

NURS 615-Pharm Exam 2-Super Duper Exam

2 Q&A

1. Henry has recently started on carbamazepine to treat seizures. He comes to see you and you note that while his carbamazepine levels had been in the therapeutic range, they are now low. The possible cause for the low carbamazepine levels include: **Carbamazepine auto-induces metabolism, leading to lower levels despite good compliance.**
2. Carbamazepine has a **Black Box Warning** due to life-threatening: **Dermatologic reaction, including Steven's Johnson and toxic epidermal necrolysis**
3. Long-term monitoring of patients who are taking carbamazepine includes: **Complete blood count every 3 to 4 months (can be a decrease in WBC & platelets)**
4. Six-year-old Felisha has recently been started on ethosuximide (Zarontin) for seizures. She should be monitored for: **Blood dyscrasias, which are uncommon but possible**

5. What should families be taught regarding seizure activity monitoring?

Prevention of seizures, patient safety, quality of life issues, reach acceptable goals for treatment, & do not abruptly stop taking seizure meds

6. What electrolyte imbalance is associated with topiramate?

Decreased sodium bicarb leading to hyperchloremic metabolic acidosis

7. Lisa, who is overweight, recently started taking topiramate for seizures and at her follow-up visit you note she has lost 4 kg. The appropriate action would be:

Reassure her that this is a normal side effect of topiramate and continue to monitor her weight.

8. Travis's seizures are well controlled on topiramate and he wants to start playing baseball. Education for Travis regarding his topiramate includes:

He should monitor his temperature and ability to sweat in the heat while playing

9. Brandy is taking valproate (Depakote) for seizures and would like to get pregnant. What advice would you give her?

Valproate is a known teratogen, but may be taken after the first trimester if necessary. Keppra is a better drug to be on until the second trimester, then she can go back to valproate.

10. What category is

valproate? **Category X**

11. The tricyclic antidepressants should be prescribed cautiously in

patients with: **Heart disease**

12. A 64-year-old male was prescribed phenelzine (Nardil) while in an acute psychiatric unit for recalcitrant depression. The NP managing his primary health care needs to understand the following regarding phenelzine and other monoamine oxidase inhibitors (MAOIs):

He should not be prescribed any serotonergic drug such as sumatriptan (Imitrex), MAOIs interact with many common foods, including yogurt, sour cream, and soy sauce, and **symptoms of hypertensive crisis (headache, tachycardia, sweating) require immediate treatment**

13. What are the precautions and contraindications for tricyclic

antidepressants? **Side effects are similar to anticholinergic activity such as dry mouth, sedation,**

constipation, increased appetite, blurred vision, tinnitus, euphoria, and mania. Caution in patients with cardiac disease (terminate ventricular fibrillation, decrease cardiac contractility, increase collateral blood circulation to ischemic heart muscles).

14. Marla is started on paroxetine (Paxil), a selective serotonin reuptake inhibitor (SSRI), for depression. Education regarding her antidepressant includes:

SSRIs may take 2 to 6 weeks before she will have maximum drug effects.

15. What “onset of action” symptoms should be reviewed with patients who have been newly prescribed a selective serotonin reuptake inhibitor?

They can feel a bit of nausea, but this resolves in a week.

16. Which of the following should not be taken with a selective serotonin reuptake inhibitor?

Alcohol

17. Why is the consistency of taking paroxetine (Paxil) and never running out of medication more important than with most other selective serotonin reuptake inhibitors (SSRIs)?

It has a shorter half-life and withdrawal syndrome has a faster onset without taper

18. Janet presents with depression associated with complaints of fatigue, sleeping all the time, and lack of motivation. An appropriate initial antidepressant for her would be: Duloxetine (Cymbalta)

19. A patient with anxiety and depression may respond to: Buspirone (Buspar) and an SSRI combined

20. When is buspirone (Buspar) and an SSRI combined?

Buspar is helpful in augmenting the SSRI and in treating patients with agitated or anxious depression

21. An appropriate first-line drug to try for mild to moderate generalized anxiety disorder would be:

Buspirone (Buspar)

22. Larry has been prescribed citalopram (Celexa) to treat his depression. Education regarding how quickly selective serotonin reuptake inhibitor (SSRI) antidepressants work would be:

Appetite and concentration improve in the first 1 to 2 weeks