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QUESTION 1

Which of these substances is not used as a compounding preservative?

A. Benzalkonium chloride

B. Lecithin

C. Sodium benzoate

D. Benzyl alcohol

Correct Answer: B

Lecithin is used as a surfactant, not as a preservative. All other listed substances may be used as a preservative in compounding.

QUESTION 2

Your patient is a 43-year-old male who is experiencing post-operative voiding difficulty after an elective inguinal hernia repair. His post void residual volume was 280 cc.

Which of the following medications is the most appropriate choice of therapy for this patient?

A. Bethanechol

B. Oxybutynin

C. Phenylephrine

D. Finasteride

E. Imipramine

Correct Answer: A

The patient is experiencing a common complication of low abdominal surgery. Post-operative urinary retention occurs in almost 25% of patients after low abdominal surgical procedures. A normal post-void residual volume is less than 50 cc or urine. The effects of anesthesia and analgesia both contribute to bladder distension, decreased micturition reflex, reduction of contractility of the detrusor muscle of the bladder, and incomplete voiding. The detrusor muscle of the bladder is stimulated to contract by muscarinic cholinergic agonists. Bethanechol is a muscarinic agonist and is frequently used in this setting to improve bladder emptying. Finasteride is a drug that is a 5 alpha reductase inhibitor indicated for use in patients with bladder outlet obstruction as a result of prostatic hypertrophy. The inhibition of 5 alpha reductase decreases local conversion of testosterone to dihydrotestosterone in the prostate gland, which results in gradual shrinkage over a period of six to twelve months. Phenylephrine is an alpha-adrenergic agonist that is selective for alpha-1 receptors. Activation of the alpha 1 receptors in the bladder results in contraction of the trigone muscle and sphincter. This promotes urinary retention. Oxybutynin is an antimuscarinic agent that is useful for treatment of urge incontinence, and would have a detrimental effect on this patient\\'s bladder disorder. Imipramine is a medication with anticholinergic properties that would also cause worsening of the patient\\'s condition. Take home message: Post-operative urinary retention with concomitant incomplete voiding is a complication that results from a decreased micturition reflex, increased vesical sphincter tone, or decreased contractility of the detrusor muscle of the bladder. It can be successfully treated with a muscarinic agonist, such as bethanechol, or with an alpha-1 adrenergic antagonist.

QUESTION 3

Aluminum levels may rise to toxic levels in patients with renal failure if administered with which of these medicines?

A. Sucralfate

B. Bismuth subgallate

C. Docusate sodium

D. Lactulose

E. Alginates

Correct Answer: A

Sucralfate is a drug used to treat active duodenal ulcers and may also be used to treat GERD or stress ulcers.

QUESTION 4

A Physician orders amiodarone 1 mg/min for six hours, then 0.5 mg/min thereafter. The patient\\'s weight is 156 lbs. The concentration of the IV bag comes as 1.8 mg per ml. Calculate the infusion rate in mL/hr.

A. 33.33mls/hr then /16.67mls/hr

B. 60mls/hr then 30mls/hr

C. 30mls/hr then 15mls/hr

D. 16.67mls/hr then 8.3mls/hr

E. 8.3mls/hr then 4.15mls/hr

Correct Answer: A

QUESTION 5

A 7-year-old boy has been suffering from influenza and had been given a drug by his father to decrease his high fever. A few hours later, his father brought him to the emergency room in a comatose state with a papulovesicular rash all over the body, moderate hepatomegaly, and asterixis. Laboratory studies reveal elevated levels of blood ammonia, AST, ALT, and PT. CT scan findings are suggestive for generalized cerebral edema.

The drug the father gave his son is most likely which of the following drugs?

A. Aspirin

B. Acetaminophen

C. Indomethacin

D. Mefenamic acid

E. Diclofenac

Correct Answer: A

A: The syndrome is an acute noninflammatory encephalopathy with hepatic failure. Although the etiology of Reye\\'s syndrome is unknown, the condition typically follows viral illness, particularly upper respiratory tract infection (URTI), influenza, varicella, or gastroenteritis, and is associated with aspirin use during the illness. A dramatic decrease in aspirin use in children has made Reye\\'s syndrome rare. High index of suspicion is critical for diagnosis. Consider Reye\\'s syndrome in any child with vomiting and altered mental status. Pathogenesis is unclear, but it typically involves mitochondrial dysfunction in a viral-infected, sensitized host, usually with exposure to mitochondrial toxins (e.g., salicylates, in >80% of cases). Individuals with low levels of urea cycle enzymes are also at increased risk. Mortality has fallen from 50% to less than 20% as a result of earlier diagnosis, recognition of milder cases, and more aggressive therapy. Signs and symptoms of Reye\\'s syndrome include protracted vomiting, with or without significant dehydration, encephalopathy in afebrile patients with minimal or absent jaundice, and hepatomegaly in 50% of patients. Antiemetics may mask early symptoms. Liver function tests reveal elevation of ammonia levels to as much as 1.5 times normal (up to 1200g/dL) 24-48 hours after the onset of mental status changes; this is the most frequent laboratory abnormality. Transaminases (ALT and AST) increase to 3 times normal. Histologic changes include: hepatocyte cytoplasmic fatty vacuolization, astrocyte edema, loss of neurons, and edema and fatty degeneration in proximal lobules. The American Academy of Pediatrics Committee on Infectious Disease recommends that salicylate not be given to children with chicken pox or influenza B. B: Acetaminophen is incorrect. Acetaminophen acts by prostaglandin synthesis in the CNS, and this explain its antipyretic and analgesic properties, which account for its weak anti-inflammatory activity. Acetaminophen is a suitable substitute for the analgesic and antipyretic effects of aspirin in those patients with gastric complaints and to avoid Reye\\'s syndrome in children. C: Indomethacin is incorrect. Indomethacin is more potent than aspirin as an anti-inflammatory agent (NSAID), but it is inferior to the salicylates at doses tolerated by rheumatoid arthritis patients. D: Mefenamic acid is incorrect. Mefenamic acid has no advantage over the other NSAIDS as anti-inflammatory agents. The side effects of mefenamic acid, such as diarrhea, can be severe and associated with inflammation of the bowel. E: Diclofenac is incorrect. Diclofenac is approved for long-term use in the treatment of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis.