

NR 566 / NR566 Advanced Pharmacology Care of the Family Midterm Review Quiz bank | LATEST, 2020/2021 | Q & A | Chamberlain College

1. Hypoglycemia can result from the action of either insulin or an oral hypoglycemic. Signs and symptoms of hypoglycemia include:
 - A. "Fruity" breath odor and rapid respiration
 - B. Diarrhea, abdominal pain, weight loss, and hypertension
 - C. Dizziness, confusion, diaphoresis, and tachycardia**
 - D. Easy bruising, palpitations, cardiac dysrhythmias, and coma
2. Nonselective beta blockers and alcohol create serious drug interactions with insulin because they:
 - A. Increase blood glucose levels
 - B. Produce unexplained diaphoresis
 - C. Interfere with the ability of the body to metabolize glucose
 - D. Mask the signs and symptoms of altered glucose levels**
3. Lispro is an insulin analogue produced by recombinant DNA technology. Which of the following statements about this form of insulin is NOT true?
 - A. Optimal time of preprandial injection is 15 minutes.
 - B. Duration of action is increased when the dose is increased.**
 - C. It is compatible with neutral protamine Hagedorn insulin.
 - D. It has no pronounced peak.
4. The decision may be made to switch from twice daily neutral protamine Hagedorn (NPH) insulin to insulin glargine to improve glycemia control throughout the day. If this is done:
 - A. The initial dose of glargine is reduced by 20% to avoid hypoglycemia.**
 - B. The initial dose of glargine is 2 to 10 units per day.
 - C. Patients who have been on high doses of NPH will need tests for insulin antibodies.
 - D. Obese patients may require more than 100 units per day.
5. When blood glucose levels are difficult to control in type 2 diabetes some form of insulin may be added to the treatment regimen to control blood glucose and limit complication risks. Which of the following statements is accurate based on research?

- A. Premixed insulin analogues are better at lowering HbA1C and have less risk for hypoglycemia.
 - B. Premixed insulin analogues and the newer premixed insulins are associated with more weight gain than the oral antidiabetic agents.
 - C. Newer premixed insulins are better at lowering HbA1C and postprandial glucose levels than long-acting insulins.**
 - D. Patients who are not controlled on oral agents and have postprandial hyperglycemia can have neutral protamine Hagedorn insulin added at bedtime.
6. Metformin is a primary choice of drug to treat hyperglycemia in type 2 diabetes because it:
- A. Substitutes for insulin usually secreted by the pancreas
 - B. Decreases glycogenolysis by the liver**
 - C. Increases the release of insulin from beta cells
 - D. Decreases peripheral glucose utilization
7. Prior to prescribing metformin, the provider should:
- A. Draw a serum creatinine to assess renal function**
 - B. Try the patient on insulin
 - C. Tell the patient to increase iodine intake
 - D. Have the patient stop taking any sulfonylurea to avoid dangerous drug interactions
8. The action of “gliptins” is different from other antidiabetic agents because they:
- A. Have a low risk for hypoglycemia
 - B. Are not associated with weight gain
 - C. Close ATP-dependent potassium channels in the beta cell
 - D. Act on the incretin system to indirectly increase insulin production**
9. Sitagliptin has been approved for:
- A. Monotherapy in once-daily doses
 - B. Combination therapy with metformin
 - C. Both 1 and 2**
 - D. Neither 1 nor 2
10. GLP-1 agonists:
- A. Directly bind to a receptor in the pancreatic beta cell**
 - B. Have been approved for monotherapy
 - C. Speed gastric emptying to decrease appetite
 - D. Can be given orally once daily
11. Avoid concurrent administration of exenatide with which of the following drugs?
- A. Digoxin
 - B. Warfarin

C. Lovastatin

D. All of the above

12. Administration of exenatide is by subcutaneous injection:

A. 30 minutes prior to the morning meal

B. 60 minutes prior to the morning and evening meal

C. 15 minutes after the evening meal

D. 60 minutes before each meal daily

13. Potentially fatal granulocytopenia has been associated with treatment of hyperthyroidism with propylthiouracil. Patients should be taught to report:

A. Tinnitus and decreased salivation

B. Fever and sore throat

C. Hypocalcemia and osteoporosis

D. Laryngeal edema and difficulty swallowing

14. Elderly patients who are started on levothyroxine for thyroid replacement should be monitored for:

A. Excessive sedation

B. Tachycardia and angina

C. Weight gain

D. Cold intolerance

15. Which of the following is not an indication that growth hormone supplements should be discontinued?

A. Imaging indication of epiphyseal closure

B. Growth curve increases have plateaued

C. Complaints of mild bone pain

D. Achievement of anticipated height goals

16. Besides osteoporosis, IV bisphosphonates are also indicated for:

A. Paget's Disease

B. Early osteopenia

C. Renal cancer

D. Early closure of cranial sutures

17. What is the role of calcium supplements when patients take bisphosphonates?

A. They must be restricted to allow the medication to work.

B. They must be taken in sufficient amounts to provide foundational elements for bone growth.

C. They must be taken at the same time as the bisphosphonates.

D. They only work with bisphosphonates if daily intake is restricted.

18. Which of the following statements about pancreatic enzymes is true?
- A. Dosing may be titrated according to the decrease of steatorrhea.**
 - B. The amount of carbohydrates in the meal drives the amount of enzyme used.
 - C. The amount of medication used is increased with a cystic fibrosis pulmonary flare.
 - D. The FDA and Internet-available formulations are bioequivalent.
19. Both men and women experience bone loss with aging. The bones most likely to demonstrate significant loss are:
- A. Cortical bones
 - B. Femoral neck bones**
 - C. Cervical vertebrae
 - D. Pelvic bones
20. Bisphosphonates treat or prevent osteoporosis by:
- A. Inhibiting osteoclastic activity**
 - B. Fostering bone resorption
 - C. Enhancing calcium uptake in the bone
 - D. Strengthening the osteoclastic proton pump
21. Prophylactic use of bisphosphonates is recommended for patients with early osteopenia related to long-term use of which of the following drugs?
- A. Selective estrogen receptor modulators
 - B. Aspirin
 - C. Glucocorticoids**
 - D. Calcium supplements
22. Patients with cystic fibrosis are often prescribed enzyme replacement for pancreatic secretions. Each replacement drug has lipase, protease, and amylase components, but the drug is prescribed in units of:
- A. Lipase**
 - B. Protease
 - C. Amylase
 - D. Pancreatin
23. Brands of pancreatic enzyme replacement drugs are:
- A. Bioequivalent
 - B. About the same in cost per unit of lipase across brands**
 - C. Able to be interchanged between generic and brand-name products to reduce cost
 - D. None of the above
24. When given subcutaneously, how long until neutral protamine Hagedorn insulin begins to take effect (onset of action) after administration?
- A. 15 to 30 minutes

B. 60 to 90 minutes

C. 3 to 4 hours

D. 6 to 8 hours

25. Besides cystic fibrosis, which other medical state may trigger the need for pancreatic enzymes?

A. Paget's disease

B. Pulmonary cancers

C. Gallbladder surgery

D. Some bariatric surgeries

Chapter 33. Diabetes Mellitus

1. Type 1 diabetes results from autoimmune destruction of the beta cells. Eighty-five to 90% of type 1 diabetics have:

A. Autoantibodies to two tyrosine phosphatases

B. Mutation of the hepatic transcription factor on chromosome 12

C. A defective glucokinase molecule due to a defective gene on chromosome 7p

D. Mutation of the insulin promoter factor

2. Type 2 diabetes is a complex disorder involving:

A. Absence of insulin production by the beta cells

B. A suboptimal response of insulin-sensitive tissues in the liver

C. Increased levels of glucagon-like peptide in the postprandial period

D. Too much fat uptake in the intestine

3. Diagnostic criteria for diabetes include:

A. Fasting blood glucose greater than 140 mg/dl on two occasions

B. Postprandial blood glucose greater than 140 mg/dl

C. Fasting blood glucose 100 to 125 mg/dl on two occasions

D. Symptoms of diabetes plus a casual blood glucose greater than 200 mg/dl

4. Routine screening of asymptomatic adults for diabetes is appropriate for:

A. Individuals who are older than 45 and have a BMI of less than 25 kg/m²

B. Native Americans, African Americans, and Hispanics

C. Persons with HDL cholesterol greater than 100 mg/dl

D. Persons with prediabetes confirmed on at least two occasions

5. Screening for children who meet the following criteria should begin at age 10 and occur every 3 years thereafter:

A. BMI above the 85th percentile for age and sex

- B. Family history of diabetes in first- or second-degree relative
- C. Hypertension based on criteria for children

