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QUESTION 1

An order is received for 0.03 units /min of vasopressin for Sepsis to maintain MAP >65. The standard mixed in your hospital for vasopressin is 40 units in 100ml NS.

What is the rate in mLs/hr should the vasopressin be infused at?

A. 4.0 ml/hr

B. 4.9ml/hr

C. 4.5ml/hr

D. 3.5ml/hr

E. 6ml/hr

Correct Answer: C

QUESTION 2

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemia. Select all that applies. Alpha cells in pancreases

A. Sulfonylureas

B. Alpha- Glucosidase Inhibitors

C. DPP4 Inhibitors

D. Glucagon-like peptide-1 receptor agonists

E. Thiazolidinediones

F. Biguanide

G. SGLT2 inhibitors

Correct Answer: C

DPP4 Inhibitors, D Glucagon-like peptide-1 receptor agonists Sulfonylureas work in beta cells in the pancreas that are still functioning to enhance insulin secretion. Alpha-Glucosidase Inhibitors stop glucosidase enzymes in the small intestine and delay digestion and absorption of starch and disaccharides which lowers the levels of glucose after meals. DPP4 blocks the degradation ofGLP-1, GIP, and a variety of other peptides, including brain natriuretic peptide. Glucagon-like peptide-1 receptor agonists work in various organs of the body. Glucagon-like peptide-1 receptor agonists enhance glucose homeostasis through: (i) stimulation of insulin secretion; (ii) inhibition of glucagon secretion; (iii) direct and indirect suppression of endogenous glucose production; (iv) suppression of appetite; (v) enhanced insulin sensitivity secondary to weight loss; (vi) delayed gastric emptying, resulting in decreased postprandial hyperglycaemia. Thiazolidinediones are the only true insulin-sensitising agents, exerting their effects in skeletal and cardiac muscle, liver, and adipose tissue. It ameliorates insulin resistance, decreases visceral fat. Biguanides work in liver, muscle, adipose tissue via activation of AMP-activated protein kinase (AMPK) reduce hepatic glucose production. SGLT2 inhibitors work

in the kidneys to inhibit sodium-glucose transport proteins to reabsorb glucose into the blood from muscle cells; overall this helps to improve insulin release from the beta cells of the pancreas.

Reference: https://doi.org/10.1093/eurheartj/ehv239

QUESTION 3

Which of the following should be monitored when a patient is on SGLT2 inhibitor?

A. Hydration status

B. Blood pressure

C. Blood glucose

D. Renal function

E. All of the above

Correct Answer: E

Because SGLT2 inhibitors work by preventing reabsorption of glucose in the kidneys, this increases frequency of urination. All of the options are monitoring requirements since the hydration status, blood pressure, blood glucose, and renal function may all be changed from increased urination (from the mechanism of the drug).

QUESTION 4

JT is a 58-year-old women who is on vancomycin empirically for pyomyositis confirmed by MRI. Surgical debridement has successfully removed infected tissue and pus. CandS of the infected tissue comes back MSSA sensitive to everything on the panel. JT is allergic to PCN (rash), she has had cephalosporin for her UTI in the past with no problem.

What would be the most appropriate antibiotics to switch to while JT is still in the hospital?

A. Oxacillin

B. Doxycycline

C. Ceftaroline

D. Daptomycin

E. Cefazolin

Correct Answer: E

Cefazolin or an antistaphylococcal penicillin (oxacillin or nafcillin) is recommended for this patient because the CandS results indicate MSSA. Since the patient develops a rash to penicillins, it would be acceptable to use cefazolin in this case.

Reference: https://academic.oup.com/cid/article/59/2/e10/2895845/Practice-Guidelines-for-the-Diagnosis-and

QUESTION 5

If a patient takes 0.5mg of intravenous hydromorphone every 4hrs what would be the equivalent orals total daily dose? Hydromorphone oral to parenteral ratio 7.5:1.5.

A. 15mg

B. 20mg

C. 10mg

D. 5mg

E. 7.5mg

Correct Answer: A

To determine the dose conversion IV to PO, the ratio of PO to IV needs to be determined, this is 7.5 / 1.5 which is 5. This number means that the PO dose is 5 times more than the IV dose to get the same amount of drug into the bloodstream. If the patient is taking 0.5 mg IV then the PO dose would be 0.5 mg multiplied by 5, which is 2.5 mg. Since the patient is taking the medication every 4 hours the patient is receiving 6 doses, 24hrs/4hrs = 6. Since the patient is receiving 2.5 mg every dose and is receiving 6 doses a day, the patient is receiving 15 mg, 2.5 mg multiplied by 6 doses.