUD is H. pylori which is treated by clarithromycin, amoxicillin, metronidazole,
or tetracycline

1159. Hepatic Encephalopathy – Know to decrease the amount of protein in the diet; Treat with lactulose; Monitor effectiveness of therapy by ammonia levels

1160. Ulcerative colitis – Dosage form of glucocorticoid for distal disease? I said suppository but not sure – there are enemas available, but I am not sure about suppositories

1161. Toxicology – Drug for Ethylene glycol poisoning (fomiprazole)

1162. Drug interaction between Inspra (Elparanone) and St. John’s Wort

1163. Disease-herbal contraindications

1164. Phytodiols (plant estrogens)

1165. Feverfew for migraines

1166. Dosage forms/Commercial availability – Depakote; Topomax; Heparin (strengths)

1167. DME – How to fit crutches; Catheters

1168. Light sensitive medications (Vasopressin)

1169. Medications that need to be dispensed in glass (nitroglycerin)

1170. Which drugs need to be refrigerated (pulmozyme)

1171. Drug interactions – Lotrel (benzazapril and amlodipine) and Monopril

1172. Atopic dermatitis treatments (corticosteroids)

1173. Prevention of excoriation

1174. Falconi’s Syndrome – Due to outdated tetracycline and affects the kidneys

1175. Coumadin – Adjust for a high INR

1176. Read and memorize The Essentials lots of similar questions!

1177. With diet drugs, know which vitamins you have to supplement – A, D, E, and K

1178. What is Raynaud’s Disease? Numbness in extremeties

1179. What is the generic name? Beta-blockers

1180. What is the generic name for Actos? Pioglitazone (rosiglitazone was one of the incorrect choices)

1181. What drug covers C. difficile?

1182. What is the generic name for Inspra? Eplerenone ... How is Inspra given (dosage forms)

1183. Know the dose-dependent dopamine effects.

1184. Prandin is similar to Diabeta

1185. Take Precose with the first bite of a meal.

1186. Plavix MoA – inhibits ADP

1187. Probably about 35-40 calculations. Most were fairly easy. Know how to do alligations, dose by weight. You MUST know your conversions (grams-lbs) or else you will be out of luck.

1188. Use a table given to convert equianalgesic doses of Dilaudid and Morphine and Methadone. For this question, you had to know that Dilaudid is hydromorphone.

1189. CDC is the agency that keeps up with reportable STD statistics.

1190. BC rating in the Orange Book is not therapeutically equivalent.

1191. Need to know calories in dextrose (3.5), carbs (4), and fat (9). Came up in several questions.

1192. Type-k question: Which can be used in patient with HTN? Muse, Caverject, Cialis. I know you can use Muse and Caverject. Not sure about Cialis.

1193. 3 questions on Sporanox.

1194. Know aminophylline is 80% theophylline.

1195. Purpose of Sodium Lauryl Sulfate.

1196. Type-k: Decrease risk of hemorrhagic cystitis by drinking lots of H2O (true), coadminister with Mesna (true), pre-treat with mannitol (?)

1197. Amount of elemental calcium in calcium carbonate.

1198. How is Zithromax stored? I put refrigerate.

1199. Know that Demerol metabolite (normeperidine) causes seizures.

1200. Give ISMO at what times? 7A.M. and 5P.M. was the best choice b/c this gave a nitrate-free period.

1201. Why do you allow a nitrate-free period? Tolerance was not a choice. I put to avoid tachyphylaxis.

1202. Treat Legionnaire’s Disease with Zithromax.

1203. What bug causes Legionnaire’s?

1204. Positive Coombs test means hemolytic anemia.

1205. Which dosage of Synthroid not available? 0.03 mg is not available.

1206. Pt with INR of 4.1. You should hold coumadin for 2 days and reduce dose.

1207. Pulmozyme decreases viscosity of mucus in lungs.
1208. Which is the IV form of Erythromycin? Lactobionate
1209. Zofran MoA – tricky choices. Correct is 5HT-3 antagonist.
1210. Give pulmozyme via nebulizer.
1211. Fanconi’s syndrome – what is it?
1212. Zyrtec is available in liquid form
1213. Rinse mouth after using Advair.
1214. Question about ileostomy pouch.
1215. Type-k: What does Lactated Ringer’s contain? Na (yes), K (yes), Ca (yes)
1216. Cipro dosage forms
1217. Which is not a treatment for hypothyroidism?
1218. Know about caffeine and theophylline and lung disorder.
1219. Know what silicosis is.
1220. Octreotide – what is it used for (2 questions)
1221. Max dose of metformin – 850 mg TID
1222. Shape, size, and color of digoxin and avandia.
1223. Look up all the vaccines and all of the questions other students sent in. About 60 of my questions were repeats. 25 of my first 30 were calculations. just know how to do the calcs in the packet. My last one was 5 or 6 steps long. I tried, but then gave up and guessed. I must have gotten it wrong, b/c my next question was an easy brand/generic question.
1224. brand names of nebulizers (I’d never heard of any of them)
1225. brand names of peak flow meters
1226. 2 or 3 questions about counseling pts with peak flow meters and nebulizers...these may have been the test questions
1227. Had maybe 2-3 on pharmacokinetics. They were pretty easy. I only remember one asked to look at a graph and pick which statement was true about it. It looked like the two peaks that indicate enterohepatic recycling – and that was the answer.
1228. Most of the questions were patient profiles. They will give you patient profiles at the top of the screen and ask you questions below. You need to remember to answer those questions according to the profiles. Answers will usually differ if you read them independently from the profile. For example, I had a question on what you can use to treat otitis media. The profile was for a child under 8 yo but he/she was allergic to PCN. Therefore, you could not choose the first choice treatment for it (I think it’s amoxicillin and then augmentin). They had several other choices, and one of those was the answer. I can’t remember the choices. Remember to look at the complete profile before answering the question.
1229. Some profiles will ask, what is the generic of drug X that was prescribed on this date? And vice versa, what is the brand for drug X prescribed on this date?
1230. I had quite a few questions on p-values. They would give a p-value and 2 or 3 things about the study. You choose which statement is true about the study. I thought it was fairly easy. Nothing tricky or hard about it.
1231. Had to calculate NNT (number needed to treat) for a study that gave you the absolute risk reduction percentage. I forgot the formula, but I think it’s 1/ARR. Drug information was a long time ago for me!
1232. Had only 2-3 questions on herbals: Feverfew and migraines (2 questions asked differently); Active ingredient in garlic: allicin; Didn’t have any on supplements.
1233. Had 2-3 on OTC products. Mine was mostly on milk of magnesia: (a) what class of laxatives is it in (b) ? Saline Laxative
1234. Which drug when reconstituted needs to be refrigerated? Omnicef; Suprax; Zithromax; Cef- (can’t remember which cef); Can’t remember other choices
1235. What is the MOA of Prandin?
1236. Prandin is similar to which drug? Choices included other antidiabetic agents and you had to identify which drug was in the same class as Prandin.
1237. Some profiles asked about drug-bug coverage. Others asked if you were to modify the profile which two antibiotics would you choose to cover the bug. My patient’s culture had pseudomonas.
1238. Another profile asked about aminoglycosides.
1239. Had 1-2 questions on chemo drugs.
1240. Had a few questions on what to counsel for particular scenario. i.e., Patient profile included sulfur eye drops for a child. What would you tell the parents? I picked: drops may burn eyes.
1241. What is Enbrel used for?
1242. What class does DynaCirc belong to? calcium channel blocker; ACEI; ARB; Can't remember other choices
1243. Given a prescription for a compounded product. One of the ingredients was methylcellulose. Asked what it was...suspension agent (YES); emulsifying agent; flocculating agent
1244. Patient case on RDS (respiratory distress syndrome) in a neonate. Several questions. Beractant was a choice.
1245. Several questions on vaccine. One was: Emergency room physician calls you and asks about the safety of giving tetanus & diphtheria vaccine to pregnant woman. You: tell physician that it is fine to give to her -or- go to CDC website to look for updates/recommendations in pregnant women -or- tell physician not to give to her b/c?
1246. *Questions and answers were modified to what I could remember. They are not verbatim, but they portray the topic or idea. There are more choices on the test, but I could not remember them all...just the general gist.
1247. I just wanted people to know not to worry if someone you know has taken the boards after you but is licensed before you. This particular thing happened to me and I cried for 2 days because I thought I hadn't passed the MPJE (stupid red x). But as soon as I had gotten used to the idea of retaking the test, I looked one last time at the verification page and was licensed as a pharmacist, not intern. It's hard not to let your mind get the best of you sometimes, especially when you get licensed later than you think you would. I still don't understand how they get the grades processed. I guess each testing center is different in how fast they get grades to Macon.
1249. Also a question about a drug with brand name of ISMO that I wasn't sure what it was, turns out its isosorbide mononitrate.
1250. Bunch of calculations, bunch of prostate cancer questions, no AIDS
1251. One theophylline question (patient takes theophylline ER 200 mg BID, what is the daily amount of IV aminophylline in ml/hr that they need
1252. Had an asthma question: Patient already taking Albuterol and Pulmacort but is waking up at night 1-2 nights a week and having to use her rescue inhaler. What would you add to her regimen: A. Theophylline  B. Singulair and Theophylline  C. Seretide and QVAR  D. Caffeine
1253. How would you classify the above patient's asthma?
1254. After 12 hours post MI what is not helpful? Clot buster drugs
1255. I had a k-type question that concerned the different toxicities of methotrexate.
1256. Know doses of dopamine: dopaminergic, cardiac and pressor
1257. Drug color change due to: Oxidation
1258. TNKase? side effect is cerebral bleeding
1259. Accutane contraindicated in pregnant women
1260. Sustained release morphine: ORAMORPH, Kadian (k type Q- pls check all SR's)
1261. Question on which narcotic is available as a tablet, liquid, suppository and IV – A. Codeine, B. Oxycodone, C. Hydromorphone, and a couple of others I can't remember.
1262. Know that zones for peak flow meters
1263. Accolate: leukotrine modifier
1264. What is the generic for AeroBid
1265. What vitamins cannot be taken with Accutane? Choices were: A. Vitamin A, B. Ascorbic Acid. C. Vitamin B1, D. Vitamin B6
1266. Have to take vitamin B6 with Isoniazid
1267. Know alternative names for vitamins and herbals
1268. Questions on Proscar/Propecia
1269. Only had a couple of chemo questions
1270. I had a lot of questions almost straight out of the packet.
1271. Out of three AIDS drugs, pick the protease inhibitor. (zidovudine, lamivudine, Crixivan) I don't remember if they were all brand or generic or a mix.
1272. AIDS Post-Exposure Prophylaxis-nurse gets stuck by an AIDS patient's IV. What should you offer her? Gives you a chart.
1273. Patient with angina and already on beta-blocker and ISMO. Is not controlled and needs another drug. (Diovan, an ACE inhibitor, atenolol, something else, and amlodipine). I chose a long acting
dihydropyridine CCB-amlodipine

1274. K-type question: Ringers Lactate contains: I. Sodium II. Potassium III. Calcium It's all three
1275. Two herb questions: Valerian and Feverfew were the two I was asked about.
1276. What one thing to monitor when giving TB meds.
1277. Choices were CBC, LFT, FBG, PPD, and one other that didn’t make sense. I would pick liver function tests because several TB drugs are liver toxic. The PPD will be positive forever.
1278. On TB meds (RIF, INH, PZA, and ethambutol) what to give to decrease the toxicity of one med-I chose pyridoxine for INH.
1279. An administration question about pramlintide (Symline).
1280. What is Ciloxan? An anti-infective (Ciprofloxacin)
1281. What is silicosis? A respiratory disease caused by inhalation of silica dust which leads to inflammation and scarring of the lungs.
1282. A question about Invanz (ertapenem)-I think it had to do with administration.
1283. What is a hiatal hernia? When your stomach protrudes through your diaphragm
1284. K-type with Granulex and its dosage form
1285. Prostate Cancer risk factors: question asked which was NOT a risk factor. Smoking was not a risk factor (diet, age, race, and family hx were).
1286. Wood alcohol (methanol) poisoning treatment-ethanol or fomepizole
1287. Avandia—when you will see efficacy-takes 4–6 weeks to see effects
1288. Best form of topical corticosteroid for distal UC acute exacerbation. Choices were gel, foam, suppository, retention enema, and something else. I had a hard time finding the answer. Topical corticosteroids are available in foams, suppositories, and enemas for that purpose.
1289. Pill with an osmotic pump system-Procardia XL does-I don’t remember the choices
1290. Side effects for Exelon (rivastigmine)
1291. What is Fanconi’s Syndrome? Congenital anemia due to low production of RBCs-can be induced by anything that causes the failure of the proximal renal tubules.
1292. Drugs that cause hyponatremia.
1293. Patent Ductus Arteriosus can be treated surgically or with indomethacin
1294. Morphine is not available as a patch
1295. Administering the tetanus and diphtheria vaccine to a pregnant woman.
1296. The H. flu B (Hib) vaccine administration—children < 6 weeks should not get, when it is not (>5 years old), reaction—redness, warmth, swelling at site of injection, tolerated well.
1297. Vaccine that needs to be reconstituted. I chose measles.
1298. Raynaud’s Disease—same questions as the ones before—treat with CCB, wear gloves in the winter  
1299. I got there early and they let me start right away.
1300. No questions on CF, seizures, HTN, or gout. 50% or more questions were patient profile related. Many of the questions could be answered without using the profile. About 30% or so math. Had a couple of calorie calculations. Mg were given so how many mL do you dispense?
1301. Had quite a few repeat questions
1302. Had the question about Hydroxyurea and increasing Hgb F
1303. How is Enbrel given? I put Subcutaneously
1304. Had the question about the tests used for Liposyn II
1305. Had one particularly odd question with a patient profile. The patient had a PCN allergy, under the notes had “abdominal pain and bloody, mucoid (?) diarrhea” and had some type of renal issue (possibly ESRD, or something close to it). The question asked what the antibiotic of choice was for the condition (the diarrhea) but the only previous treatment was with the use of amoxicillin for a reason I can’t remember (clindamycin was nowhere on the profile). The choices were IV Vanc 1gm Q24, PO Vanc, some other form of Vanco (possibly also oral), and then IV and PO choices of Metronidazole. I ended up choosing the oral metronidazole, but didn’t really know what the question was asking.
1306. Had a question with a patient profile asking which of this patient’s meds can be converted to IV. I narrowed the choices down to atenolol and omeprazole. Could not immediately decide on which was available IV, but remembered the other PPI’s that came IV and knew omeprazole was not one of them. Chose atenolol, and also just looked it up in lexi-comp DIH and it does come as an injection.
1307. Is PMN the same thing as segs? Had two questions asking for the ANC but nowhere on the profile was a value for segs, only bands, monos, lymphs, etc.
1308. Had several excipient questions, (what can be added to the compound to do a certain thing to the product), but none of the choices made sense based on what I had studied.
1309. I had one calculation question at the beginning that asked for tobramycin of a particular strength (I think 0.75%) and stated that you had 0.3% Tobrex and 40mg/ml tobramycin. Then asked about how much tobramycin you need to add to the tobrex to make a certain volume. In thinking about this question, I may have answered it incorrectly b/c I didn’t utilize the 0.3% as a component of the total solution. (Just put zero for that part of the alligation...oops!)
1310. Had several “calculate the calories” from the TPN
1311. One TPN question asked how many total calories in one day (the TPN had Aminosyn II 4.25% and Dextrose 10% in 1000ml) the TPN was run at 125ml/hr. So, this was an 8 hour bag. Knew to multiply my final answer times 3 to get the 24 hour value.
1312. Had the “calcium phosphate precipitates out of the TPN” question
1313. Had the tamoxifen causes bone pain question
1314. Had a question about how penicillin resistance to strep pneumonia is caused. Not a K-type question, but two of the choices could’ve been correct: production of beta-lactamases, and something I read in the Washington manual to be true: change in penicillin binding proteins. The latter is what I chose, but don’t know which one is actually correct.
1315. Had a question on which drug decreases clearance of Methotrexate. I chose Ibupprofen and don’t really remember the rest of the choices. I really didn’t know the answer to this question
1316. Had a question about the triptan that’s available as a nasal spray. I chose sumatriptan
1317. Had two K-type questions stating that a patient can’t swallow tablets and was on Topamax and Depakote (I believe) just know that Topamax comes in sprinkle caps and so does Depakote. Depakote has other formulations as well.
1318. I had a question about a prescription for Neoral 100mg (or so) being prescribed and all that was available in the pharmacy was Gengraf and Sandimmune. What to do? I immediately knocked out 3 choices stating in some form or another that Sandimmune was an appropriate interchange for Neoral (it’s not). Then the last two choices were “it’s ok to substitute Gengraf for the Neoral” and “neither Gengraf nor Sandimmune is an appropriate interchange for Neoral, call the doctor to get a new prescription”. I chose the first one of those two but don’t know if this is correct.
1319. Patient’s profile with metformin. What class does this drug belong to?
1320. What excipient can be added to make a particular drug more absorbable through the skin.
1321. The administration schedule of hepatitis B vaccine
1322. MMR requires reconstitution (Hib—I’m guessing this is flu shot was also a choice)
1323. Flu vaccine should be given annually
1324. Accolate is not available IV
1325. Generic for Forteo is teriparatide
1326. Glyset doesn’t cause hypoglycemia
1327. Diaper rash questions (what causes this, to air out the baby’s bottom, and use nystatin/triamcinolone)
1328. Phenytoin causes megaloblastic anemia
1329. MMR shouldn’t be given with egg allergy (flu wasn’t one of the choices)
1330. Zithromax, Biaxin, Bactrim do not require refrigeration
1331. Fanconi’s syndrome: renal tubules
1332. 2 questions on the Sporanox pulse-pak: how to dose and what it’s being used for
1333. Don’t use MOM in ESRD b/c the magnesium component
1334. One patient profile, w/ the patient who had ESRD, which laxative to use. Narrowed it down to Bisacodyl and Senna. Chose bisacodyl, don’t know if this was correct.
1335. The aspergillosis question: CAVI (k-type) question
1336. How to prepare/administer Nitroprusside: K-type: I. Light sensitive II. In glass container III. With 22 micron filter. I chose all 3, but couldn’t remember if these were all true
1337. How much elemental calcium is available in 2 tabs TID of TUMS? Each has 200mg elemental calcium, so I chose 1200mg
1338. Alternative for ethanol in treating methanol OD? Fomepizole
1339. Know that hypomagnesemia can result from Dig toxicity
1340. Use Succimer for lead toxicity
1341. MOA of finasteride and Arava
1342. MOM is a saline laxative
1343. Had a patient profile that asked if you mixed 0.5% of Albuterol with 2.5ml of normal saline what’s the percent that results: I chose 0.083% based on the 0.83mg/ml answer that resulted.