D. Any of the above

6. Insulin is used to treat both types of diabetes. It acts by:

- A. Increasing beta cell response to low blood-glucose levels
- B. Stimulating hepatic glucose production

C. Increasing peripheral glucose uptake by skeletal muscle and fat

D. Improving the circulation of free fatty acids

7. Adam has type 1 diabetes and plays tennis for his university. He exhibits a knowledge deficit about his insulin and his diagnosis. He should be taught that:

A. He should increase his carbohydrate intake during times of exercise.

B. Each brand of insulin is equal in bioavailability, so buy the least expensive.

C. Alcohol produces hypoglycemia and can help control his diabetes when taken in small amounts.

D. If he does not want to learn to give himself injections, he may substitute an oral hypoglycemic to control his diabetes.

8. Insulin preparations are divided into categories based on onset, duration, and intensity of action following subcutaneous injection. Which of the following insulin preparations has the shortest onset and duration of action?

A. Lispro

B. Glulisine

C. Glargine

D. Detemir

9. The drug of choice for type 2 diabetics is metformin. Metformin:

A. Decreases glycogenolysis by the liver

B. Increases the release of insulin from beta cells

C. Increases intestinal uptake of glucose

D. Prevents weight gain associated with hyperglycemia

10. Before prescribing metformin, the provider should:

A. Draw a serum creatinine level to assess renal function.

B. Try the patient on insulin.

C. Prescribe a thyroid preparation if the patient needs to lose weight.

D. All of the above

11. Sulfonylureas may be added to a treatment regimen for type 2 diabetics when lifestyle modifications and metformin are insufficient to achieve target glucose levels.

Sulfonylureas have been moved to Step 2 therapy because they:

A. Increase endogenous insulin secretion

B. Have a significant risk for hypoglycemia

- C. Address the insulin resistance found in type 2 diabetics
 - D. Improve insulin binding to receptors
12. Dipeptidyl peptidase-4 inhibitors (gliptins) act on the incretin system to improve glycemic control. Advantages of these drugs include:
- A. Better reduction in glucose levels than other classes
 - B. Less weight gain than sulfonylureas
 - C. Low risk for hypoglycemia**
 - D. Can be given twice daily
13. Control targets for patients with diabetes include:
- A. HbA1C between 7 and 8
 - B. Fasting blood glucose levels between 100 and 120 mg/dl
 - C. Blood pressure less than 130/80 mm Hg**
 - D. LDL lipids less than 130 mg/dl
14. Establishing glycemic targets is the first step in treatment of both types of diabetes. For type 1 diabetes:
- A. Tight control/intensive therapy can be given to adults who are willing to test their blood glucose at least twice daily.
 - B. Tight control is acceptable for older adults if they are without complications.
 - C. Plasma glucose levels are the same for children as adults.
 - D. Conventional therapy has a fasting plasma glucose target between 120 and 150 mg/dl.**
15. Treatment with insulin for type 1 diabetics:
- A. Starts with a total daily dose of 0.2 to 0.4 units per kg of body weight**
 - B. Divides the total doses into three injections based on meal size
 - C. Uses a total daily dose of insulin glargine given once daily with no other insulin required
 - D. Is based on the level of blood glucose
16. When the total daily insulin dose is split and given twice daily, which of the following rules may be followed?
- A. Give two-thirds of the total dose in the morning and one-third in the evening.**
 - B. Give 0.3 units per kg of premixed 70/30 insulin with one-third in the morning and two-thirds in the evening.
 - C. Give 50% of an insulin glargine dose in the morning and 50% in the evening.
 - D. Give long-acting insulin in the morning and short-acting insulin at bedtime.
17. Studies have shown that control targets that reduce the HbA1C to less than 7% are associated with fewer long-term complications of diabetes. Patients who should have such a target include:
- A. Those with long-standing diabetes

- B. Older adults
 - C. Those with no significant cardiovascular disease**
 - D. Young children who are early in their disease
18. Prevention of conversion from prediabetes to diabetes in young children must take highest priority and should focus on:
- A. Aggressive dietary manipulation to prevent obesity
 - B. Fostering LDL levels less than 100 mg/dl and total cholesterol less than 170 mg/dl to prevent cardiovascular disease**
 - C. Maintaining a blood pressure that is less than 80% based on weight and height to prevent hypertension
 - D. All of the above
19. The drugs recommended by the American Academy of Pediatrics for use in children with diabetes (depending upon type of diabetes) are:
- A. Metformin and insulin**
 - B. Sulfonylureas and insulin glargine
 - C. Split-mixed dose insulin and GPL-1 agonists
 - D. Biguanides and insulin lispro
20. Unlike most type 2 diabetics where obesity is a major issue, older adults with low body weight have higher risks for morbidity and mortality. The most reliable indicator of poor nutritional status in older adults is:
- A. Weight loss in previously overweight persons
 - B. Involuntary loss of 10% of body weight in less than 6 months**
 - C. Decline in lean body mass over a 12-month period
 - D. Increase in central versus peripheral body adiposity
21. The drugs recommended for older adults with type 2 diabetes include:
- A. Second-generation sulfonylureas
 - B. Metformin
 - C. Pioglitazone
 - D. Third-generation sulfonylureas**
22. Ethnic groups differ in their risk for and presentation of diabetes. Hispanics:
- A. Have a high incidence of obesity, elevated triglycerides, and hypertension
 - B. Do best with drugs that foster weight loss, such as metformin
 - C. Both 1 and 2**
 - D. Neither 1 nor 2
23. The American Heart Association states that people with diabetes have a 2- to 4-fold increase in the risk of dying from cardiovascular disease. Treatments and targets that do not appear to decrease risk for micro- and macro-vascular complications include:

A. Glycemic targets between 7% and 7.5%

- B. Use of insulin in type 2 diabetics
- C. Control of hypertension and hyperlipidemia
- D. Stopping smoking

24. All diabetic patients with known cardiovascular disease should be treated with:

A. Beta blockers to prevent MIs

B. Angiotensin-converting enzyme inhibitors and aspirin to reduce risk of cardiovascular events

- C. Sulfonylureas to decrease cardiovascular mortality
- D. Pioglitazone to decrease atherosclerotic plaque buildup

25. All diabetic patients with hyperlipidemia should be treated with:

A. HMG-CoA reductase inhibitors

- B. Fibric acid derivatives
- C. Nicotinic acid
- D. Colestipol

26. Both angiotensin converting enzyme inhibitors and some angiotensin II receptor blockers have been approved in treating:

- A. Hypertension in diabetic patients
- B. Diabetic nephropathy

C. Both 1 and 2

D. Neither 1 nor 2

27. Protein restriction helps slow the progression of albuminuria, glomerular filtration rate, decline, and end stage renal disease in some patients with diabetes. It is useful for patients who:

- A. Cannot tolerate angiotensin converting enzyme inhibitors or angiotensin receptor blockers
- B. Have uncontrolled hypertension
- C. Have HbA1C levels above 7%

D. Show progression of diabetic nephropathy despite optimal glucose and blood pressure control

28. Diabetic autonomic neuropathy (DAN) is the earliest and most common complication of diabetes. Symptoms associated with DAN include:

A. Resting tachycardia, exercise intolerance, and orthostatic hypotension

- B. Gastroparesis, cold intolerance, and moist skin
- C. Hyperglycemia, erectile dysfunction, and deficiency of free fatty acids
- D. Pain, loss of sensation, and muscle weakness

29. Drugs used to treat diabetic peripheral neuropathy include:

- A. Metoclopramide
- B. Cholinergic agonists
- C. Cardioselective beta blockers
- D. Gabapentin**

30. The American Diabetic Association has recommended which of the following tests for ongoing management of diabetes?

- A. Fasting blood glucose
- B. HbA1C**
- C. Thyroid function tests
- D. Electrocardiograms

31. Allison is an 18-year-old college student with type 1 diabetes. She is on NPH twice daily and Novolog before meals. She usually walks for 40 minutes each evening as part of her exercise regimen. She is beginning a 30-minute swimming class three times a week at 1 p.m. What is important for her to do with this change in routine?

- A. Delay eating the midday meal until after the swimming class.
- B. Increase the morning dose of NPH insulin on days of the swimming class.
- C. Adjust the morning insulin injection so that the peak occurs while swimming.
- D. Check glucose level before, during, and after swimming.**

32. Allison is an 18-year-old college student with type 1 diabetes. Allison's pre-meal BG at 11:30 a.m. is 130. She eats an apple and has a sugar-free soft drink. At 1 p.m. before swimming her BG is 80. What should she do?

- A. Proceed with the swimming class.
- B. Recheck her BG immediately.
- C. Eat a granola bar or other snack with CHO.**
- D. Take an additional dose of insulin.

33. Bart is a patient is a 67-year-old male with T2 DM. He is on glipizide and metformin. He presents to the clinic with confusion, sluggishness, and extreme thirst. His wife tells you Bart does not follow his meal plan or exercise regularly, and hasn't checked his BG for 1 week. A random glucose is drawn and it is 500. What is a likely diagnosis based on preliminary assessment?

- A. Diabetic keto acidosis (DKA)
- B. Hyperglycemic hyperosmolar syndrome (HHS)**
- C. Infection
- D. Hypoglycemia

34. What would one expected assessment finding be for hyperglycemic hyperosmolar syndrome?

- A. Low hemoglobin
- B. Ketones in the urine**

- C. Deep, labored breathing
- D. pH of 7.35

35. A patient on metformin and glipizide arrives at her 11:30 a.m. clinic appointment diaphoretic and dizzy. She reports taking her medication this morning and ate a bagel and coffee for breakfast. BP is 110/70 and random finger-stick glucose is 64. How should this patient be treated?
- A. 12 oz apple juice with 1 tsp sugar
 - B. 10 oz diet soda
 - C. 8 oz milk or 4 oz orange juice**
 - D. 4 cookies and 8 oz chocolate milk

Chapter 41. Hyperthyroidism and Hypothyroidism

1. When methimazole is started for hyperthyroidism it may take _____ to see a total reversal of hyperthyroid symptoms.
 - A. 2 to 4 weeks
 - B. 1 to 2 months
 - C. 3 to 4 months
 - D. 6 to 12 months**

2. In addition to methimazole, a symptomatic patient with hyperthyroidism may need a prescription for:
 - A. A calcium channel blocker
 - B. A beta blocker**
 - C. Liothyronine
 - D. An alpha blocker

3. After starting a patient with Grave's disease on an antithyroid agent such as methimazole, patient monitoring includes TSH and free T4 every:
 - A. 1 to 2 weeks
 - B. 3 to 4 weeks**
 - C. 2 to 3 months
 - D. 6 to 9 months

4. A woman who is pregnant and has hyperthyroidism is best managed by a specialty team who will most likely treat her with:
 - A. Methimazole
 - B. Propylthiouracil (PTU)**
 - C. Radioactive iodine
 - D. Nothing, treatment is best delayed until after her pregnancy ends

5. Goals when treating hypothyroidism with thyroid replacement include:

- A. Normal TSH and free T4 levels
 - B. Resolution of fatigue
 - C. Weight loss to baseline
 - D. All of the above**
6. When starting a patient on levothyroxine for hypothyroidism the patient will need follow-up measurement of thyroid function in:
- A. 2 weeks
 - B. 4 weeks**
 - C. 2 months
 - D. 6 months
7. Once a patient who is being treated for hypothyroidism returns to euthyroid with normal TSH levels, he or she should be monitored with TSH and free T4 levels every:
- A. 2 weeks
 - B. 4 weeks
 - C. 2 months
 - D. 6 months**
8. Treatment of a patient with hypothyroidism and cardiovascular disease consists of:
- A. Levothyroxine**
 - B. Liothyronine
 - C. Liotrix
 - D. Methimazole
9. Infants with congenital hypothyroidism are treated with:
- A. Levothyroxine**
 - B. Liothyronine
 - C. Liotrix
 - D. Methimazole
10. When starting a patient with hypothyroidism on thyroid replacement hormones patient education would include:
- A. They should feel symptomatic improvement in 1 to 2 weeks.
 - B. Drug adverse effects such as lethargy and dry skin may occur.
 - C. It may take 4 to 8 weeks to get to euthyroid symptomatically and by laboratory testing.**
 - D. Because of its short half-life, levothyroxine doses should not be missed.
11. In hyperthyroid states, what organ system other than CV must be evaluated to establish potential adverse issues?
- A. The liver
 - B. The nails and skin

- C. The eye
- D. The ear**

12. Why are “natural” thyroid products not readily prescribed for most patients?

- A. There is no reliability for the amount of hormone per dose.
- B. There is higher incidence of allergic reactions.
- C. There is a more reliable dose of T3 to T4 per batch.

D. All of the above

13. What is the desired mixed of T3 to T4 drug levels in newly diagnosed endocrine patients?

A. 99% of T3 and the rest is T4 to get rapid resolution.

B. Most needs to be T4 to mimic natural ratios of hormone.

- C. The ratio is unimportant.
- D. The mix needs to be 50-50 at first.

14. Laboratory values are actually different for TSH when screening for thyroid issues and when used for medication management. Which of the follow holds true?

A. Screening TSH has a wider range of normal values 0.02-5.0; therapeutic levels need to remain above 5.0.

B. Screening values are much narrower than the acceptable range used to keep a person stable on hormone replacement.

- C. Therapeutic values are kept between 0.05 and 3.0 ideally. Screening values are considered acceptable up to 10.
- D. Screening values are between 5 and 10, and therapeutic values are greater than 10.

15. What happens to the typical hormone replacement dose when a woman becomes pregnant?

- A. Most women need less medication.
- B. Most women do not require a dose change.

C. The average woman needs more medication during pregnancy.

D. The average woman needs more medication only if carrying multiples.

Chapter 25. Drugs Used in Treating Inflammatory Processes

_____ 1. All nonsteroidal anti-inflammatory drugs (NSAIDs) have an FDA Black Box Warning regarding:

1. Potential for causing life-threatening GI bleeds
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2.	Increased risk of developing systemic arthritis with prolonged use
3.	Risk of life-threatening rashes, including Stevens-Johnson
4.	Potential for transient changes in serum glucose

2. Jamie has fractured his ankle and has received a prescription for acetaminophen and hydrocodone (Vicodin). Education when prescribing Vicodin includes:

1.	It is okay to double the dose of Vicodin if the pain is severe.
2.	Vicodin is not habit-forming.
3.	He should not take any other acetaminophen-containing medications.
4.	Vicodin may cause diarrhea; increase his fluid intake.

3. When prescribing NSAIDs, a complete drug history should be conducted as NSAIDs interact with these drugs:

1.	Omeprazole, a proton pump inhibitor
2.	Combined oral contraceptives
3.	Diphenhydramine, an antihistamine
4.	Warfarin, an anticoagulant

4. Josefina is a 2-year-old child with acute otitis media and an upper respiratory infection. Along with an antibiotic she receives a recommendation to

treat the ear pain with ibuprofen. What education would her parent need regarding ibuprofen?

1.	They can cut an adult ibuprofen tablet in half to give Josefina.
2.	The ibuprofen dose can be doubled for severe pain.
3.	Josefina needs to be well-hydrated while taking ibuprofen.
4.	Ibuprofen is completely safe in children with no known adverse effects.

_____ 5. Henry is 82 years old and takes two aspirin every morning to treat the arthritis pain in his back. He states the aspirin helps him to “get going” each day. Lately he has had some heartburn from the aspirin. After ruling out an acute GI bleed, what would be an appropriate course of treatment for Henry?

1.	Add an H₂ blocker such as ranitidine to his therapy.
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_____ 6. Patients whose total dose of prednisone will exceed 1 gram will most likely need a second prescription for:

1.	Metformin, a biguanide to prevent diabetes
2.	Omeprazole, a proton pump inhibitor to prevent peptic ulcer disease
3.	Naproxen, an NSAID to treat joint pain
4.	Furosemide, a diuretic to treat fluid retention

7. Daniel has been on 60 mg of prednisone for 10 days to treat a severe asthma exacerbation. It is time to discontinue the prednisone. How is prednisone discontinued?

1.	Patients with asthma are transitioned directly off the prednisone onto inhaled corticosteroids.
2.	Prednisone can be abruptly discontinued with no adverse effects.
3.	Develop a tapering schedule to slowly wean Daniel off the prednisone.
4.	Substitute the prednisone with another anti-inflammatory such as ibuprofen.

8. Patients with rheumatoid arthritis who are on chronic low-dose prednisone will need co-treatment with which medications to prevent further adverse effects?

1.	A bisphosphonate
2.	Calcium supplementation
3.	Vitamin D
4.	All of the above

9. Patients who are on or who will be starting chronic corticosteroid therapy need monitoring of:

1.	Serum glucose
2.	Stool culture
3.	Folate levels
4.	Vitamin B ₁₂

10. Patients who are on chronic long-term corticosteroid therapy need education regarding:

1.	Receiving all vaccinations, especially the live flu vaccine
2.	Reporting black tarry stools or abdominal pain
3.	Eating a high carbohydrate diet with plenty of fluids
4.	Small amounts of alcohol are generally tolerated.

2.	Discontinue the aspirin and switch him to Vicodin for the pain.
3.	Decrease the aspirin dose to one tablet daily.
4.	Have Henry take an antacid 15 minutes before taking the aspirin each day.

11. Henry presents to clinic with a significantly swollen, painful great toe and is diagnosed with gout. Of the following, which would be the best treatment for Henry?

1.	High-dose colchicine
2.	Low-dose colchicine
3.	High-dose aspirin
4.	Acetaminophen with codeine

12. Patient education when prescribing colchicine includes:

1.	Colchicine may be constipating.
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2.	Colchicine always causes some degree of diarrhea.
3.	Mild muscle weakness is normal.
4.	Moderate amounts of alcohol are safe with colchicine.

_____ 13. Larry is taking allopurinol to prevent gout. Monitoring of a patient who is taking allopurinol includes:

1.	Complete blood count
2.	Blood glucose
3.	C-reactive protein
4.	BUN, creatinine, and creatinine clearance

_____ 14. Phil is starting treatment with febuxostat (Uloric). Education of patients starting febuxostat includes:

1.	Gout may worsen with therapy.
2.	Febuxostat may cause severe diarrhea.
3.	He should consume a high-calcium diet.
4.	He will need frequent CBC monitoring.

_____ 15. Sallie has been taking 10 mg per day of prednisone for the past 6 months. She should be assessed for:

1.	Gout
2.	Iron deficiency anemia

3.	Osteoporosis
4.	Renal dysfunction

_____ 16. The trial period to determine effective anti-inflammatory activity aspirin for rheumatoid arthritis is:

1.	48 hours
2.	4 to 6 days
3.	4 weeks
4.	2 months

_____ 17. Patients prescribed aspirin therapy require education regarding the signs of aspirin toxicity. An early sign of aspirin toxicity is:

1.	Black tarry stools
2.	Vomiting
3.	Tremors
4.	Tinnitus

_____ 18. Monitoring a patient on a high-dose aspirin level includes:

1.	Salicylate level
2.	Complete blood count
3.	Urine pH

4. All of the above

19. Patients who are on long-term aspirin therapy should have _____ annually.

1. Complete blood count
2. Salicylate level
3. Amylase
4. Urine analysis

Chapter 16. Drugs Affecting the Cardiovascular and Renal Systems

1. Vera, age 70, has isolated systolic hypertension. Calcium channel blocker dosages for her should be:

1. Started at about half the usual dosage
2. Not increased over the usual dosage for an adult
3. Given once daily because of memory issues in the older adult
4. Withheld if she experiences gastroesophageal reflux

2. Larry has heart failure, which is being treated with digoxin because it exhibits:

1. Negative inotropism
2. Positive chronotropism
3. Both 1 and 2
4. Neither 1 nor 2

3. Furosemide is added to a treatment regimen for heart failure that includes digoxin. Monitoring for this combination includes: