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QUESTION 1

Octreotide 50mcg/hr is ordered for a patient with esophageal varices, nurses prepared by mixing 1ml of concentration 0.5mg/ml of octreotide in 50mls NS. What rate should the bag be infused?

- A. 50ml/hr
- B. 5ml/hr
- C. 5ml/min
- D. 0.5ml/min
- E. 7ml/hr

Correct Answer: B

The concentration is the first thing to calculate, using 1 mL of octreotide solution containing a concentration of 0.5mg/mL is really using 0.5mg of octreotide. If this is placed in 50 mL NS then it is 0.5mg/50mL which is 0.01mg/mL or 10 mcg/mL. If the patient needs 50 mcg of octreotide per hour then the patient will need 5, 10 mcg/mL doses or 5 mLs. So the rate for this patient would be 5 mL/hr.

QUESTION 2

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 4 mg iv q6h prn for N/V, Levothyroxine 0.075 mg po daily, Lisinopril 10 mg po daily, Citalopram 20 mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10 mg suppository daily prn for constipation, Famotidine 20 mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500 mg po bid, D51/2NS with 20K at 125 mls/hour and Hydromorphone PCA at 0.2mg/hour of basal rate, demand dose 0.1 mg. lock-out every 6min, one hour limit 2.2 mg/hour. Pertinent morning labs includes serum creatinine 1.4 mg/dl, Mg 1.5 mg/dl, K 5.0 mmol/L, Na 135 mmol/L.

Which of the following medication/s should LN be on to prevent the most common side effect of hydromorphone?

- A. Ondansetron for N/V
- B. Dexamethasone for N/V
- C. Insulin Sliding scale for hyperglycemia
- D. Docusate sodium / Senna for Constipation
- E. Docusate sodium / Senna for Constipation and ondansetron for N/V

Correct Answer: E

LN should be on docusate sodium/Senna for constipation and ondansetron for N/V. Dexamethasone has an off label use for N/V that is chemotherapy-associated. It is mostly used as an anti-inflammatory or immunosuppressant agent.

Hydromorphone does not cause hyperglycemia. The most common side effects of opioids are nausea, vomiting and constipation.

QUESTION 3

Which of the following class of antidiabetic medications can increase triglycerides?

- A. Bile acid sequestrant
- B. GLP-1 agonist
- C. Thiazolidinediones
- D. SGLT2 Inhibitor
- E. Alpha-glucosidase inhibitors

Correct Answer: A

The only bile acid sequestrant, colesevelam (Welchol), has been shown to increase triglycerides through mechanism of: activation of phosphatidic acid phosphatase with promotes triglyceride synthesis. GLP-1 agonists work on GLP 1 receptors to increase insulin secretion, decrease glucagon secretion, and increase satiety. Thiazolidinediones activate nuclear transcription factor PPAR gamma to increase insulin sensitivity. SGLT2 inhibitors inhibit glucose reabsorption in the kidney. Alpha-glucosidase inhibitors slow down digestion and absorptions of carbs in the gut.

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.

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LN used 5 on-demand bolus doses from the hydromorphone PCA, how much hydromorphone did the patient get in 24 hours?

- A. 10mg
- B. 5.3mg
- C. 4.8mg
- D. 0.5mg
- E. 52.8mg

Correct Answer: B

0.2 mg/hour basal rate = 0.2mg/hour (24 hours) = 4.8 mg Demand dose of 0.1 mg ?5 = 0.5 mg 4.8 mg +
0.5 mg = 5.3 mg

QUESTION 5

Which of the following medication should be avoided if a patient is on lithium to avoid lithium toxicity?

- A. Lisinopril
- B. Furosemide
- C. Naproxen
- D. Amiodarone
- E. Warfarin

Correct Answer: C

ACE-inhibitors (such as lisinopril), NSAIDs (such as naproxen) and loop diuretics (furosemide) can all increase the risk of lithium toxicity.

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