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QUESTION 1

Which of the following antidiabetic medication works by decreasing glucose reabsorption?

- A. Miglitol
- B. Linagliptin
- C. Pioglitazone
- D. Exenatide
- E. Empagliflozin

Correct Answer: E

Empagliflozin is a SGLT2 inhibitor to decrease glucose reabsorption in the kidney. Linagliptin is a DPP-4 inhibitor that works on incretins/increase insulin secretion/decrease glucagon secretion. Pioglitazone is a TZD that increases insulin sensitivity. Exenatide is a GLP-1 agonist which increase insulin secretion/ decrease glucagon secretion/increase satiety.

QUESTION 2

A patient who weighs 80kg is ordered Esmolol at 50mcg/kg/min. Esmolol comes in 2500mg/250 ml NS premixed bags. What is the infusion rate in mls/hr?

- A. 20mls/hr
- B. 6mls/hr
- C. 8mls/hr
- D. 24mls/hr
- E. 32mls/hr

Correct Answer: D

QUESTION 3

A 15-year-old presents with 6 days of nasal congestion with thin, clear rhinorrhea. She notes mild facial pain but has had no fevers. She feels her symptoms are improving.

What is the most likely cause of her symptoms?

- A. Streptococcus pneumoniae
- B. Viral



- C. Moraxella catarrhalis
- D. Haemophilus influenzae
- E. Staphylococcus aureus

Correct Answer: B

This patient shows symptoms of acute sinusitis. The most common etiology of which is viruses. Indications that an infection is viral as opposed to bacterial included a shorter infection tie (less than 10 days) and no purulent discharge (hers is watery). She does not show any evidence of a complication developing and even notes that her symptoms are improving. If her symptoms were attributed to a bacterium, then the most common cause of acute sinusitis is Streptococcus pneumoniae followed by Haemophilus influenza, then Moraxella catarrhalis. Anaerobic species such as Bacteroides fragilis and Staphylococcus aureus are more commonly found in patients with chronic sinusitis (sinusitis lasting longer than 12 weeks). This is important to realize before indiscriminately providing antibiotics for these patients.

QUESTION 4

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN's medication includes Dexamethasone 8mg iv q6h with taper dosing, Ondansetron 4mg iv q6h prn for N/V, Levothyroxine 0.075mg po daily, Lisinopril 10mg po daily, Citalopram 20mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500mg po bid, D51/2NS with 20K at 125mls/hour and Hydromorphone PCA at 0.2mg/hour of basal rate, demand dose 0.1mg. lockout every 6min, one hour limit 2.2mg/hour. Pertinent morning labs includes serum creatinine 1.4mg/dl, Mg 1.5mg/dl, K 5.0mmol/L, Na 135mmol/L.

What is LN's creatinine clearance using Cockcroft and Gault equation based on IBW?

- A. 43 mls/min
- B. 53 mls/min
- C. 63 mls/min
- D. 33 mls/min
- E. 23 mls/min

Correct Answer: D

$ABW = 85 \text{ kg}$
 $IBW = 50 \text{ kg} + 2.3 \text{ kg} (4) = 59.2 \text{ kg}$
 $85/59.2 = 1.44$
 $AdjBW = 59.2 \text{ kg} + 0.4(85 \text{ kg} - 59.2 \text{ kg}) =$

69.52 kg
 $CrCl (IBW) = [(140 - 84) 59.2] / (72 \times 1.4) = 32.8$
 $CrCl (AdjBW) = [(140 - 84) 69.52] / (72 \times 1.4) = 38.6$

QUESTION 5

What is the standard oral weekly dose of alendronate given to treat osteoporosis?

- A. 10mg
- B. 70mg



C. 140mg

D. 200mg

Correct Answer: B

The standard oral dose of alendronate in the treatment of osteoporosis is 70mg weekly ?or 10mg per day.

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