1344. The next question asked how to administer the albuterol, I chose nebulizer, but spacer and other choices were also there.

1345. One profile had a baby about 2 months old and I believe no more than 11 pounds. One of the questions asked what could cause the baby’s increase in BUN (I think it was like 120 or thereabout). The baby was on Bumex 0.5mg TID, I’m thinking that’s a pretty huge dose for a baby. DIH actually states that dosing is not even established for anyone younger than 6 months.

1346. Had the question about how to give zofran and dexamethasone prior to chemo. I chose to keep them separate and give them 4 hours prior to chemo. But had also narrowed it down to mix them together and give 30 minutes (or 4 hours?) prior to chemo. So, I don’t know which one is correct.

1347. Leukeran is an alkylating agent.

1348. In-line filter with Paclitaxel.

1349. DOC for SVT: adenosine.

1350. DOC for V. Fib: amiodarone.

1351. 2 questions on Reynaud’s: one is what it was (vasospastic dx. Aggravated by the cold) and the other was which of the following aggravates the disease: ans was a beta blocker (can’t remember which one).

1352. K-type question where the patient was on several drugs, question asked which drugs were at the max dose. I. was Zocor 20mg (not the max dose) and the II was precose where the patient was >60kg and was on a total dose of 100mg given AC (so, three times a day). So, II was an obvious max. Had to choose III as well, by default (even though I wasn’t sure about that one) since I knew that II was part of the answer.

1353. Which could’ve caused the patient’s hypocalcemia. Patient was on a loop diuretic.

1354. Patient profile where patient was on clonidine and an ACE-I for Hypertension. The patient’s BP was like 160/100 or so according to the question. What to do? Choices included adding tamsulosin (thought this was a NO b/c why would you add an alpha blocker with an alpha agonist??) other choices were kinda ridiculous, narrowed it down to increase clonidine or increase the ACE-I. Patient was also diabetic, so I chose to increase the ACE-I.

1355. If you double the dose of phenytoin, you more than double the steady-state concentration. Patient was a baby though come to think of it….so I don’t know for sure.

1356. A question where I answered that hypocalcemia was due to decreased PTH secretion.

1357. Benefit of Evista: choices included decreased risk of ovarian cancer (I believe it is breast and uterine, not ovarian) and something about delaying osteoporosis. This is the one I chose.

1358. Can take Lipitor without regard to meals.

1359. A question about Fentanyl where the patient was getting it IV every hour. The question seemed to ask about fentanyl in general not pertaining to the patient’s profile. I chose that fentanyl has a slow onset of action (thinking about the patches) but wasn’t clear on whether it pertained to the profile or not.

1360. Feverfew can be used in place of Midrin.

1361. Gingko can cause increased risk of bleeding in a patient on coumadin.

1362. Saw Palmetto is the herb with synergistic effects to Finasteride when given together.

1363. One question asking about the absolute risk reduction for a particular drug. There were 500 people in each group. The drug had 6% MI and the placebo group had 10% MI. I chose that there was a 4% absolute risk reduction, but this probably isn’t the correct answer. I just didn’t want to dwell on this question.

1364. What to monitor with coumadin therapy.

1365. A question about treatment of hep B, chose Ribavirin, but don’t think this was correct.

1366. Another question specifically about Ribavirin, kinda odd: asked how Ribavirin should be administered and the choices were things I had never heard of.

1367. Give Zithromax without regard to meals, K-type question where choice III was the only answer that was correct (to keep the zithromax at room temp).

1368. Only one question on the ionization of a drug that ended with “hydrochloride” (according to Flynn’s notes, this would mean it’s a base). The drug’s pKa was about 9.7? The question asked how much of it would be ionized at physiological pH? I chose 99%.

1369. Question about what to give for pain relief in a patient who, stated clearly in the question, had ESRD. Chose meperidine (Demerol).
1370. What is the active ingredient in the patient’s muscle relaxer? Patient was on Soma, so this was carisoprodol.
1371. What is the muscle relaxer metabolized to? Meprobamate.
1372. Had a question where a mother is told to use bactroban. Something about counseling where I chose to tell the mother to use it for “at least 5 days” but don’t know if this was correct.
1374. Danazol is used for endometriosis.
1375. What to add to a TPN for a patient with metabolic acidosis (nothing to do w/ Bicitra) I chose adding potassium chloride (another choice was sodium acetate) APhA review book stated to add acetate anions if the patient has metabolic acidosis and chloride anions if the patient has metabolic alkalosis. Oops, guess I got that one wrong.
1376. A question using a patient profile where Cipro was dosed with something to the effect of 500mg QID. The question asked about the Cipro with obviously wrong answers such as “Cipro is dosed just fine” and something where Cipro had the same MOA as penicillin (it doesn’t).
1377. Drugs included in a PredPak I. Metronidazole II. Azithromycin III. Clarithromycin – WHOA! I thought a PredPak was only prednisone; maybe this one was really which drugs come in a course of treatment package (e.g., Z-pak).
1378. Stimulants of headaches - a. MSG b. caffeine c. cheese d. alcohol e. smoking.
1379. Several questions about infectious mononucleosis and pseudomembranous colitis….What occurs when a patient presents with infectious mononucleosis? I. (can’t remember this one-- something like febrile maybe, but was sure it was true) II. extreme lethargy III. decrease in Hct.
1380. Had lots of ID questions:
1381. Which of the following has been reported to cause a prolonged erection? a. amoxicillin b. rifampin c. some cephalosporin d. isoniazid e. one other (can’t recall) --- I chose isoniazid, but I have never heard of any abx. causing this s.e. I know that PDE5-I can cause them along with sickle cell dz. but I don’t know…. What would you have picked? Best is choice is one of the erectile dysfunction drug (Viagra and friends) and antihypertensives are common causes.
1382. Series of ?s on Coreg: strengths available, starting dose for CHF, Maximum dose for HTN and CHF, can it be crushed?
1383. K type ? Leuprolide can be given IV and IM.
1384. Immitrex available as nasal spray and injection.
1385. Dobutamine doses……What is the vasopresser and cardiac dose.
1386. Had to calculate an Absolute Risk Reduction.
1387. Definitions of Pregnancy category A, B, C, and D.
1388. Terazosin. When should you give it? Bedtime to decrease dizziness and hypotension side effects.
1389. Gentamycin, Rifampin, Nafcillin for staph and prosthetic valve.
1390. Several questions on Prevnar……used for infants age 2-5 and it’s a pneumococcal vaccine.
1391. Wood alcohol give ethanol.
1392. Zanamivir (Relenza) for Influenza treatment.
1393. Which herbal can Increase ALT/AST: Wood birch, chamomile, passion flower and 2 others never heard of …I took a wild guess.
1394. Know Zyvox comes orally.
1395. Several questions on which can be crushed and which cannot be crushed.
1396. Pt with migraine HA’s is taking Fioricet and also purchasing Acetaminophen Extra Strength OTC. Had to figure out how much acetaminophen she was getting a day and she was getting over 5 grams……K type. What should you worry about – Rebound headaches and Liver toxicity.
1397. Know dosage forms of Concerta………enteric coated tab, capsule ER and so on.
1398. Xigris main side effects = bleeding.
1399. I studied the student question packet and calculations for four days before the NAPLEX and I read through major disease topics like oncology, HIV, Heart Failure, Diabetes, Etc. and made a 134 on NAPLEX.
1400. What is Donazol used for? Endometriosis.
1401. What drug is made by pegylation? look up – Anything that starts with or ends in PEG, such as pegaspargase.
1402. What causes diaper rash…yeast, and what treats it…Mycolog cream.
1403. Why is the patient on octreotide? diarrhea.
1404. Pay attention to allergies-you can usually rule out the answers just by allergies listed.
1405. LOTS of drugs and bugs questions
1406. LOTS of asthma; several questions on the use of peak flow meters (80-100% is green zone, get best of 3 readings for personal best)
1407. several questions on theophylline (1 was the interaction with EES)
1408. Can albuterol and Primatene Mist be used together and if so how far apart must they be used
1409. several antidote questions
1410. how often and how long to treat with acetylcysteine for APAP overdose (1 choice was treat until rectal effluent is clear?)
1411. signs and symptoms of sepsis
1412. use of fentanyl patch (k-type, 1 choice was is good to use in patients that change analgesics often?)
1413. albumin is needed to calculate corrected calcium (just had to know that, not how to calculate)
1414. mupiricin is for impetigo
1415. 3-4 questions on shingles (1 was it is also known as Epstein-Barr syndrome)
1416. how to give foradil
1417. 1st line treatment of COPD
1418. what is ARDS and what system does it affect (I put acute respiratory distress syndrome so it affects the respiratory system)
1419. Yasmin is most like what (some word that I can’t remember) – oral contraceptive?
1420. advantages of central catheter vs peripheral catheter (not dealing with TPNs)
1421. How does ASA worsen asthma
1422. Colyte is an osmotic diuretic – NO, it is an osmotic laxative
1423. Zyban Contraindicated in seizure disorders (had this twice)
1424. Demerol metabolite can cause seizures (had this twice as well)
1425. Clonidine is for methadone withdrawal
1426. I had TONS of questions from the Essential Study Tips section…..probably wouldn’t have passed without it!
1427. Carvedilol advantage over metoprolol
1428. How to tx overdose of mg stearate
1429. Concert is controlled release morphine (other choices included sustained release, etc)
1430. PCP Tx – Bactrim
1431. Avandia considered failure after how long of tx?
1432. ANC calculation
1433. How is Zostrix dosed? TID
1434. Humalog and Humulin N in same syringe – how do you mix and in what order? Humalog goes in first, then the Humulin-N
1435. Hib vaccine – can it be given with other vaccines?
1436. Td vaccine in pregnancy
1437. Prempro active ingredientsUSP DI II for patient info
1438. Lescol = fluvastatin (be careful b/c they put fluoxetine as one of the first choices and if you don’t read carefully you might miss it)
1439. Mannitol use with cisplatin – promotes diuresis
1440. 25 units of insulin most accurately measured with what size syringe? 0.3 cc
1441. What kind of needle to administer 300 mcg SQ of certain drug (can’t remember which drug)? Choices included 1 mL 5/8”, 1 mL 1”, 1 mL 1 and ½”, 3 mL 5/8”, 3 mL 1” – from Flynn – you usually use a 0.5 inch or less needle for subQ that has a gauge of 25 or smaller (30 is smaller than 25); syringe volume would be a function of quantity to be administered but rarely do you give more than 0.5 mL by subQ route.
1442. Calculation with female CrCL with IBW
1443. TPN calorie calculations
1444. ODT formulations (rizatriptan, loratidine, Zofran)
1445. Gentamicin peak and trough (4-10 and <2)
1446. Which is not a sx of sepsis? Hypertension was answer
1447. Cubicin = quin/dalf
1448. Penicillin resistance = either change in penicillin binding protein or β-lactamase?
1449. Which inhaler comes with a spacer in the manf packaging? Can’t remember choices
1450. Organism in diabetic foot infexn
Organism in diaper rash
What is used to tx diaper rash?
Drugs used to tx recurrent otitis media
Document what before Lovenox is started? I put platelets, can't remember other choices
First DVT – how long to be on Coumadin
Wood alcohol overdose tx
Exelon MOA – AchI
Zosyn dosing with CrCL < 20
Which drug is red? Doxorubicin
Ismo dosing? Separate by 7 hours
Avandia – check beforehand and monitor LFTs
Know what randomized-open label study means
Be able to calculate relative risk reduction from relative risk (RRR= 1-RR)
Primary literature = double-blind clinical trial
Standard deviation defn
Fuzeon is given SQ
Nitroprusside protect from light
Gingko-warfarin interaxn
Feverfew used to tx migraine
Fluzone is injectable flu vaccine
Flu vaccine given yearly
Lotrel = CCB + ACEI
Miaca lin storage and administration
Given gentamicin peak = 8 and trough = 1, what is the t1/2?
IV PPI = protonix
MOM mechanism of action/pharmacologic class
Fanconi syndrome
Topical labor inducer
Dosing MTX in child
Given gentamicin peak = 8 and trough = 1, what is the t1/2?
Convert oxycontin and percocet to morphine w/o chart
Convert PO to IV prednisolone
Calculate the number of tablets to give patient with RX for 6 tablets (30mg) for 5 days, then decrease by 5mg every 5 days until gone
Peak flow meter – know how to use, name brands, and how to determine personal best
Lots of alligations
Be able to pick out which name brand drug is not a Protease Inhibitor
Know name brand AIDS meds
Didn't have many cancer drug questions or AIDS drug questions
Biggest advice is to be able to do all of Flynn's calculations and really study “the essentials” b/c I had lots of questions verbatim from it. I only studied his review notebook and glanced through the APHAn pharmacy review book and I made a 136!
Know the definition of a hiatal hernia. It's the movement of the stomach into the chest via a hiatus (a hole) in the diaphragm.
Know why you would not want to give Tussionex to alcoholics. (don’t remember the answers.)
Had a question about which medication you would start low and titrate up weekly. I chose Topamax.
The antidote for Avinza is Narcan
Know that Proscar MOA results in inhibition of the conversion of testosterone to dihydrotestosterone. (know the order b/c they also had dihydrotestosterone to testosterone as a choice)
K-type question for a pt. with a CrCl of 11. Which can you give? Metolazone, Bumex &/or HCTZ
Question about what dosage form Suboxone is? Sublingual
Asked about lab levels for Hyperthyroidism – High T4, T3 and low TSH
1501. Asked what sodium lauryl sulfate was – narrowed it down to an emulsifier or a suspending agent; it is an emulsifier that is why it works as a stool softener under the shorter name docusate
1502. Gave TUMS 500mg (don’t remember sig), but asked how much elemental Ca a day it provided
1503. Pt had Triglycerides >900 – answer was: puts patient at risk for pancreatitis
1504. Gave list of meds & wanted to know which one could increase Triglycerides? I chose the Beta Blocker. Wasn’t sure.
1505. Question about counseling for peak flow meter – choices were hold it vertically, exhale with force, have pt. lie down, take avg. of 3 readings.
1506. Asked about administration time of Humalog in relation to meals.
1507. Meprobamate is a metabolite of Soma
1508. Herbal interaction – Gingko with ASA – can get increased risk of bleeding
1509. Ciloxan – anti-infective
1510. Know Brand/Generic names of Protease Inhibitors. Had k-type question asking which of 3 are Protease Inhibitor’s? Crixivan, Epivir, Retrovir were my choices, I think
1511. Know the components of Timentin: Clavulanate/Ticarcillin (also threw in Sulbactam/Ticarcillin as a choice)
1512. Daptomycin = Cubicin
1513. K-type question: what do you premedicate amphotericin B with: chose benadryl and APAP
1514. Question asked which medication listed was available oral, IV, Suppository and liquid – I chose Hydromorphone
1515. k-type question on who to give Hib vaccine to: healthcare workers, preschool kids &/or developmentally delayed children. I chose the last 2.
1516. question a/b when to give Orlistat to increase effectiveness: I chose with each meal containing fat
1517. Counseling on Gaviscon – chew all the way before swallowing
1518. Which reference book can you use for unapproved uses of meds?
1519. question a/b making a paste uniform out of 2 products....is it levigation or spatulation + other choices
1520. advantages of central cath over peripheral. I chose change less often. B/c it is more invasive, has more problems associated with it and it harder to place.
1521. Question about a medication that needed to be given subcutaneously. They wanted you to choose the syringe & needle size. There was only one choice with a “5/8” needle....so I picked that one. You wouldn’t need a 1 inch needle to give a SC injection.
1522. Know generic for Konosyl: Psyllium OTC
1523. Know generic for Eulexin-Flutamide – used in prostate CA as antiandrogen
1524. Know max doses of Precose and Avandia
1525. Know Arava MOA specific enzyme action
1526. Crixivan with food
1527. Micacalbin counseling: refrigerate, prime once, alternate nostrils (said something about watch for severe nasal irritation, but I don’t know if that is true).
1528. Bumex- works in the ASCENDING loop of henle and inhibits the reabsorption of sodium and chloride
1529. Bactrim can be used for sinusitis in patients with allergy to PCN
1530. CAP can use clarithromycin for children allergic to PCN
1531. ISMO dosing
1532. KCL question regarding the following: EC causes small bowel perforation, Liquid causes diarrhea and reflux, ER decreases stomach irritation (don’t know the answer, was a k-type)
1533. Retrovir dosage forms
1534. Lupron MOA: LHRH AGONIST
1535. Know Kcal for protein, dextrose, and fat--lots of TPN Kcal questions and rates
1536. Methotrexate MOA: immunosuppressant and anti-inflammatory (?)
1537. Carisoprodol is metabolized to what? Meprobamate
1538. Tx of Vfib: verapamil or amiodarone (amiodarone)
1539. Tx of Supraventricular Tachycardia (adenosine?)
1540. Lopressor brand does not come in 25 mg. Ticlid does come in 250 and Cardizem CD comes in 240
1541. Nizantidine (Axid), Diphenhydramine( Benadryl), and Meclizine come OTC and RX
1542. Do not refrigerate: Biaxin suspension, Septra suspension, and Zithromax suspension
1543. MOA finasteride- block conversion of testosterone to dihydrotestosterone
1544. What isn’t effective in Prostate CA tx: chemo, orchietomy, LHRH agonists, etc
1545. filgrastim side effect
1546. Lipitor can be taken without regard to meals, need LFTs, watch for muscle pain
1547. What herb not used in Subarachnoid hemorrhage: Gingko
1548. Lisinopril max dose
1549. Isoflavanones (sp?) are herbals used in the tx of? Menopause symptoms
1550. Acute respiratory distress in neonates is treated with? Caffeine?
1551. What is Helidac kit made up of? Tetracycline, Bismuth, Metronidazole
1552. Invanz dosage form
1553. Filgrastim side effect
1554. Treatment of extravasation: phentolamine
1555. Aggrastat and Nitroprusside—protect from light
1556. Lots of allegation type problems and TPN calculations.
1557. PEG-Intron: know MOA, dosage form
1558. Glucovance: combo of glyburide and metformin
1559. Hyoscyamine: know the MOA
1560. Exelon: Know MOA, adverse effects
1561. Class of Seroquel: dibenzothiazepine (who knew?)
1562. Lots of questions on diabetes
1563. Few questions on oncology: question on cyclophosphamine’s adverse effect
1564. I had about 15 antibiotics questions: know what drugs are used to kill what bugs...what combo do you give to pt with pseudomons infection: Tobramycin and pipericillin
1565. Acyclovir comes in tab, susp, ointment, cap, inj
1566. TPN order: D25W A/A 4.25% with 500cc 20% lipid run at 83cc/hr for 24 hours. How many
grams of carbos; How many kCal of AA; What is the total kCal in the bag? Two choices were 2040 and 3040.

1594. The test covered wide range of topics and most of the questions were asked in the way that you either know it or don’t. So study hard! Best of luck to everyone!

1595. I had lots of calculations, such as – Creatinine clearance for male and female; RX calls for drug A in X%, what volume need to add to make Y% (we did these in Flynn’s review test)

1596. Lupus – what drugs cause it (procainamide, hydralazine, isoniazid) and what drugs treat it – NSAIDS (for the pain and fever), hydroxychloroquine (immune suppressant of limited use), glucocorticoids (debilitating to life threatening episodes), azathioprine, cyclophosphamide and other immune suppressants.

1597. Amiodarone Side effects – pulmonary issues reduced at low doses (300 mg/day) and increase as dose increases. Watch for allergy to iodine (note iodine in amIODarone) or thyroid issues.

1598. What test is used to test drug absorption in GI: dissolution, disintegration, hardness, etc – depends on specific wording of the question. Hardness of a tablet influences its ability to break apart in the stomach; a tablet must disintegrate in the stomach before dissolution can occur. All can be tested in vitro.

1599. Vaccine ok for pregnancy – flu vaccine, tetanus, key is to avoid MMR for the rubella part and varicella – The Lexi-Comp Drug Info Handbook has a great table for adult vaccinations. Review the whole section of about 15 pages.

1600. Vaccine that comes in po and iv – polio is oral and subQ

1601. Prevnar – what is it – a vaccine against a collection of bacteria that cause pneumonia used in children up to 5 years of age and usually delayed until child is two years of age.

1602. What chemo drugs have to put in fridge and what doesn’t have to be in fridge

1603. What drugs have to mix with sterile water

1604. Herbs: for depression, what is saw palmetto used for – benign prostatic hypertrophy

1605. How to tell if RA and IBS gets better: assess joint pain, ESR, something else (often folic acid anemia)

1606. Be able to look at lab values and see what’s going on

1607. What to treat high K – sodium polystyrene disulfonate, IV insulin

1608. What is ANC (lab value) – absolute neutrophil count, see ques in calculations handout

1609. Make sure to look at allergy so what if asked to switch or use alternate therapy, you can select the appropriate drug

1610. drugs used to prevent cold/flu

1611. triptans act at what receptor: 5HT

1612. Questions to ask before heme guaiac exam – included vitamin C response (antioxidant, can interfere with test), visual limitations (cannot be color blind due to seeing a blue color) and are hemorrhoids present (blood from hemorrhoids would cause a false positive).

1613. aminophylline to theophylline conversion (100 to 80) (also 125 to 100) whichever is best.

1614. PhosLo question

1615. Mg overdose question – give calcium; death due to muscle relaxation (includes heart failure)

1616. MTX dosed weekly in child with RA

1617. Monitor TB drugs with AST (test never said LFT – either AST or the other transferases)

1618. Zyvox dosage forms

1619. Biaxin storage question (not in fridge)

1620. Do not put Prilosec in Orange Juice – acidic and Prilosec is not stable in acidic media, hence the coating on the beads and making oral liquids up in Sod bicarbonate.

1621. Had to correct a tobramycin order which was to be given before dialysis (should be after and be a routine loading dose)

1622. What are the topical tocolytics? k-type (I chose only PGE, not oxytocin because oxytocin is not topical). Tough answer based on info – prostaglandins and oxytocin both cause labor to start or proceed; a tocolytic stops labor. PGE-2 does come in a gel that is applied to ripen the cervix prior to induction of labor and in suppositories (still technically topical) to induce labor. Other input suggests this question is really asking what topical agents can be used to stimulate labor.

1623. Take with first bite of meal: Acarbose

1624. Diabeta most like Prandin

1625. Filgastrim (Neupogen) does not cause agranulocytosis – would actually be used to treat

1626. Glyset will not cause hypoglycemia – only sulfonylureas and insulin will lower blood sugar in non-
diabetics
1627. Question about needing medroxyprogesterone for uterine cancer protection. This is correct.
1628. Dosage forms of Stadol, Miacalcin, Desmopressin – all come in a nasal inhaler.
1629. 2 or 3 questions on calculating a TMP dose from Bactrim
1630. Epogen and hypertension question (HTN well hidden in profile) – hypertension leads to renal failure and Epogen needed for red blood cell production in renal failure patients
1631. Telegretol and diabetes while pregnant question
1632. Nimotop (nimodipine) question
1633. danger of decreasing DKA too fast question – cerebral edema
1634. Bentyl not for GERD
1635. Feverfew and migraines
1636. Maxalt, Claritin, and a "setron" oral disintegrating tablet – all three available
1637. Demerol and MAOI combination question (usually with Nardil – was also on GA Practical)
1638. Mumps causes egg-like allergy (flu/measles not an option)
1639. pt with spleenectomy gets what vaccine? pneumococcal is most essential; H flu B not a choice; Hepatitis A and B can be given as can MMR and Varicella; regular flu vaccine OK due to possibility of secondary bacterial infections.
1640. Know Swan Ganz catheter measure Pulmonary Capillary Wedge pressure
1641. Methanol overdose (fomepizole)
1642. Silicosis is a pulmonary disorder
1643. No interaction between probenecid and colchicine (more info needed to answer question)
1644. Avandia requires AST before starting
1645. question about miacalcin storage – usually in the frig
1646. Depakote dosage forms
1647. Ampho-B: no electrolytes, mix in D5W, and reconstitute with water
1648. genetic polymorphism exists as acetylation
1649. smoking cessation OTC: something like patches and gum. Zyban also given (not OTC)
1650. Tabretol cannot be given for status epi
1651. what drugs cause Raynaud’s: Beta Blockers
1652. Leukeran is an alkylating agent
1653. I had the witch hazel, talc, starch question – I also put suspension; based on quantities it could be a paste. Definitely the talc and starch are not going to dissolve.
1654. I had the ISMO question and proper dosage times: I choose 7a and 7p, but don't think this is correct – correct is 8 hrs between doses; something like 7 AM and 3 PM; you have to allow for a nitrate free period as with removing the nitroglycerin patch at bedtime.
1655. Doxorubicin turns the urine red; and all other bodily fluids.
1656. Riopan substitutes can be found in Non-Prescription Drug Handbook and also in Facts and Comparisons
1657. Mg sterate is a lubricant in tablet manufacture
1658. Excess Mg sterate will cause alteration in tablet dissolution due to decreased rate of tablet break up (actual question said sped it up or slowed down; don't recall – it would slow down)
1659. Question about home monitoring for asthma (peak flow meter, not FEV-1). A peak flow meter is used to measure the FEV-1.
1660. Question about EC, ER, and liquid KCl (but said that diarrhea was assoc with liquid KCl, not "is there a decrease/increase" – I said false). Oops, diarrhea is a greater than 10% issue in patients on KCl. KCl liquid is hypertonic.
1661. Thrush is normally found in what area: mouth, yes – a fungal (Candida) infection of the mouth that looks like white spots in the mouth
1662. Nystatin questions (3 or 4, guess I kept missing them)
1663. Otitis media questions (not the one about Bactrim for PCN allergy)
1664. Morphine to dilaudid conversion (chart was given – very easy); usual ratio is Morphine 8 to Dilaudid 1
1665. What does Fanconi’s syndrome affect? Fanconi Syndrome is a congenital anemia due to low production of RBCs. It can also be induced by anything that causes failure of the proximal renal tubules. Patients develop polyuria (cannot concentrate urine), osteomalacia and reduced growth size. At one time Fanconi Syndrome was associated with use the of out-dated tetracycline but this is no longer a problem since the product has been reformulated – the filler was the actual culprit.
(The guy at the KAPLAN review refused to answer this question because he said it wouldn’t be on the test. well, guess what, asshole – this is NOT a comment from Flynn).

1666. DOC for Tourette’s syndrome (choices looked like stimulations, Parkinson drugs) – Simple tics and first line of therapy is short acting benzodiazepines. Then move to clonidine (which does not cause tardive dyskinesia in these patients). Intermediate acting benzodiazepines (Ativan) are also useful. For severe cases, the choice is an antipsychotic such as haloperidol or pimozide but they can cause tardive dyskinesia, dysphoria and pseudo-Parkinson’s.

1667. You must measure the scrotum to fit what device (since "There’s no way in Hell I’m going to measure a scrotum" wasn’t a choice – I chose swimmer’s athletic support).

1668. Mycolog cream treats what (not just fungus) altered question about ileostomy pouch – Mycolog Cream contains a corticosteroid (triamcinolone) as well as an antifungal (nystatin), so it would also treat the inflammation that can occur from what are basically "tape burns".

1669. Know EES is erythromycin ethyl stearate and it reacts with theophylline by altering hepatic metabolism to increase levels of theophylline.

1670. INR was 3.0, chose to continue same dose – good, especially if patient has an artificial heart valve.

1671. Zidovudine dosage forms – available as IV, 200 mg (10 mg/ml); Syrup 50 mg/5 ml in 240 ml; Capsule, 100 mg and Tablet, 300 mg

1672. Re-dose oral Imitrex (I choose 2 hours – correct according to DIH 13)

1673. T test used to compare two groups (something about 10 mg in one group and 20 mg in the other)

1674. Newest PCP treatments found in what book? I chose CDC one – need to know the choices to make a comment

1675. One question on toxicity with chemo drug (I guessed blindly) – need to know drug to comment

1676. Alendronate should be implemented after discontinuing Evista

1677. Question about Prilosec sprinkles in food (can’t do it)

1678. Which of the following is not immune modulation? (5-FU not an option!) but can easily eliminate 3 [prednisone was one]

1679. Question about vincristine (not the one about no intrathecal admin) – possibly about the neurotoxicity

1680. Two questions about which is an improper dose (I chose Ticlid 250 mg on one, which was an error but all the others seemed right)

1681. Know that Inderal comes in more than just 20 mg

1682. Which is light sensitive when preparing for pt: I chose nitroprusside – (it is light sensitive) but dopamine and doubt were also there

1683. Metformin is a biguanide

1684. What would help diabetic neuropathy? I chose the tricyclic antidepressants and Neurontin – steroids can sometimes be included. ACE inhibitors were not a choice – they treat the indicators of neuropathy (decreased renal function), not the neuropathy itself.

1685. Graph of a drop in BP/HR, set of antihypertensives: which would cause? I chose labetalol – probably best choice due to both alpha (vasodilation and BP drop) and beta (heart rate drop) blocking effects.

1686. Mask-like expression is indicative of what? (pt had schizo was the clue, but this was asking about an ADR)

1687. should you take Prevacid one hour before a meal?

1688. Metformin must be stopped before what diagnostic test but an IV pyelogram was not there – more specific stuff given such as angiogram (this would have been correct because the key element is the use of an iodinated radiographic contrast agent). Other choices were EKG and EEG (both record electronic pulses and do not use contrast media).

