

# NAPLEX<sup>Q&As</sup>

North American Pharmacist Licensure Examination

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#### **QUESTION 1**

A 22-year-old woman adopted a cat. Shortly thereafter, she developed itchy eyes and persistent rhinorrhea. She was clearly allergic to the pet, but desperately wanted to keep it. She tried taking diphenhydramine, but it had intolerable side effects.

Which of the following is a common effect of this type of medication?

- A. Decreased intraocular pressure
- B. Bradycardia
- C. Xerostomia
- D. Diarrhea
- E. Excessive sweating

Correct Answer: C

Diphenhydramine possesses anticholinergic properties. Xerostomia, or dry mouth, is a common side effect of anticholinergic medications, due to anti-muscarinic, parasympatholytic effects. Other adverse reactions may include: ?Mydriasis with blurred vision, photophobia ?Urinary retention ?Constipation ?Anhidrosis ? Hyperthermia ?Tachycardia ?Altered mental status A commonly referenced mnemonic for anti-cholinergic toxicity is "mad as a hatter, red as a beet, dry as a bone, hot as a hare, blind as a bat" to reflect confusion, flushing, dry mouth, hyperthermia and mydriasis, respectively.

#### **QUESTION 2**

An order is received to start Milrinone at 0.75mcg/kg/min, Milrinone comes as 20mg/100ml D5W. What is the infusion rate in mL/hr? Patient weighs 115kg.

- A. 86 mls/hr
- B. 13 mls/hr
- C. 25.9 mls/hr
- D. 43 mls/hr
- E. 7 mls/hr

Correct Answer: C

#### **QUESTION 3**

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.



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| 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 4  |
| What vitamin should the a patient receive to avoid Wernicke- Korsakoff syndrome?  |
| A. Thiamine   |
| B. Cyanocobalamin   |
| C. Folic Acid   |
| D. Nicotinic Acid   |
| E. Magnesium  |
| Correct Answer: A   |
| Thiamine should be administered to prevent Wernicke\\'s encephalopathy.   |
| Reference: http://www.uptodate.com/contents/management-of-moderate-and-severe-alcohol-withdrawal-syndromes  |
| QUESTION 5  |
| 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 6**

|  | Which of the following | beta-blocker is NOT | proven to reduce | mortality in patients | with Systolic CHF? |
|--|------------------------|---------------------|------------------|-----------------------|--------------------|
|--|------------------------|---------------------|------------------|-----------------------|--------------------|

- A. Bisoprolol
- B. Nadolol
- C. Carvedilol
- D. Metoprolol succinate
- E. Metoprolol Tartrate

Correct Answer: E

Nadolol is not proven to reduce mortality in patients with systolic CHF. The efficacy of nadolol in HF has not been determined. For patients taking nadolol, it should be used with caution in those with compensated heart failure and patients should be monitored for a worsening of the condition. Bisoprolol, carvedilol, and sustained-release metoprolol succinate are the beta-blockers that have been proven to reduce mortality in patients with systolic CHF. These 3 betablockers have been effective in reducing the risk of death in patients with chronic HFrEF. Other beta-blockers were found to be less effective. Bucindolol did not exhibit uniform effectiveness across different populations. Metoprolol tartrate was found to be less effective in HF clinical trials.

Reference: http://circ.ahajournals.org/content/128/16/e240

#### **QUESTION 7**

Which H2-receptor blocker may cause gynecomastia in men due to its antiandrogenic effects?

- A. Ranitidine
- B. Nizatidine
- C. Cimetidine
- D. Famotidine

Correct Answer: C

Cimetidine has multiple drug interactions due to its inhibitory effects on CYP1A2, 2C9, 2D6, and 3A4. Inhibition of these enzymes can cause an increase in the serum concentrations of drugs metabolized by these enzymes, leading to toxicity.

#### **QUESTION 8**

The administration of dapsone gel for the topical treatment of acne vulgaris in patients with G6PD deficiency may produce which of these?

A. Anaphylaxis



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| B. Fungal infe | ections |
|----------------|---------|
|----------------|---------|

C. Hemolysis

D. Immunosuppression

Correct Answer: C

#### **QUESTION 9**

According to the 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, which of the following medications and dosing regimens is considered moderate-intensity statin therapy?

- A. Atorvastatin 80 mg PO QHS
- B. Lovastatin 20 mg PO QHS
- C. Simvastatin 40 mg PO QHS
- D. Rosuvastatin 40 mg PO QHS
- E. Atorvastatin 20mg PO QHS

Correct Answer: E

#### **QUESTION 10**

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.

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

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E. 52.8mg

Correct Answer: B

0.2 mg/hour basal rate = 0.2 mg/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 11**

All of the following may increase triglycerides except:

- A. Protease inhibitor
- B. Bile acid sequestrants
- C. Fish oil
- D. Oral estrogens
- E. Glucocorticoids

Correct Answer: C

Agents that can cause elevated triglycerides: oral estrogens, glucocorticoids, bile acid sequestrants, protease inhibitors, retinoic acid, anabolic steroids, sirolimus, raloxifene, tamoxifen, beta blockers (not carvedilol), and thiazides.

#### **QUESTION 12**

A 23-year-old female presents to your clinic complaining of intermittent throbbing headaches that usually last for several hours and are made worse by the presence of light. She endorses occasional nausea without vomiting during the most severe episodes. Physical examination is unrevealing, and she has no significant past medical history.

Which of the following treatments is considered an abortive therapy for this patient\\'s underlying condition?

- A. Sumatriptan
- B. Gabapentin
- C. Amitriptyline
- D. Propranolol
- E. Diltiazam

Correct Answer: A

Correct: A. Migraine headaches typically affect females more often than males, and patients most frequently present in their early 20s. Classic symptoms of migraine include throbbing headaches lasting between 2?4 hours in duration, with triggers such as red wine, fasting, stress, and menses. Primary prevention is aimed at the identification and avoidance of triggers. Over the counter NSAIDS can be used if symptoms persist. Failing this, PRN abortive therapy is indicated, including the triptans (e.g. ? sumatriptan) and metoclopramide. Choice B ?Gabapentin is an anticonvulsant that is considered to be a second-line, prophylactic treatment for recurrent migraine headaches. Its utility is limited by its

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lengthy side effect profile. Choice C ?Amitriptyline, a tricyclic antidepressant, can also be utilized for migraine prophylaxis. However, it will not abort a migraine currently in progress, and extensive side effects limit its use. Choices D + E ?Propranolol and diltiazam are beta-blockers and calcium channel blockers, respectively. As with the anticonvulsants and tricyclic antidepressants, these are considered migraine prophylaxis and will not interrupt a migraine once it has begun.

#### **QUESTION 13**

Your patient, a 25-year-old G1P0 female at 26 weeks gestation presents due to an abnormal glucose tolerance test. One week prior, she was given 50 g of oral glucose and demonstrate a venous plasma glucose level of 156 mg/dL one hour later.

Which of the following is the most appropriate next step of management?

- A. Repeat the 50 g oral glucose challenge
- B. Administer an oral, 3-hour 100 g glucose dose
- C. Advise the patient to follow an American Diabetic Association diet plan
- D. Begin insulin treatment
- E. Order a fetal ultrasound examination

Correct Answer: B

Gestational diabetes is typically asymptomatic but identified via a 1-hour 50g oral glucose challenge administered at 24?8 weeks of gestation. A venous plasma glucose blood level of>; 140 mg/dL is suggestive, and must be confirmed with a 3-hour 100g oral glucose tolerance test. After administration of the 100g glucose challenge, at least two of the following are required for diagnosis: (1) fasting glucose > 95 mg/dL, (2) one-hour glucose >180 mg/dL, (3) two hour glucose >155 mg/dL, and (4) three hour glucose > 140 mg/dL. Choice A ?To diagnose gestational diabetes, a positive 1-hour 50g oral glucose challenge must be followed up by a three-hour 100g oral glucose challenge. The diagnosis is only confirmed after both challenges are completed and the thresholds are met. Choice C ?Following the diagnosis of gestational diabetes, the first step is strict glycemic control (fasting glucose).

#### **QUESTION 14**

Concomitant use of warfarin and omeprazole is associated with increased INR and prothrombin time(PT). What enzyme dose the omeprazole inhibits that is metabolized by warfarin?

- A. CYP3A4
- B. CYP2C9
- C. CYP2C19
- D. CYP2D9
- E. CYP1A2

Correct Answer: C

Omeprazole is CYP2C19 inhibitor which can prolong the elimination of warfarin, particularly R-warfarin. Rwarfarin is



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partially metabolized by CYP2C19. The combined use of omeprazole and warfarin has been associated with reports of increased INR and prothrombin time (PT).

#### **QUESTION 15**

What is the mEq/ml (Milliequivalents) of 50% Magnesium Sulfate? (Molecular weight of MgSO4 is 120.4g/ mol.)

- A. 8.3mEq/ml
- B. 4.11mEq/ml
- C. 62mEq/ml
- D. 50mEq/ml
- E. 2.06mEq/ml

Correct Answer: B

 $50gm/100ml \times 1equiv/120.4gm \times 1000meq/1equiv = 4.16meq/ml$ 

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