1689. know that desmopressin does have an IV

1690. question about captopril, but not the one I was expecting

1691. metabolic acidosis question: give sodium acetate – yes because the acetate ion converts to bicarbonate; this is the reason Sod bicarbonate is not usually added to TPNs while both sodium and potassium acetates are routinely used.

1692. given a high PTT time: do what with heparin? I choose decrease dose because out of range (it didn’t seem to right to d/c – can also hold and then restart at a lower dose

1693. pt on lovenox and warfarin: appropriate to monitor APTT (no), PT (yes for warfarin), INR (yes for warfarin)
1694. question about sepsis: can’t remember (not Xigris related, maybe had something to do with dopamine)
1695. question about cefotaxin (Cipro ear drop, what does it do? A: anti-infective)
1696. a weird question about phenytoin
1697. a question on UC or CD (can’t remember)
1698. a question on IBS (can’t remember)
1699. resistance to a PCN caused by beta lactamase enzyme production
1700. CrCl question with overweight male (245 lbs) – only correct answer was using actual weight (not ideal/adjusted) answer was 54
1701. should H flu b vaccine be given alone? before age 6 months?
1702. which pneumococcal vaccine can be given before age 2 (choose brand name)
1703. which of the following is a nebulizer (had stuff like rotohaler, etc – I had no idea)
1704. know prozac should be taken in the AM to avoid stimulation (more prozac info required to answer the question)
1705. question where woman was barely losing weight: recommend exercise more? sibutramine over 15 mg
1706. question where woman must be asked about cholesterol compliance
1707. what is generic name for Lescol: fluvastatin
1708. question about macrocytic anemia (not the typical B12 or FA type – I made Bumex my wild choice = sulfa? = inh FA?) – sulfonamides do inhibit folic acid and this would have been a good guess without knowing the other choices
1709. what is the difference in treating PUD with H2 and PPI (I choose H2 provides faster symptom relief)
1710. another difficult question about "what book to look in" (not your easy example types)
1711. slight variation on the 0.22 micron question (how to prepare ?)
1712. Describe Raynaud’s: vasoconstriction due to cold intolerance
1713. know that Dilaudid is hydromorphone
1714. how to monitor weird drug (bathroom scale was there, so I figured it was Inspra generic name)
1715. question about ADR from Alzheimer’s drug: I choose nausea (diarrhea/cramping not an option)
1716. one question on surfactant – don’t remember
1717. Had a question similar to the fistula one, but I didn’t choose fistula (question was regarding ileostomy and looked very different from example)
1718. question about Colchicine (I chose dispense as is. given q 2 hr, 0.6 mg – correct answer); commercially available, active tx
1719. one question about applying a patch how often (don’t remember which one)
1720. one question required you to notice not to give a Fluoroquinolone to a child
1721. question about which of the following is an inhaled CS: beclovent
1722. some question about amantidine (not MOA or PD)
1723. which of the following is a saline laxative? don’t remember the choices – would have been a magnesium salt or Fleet’s PhosphSoda in most cases
1724. choose a non-sedating anxiolytic for the elderly: buspar was a choice
1725. where does Bumex work? one choice was descending loop of Henle (I chose this, but not sure about the descending part)
1726. An altered question on polyvinyl alcohol
1727. a question on treatments for psoriasis
1728. a ph/pka question where it ended up being 99% ionized (Furosemide wasn’t the drug)
1729. triamcinolone brand name question
1730. an altered question on absolute bioavailability
1731. what drug might cause sleeping problems: theophylline was a choice
1732. question about which drugs are found both OTC and Rx: diphenhydramine was one
1733. Which of the following may have caused pt’s state (pt was hyponatremic among other things) – I guessed Fleet’s soda (no idea really) – Fleet’s PhosphSoda is loaded with sodium so that would not have been the correct answer for causing hyponatremia
1734. Ingredients in Symbyax? Olanzapine and fluoxetine
1735. Baby born to mom with gestational diabetes has what? High birth weight
1736. Given a mom’s profile, what will baby have? Mom had eclampsia and gestational diabetes. K type(large weight, diabetes, deformities)
1737. What does drinking alcohol while pregnant do to the baby? (Down Syndrome, stunt growth, short limbs, and 2 other choices I can’t remember)
1738. Used for patent ductus arteriosus? Indocin
1739. Mechanism of action of Enbrel? TNF
1740. Which drug doesn’t cause alopecia? Methotrexate
1741. Book for alternative to a certain OTC med
1742. Dobutamine MOA
1743. Dopamine use at 10ug/kg/min – pressor dose, alpha effects, increase blood pressure
1744. Use of CCB, beta-blockers, etc. in heart failure
1745. Drug MOA most similar to another. It was a diabetes drug (Prandin). I put Diabeta.
1746. What device is chosen based on male scrotal sack size? (suspender, catheter, external catheter, male swimmer’s binder, 1 other choice) I put suspender but I think it was supposed to be the swimmer’s binder – swimmer’s binder would be correct.
1747. Treatment of enterococcus faecalis. I chose Doxycycline. The other obvious choices were not there.
1748. Drug least likely to cause hypoglycemia? Glyset
1749. Which drug is most appropriate to add to a diabetic, given his profile? He was already on 2 drugs and the choices included several different drug classes including insulin.
1750. Carvedilol—MOA and advantage
1751. Which vaccines grown on eggs? Flu or measles not a choice. I put mumps.
1752. Dosage forms of Miacalcin, Stadol, Indocin?
1753. Claritin, Maxalt, and Zofran all come ODT.
1754. Too much Mg stearate causes what? (decreased ke, increased AUC/Cmax/Tmax, etc) I can’t remember exactly what the choices were.
1755. MOA of Plavix. ADP
1756. Elemental Calcium question. Just know 40% and you can figure it out.
1757. Can’t give carbamazepine for status epilepticus
1758. What is Raynaud’s disease? Pain in extremities when touch something cold
1759. Which will worsen Raynaud’s? I put Fiorinal. Other choices were Motrin and beta blocker. The beta blocker would have been a better choice.
1760. Several questions about studies – Why study isn’t valid? Which statistical test is appropriate?
1761. Relative versus absolute bioavailability
1762. 2 questions on drug interaction with herbals
1763. Demerol metabolite build-up can cause what? Seizures
1764. Asthma patient should do what at home? Use peak flow meter
1765. What is needed to administer Albuterol 0.5%? nebulizer
1766. What strength will albuterol 0.5% end up based on drug order to mix it with 2.5mL normal saline? 0.083%
1767. k type asking which drug was for long-term asthma control. Choices included a steroid inhaler, prednisone, Serevent, etc.
1768. Patient counseling for sulfa eye drops. Burns
1769. Treatment of aspergillus. (k type—amphotericin B, itraconazole, etc.)
1770. Treatment of systemic fungal infection? (nystatin is not correct; Diflucan would be correct)
1771. Treatment of recurrent otitis media? (Zithromax, a cephalosporin, etc)
1772. Finding a dosing rate given a chart and based on patient’s weight and renal function.
1773. Td (tetanus) ok in pregnancy( another choice was that it was ok in correct trimester)
1774. Zyvox dosage forms—tab, IV, oral solution
1775. Magnesium is a tocolytic
1776. Topical labor inducer—PGE2
1777. What vaccine should a patient going to surgery for a spleenectomy receive? Pneumococcal
1778. Max dose of Reminyl
1779. Bicitra—about 5 questions
1780. What should be added to a TPN for a patient who is acidic? Acetate salts provide bicarbonate ion
1781. What is contraindicated in a patient with non-ST segment elevated MI? thrombolytic
1782. Most likely bug for otitis media?
1783. Ethylene glycol antidote?
1784. Giving ethanol in methanol poisoning does what? (speeds metabolism, several others choices)
1785. Albumin is important for measuring calcium levels.
1786. PCP treatment? Bactrim
1787. Which drug will worsen esophagitis? Fosamax
1788. Which drug will interfere with Zoloft metabolism? Diltiazem
1789. Progesterone used to decrease endometrial cancer.
1790. Octreotide is sandostatin and is used for diarrhea. secondary to cancer
1791. Counseling for nicotine gum? Which is correct. (chew until peppery taste appears and park, chew until peppery taste is gone and discard, use for 3 hours, hold in mouth overnight)
1792. Counseling for BP measurement? Which is NOT correct? (Bladder should be about 50% of arm circumference, allow 2 minutes between readings, remove binding clothing from arm, 2 others)
1793. Liposyn-II storage
1794. Counseling for Miocalcin? K type(shake well, store at room temp. after opening, 1 other)
1795. Room temperature for Bactrim, Zithromax, and Biaxin Suspensions
1796. Azmacort is triamcinolone
1797. What drug can be substituted for Azmacort?
1798. Stop Glucophage before imaging study
1799. Mix ingredients for Magic Mouth Wash and what results? K-type with choices like nystatin particles will be finely suspended, precipitate will form, etc.
1800. Given 3 pairs of drug names, which pairs are incompatible in syringe? Just know how to tell if acid or base and pick the one pair with an acid and a base.
1801. I had a lot of oncology questions but most of them were no harder than to just pick what class or group the drug belonged to.
1802. I also had several questions on vaccines and pharmaceutical excipients.
1803. What vaccine cannot take if allergic to eggs.
1804. Can you give a pregnant patient a diphtheria/tetanus vaccine.
1805. What vaccines are given around 2 months of age.
1806. Which vaccine needs to be reconstituted (MMR I think).
1807. Know what role magnesium stearate plays as an excipient.
1808. What is brand name of a urine dip stick to measure glucose.
1809. 2-3 other questions about antiemesis meds.
1810. Calculations were not bad. Watch out to see which the question asks for the answer. Had one question that I had to make a RX isotonic using boric acid instead of NaCl. (See the sample done on the practice test – Flynn.)
1811. My second question was concerning what vessel gets blocked that causes priapism
1812. Had to know how to fit a patient for a crutch. How many inches should your armpit be from the crutch. choices 2 inches, 4 in, 6 in, 10 in.
1813. Also had at least 4 questions on toxicology and bioterrorism. The one bioterrorism question asked which disease had no cure (ebola, plague, anthrax, and two others). Asked about fomepizole and how to treat lead overdose.
1814. What antibiotic can treat enterococcus faecalis with? Vancomycin, Synercid, Linezolid not listed as answers. The only one I remember was cefazolin and clindamycin listed as answers.
1815. Mechanism of penicillin resistance for a species of streptococcus. Not a K type question but change in penicillin binding protein and produce beta lactamase were both listed as answers.
1816. Amphotericin B (Type K) 1. reconstitute with sterile water – true; 2. after reconstitution dilute in D5W – true; 3. do NOT add any electrolytes – true
1817. Miocalcin Nasal Spray (Type K) 1. shake vigorously prior to each use; 2. keep in refrigerator until first use – true; 3. prime the pump prior to first use
1818. There were also lots of questions that had to do with patient profiles lab reports, like...Looking at this patient's CD4 count, which medication would be safe to discontinue? (this was the only real AIDS question I had, except for which vaccines not to use, and some PCP prevention, AND what other condition in "this pt" could the Septra be useful against?)
1819. Looking at the labs from 4/16, which medication could be causing this condition?
1820. Looking at the patient's profile, which of the following medications would be a duplicate therapy with Alavert?
1821. Some were simple and some I didn't have a clue about.
1822. I didn't have any lipid questions
1823. Not very many DM, which one least likely to cause hypoglycemia.
1824. There were some like which of the following would be a OK substitute or most likely to act the same or have the same effect as drug A.
1825. Not a lot on chemo drugs either, some storage things like which of the following requires refrigeration.
1826. What is the function of a ductus arteriosis in utero? It shunts blood from where to where? Pulmonary artery to aorta
1827. What drug is used to treat a patent ductus arteriosus (PDA) in neonate? Indocin Injection
1828. The mechanism of action of Enbrel tumor necrosis factor
1829. Enbrel administered SC
1830. MOA Humira tumor necrosis factor
1831. Inspra (epilerone) is administered orally; antihypertensive agent; selective aldosterone blocker so potassium sparing diuretic; CI'd in Type II DM
1832. Generic name for Xopenex – Levalbuterol (one isomer of albuterol)
1833. MTX choice given that doesn't cause alopecia
1834. Where would you find an alternative to riopan? Handbook of Non-Prescription Drugs – or Facts and Comparisons
1835. MOA for atropine – anticholinergic, blocks access of acetylcholine to receptor sites
1836. What is purpose of dopamine 10 mcg/kg/minute in a neonate? pressor increase of blood pressure through alpha stimulation; increases heart rate through beta stimulation and keeps blood flow to kidneys through dopaminergic receptor stimulations
1837. What is purpose of dobutamine in neonate? Beta agonist to increase heart rate
1838. Doxorubicin what are its side effects myelosuppression, cardiotoxicity, extravasation, reduce dose in renal impairment, immunosuppression, N & V with other GI problems; red color to urine and other body fluids
1839. Which drug can cause a painful erection? no drugs looked right
1840. What is the brand name for tPA? Alteplase
1841. What is silicosis? lung disease
1842. Prandin MOA is most like what other drug? Diabeta
1843. When taking an Advance choesterol test kit what drug do you avoid at least 4 hours before? iron, prozac, vitamin c, some others
1844. Enterococcus faecalis treatment the obvious choices weren't there
1845. Glyset drug that is least likely to cause hypoglycemia even when fasting
1846. Immunocompromised people should not get what vaccines? MMR and varicella
1847. INH give b6 with it
1848. 0.22 micron filter doesn’t remove pyrogens
1849. dosage froms of miacalcin, indomethacin, stadol
1850. overdose treatment of mag sulf – calcium,
1851. overdose tx of opiates-narcan
1852. ddavp dosage forms and what hormone it is like
1853. moa of puvix inhibits ADP
1854. theophylline adverse effects
1855. what drug treats respiratorly distress in neonate-- caffeine
1856. theophylline + erythro what happen increase theo levels
1857. can’t give carbamazepine for status epilepticus
1858. child with RA how do you give MTX -- Q week
1859. mother has gestational diabetes what is likely to occur when the baby is born the choices were I. high birth weight II. baby may have congenital abnormalities III. baby likely to have diabetes; I chose I and II after looking at the profile to see that this mother also had epilepsy and had been taking tegretol the whole time also and its a class D drug
1860. What is Raynaud’s Disease--increased sensitivity to cold and numbness in extremities of feet and hands
1861. Which class of drugs worsens Raynauds? I chose beta blockers
1862. Furosemide has a pka of 3.7 at physiologic ph will it be 25% ionized, 75%ionized, all ionized, all unionized, can’t determine
1863. Isoasrbide dinitrate is dosed BID what regimen is best 7a and 12 noon, 7am and 7p, 9a and 9pm, 8am and 5 pm
1864. I had the same strange question about why can you not rely on the findings of this study? The study was about food and drug absorption versus empty stomach and had significant p-values determined by chi square but all the answers said that the result were not significant I chose the answer that said the wrong statistical test had been used
1865. what can you substitute for desitin oint? zinc oxide
1866. I had a bell shaped curve with plots underneath and a k question that said mean = 120, mode=120, median +120. I chose mode and median because there were more plots on 120 and equal amounts on either side of the 120
1867. what is the antidote for methanol overdose? fomepizole
1868. I had a question about the use of feverfew: migraines
1869. a question on what herb can treat hot flashes and menopausal symptoms I chose black cohosh
1870. what were the ingredients in prempro, conjugated estrogen and medroxyprogesterone
1871. MOA of leukeran nitrogen mustard for chemo alkylating agent
1872. k question on which is ODT form rizatriptan, odansetron, loratadine
1873. I had 2 questions dealing with wellbutrin being contraindicated for seizures. On one, the patient had a history the other the patient had the first one and it asked which drug could have contributed to it
1874. asthma monitoring good idea is a peak flow meteer at home
1875. Sulfa eye drops burn counseling quesiton
1876. Exelon indication and moa alzheimers and cholinesterase inhibitor
1877. pt allergic to sulfa and has PCP what alternatives atovaquone was my choice
1878. vaccines with allergies to eggs --influenza and measles is grown on eggs
1879. Some questions about hepatic encephalopathy but I don’t remember
1880. What organisms infects CF patients most I chose pseudomonas
1881. I also had a question were I had to figure an equianalgesic dose but the chart was given so the conversion was very easy
1882. I had about 25-30 bug-drug questions.
1884. Staph and what to treat with.
1885. Legionaire disease what to treat with--gave common PO meds.
1886. E.coli-in stomach what to treat with.
1887. Many answers included two drugs from one category and three from another (ie 3 cephalosporins, and Biaxin and Zithromax) so not all questions could you use the which does not belong theory. But that theory worked well on others.
1888. Some of these questions were absurd-- Hospitalized illness... lets give PO meds. Community Pharmacy, lets prescribe Zosyn, Synercid, so there were some options that you could easily see what was not the Correct answer.
1889. Recurrent treatment for otitis media-Amxol, Biaxin, Augmentin, Zithromax, ERY
1890. Treatment of regular otitis media--answer included tubes in the ear, even though has not proven to be effective.
1891. Lots of Calc questions. Ne Equivalents, dosing based on weight. Mostly VERY easy.
1892. One infant 0.94 kg, drug dosed at 0.05 mg/kg, given flow rate of 0.5 mL per hour (in fluid),drug flow of 2 mg/ml how much drug will you need for 24 hours. Took about 6 steps to do
1893. Easy question- Need 50 mg of morphine and have container containing 15 mg/ml- how much do you need to use....if only they were all that easy.
1894. Couple of peds cases, dosing, what to give.
1895. Quite a few OTC med questions...Patient has HTN and stuffy nose, what do you recommend?? Coricidn HBP not there. Had Sudafed and sudafed containing products listed. And I believe one option that didn’t even treat stuffy nose
1896. OTC, mylanta, MOM for adult and ped, what to give for constipation, diarrhea, vomiting.I can’t remember anything else but in general it really wasn’t that bad...therefore, did I pass?
1897. It took less than two hours to take the test, most answers were obvious except for the drug and bug.
1898. Arava’s MOA
1899. Fanconi Syndrome effects what.
1900. Precose counseling info (the ans choices were – 1. take 30 min before meal; 2. causes gas; 3. should not take if meal skipped) k type
1901. Something about for what device should the scrotum pouch measurement be taken for: ans choices 1. suspensory? 2. abdominal brace. 3. swimmers athletic gear (don’t know why I would ever know this)
1902. Adefovir is used for what.
1903. Side effect to Neupogen: i put bone pain
1904. adverse effects to MTX: alopecia, thrombocytosis were choices
1905. Treatment for PCP also covers prophylaxis for what. choices included Toxo, Hep B, Candida, MAC
1906. Patient’s CD4 count was 175, what prophylaxis could be discontinued. i put MAC
1907. Multiple questions on arrhythmias: treatment for vent fib, paroxysmal supraventricular tachycardia
1908. Treatment for iron overdose
1909. what to monitor for Zetia toxicity. muscle pain not a choice. AST, PT choices
1910. Standard deviation definition
1911. Have to know BMI formula it is not given and I had to calc a BMI
1912. I had a profile of a patient who had Hodgkin’s lymphoma 5 years ago & was treated with doxorubicin, vincristine, bleomycin, and 2 others and they asked what organ system should be monitored. I had no idea
1913. Know calc with % w/w
1914. Couple of calc were more tricky than the practice calc. They were extremely wordy.
1915. i had the MTX ques about side effects (all of the following except) and since every source I looked in before the test said MTX causes alopecia I answered thrombocytosis!
1916. had a question asking what IV diltiazem was treating. the patient didn’t have HBP but had other cardiac probs
1917. MOA of Flomax & generic name
1918. They really liked Imitrex on my test
1919. herbal tx of cholesterol
1920. monitoring when pt on Zetia
1921. ques on what peticulocide(?)’s MOA was? I believe they were talking about Malathion
1922. What tx would increase abx compliance? This was a profile ques and the patient was on Zithromax 1 tsp QD for 5 days Answers: augmentin, ceftriaxone, cefuroxime axetil, doxycycline, and 1 other
1923. MOA of Erythromycin
1924. tx enterococcus faecalis (I answered ceftriaxone b/c there was no AG, Vanco, synercid, or zyvox)
1925. 30 cal/20 ml ensure pt receives 900 ml total daily dose (formula has 7.3 gm lactose/100 ml) what % total daily calories come from carbs?
1926. what folic acid deficiency could also be called? macrocytic anemia, pernicious anemia, etc
1927. Periogard
1928. What is the MOA of Periostat
1929. What is the brand name of fluvastatin
1930. I was given t1/2 and Vd, what is the Cl
1931.LOTS of TPN stuff
1932. A child has ADHD, what can you tell parent to not give child? Sugar, nothing has been proven, others.
1933. Bicitra is for? Metabolic acidosis
1934. To increase fetal hemoglobin in sickle cell patients use? Hydroxyurea
1935. Filgrastim increases? Lymphocytes, neutrophils, erythrocytes, others
1936. Patient is on Xanax, what other antianxiety drug can you suggest to decrease daytime sedation? Diazapam, Ativan, Buspar
1937. Do diazepamand meperidine HCl precipitate in same syringe?
1938. What do you tell patient to use to treat their plantar wart, OTC? Wart Off, Dr scholls clear away, others
1939. What dosage form is Concerta?
1940. What is the advantage of using Strattera over Concerta? Dose Strattera QD, inhibits serotonin, inhibits norepi, inhibits dopamine, ? Not k question
1941. What should you measure before starting Humira? rhuematoid factor, PT, others
1942. Humira MOA?
1943. What lab should you measure to monitor Zetia’s side effects? SCr, AST, others
1944. Patient is hospitalized, why is Lasix given IV q 12h and all other meds PO?
1945. Methotrexate does NOT cause? thrombocytosis
1946. TPN running at 83 cc/hr. 25%Dextrose, 4.25%A/A, 20% of 500 ml fat. Calc total calories patient receives in 24 hours.
1948. Treatment of atopic derm if on the face? I put Cortaid?
1949. Max daily daily dose of Prandin?
1950. Sepsis symptoms? I put hypertension wasn’t one
1951. Patient on Vanco, Gent, and Amox, wanted to know alternate sepsis treatment?
1952. I had about 10 questions on herbs! Asked which one to stop immediately with certain conditions. Passion flower, kava, valerian, milk thistles, etc.
1953. Does Nitroprusside wrapped in aluminum foil count as light sensitive?
1954. Patient wants to check blood glucose without pricking finger? Name of tests/kits given. Does this mean can use urine even though question asks about blood glucose? Prior too the coming
1955. Had to know 1 pound= 454 gms
1956. Dose Aricept or Lasix come as oral liquid?
1957. On the NAPLEX I dont remember much except that I had a structure of furosemide and the pKa is 3.5 what will happen at pH of blood:: totally un-ionized, totally ionized, 90% ionized, 90%unionized
1958. lots of CF questions
1959. Which of the following to give a pt on NTG (K-type--I chose the 2nd two) – Cialis, Muse, Caverject
1960. I had a question about measuring a scrotal size for some sort of device (External Catheter, catheter to walk with, I cant remember what else) Crazy
1961. MTX and what AE it doesn’t cause - choices were alopecia, thrombocytopenia, neutropenia...others too
1962. MOA Prandin - most like Diabeta
1963. Nitroprusside is light sensitive
1964. Glyset least likely to cause hypoglycemia
1965. Immunocompromised ppl. should get what vaccines
1966. Pregnancy and tetanus/ diptheria toxoids
1967. Spleenectomy and what vaccines
1968. Overdose of Mag SO4 - calcium gluconate
1969. Mother with gestational diabetes and epilepsys - what can happen to baby - heigh birth weight, congenital anomalies, baby will have diabetes
1970. Several questions on metformin : MOA, Dosage and wait 48hour after IVP
1971. Furosemide pKa of 3.7 what will happen @ physiologic pH
1972. Naproxen pka 4.2 what will happen at plasma pH
1973. Bell shaped curve and sked about mean, median, mode (k-type)
1974. K-type about which are available ODT rizatriptan, loratidine, odansetron
1975. Sulfa eye drops burning when put in eye
1976. Exelon MOA
1977. Two questions on equianalgesic dosing one with 10mg methadone and what the equiv. would be of hydromorphone the other was morphine 360mg/day and what dose of Duragesic patch
1978. Several questions about Cubicin - MOA, what generic was
1979. Question about Elimite cream and what was available OTC with same ingredient - NIX
1980. What to do with INR or 4.3 - I put hold coumadin dose x 2 days and reevaluate INR
1981. Zantac IV dosing
1982. Zyvox dosage forms
1983. Cyclical progestin and hysterectomy
1984. Prostate cancer what was least effective/ not shown to be effective I think the answer should be alkylating agents, since chemo is last resort
1985. Cytoxan - which drug listed is it most like -other chemo drugs were listed
1986. Several questions on renal failure - use of Bicitra
1987. Infectious mononucleosis - can be spread through what means?
1988. pseudomembranous colitis - causative drug – Clindamycin was a choice
1989. Sumatriptan dosing forms (k-type)
1990. Which drug is the protease inhibitor
1991. What should be in an emergency bee sting kit (I think) - choices were epinephrine, APAP and topical benadryl (k-type)
1992. Lactulose question
1993. Kayexalate question
1994. Several TPN questions (2-3) about calories
1995. Cholesterol ques. about 6 mMol/liter is equal to what in mg/dL gave MW
1996. Dosage of indomethacin
1997. Treatment for EPS
1999. Kayexalate question
2000. What you give to someone who had too much albuterol - choices were EPI, atropine, propanolol...I can't remember what else - propranolol would be a choice to provide beta blockade but a cardioselective agent would be a better choice (no need to block lungs)
2001. Child w/ MTX give weekly
2002. Capsaicin best if give - PRN, twice daily, TID, weekly
2003. Question about why a patient was switched from mellaril to risperdal - I chose b/c patient had increase in AIMS score (no other choices seemed right)
2004. Someone getting occult blood OTC test what would you counsel them on - No vitamin C, make sure they could differentiate colors, something else I can't remember
2005. Pneumococcal and what vaccine in infants something related to Prevnar - don't remember
2006. Gave several populations and asked which should not get influenza vaccine
2007. Asked which of the listed drugs needed to be refrigerated - two choices I knew were wrong + Doxorubicin, Cyclophosphamide
2008. Ampho reconstitution - mix with sterile water for injection w/o preservatives, only can be put in D5W and other choice was cannot mix with something I can't remember what else (k-type)
2009. Zithromax Rx should have shake well label
2010. Lady wanting antihistamine eye drop and having dark spot in vision - tell her to see physician
2011. One about which PPI comes as injectable/IV - omeprazole (k-type) also listed rabeprazole and one other Not lansoprazole
2012. Question about what to give for sickle cell patient with anemia - I put Hydroxyurea other choice was Neupogen, I can't remember what else
2013. Several questions about where to look things up
2014. I had one question that asked about a drug filled on 9/30, but the profile had only drugs filled on 9/5, so I had to guess.
2015. Some question about why you study was not sig. Gave BP one placebo dec by 10 and drug therapy dec. by 12 and p<0.05 chi square was used to evaluate
2016. A question about Claforan 300 mg/mL and how much NaCl 0.9% should be mixed to make 2 mL dose, but it didn't give a table to show how much the powder would be equivalent to!! choices were 1.27, 1.73. 0.86...I had to guess I had no idea!
2017. Question about MOA of Hylagan
2018. Question about zovirax counseling - abstain from intercourse, take on empty stomach and one other (k-type)
2019. Pseudomembranous colitis tx - pt allergic to PCN, choice was vancomycin
2020. MOA of AG (don't remember which one they gave me)
2021. Moa of emerge and drug class
2022. Enbrel=store in vial for 14 days, subcutaneous
2023. Why do you remove ntg patch at night
2024. Avandia = rosiglitazone
2025. Substitute questran with welchol
2026. Drugs that exacerbate CHF
2027. Advise patient on avandia or actose= wt gain and anemia, no hypoglycemia
2028. Singulair moa
2029. Relenza moa
2030. Mycolog II = antipipreatic and antifungal
2031. Norepi or dopamine change colors when oxidized by exposure to light
gentamicin trough 3 and peak 8= trough is too high
statin with least drug interactions = pravastatin
reference for intrathecal inj=choices were CECIL and others can’t remember
ID of drug with number on tab = Identi-Dex?
drug interaction with 5-FU, cyclophosphamide, methotrexate = the clearance is increased or
decreased by which drug= the choices included nsaid
Nebulizer for pulmozyme= choices were pulmoaided, inspacease, aerochamber, rotocap
How would you give albuterol to 18 years old? Nebulizer
patient on warfarin and inr is 5, what to do?
zithromax dosage form? Choices were suspension, oral, powder for injection
alternagel for increase phosphate
diuretic therapy monitoring? Choices in/out, bathroom scale, gram of sodium secretion
trazodone 300mg? consult dr. about dose
salmeterol dose? Bid
levigate zinc oxide? Use glycerin
vitamin k and erythromycin given for newborn for what reason?
herbal interaction with warfain? Choices Echinacea, feverfew, dong quai, ginger
amp and gent covers what organism?
fosphenytoin improves water solubility
Exelon causes GI symptoms
Forteo = teriparatide
cytotec = prostaglandin analog
pseudomembrane tx with fortaz
ostomy
exacerbate asthma= gerd
erthyromycin eyedrop? Choices herpes, nongonorhea infection, pseudomem
exosurf is intrathecal adm use which reference? Choices ahsf, trissel
generl ac interacts with what? Choices v-c, fe, vb6
figure out anc using pmn
allopurinal moa
colchicines come in 0.6
lopic/ gemfibrozil= with or without food?
axid is otc
pulmozyme moa
antidot for ethylene glycol
NPH given at 8 am and wants to know when to check levels?
drug therapy available for which one? Choices ebola, plague, anthrax, tulermic
bun 84 and scr = 2, what is wrong with patient
child has asthma and ra, do you give influenza
symptoms of hypothyroid
anzemet moa
interferon dosage depends on what? Choices body mass, type of cancer
glucose monitor check everything but lancets
zosyn adjustment for decrease renal function
how to store vaccines
diaper rash, organism, treatment, let baby go loose without diaper
evista for osteoporosis
zyvox dosage form
moa plavix
methotrexate given weekly and side effects
max dose of amaryl=8 mg qd
methanol overdose= use fomeprizole
ace inhibit to decrease progression of chf
which comes in otc and rx= benedryl, meclizine, nizatidine
which drug cause tremors and anxiety? Choices albuterol and h1 blockers
2088. singulair taken HS
2089. Synvisc
2090. Plavix moa
2091. tricyclic antidepressants adverse effect include all except bradycardia
2092. patient is anxious and pacing around lots what is this? Choices pseudoparkinson, akathisia
2093. flomax moa
2094. finasteride moa
2095. interferon peg ae
2096. ingredients in prevpach= prevacid, biaxin, and amoxil
2097. tx for pyelonephritis? I put levaquin
2098. put albuterol in water to see if empty
2099. CDC to find the latest update on how to treat PC pneumonia
2100. fentanyl patch=choices were you can use more than 1 system if over 100mcg/h is needed (I put this), system does not release drug once removed
2101. premed amphi b with Tylenol and benadryl
2102. lithium, resperdal, exelon dosage forms
2103. which drugs worsens gerd: choices theophylline, albuterol, naproxen
2104. atopic dermatitis= how to treat fleets enema for increased phosphate
2105. feverfew for migraines
2106. methotrexate dosage form
2107. hydrourea for sickle cell
2108. ok to give influenza vaccine if patient will be pregnant during second or third trimester during flu season
2109. pka and ph questions (I had 2 questions) if allergic to egg, which vaccine do you not give? I did not know
2110. glyset with first bite of meal
2111. causes of hepatic encephalopathy
2112. hormone with ovulation test
2113. when is a good time to take pregnancy test
2114. I had lots of prostate questions and had no idea?
2115. Ditropans generic
2116. Toradol is given only for 5 days
2117. Cipro is the only fluoroquinolone that has iv to po conversion
2118. forteo generic
2119. know what % means like 5% is 5 grams over 100 ml
2120. Respiratory distress treat with caffeine
2121. taxol needs iv filter
2122. liposyn is stored unopened at room temp, opened fridge
2123. Miacalcin stored unopened in fridge, opened room temp.
2124. if you cant use nystatin use fluconazole
2125. amiodarone can cause pulmonary tox, hyper AND hypo thyroidism
2126. imitrex works on 5HT agonist, and serotonin
2127. nausea is 5ht antagonist
2128. A Lot of the feedback answers sent to Flynn are wrong, we looked them up.
2129. Effexor MOA ...SNRI
2130. Vit, K given in infants.....until they can produce their own clotting factors
2131. No FQ in child...because cartilage growth supression
2132. MOA of Embrel...binds and inhibits TNF
2133. Plavix...IRREVERSIBLE inhibitor of ADP
2134. Paivalizumab...is Synagis for RSV in neonates also
2135. Bicitra...metabolic acidosis treatment (citric acid/sodium citrate), qid after meals and hs
2136. Azmacort...has spacer
2137. Miacalcin...do NOT shake vigoursly, shake gently
2138. Adefovir use to treat....Hepatitis B (Hepsera)
2139. Arava's MOA.....DMARD
2140. Standard deviation...how spread out the values in a set of data are
2141. BMI formula... (inches/weight in lbs)(weight in pounds) x 703
2142. MOA of Erythromycin....inhibits protein synthesis
2143. Sepsis symptoms...increased temp, breathing, hr, joint pain, chills, shaking
2144. Lactulose moa...increases stool water content, tx of hepatic enceph, and constipation
2145. Capsacian best...TID
2146. Maxaquin only PO
2147. Kytril is...granisetron
2148. Micacalin...only prime once
2149. Novaldex...tamoxifen binds to estrogen receptors
2150. Anzemet acts on...serotonin
2151. Relafen dosing...max 2grams day
2152. Cytotec dosing...100-200 QID
2153. 40% elemental calcium in tums
2154. Plan b...take first dose then wait 12 HOURS
2155. Prilosec in OJ...NO must be in basic vehicle
2156. Buspar overdose...support, gastric lavage
2157. akathesis...restless
2158. dystonia...involuntary muscle movement
2159. miotic...pilocarpine
2160. ISMO is spaced 7 hours apart...I had this question twice
2161. MMR needs reconstitution
2162. MOA of Phoslo...binds to phosphate and forms insoluble calcium phosphate
2163. E-mycin ung – what is the indication for use in newborns? (Prophylaxis for ocular gonorrhea)
2164. Metformin – hold for 48 hours post-procedure with IVP
2165. Biguanides – MOA – decrease hepatic glucose production
2166. C. difficile diarrhea – cause (ABX use) and treatment (metronidazole and PO vancomycin)
2167. Levigation – definition using example (blend powder and ung together)
2168. Strengths of topical corticosteroids (which one of the following has the highest strength)
2169. Rates – calculate gtt/min, mL/hr, etc.
2170. CrCl – know the formula to calculate
2171. Clearance – know the formula to calculate
2172. Asthma - personal best (how to get it, what the zones are), appropriate spacers / chambers to use
2173. with MDI (know brand names of spacers and chambers)
2174. Coumadin and INR relationship, what to do if the INR is elevated
2175. Betaseron – what is it’s indication for use? (multiple sclerosis)
2176. Imitrex and other sumatriptans – dosage forms available and drug names
2177. Non-standard (but not off label) indications – example – divalproex and migraines
2178. Standard tests to perform for drug therapy – example – statins and LFTs
2179. Duplicate drug therapy – example – ticlid and plavix
2180. Xigris – patient at increased risk of? (bleeding)
2181. Assess need for antidote (S/Sx) and what to use based on drug history – example – narcan and opiates
2182. TPN – what NOT to add at same time or it will precipitate out (calcium and phosphates)
2183. TPN – calculate kcals for protein, dextrose, etc.
2184. Drugs and are hepatic inducers and inhibitors (to know the effect on other drugs, such as increased serum concentrations)
2185. ABX in pregnancy – what NOT to use (contraindicated)
2186. Dosing of drugs – example – metoprolol 5mg IV versus 50mg IV (5 is correct)
2187. PEG-filgrastim – side effect – bone pain
2188. Carvedilol – PO dosages available
2189. Tamsulosin – side effect – hypotension
2190. Saw palmetto – indication – BPH
2191. Leukovorin – what is it related to? (folic acid)
2192. INH – need to take Vitamin B-6 with it
2193. Arthrotec – in a patient scenario – questions re: use, drug interactions, CI, etc.
2194. MAX APAP dose (4g) and what an OD may cause (hepatic dysfunction / failure)
2195. ABX used to treat Pseudomonas
2196. Know which resources to use to find information about drug specifics, such as AFHS, etc.
2196. Same drug class – sandimmune and neoral (cyclosporine)
2197. Know there’s a relationship between GERD and asthma
2198. Causes of otitis media – example – H. influenzae
2199. ABX that treat atypical infections (Mycoplasma, Chlamydia, and Legionella)
2200. Test for anticoagulation with enoxaparin (anti-Xa)
2201. Ways to sterilize drugs (filter, etc.)
2202. Fosamax – side effects, patient information re: taking the medication
2203. Chemo drugs that can be used intrathecally (vs drugs that cannot be)
2204. Bumex can cause hyperuricemia, so BUN increases. (that was my reasoning for the questions why is the BUN high, in the profile the baby was on it).
2205. Know Ciloxan, (brand, generic, MOA, uses)
2206. Had a dumb question about early detection of breast cancer, either self check beginning @ 20yrs, self check beginning @ 40 yrs, MD perform annually beginning @ 20yrs or @ 40 yrs. (Early detection, I put self check @ 20 yrs, don't know though)
2207. I did not have any dose questions.
2208. Know vaccines, which cannot be given in AIDS pts and ages of administration. Prevnar age?
2209. What is Bicitra for?
2210. Fleet’s Phospha Soda increase Na and Phosphate levels.
2211. Dobutamine and Dopamine (dose ranges and corresponding uses) and which receptors they work on.
2212. Watch allergies, I had a question about starting an antibiotic and the patient was allergic to all but 1 choice.
2213. Only had about 3 drug bug questions.
2214. Know about the triptans, 5HT receptor agonists, SE’s, and when to repeat/24hrs. Don’t use with ergot w/in 24 hrs.
2215. Generic name for Lescol?
2216. What is Fanconi syndrome?
2217. One question in regards to pharmaceutics, mg stearate question.
2218. Herbals, I had some questions but can’t remember them, feverfew, saw palmetto.
2219. RDS and the use of beractrant.
2220. Lidocaine is in which class (1B).
2221. I looked up/answered and studied all these questions, did the reviews in each chapter of APhA and Lippincot’s (Appleton and Lange, the yellow book), the ProntoPass Top 200 Guide Sheet (really nice, check out the website,) and reviewed things as needed for about 2-2.5 weeks total and made a 139!
2222. what is the generic name for seroquel?
2223. patient profile with TB meds. what do you monitor for? vision, uric acid, LFTs?
2224. child with diarrhea, most likely virus is rotavirus
2225. generic for flu-mist?
2226. what else can be used to prevent a flu? rimantadine
2227. moa of relenza
2228. Which vaccine needs to be reconstituted? MMR
2229. pt profile, pt has cirrhosis, tell patient that they can also get what like other patients with cirrhosis? ascites, coagulation problems, hepatitis
2230. guy with low HDL, you recommend exercise
2231. what is in prevpac?
2232. what is in helidac?
2233. which one is not likely to cause hypoglycemia? glyset, amaryl, metformin
2234. treatment of sinusitis?
2235. which of the following aminoglycosides are used to give a systemic effect? tobramycin, gentamicin, neomycin?
2236. question about calculating the relative risk
2237. calculate the ANC, but you are only given bands and PMNs
2238. MTX interacts with NSAIDs
2239. patient is on vicodin, which other analgesic would you recommend they use? IBU, ASA, APAP
2240. E.faecalis treatment? doxycycline, clindamycin, or ampicillin?
2241. what is an apthous ulcer?
2242. a few questions on raynauds
2243. moa of plavix
2244. what is in prempro? conjugated estrogen + medroxyprogesterone, or progesterone?
2245. Sporanox pulse dosing?
2246. cubycin is generic for what?
2247. what is prepared in a vertical laminar flow hood? Amphotericin B, ganciclovir or rifampin?
2248. why do you give pyridoxine with INH?
2249. treatment now proven to be efficacious in prostate cancer?
2250. alkylating agents, radiation, LHRH antagonists?
2251. MOA of finasteride?
2252. soma is metabolized to what?
2253. dosage form for Z-pak?
2254. urea breathe test indicates what bacteria? h-pylori
2255. administration of cyclophosphamide, what size of syringe and how many inches needle?
2256. influenza vaccine in kids at what age?
2257. in line filter for what chemo drug? paclitaxel
2258. Max dose of glyburide?
2259. drug having an osmotic pump delivery system” which is nifedipine (Procardia XL).
2260. Here’s how to study....go through the packet that says “this is what you should spend a lot of time studying.” Look up everything. It you don’t look it up & are unsure, it WILL be on the test. Along with Flynn’s review, I also did the Kaplan review. It was a waste. I did not need it. Could not have done it without Flynn! I made a 141!
2261. My test had about 20-30 calculations on it. They were so easy that they made Flynn’s packet look hard. My test was also filled with Infectious Disease – my weakness.
2262. I had no herbal or CF questions.
2263. Which is a PI?  I. Ritrovir II. Epivir III. Crixivan
2264. Crixivan should be taken on an empty stomach
2265. Ritrovir is available as:  I. IV II. Syrup III. Tablet
2266. Which of the following is available as IV?  Ritrovir – can’t remember the others because this is the only one available as an IV
2267. ISMO question- 7 am & 2 pm
2268. What is a hiatal hernia?
2269. Avandia- might take 12 weeks to see max effects
2270. Fanconi’s syndrome- affects the proximal renal tubules
2271. Vaccine that need to be reconstituted- MMR
2272. Vaccine to avoid with egg allergy- Measles
2273. Diptheria/Tetanus- is it ok during pregnancy
2274. Viravax question
2275. Which chemo drug do you use an in-line filter for?
2276. Metformin should be stopped before- angiogram
2277. Acarbose:  I. Take 30 min before meals II. May cause gas III. Don’t take if you skip meals
2278. Baby with diaper rash. It is red, inflamed, irritated, & has vesicles. What organisms has caused?
2279. Stap aerous, candida, streptococous were choices
2280. Next question was how to treat it- triamcinolone & nystatin
2281. Reference question asking where would you look if you were trying to maximize insulin therapy? Applied therapeutics, facts & comparisons were choices
2282. Reference question asking about vaccines
2283. Sporonox pulse dosing question- 1 tab BID X 1 week, then off for 3 weeks X2 months
2284. Sponorox would be treating: onychomycosis & aspergillosis were both choices
2285. Patient is on heparin- APTT is 58 - keep heparin IV the same
2286. Imitrex works on ___ receptor
2287. Zoloft:  I. Don’t drink alcohol II. May cause drowsiness III. Wrong
2288. Next question - which drug in the patient profile might be contributing to the patient’s insomnia? Zoloft was dosed QHS
2289. Ampicillin could be used to treat enterococcus faecalis
2290. Baby receiving gentamicin for treatment of e. coli
2291. How long will it patient on gentamicin to reach steady state with an 8 hour half life?  Answer was
in ranges - something like 32-40 hours

2292. Increased dose of warfarin- how long would you wait to check INR?

2293. Patient is taking Tums (Calcium carbonate) 2 tablets TID, how much elemental calcium is that providing? 1200 mg

2294. What is an alternative for ethanol in treating methanol overdose? Fomepizole

2295. Lead overdose - Succimer

2296. Which drug can increase digoxin toxicity? I. Loop diuretic II. Quinidine III. Glyburide

2297. PCN resistance is caused by: Alteration of penicillin binding proteins & beta lactamase production were both choices

2298. Morphine SE - hypotension

2299. MOA of finasteride (inhibits conversion of testosterone to dihydrotestosterone) Be careful - the reverse was on there too

2300. Gaviscon - patient should be told to chew good & swallow

2301. Milk of magnesia is a saline laxative

2302. Calculate the ANC

2303. Magnesium overdose - calcium

2304. Aerobid generic - flunisolide

2305. Budesonide counseling: which would you not tell the patient? Shake well, rinse mouth afterwards, may cause an oral yeast infection, may cause dry mouth or hoarseness, use every 12 hours

2306. Which would you give to treat allergies & asthma? Singulair

2307. Singulair could cause flu-like symptoms

2308. Peak flow meter question

2309. Spacer question

2310. Arava MOA: inhibits dihydroorotate dehydrogenase

2311. Methotrexate dose for child- Q week

2312. Which drug must be used with an in-line filter? Paclitaxel

2313. Patient with cancer; going to be receiving zofran & dexamethasone; when & how should these be administered? Can be in same IV bag given 4 hours prior to chemo Can be in separate IV bags given 4 hours prior to chemo Can be in same IV bag given 30 minutes prior to chemo

2314. Which of the following drugs is blue? Ifosfamide Mitoxantrone Not sure if this is correct; can't find the answer however per Micromedex - patients may experience a blue-green color to their urine and sclera for 24 hr after administration

2315. Which drug is not used to treat a patient with prostate cancer? Alkylating agents

2316. Which of the following agents can cause bone pain? Tamoxifen can (Neulasta & Neupogen were not choices)

2317. What could be used for this patient's cancer related N/V? Aloxi

2318. Patient with DM, what would you use to treat their HTN? ACEI

2319. OC for supraventricular tachycardia- adenosine

2320. OC for ventricular fibrillation- amiodarone

2321. Several questions on enoxaparin (calculate patient's dose)

2322. When would you DC the enoxaparin in a patient on warfarin- 4-5 days after warfarin therapy began

2323. How would you administer the heparin? Heparin lock

2324. A foley catheter is- a urethral catheter

2325. DynaCirc is a - CCB

2326. Nitroprusside: I. Should be administered in a container protecting it from light II. Should be administered in a glass container III. Should be administered with a 0.22 micron filter

2327. What can be used to protect a patient's kidneys who is going to undergo a procedure that involves using IV dye? Acetylcysteine

2328. Generic of Forteo

2329. Amaryl max dose- 8 mg/day

2330. Which drug is least likely to cause hypoglycemia even when fasting? Glycet

2331. Which drug is a biguanide? Metformin

2332. Which can be used for diabetic neuropathy? I. Gabapentin II. Amitriptylline III. Capsacin

2333. DKA question

2334. Hydroxyzine & Demerol- need to contact MD
2335. Lorazepam needs to be refrigerated
2336. Loop diuretics - inhibit Na & water reabsorption – One choice said work at the descending loop of Henle (not ascending)
2337. Prilosec counseling question: can open up & sprinkle on apple sauce
2338. Kayexelate is not available for IV
2339. Hydroxypropyl methylcellulose purpose for being added to eye drops
2340. Treatment of PDA without surgery? IV indomethacin
2341. Why might the patient have increased phosphate level? Fleet's Phosphosoda
2342. Patient on Zetia 10 mg & Zocor 10 mg - if the patient still is experiencing hyperlipidemia would could you do? I. Increase Zocor dose  II. Add (or change?) to Lipitor  III. Add a Fibrate
2343. Patient on Cipro - do not administer with antacids or other drugs containing calcium or iron
2344. What otic product contains Neomycin? Cortisporin
2345. Treatment of H. flu
2346. Patient wants to prevent flu with - Flumadine
2347. Erythromycin lactobionate is available as an IV preparation
2348. Treatment of recurrent otitis media - Zithromax
2349. Rifampin is DOC for elimination of meningococci for asymptomatic carriers
2350. Bictra is being used for the treatment of metabolic acidosis
2351. Danazol (Danocrine) use- endometriosis
2352. Soma is metabolized to- meprobamate
2353. Soma's generic name is- carisoprodol
2354. Malathion- Ovide
2355. Medendazole (Vermox) - treat all family members, may need to re-dose, disinfect (can’t remember exactly how it was worded: linens, clothes)
2356. Which of the following does methotrexate NOT cause? Thrombocytosis
2357. PhosLo: used for treatment of hyperphosphatemia
2358. Milk of magnesia should be avoid in patient with renal failure
2359. Rx for guaifenesin- can fill it with Robitussin
2360. Mucinex MOA: increasing respiratory fluid volumes & decreasing mucus viscosity
2361. Luride is being used to: prevent dental caries
2362. What would you include in an emergency insect sting kit? I. Epinephrine  II. Topical benadryl  III. APAP
2363. Hypocalemia due to: decreased PTH levels
2364. Question about Evista
2365. TED stockings: what would you measure?  I. Circumference of calf  II. Leg Length  III. Foot length – I went to TED stocking website: would measure circumference of calf, leg length, & ankle circumference - nothing about foot length
2366. Would treat excoriation with- Karaya
2367. Morphine IV to po conversion (no chart given)
2368. Dilaudid (had to know generic) to methadone conversion (easy given chart)
2369. Subutex (buprenorphine) question
2370. Ketorolac should not be used for more than: 5 days
2371. Beractant can be used to treat respiratory distress syndrome
2372. Question on relative risk
2373. Asked twice to find the mode
2374. Ionization question
2375. Biaxin, Zithromax, & Bactrim suspensions should all be stored: at room temperature
2376. To induce labor, Oxytocin is available only IV, PGE-2 is available as a topical preparation
2377. Mother has gestational diabetes, what is likely to occur when the baby is born. Mother also has epilepsy & is taking tegretol. I. high birth weight  II. Baby may have congenital abnormalities  III. Baby is likely to have diabetes – Answer: I & II only  Tegretol is a pregnancy class D drug
2378. Which of the following are OTC hemorrhoid treatments?  I. TUCKs pads  II. Nupercainal Ointment  III. Rowasa Enema  Answer: I & II
2379. Which of the following NSAIDs has an ophthalmic preparation? Diclofenac
2380. A patient received a Z-pak on day ___, when will they be finished? Add 5 days to date given
2381. Which of the following could be used to treat poison ivy?  I. Calamine  II. Hydrocortisone  III. Aluminum acetate
2382. EZ detector is used to test what? Heme guaic
2383. What do you need to monitor for a patient on warfarin? I. APTT II. PT III. INR; Answer: II & III
2384. Name of test so that patient can test blood sugar via urine
2385. what is the mode of a data set? 2 questions
2386. how to tx vancuronium OD? 2 other questions on vancuronium
2387. Crutches question? 2 inches
2388. Plavix MOA: is it reversible of irreversible. had this one twice worded differently
2389. Lovenox: monitor what INR, aPtt, bleeding time and one other? I chose INR???
2390. Starting dose of carvediol in CHF: 0.625 mg BID (I think)
2391. Finasteride MOA
2392. DKA what ion is elevated in the early stages? K or Ph. I picked potassium
2393. Diabetes give ACE Inhib
2394. pt was having a dye contrast test. What do u give to protect kidneys? Mesna, Ace Inhib, cant remember other choices. I know ACEIs r renal protective but doesn't Mesna protect the kidney from hemarrgic cystis with the use of cyclophosphamid and isofofamid? From Flynn – NO, Mesna protects the bladder from hemorrhagic cystitis
2395. MOM is a SALINE laxative
2396. 2 questions on Synvisc: no lifting weight x 48hr and can't remember second
2397. ARDS affects which organ system the most: renal, respiratory, ect
2398. Pt with chronic renal fail, with Ca of 7.5 and Ph of 15. What is likely to cause inc in Ca. Can't remember choices.
2399. What's causes inc in Ph: Fleet phospa soda lax
2400. Sorbitol decrease constipation although this patient has pseudomembranous colitis.
2401. What alternative antibiotics Treat febrile neutropenia (pt had sepsis) pt was on gent, vanco, ceftizadime: Choices a. clindamycin and ??????, MTR and ????????, primaxin and clindamycin (i chose this one), can't remember other choices.
2402. Bactrim, zithromax, and biaxin suspensions are all stored in room temp even after mixing.
2403. Egg allergies? choices a.) hep B, b.) mumps – correct answer c.) polio d.) PPV e.) DTaP
2404. Low calicium (7.5 is patient profile) in CRF is due to high phosphat. This makes sense as amephogel is used to hyperphosphatemia
2405. Know pramlitide is Symlin used for SC in DM (store unopened vials in frig while opened vial are stored in room temp
2406. Amaryl max dose 8 mg/day. Prandin max dose 16 mg/day; Prandin comes in 0.5, 1 and 2 mg tabs
2407. Know treatment algorithm for recurrent otitis media and etiology. had a question about a PCN allergic child. able to narrow answer down to either Ceftin or Rocephin. I chose Rocephin (From Flynn – always need to see the whole problem but remember that Ceftin is oral while Rocephin is only parenteral so not so usable for outpatient).
2408. Treatment for penicillin allergic pt with sinusitis; narrowed the ans to either erythromycin or bactrim. i chose bactrim
2409. Megaloblastic anemia can be caused by Bumex as it is a sulfonamide.
2410. Zostrix is capsacin that is applied TID or QID
2411. The question asks how many mL of the 1mg/mL should be added to a 50mL of 20% soln to make the new concentration 1:100,000.? Answer was .05, .5, 5 etc. I did know how to do this.
2412. Tamoxifen MOA; Metformin MOA; Avandia MOA
2413. Enteric coated capsule for HIV drugs: Viread, Epivir, Emtriva, Videx ??? didn't know this
2414. Raynaud's disease: drug that worsen: Propanolol and other beta blockers
2415. Ramipril monitoring? (didn't have hyperK in choices) choices were liver enz, Scr, sodium, phosphate (I put scr)
2416. counseling tips for pregnancy and diphtheria and tetan us vaccines
2417. fentanyl also comes in? ans: IV; brand name is Sublimaze
2418. Foley catheter for kidneys
2419. what receptor is for Imitrex; receptor for ZoFrann (odansetron)
2420. Filgastrim (Neupogen) causes bone pain and so does Neulasta (another form of filgrastim). Bone pain due to activity of the bone marrow to produce more neutrophils.
2421. spleenectomy and what vaccines
2422. IBS – use bentyl (dicyclomine) (I would like to see the other choices on this one – Flynn)
2423. Wood alcohol overdose: use ethanol
2424. Nimotop is for cerebral hemorrhage
2425. trazadone dosage and its interactions (profile had pt on 300 at night): choices were consult doctor about: wrong dosage, interaction with zyprexa, duplicate therapy (pt was on zyprexa and other drugs I didn’t think related to trazadone); dose is 50-100 BID-TID
2426. few questions on p<0.05 means what
2427. question on pt taking lispro 14 U morning and night and taking NPH morning and nite. Pt was given glucose levels thought the day and had to choose which needs to be increased or decreased. Pt level was fine through out the day except in the morning was high so I put to increase lispro in the morning
2428. why should pt take HCTZ in the morning?
2429. sodium laurate used as what?
2430. propylene glycol used as what?
2431. exelon counseling points? SE? I put that pt should report of GI side effects
2432. doxorubicin SE: cause discoloration of the urine
2433. arteriosus ductus: indomethacin to treat
2434. why is NTG patch taken off at night? I put because of hypotension, other choices were because of headaches, I don’t remember the rest
2435. respiratory distress syndrome in neonates: give beractant
2436. Pamidronate: give IV only
2437. overdose of morphine: give naloxone
2438. pt had dizziness: it was from doxazosin and can substitute with tamsulosin
2439. palvelizumab used for RSV
2440. Relative bioavailability (was given Tmax and Cmax and Drug A and B and Tmax was the same for both drug) Drug A Cmax, 33.5 Tmax, 2.8 Drug B 36.7 2.8
2441. Sunday start for BC pills means what? Start on Sunday after period STARTS
2442. Demerol metabolite can cause what? Seizures
2443. Patient best peak flow was 312. questn was what would consider as red zone. Choices were 150, 120, 285, 300, 250. I did not know the answer because <50% would be considered as red zone and 50% of 312 was 156. I put the answer was 120 but I think 150 and 120 would both be considered as red zone.
2444. what is raynaud’s disease and what worsens it
2445. Decadron is used for what for cancer patients
2446. zofran is used for what
2447. which eye drop cause blurred vision: gentamycin sol, neomycin oint, tobramycin oint (was not K-type)
2448. what to counsel to patients with home glucose monitoring device? I put counsel on lancets use; other choices were ketone strips, and other strips that I didn’t think make sense
2449. organisms for otitis media and treatment (whatch for allergies)
2450. neonate had sepsis in profile and was taking ampicillin and gentamycin; question was what was gent used for? E. coli, Pseudomonas, H. Infl, Strep, Moraxella
2451. One question on what book to use for IV drug: ans was Handbook of Injectable Drugs
2452. Fosamix counseling: k-type: take with food to minimize esophagus, sit up for 30 minutes, and take with full glass of water
2453. MOA of Reglan: increase gastric secretions, increase gastric emptying, something about esophageal, and some other choices. I know it was a prokinetic agent so I put increase gastric emptying. Don’t know the answer
2454. pt had hypotension when doctor took BP; what could cause that: caffeine, smoking, jogging, swimming, and 1 other choice.
2455. candesartan: what drug can substitute in the same class: Micardis
2456. CrCl = 11; k type: what drug ok to take: metolazone, bumetanide, HCTZ
2457. Prevnar is for: streptococcus pneumonia
2458. nicotine is available as what OTC? K type: patch, inhalation, spray
2459. Inspra should be careful with what? Answer was ACE
2460. pt profile was taking albuterol, pulmicort. Question ask what could be added to better control
asthma: theophylline, combivent, theophylline and singulair (my ans), serevent and Qvar, serevent and flonon

2461. dopamine @ 10mcg/kg/ml: vasopressor due to alpha effects
2462. question ask what drug in profile is available IV: Protonix is only one in profile available IV
2463. Alavert is the same ingredient as what? Answer is Claritin
2464. what was the advantage of central line vs. peripheral? Better access, less invasive, more stable, don’t remember other choices (I put it was more stable)
2465. most common serious adverse effect of metformin: lactic acidosis
2466. pt given TPA should be taken what? Lovenox, streptokinase, and other drugs all end in “ases” so I chose lovenox. Don’t know if correct
2467. pt going on knee surgery: what drug should be continued? Pepcid, ativan, digoxin, coumadin, on other choice
2468. hepatic encephalopathy: monitor ammonium
2469. what drug needs to be on a volume monitor machine: pepcid, ativan, digoxin, coumadin
2470. polymorphism is due to what? Acetylation, oxidation, ect. I put acetylation
2471. side effect of isonizid? Tinnitus was one of the choices; that was my answer
2472. precipitation cause by what? Ca and Phosphate
2473. Tobradex is what type of antibiotic? aminoglycoside (+ dexamethasone)
2474. I had a graph question of pt taking PO drug and there was another peak in the middle of the graph. Question asked what could the peak mean? I put the answer is that the drug has an active metabolite; Probably a graph of enterohepatic recycling – Flynn
2475. treatment of recurrent otitis media: pt allergic to PCNs. Choices were zithromax, cipro, 3 other were PCNs. Watch out for age and allergies!
2476. pt taking cipro should avoid what OTC med? Choices were Sudafed, Mylanta, Alternagel, don’t remember other choices; I put alternagel
2477. toradol max is 5 days
2478. 10 yo kid has asthma and juvenile RA. Mom wants him to take flu vaccine. Question as he takes flu vaccine b/c of what? Choices: because he has asthma, because all kids should be vaccinated, because it should be taken every year, other choices (answer is because he has asthma)
2479. vitamin K is available: PO, IV, soln (k type, I put PO and IV only)
2480. pt with asthma should be counseled on: know what activities will cause her asthma to worsen, take albuteral 30 minutes before exercise, take Serevent to prevent, don’t remember other choices
2481. question asked what was brand name of pt’s antispasmodic: choices were Detrol and other drugs that were not antispasmodics. However, the patient profile did not have tolerodine. So, weird question!
2482. question asks what is the therapeutic goal: choices were to monitor signs of addiction, use as much pain doesn’t matter, use subjective view to monitor patient pain and watch for addiction (my ans), and other choices
2483. pt had decreased levels of neutropenia: asked what should be taken to treat: Neupogen
2484. OTC treatment for face dermatitis? Cortaid was a choice; this is the only steroid that can be used on the face; others are too potent to apply
2485. C. diff – treat w/ metronidazole (also vanco, cholestryamine)
2486. stop metformin 48 h before testing using an iodinated radiographic contrast agent
2487. erythromycin IV dosage form is what? Lactobionate is answer
2488. brand name of nabumetone: Relafen
2489. levaquin IV and PO dosage difference: 500mg PO AND IV
2490. Pt had Travatan in profile. What else could be added? Xalatan, Trusopt, and other choices. I put Trusopt
2491. question for diabetic neuropathic pain? Ktype: gabapentin, amitriptyline, capsacin
2492. question on why pt was switched from mellaril to risperdal – I chose b/c pt had increase in AIMS score
2493. CMV treatment: ganciclovir
2494. one question ask what can cause EPS: only choice made sense was Reglan
2495. question ask t1/2 is 8 hours, how many hours will it take for gent to reach steady state (don’t know how to do)
2496. clindamycin treats: k type: g(-), g(+), anaerobes ; answer: all
2497. hormone to detect pregnancy: HCG
2498. Xenical question (pt was taking TID): take 1 h before and 2 h after meals, don’t take vitamins, dose can be skipped if meal is skipped (the answer), and other choices I don’t remember

2499. Max dose of zocor: 80 mg per day

2500. Lovastatin dose: in pt profile it was lovastatin 50mg. question asked which medicine had the wrong dose. Lovastatin dose is 10, 20, 40 max is 80

2501. 65 yo woman want prophylaxis for osteoporosis: do weight bearing exercises, eat fruits, take Vit A, Take Vit C, and another choice.

2502. Which drug inhibit fusion of HIV? Enfuvirtide (Fuzeon)

2503. Gent covers mycoplasmosis?

2504. What is hiatal hernia

2505. Pancuronium is used for what? I put to paralyze pt’s diaphragm

2506. AB rating of Synthroid means what?

2507. Pt on warfarin and INR of 4.3 – I put hold for 2 days and then redose; other choices were give frozen plasma, give 10 mg of Vit K, increase warfarin dose, and another choice

2508. Know meaning of p<0.01 when comparing results

2509. Calculating mL of lantus. Was given how many units pt was taking; know that 100units/mL

2510. Pulmozyme – use nebulizer

2511. Golyte: k-type: mix with cold water and keep in fridge prior to use; flavor with grape juice, take 1 glass and if no movement use enema

2512. Gaviscon – need to chew before swallowing because it’s a foam

2513. Which medicine available OTC? Diphenhydramine, Meclizine, one other choice (I put just diphenhydramine)

2514. Versed antidote: Romazicon

2515. Palavizumab to treat RSV (respiratory syncytial virus)

2516. Pt overdose with albuterol. Which medicine will help? Propanolol was my answer

2517. Pain from shingles; what to recommend: bacitracin, silver sulfadiazine, capsaicin, steroid, and one other

2518. How to counsel patient on salmeterol? Recommended dose is no more than twice daily, Rinse mouth, others.

2519. Tetanus boost every 10 years

2520. Hep. B dosage for boost-up (Now, then 6 months after, or Now, then 12 months after....)

2521. Black cohosh for hot flashes

2522. St. John Wort’s for depression; St. John Wort’s can cause serotonin syndrome; St. John Wort’s interact with Celexa

2523. Ginseng for N/V

2524. Didanosine (Videx) and Indinavir (Crixivan) without food

2525. Albuterol, Atropine,..... With nebulizer (answer areochember?)

2526. Corticosteroid include (Sandimune, Neoral), not Randimune

2527. Flomax (MOA: alpha-1 antagonist)

2528. Biguanide MOA : decrease hepatic glucose production

2529. Glucovance: metformin and glipizide

2530. Enbrel: SC; Enbrel: Tumor Necrosis Factor

2531. Ingredient of Synercid (quinupristin and dalfopristin)

2532. Narcan for morphine overdose

2533. Fosphenytoin is better water soluble than phenytoin

2534. Ativan storage in refrigeration, Valium store in room temperature

2535. Calculate non-protein from TPN

2536. Amerge (Naratriptan): not opioid, it is a serotonin receptor

2537. Pt. taking imitrex for headache, and want to add another drug (answer: propanolol)

2538. Valproic acid dosage form: sprinkle capsule, NO chewable tablet, solution

2539. Imuran, prednisone (immunosuppressant for transplant)

2540. Furosemide (stay away from light)

2541. If pt. forget to get flu vaccine, can prophylaxis with rimantadine

2542. Peak flow meter: green zone (80-100), stand up, take 3 time and average out

2543. Corticospoin: monitor Scr

2544. CrCl calculation: don’t know if ideal body weight or actual body weight IBW: 50+2.3 (height over 5 ft) for men; women use 45 instead of 50.
PCP prophylaxis is Bactrim
How to prevent GERD: do not lay down within 30 to 60 min. after eat,
Calculate dosage for Dopamine
pt. need to stop smoking to help with cardiac problem
BUN/Scr: 26 (renal failure, dehydration?, ...)
Lescol (fluvastatin) – Monitor ALT/AST for Lescol
Zofran (Ondesetron) work on 5HT3
Metalozene (Zaroxylin)
Duplicate therapy: Nitroglycerin and CCB
Nitroglyceride store in glass bottle
MRSA: use Zyvox if allergic to vancomycin
Recommend what for OTC if pt. taking Nexium, Protonix, Prevacid, – Nizatidine (AxD)
Tx. Of Clostridium difficile: Metronidazole and Vancomycin
Alternate tx. For sulfadazine is Mesalamine, metabolite 5-ASA
Lactulose tx. Hepatic encephalopathy and Lactulose can cause diarrhea
PEG-INTRO: what is it?
TPA is alteplase; streptokinase is a different agent but both are clot busters
What is DMARD for RA: gold, immunosuppressant, methotrexate, NOT NSAID
TPN had KCl, Calcium gluconate, NaCl: What will precipitate if add phosphorous to this TPN
Pt. on cholestyramine can substitute WELCHOL
Tobramycin dosage form: ointment, solution, inhalation, injection (no capsule)
What fluoroquinolone come in eye drop: ofloxacin, cipro
E. coli. Can cause diarrhea
Gentamicin does not cover strep if only the gentamicin is used
Gave a prescription: benadryl elixir..... (counsel pt. on cx. Drowsiness)
Why give capoten to hypertensive pt. with diabetes: neuropathy, retinopathy, albumin proteinurea
Loniten (oral minoxidil): Hirsutism
Humalog 15 min. before meal
Diclofenac for eye drops
Mannitol is osmotic diuretic that increase the osmotic pressure of glomerular filtrate.
Ziac is bisoprolol and HCTZ
what cx. Insomnia: prednisone in AM, celexa
Aricept max. dose: 10mg qhs
Addison is deficiency of corticosteroid
Prempo: conjugate estrogen/medroxyprogesterone, NOT estrogen/progestin
Provigil: Narcolepsy
Demerol metabolite ex. Seizure
One compound: give a prescription of sulfur and need to qs petroleum ointment in gram. I put:
Levigate sulfur with a few drops of mineral oil, then put the petroleum ointment to qs the gram.
I had 5 questions on books: 2 questions on what book for pathophysiology (Applied Therapeutics)
What beta blocker use for: ventricular fibrillation, angina; Beta blocker contraindicated in Heart Failure
Cipro 400mg IV dosage form change to PO (500mg BID), 400mg PO BID, 250mg, 500mg BID
What is Bactroban? Mupiricin; Mupiricin for Impetigo caused by staph
Betaseron for Multiple Sclerosis
CoSopt: Timolol (Blocarden) and Trusopt (Dozolamide)
MOA of gentamicin(30S, block protein synthesis) and ceftriazone (block cell wall synthesis)
MOA of fluoroquinolone: inhibits DNA gyrase and topoisomerase IV
Rispedal causes EPS
Calculate calories from TPN for carbs, protein, non-protein
Monitor for phenytoin: albumin (yes due to highly protein bound (90%)), protein, hemoglobin + hemocrit
Pt. allergic to abacavir (Ziagen), what to avoid: Trizivir (Abacavir + Combivir)
1.2 micro filter for what drugs? Paclitaxel
Raynauds’s: complaint Cold hands; Raynauds tx. CCB
Cisplastin: warm it before giving
2598. Enbrel: 14 days after reconstitution and put in refrigerator
2599. Amphojel: Aluminum
2600. Carvedilol advantage over beta blocker: has alpha blocker (ex. Vasodilate and help with blood pressure)
2601. Anthrax: is bacteria
2602. How to know if pt. getting better (RA, H. pylori) choices: ESR (erythrocyte sedimentation rates decrease
2603. Conversion from Morphine PO to Fentanyl IV
2604. TUM plus contain calcium
2605. Pt. take Morphine, fentanyl and other control substances. What to do before start these drugs. Answer: Use subjective judgement on pt.’s pain and watch out for addiction.
2606. What to rehydrate pt.: K-Lyte (no), Pedialyte (yes), Go-lytely (no)
2607. Two statistics questions
2608. Be sure to pray before starting
2609. Know the corresponding milligrams to colors for warfarin
2610. Know the causes of Digoxin toxicity
2611. Know the treatment for Wilson's disease – penicillamine (Cuprimine)
2612. Know the treatment for APAP toxicity and when do you stop treating
2613. Be familiar with components of combination drugs such as Hyzaar
2614. Be familiar with Vaccine schedules and who it is indicated for
2615. Be sure to review MEQ calculations thoroughly
2616. Watch units in calculations
2617. Watch TPN formulars and be sure to determine how long it should run for
2618. Know that Sulfur eye drops may burn upon application
2619. Be sure to know common drug interactions
2620. Know Goodpasture syndrome
2621. Know the connection between hyperkalemia and metabolic acidosis
2622. Know the appropriate range for Gentamicin peak and trough
2623. Know what agent is most appropriate in treating V- Tachy
2624. Know the maximum daily dose for Glyburide
2625. Be able to calculate ANC
2626. Know the use of Phos Lo in renal failure
2627. Know the mechanism of action of Neulasta
2628. Know the generic name for Lescol
2629. Know how to fit TED stockings
2630. Know counseling points on ostomy bags
2631. Know what drug will make Raynaud’s disease worse
2632. Know what class of laxative Magnesium sulfate belongs
2633. Be able to interpret P-values
2634. Know what it means to have a Sunday start on a Birth control pack
2635. Know the topical agent for inducing labor
2636. Know mechanism of action of bicitra
2637. Know what agent to avoid post non- ST elevated MI
2638. Know the components of Prempro
2639. Know the mechanism of action of ethanol in Methanol poisoning
2640. Know the use of poly vinyl alcohol in a dosage preparation
2641. Know the proper administration of a nicotine gum
2642. Know how to fit for crutches
2643. Know the efficacy of 0.22 micro filter
2644. Review causes of the several anemia and be able to interpret lab results related to such
2645. What is Levsinex? it’s hyoscyamine which is an Anticholinergic (swear I never saw it before)
2646. Yasmin is similar in action to Danozol or Leuprolide?
2647. What would you tell a patient with gout to do for a better QOL? avoid red meat (not sure if it’s the correct answer but i think it is)
2648. Neomycin may be given prophylactically to patient with hepatic encephalopathy to avoid gram negative enteric bacteria – FLYNN: I think a better choice would be to reduce ammonia in the blood, but need to see the choices
2649. Anthrax is bacterial, virus, piron, fungus? It's bacterial.
2650. Paxil interacts with which of the following, a) diazepam b) trazadone c) can't remember the other one but it had to be all of the above.
2651. Which proton pump inhibitor can be given parenterally. Protonix for sure
2652. Lots of TPN questions for calculation but not hard at all for example calculate the calories from lipid and carbs, etc.
2653. Sibutramine is used for ...... (obesity)
2654. Fibrinolytics vs. LMWH
2655. Flomax is alpha blocker and not 5 alpha reductase inhibitor.
2656. Brand and generic which are not hard to answer
2657. KCL should be diluted in how many ml of D5W (50 ml not sure though)
2658. Hepatitis C preferred regimen ...... Ribavirin and interferon?
2659. Prednisone and Cyclophosphamide are given to patients with organ transplant rejection.
2660. What is Actigall...... drug used for cholelithiasis (I guess we must know medical terminology that we didn't think we'd come across on the NAPLEX cause this was not the only one)
2661. 10 % calculation lots of bugs / 80 % pt profile
2662. Only 1 TPN cal question
2663. No reference book question
2664. Memantine with what inhibitor?
2665. C.dificile tx metronidazole weren't there: vancomycin
2666. KCL IV 10meq over 1 hour 2dose what d5 vol you should use a.0ml b.10ml.c.100ml d.500ml e.1000ml (I put 100ml b/c pt was on fluid restriction)
2667. Pt was on cepotaxime(or cefotetan?) plus clarithromycin. Which is not covered by these choice: a thru c were all pneumonia like k. pneumonia h. pneumonia /d. methicillin resis.S.pneumonia e. penicillin sensitive S. aureus
2668. Lots of drug interaction(beta-blocker, statins, etc)
2669. Arthrotec question dosing & interaction
2670. Humira MOA & need to check what before start?
2671. Lispro what differ from regular(fast onset)
2672. Pt need 8 units of regular with lantus how administer? 0.08ml of u-100 SQ with separate dose of lantus (careful with 0.8ml or IV or with lantus)
2673. Lescol generic name fluvastatin
2674. Septra tab switch to suspension- how many TABLEspoonful of suspention? (need to know tab strength and suspension strength was given as 40mg/200mg per TEAspoonful)
2675. Avonex (interferon beta-1a) & interaction
2676. 3 profiles were premature babies & 2 pediatrics
2677. Indocin IV available for ductus arteriosus
2678. Vasotec IV available
2679. Ibuprofen is what derivative? Structure given
2680. Cyclophosphamide100mg/M2 calculate how many mg/BSA formula was given
2681. DHE what form available?
2682. Methyccellulose for what?
2683. Liposyn II how to storage & what quality information pharmacist need to know? K-type sterile, USP something...
2684. Resperdal AE & interaction
2685. Need to know everything about Biaxin (so many questions were related/storage, MOA, interaction, and coverage)
2686. Levaquin PO to IV
2687. Several question about prednisone(AE, interaction, 5mgPO to IV methylprednisolone what mg?)
2688. Only one question about pKa - amitriptyline hydrochloride pKa 9.4 – in physiatics(?)pH, how many % of amitriptyline is ionized? Did not know pH
2689. Treatment for herpes zoster- choice were saquinavir, ritnavir, gancyclovir, famciclovir
2690. Hepatitis A treatment
2691. Adefovir for what? HIV
2692. Exosurf stat order for what?
2693. Dr. ordered lovenox starting dose? What to give? 30mg
2694. Dopamine 10mcg/kg renal perfusion
2695. Premature baby with 1 unit/ml heparin in D10. What is heparin for?
2696. Lidocaine. What class of antiarrhythmic-class Ib? Question was like which class of antiarrhythmic drug is pt on? Pt was on lidocaine & atenolol (beta-blocker but not approved)
2697. No gout, CF, autoimmune, syndrome, catheter, UC drugs, Aminophylline to theophylline dose, BPH
2698. Need to know peak flow meter's goal - what %
2699. MOA metformin and AE lactic acidosis
2700. 2 Cr clearance cal for dosing
2701. Which tobramycin form is NOT available? Eye drops, eye ointment, tab – correct, IV, nebulizer
2702. Pt had 6 breaths/min which drug do you recommend? Choice were all antidotes. Pt was on oxycontin so I put narcan
2703. Drug interaction based on CYP450 (need to know meds)
2704. Pt was on Restoril (need to know BZD) – to answer flumazenil
2705. Pt had EKG with spike P and wide QT and high K level/ what treatment do you suggest? I put 10 ml of Ca gluconate
2706. Need to make x meq sodium phosphate in 1/2NS using stock solution (have to think 77 meq in 1/2NS)
2707. Pt received KCL and CaCl2 – how many meq of Cl?
2708. Meq Question with NaCl with Na Acetate
2709. Taxol with in-line filter
2710. PCP history CD4 level from 80 to 170 which medicine can pt discontinue - azithromycin for MAC(septra was there but for PCP at least CD4 200 to discontinue - I think)
2711. Which one is HIV opportunistic infection? I chose toxoplasma (no PCP, MAC)
2712. Which drug has interaction with theophylline
2713. Several pt on lactulose (dosage, storage)
2714. Pt wants to quit smoking. Which OTC drug do you suggest? K-type (nicorette, commit, zyban - not OTC)
2715. Pt on gentamicin 3.5 mg/kg Vd was 20 L, clearance is 1 L/h, goal 10 mg/ml were given - 2 questions
   1. If gentamicin’s half life is 8 hours, how long to reach safe-state? I did not know.
   2. To reach goal, calculate dose
2716. Who need take flu vaccine - k-type (all health worker, preK kids, residents for care home)
2717. Octreotide similar to somatostatin and for diarrhea
2718. Combivent = ipratropium + albuterol
2719. Combivent Pt could not use well, instruct
2720. Famiciclovir for what?
2721. Relative question drug A’s AE appear relative risk 1.3 to drug B what does it mean?
2722. Pt need thigh length something – what info you need to know? K-type (foot size, leg length, one more I don’t remember)
2723. Which med is available orally- Zyvox was there
2724. _______curonium (not vecuronium) for pediatric pt for what?
2725. Dobutamine MOA
2726. No MAO inhibitor, E-value
2727. 34 yo woman had PMS problem- what dietary supplement do you recommend? I thought little bit young for menopause but I chose black cohosh
2728. Pt was NPO, Dr prescribed CIPRO PO - need to suggest IV available
2729. 0.5% Albuterol 0.5 ml, reconstitute with NS 2.5 ml/ how many mg per dose; dose was 0.5 ml QID
   - SOLUTION: 0.5% = 5 mg per ml, so 0.5 ml = 2.5 mg; add 2.5 ml NS and final concentration is 2.5 mg per 3 ml; if dose is 0.5 ml, then quantity per dose is 2.5 mg (div by) 6 doses = 0.4 mg
2730. ISMO 7 am and 2 pm
2731. Nitroprusside k-type light protection, glass bottle, 0.22 micron filter
2732. Leukeran is an alkylating agent
2733. Ribavirin for respiratory what device pt need to use? Nebulizer or aerochamber (both were in choices)
2734. What drug need to be hold after angiography: metformin
2735. Poison ivy pt
2736. Amphojel for what? High phosphate
2737. Vaccine need to reconstitute - MMR
2738. No pregnancy
2739. Neulasta-white blood cell booster
2740. Fomepazole
2741. Pt on birth control pills what pharmacist needs to tell pt-quit smoking
2742. FEV-1 helps to diagnose what?
2743. TPN question- how many milliliters of tpn and lipid pt will get in 24 hours? TPN 1.5ml/hr, lipid 20% 6ml over 12 hours-36ml, 42ml, 48ml (I chose 48ml b/ I thought lipids were Q12h, but I think the correct answer was 42ml)
2744. INVANZ-what class? Carbapenem
2745. MOA of metformin, was asked this 3 different ways
2746. lots of calculation, Meq, mmols, TPN calories, CrCl
2747. lots of profile questions, had to look at allergies and lab values
2748. which HIV med is enteric coated
2749. otitis media treatment
2750. 1 question on cancer drugs but can't remember
2751. theophylline to amiophylline calculation
2752. I studied the last minute study tips out of the packet and A LOT of those questions were on the test.