

# Pharmacotherapeutics for Advanced Practice Nurse Prescribers 5th Edition Woo Robinson Test Bank 100% correct answers

## Chapter 2. Review of Basic Principles of Pharmacology Answer Section

### MULTIPLE CHOICE

- |           |        |
|-----------|--------|
| 1. ANS 1  | PTS: 1 |
| ⋮         |        |
| 2. ANS 3  | PTS: 1 |
| ⋮         |        |
| 3. ANS 2  | PTS: 1 |
| ⋮         |        |
| 4. ANS 3  | PTS: 1 |
| ⋮         |        |
| 5. ANS 2  | PTS: 1 |
| ⋮         |        |
| 6. ANS 1  | PTS: 1 |
| ⋮         |        |
| 7. ANS 3  | PTS: 1 |
| ⋮         |        |
| 8. ANS 4  | PTS: 1 |
| ⋮         |        |
| 9. ANS 2  | PTS: 1 |
| ⋮         |        |
| 10. ANS 3 | PTS: 1 |
| ⋮         |        |
| 11. ANS 2 | PTS: 1 |
| ⋮         |        |
| 12. ANS 3 | PTS: 1 |
| ⋮         |        |
| 13. ANS 2 | PTS: 1 |
| ⋮         |        |
| 14. ANS 2 | PTS: 1 |
| ⋮         |        |
| 15. ANS 1 | PTS: 1 |
| ⋮         |        |
| 16. ANS 2 | PTS: 1 |
| ⋮         |        |
| 17. ANS 3 | PTS: 1 |
| ⋮         |        |
| 18. ANS 4 | PTS: 1 |
| ⋮         |        |
| 19. ANS 4 | PTS: 1 |
| ⋮         |        |
| 20. ANS 2 | PTS: 1 |
| ⋮         |        |
| 21. ANS 4 | PTS: 1 |
| ⋮         |        |
| 22. ANS 3 | PTS: 1 |
| ⋮         |        |
| 23. ANS 4 | PTS: 1 |
| ⋮         |        |

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24. ANS 2 PTS: 1  
:  
25. ANS 4 PTS: 1  
:  
26. ANS 2 PTS: 1  
:  
27. ANS 4 PTS: 1  
:  
28. ANS 2 PTS: 1  
:  
29. ANS 1 PTS: 1  
:  
30. ANS 2 PTS: 1  
:  
31. ANS 1 PTS: 1  
:  
32. ANS 3 PTS: 1  
:  
33. ANS 2 PTS: 1  
:  
34. ANS 3 PTS: 1  
:

### Chapter 3. Rational Drug Selection

#### Multiple Choice

*Identify the choice that best completes the statement or answers the question.*

- \_\_\_\_\_ 1. An NP would prescribe the liquid form of ibuprofen for a 6-year-old child because:
1. Drugs given in liquid form are less irritating to the stomach.
  2. A 6-year-old child may have problems swallowing a pill.
  3. Liquid forms of medication eliminate the concern for first-pass effect.
  4. Liquid ibuprofen does not have to be dosed as often as the tablet form.
- \_\_\_\_\_ 2. In deciding which of multiple drugs used to use to treat a condition, the NP chooses Drug A because it:
1. Has serious side effects and it is not being used for a life-threatening condition
  2. Will be taken twice daily and will be taken at home
  3. Is expensive, but covered by health insurance
  4. None of these are important in choosing a drug
- \_\_\_\_\_ 3. A client asks the NP about the differences in drug effects between men and women. What is known about the differences between the pharmacokinetics of men and women?
1. Body temperature varies between men and women.
  2. Muscle mass is greater in women.
  3. Percentage of fat differs between genders.
  4. Proven subjective factors exist between the genders.
- \_\_\_\_\_ 4. The first step in the prescribing process according to the World Health Organization is:

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1. Choosing the treatment
2. Educating the patient about the medication
3. Diagnosing the patient's problem
4. Starting the treatment

\_\_\_\_\_ 5. Treatment goals in prescribing should:

1. Always be curative
2. Be patient-centered
3. Be convenient for the provider
4. Focus on the cost of therapy

\_\_\_\_\_ 6. The therapeutic goals when prescribing include(s):

1. Curative
2. Palliative
3. Preventive
4. All of the above

\_\_\_\_\_ 7. When determining drug treatment the NP prescriber should:

1. Always use evidence-based guidelines
2. Individualize the drug choice for the specific patient
3. Rely on his or her experience when prescribing for complex patients
4. Use the newest drug on the market for the condition being treated

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- \_\_\_\_\_ 8. Patient education regarding prescribed medication includes:
  - 1. Instructions written at the high school reading level
  - 2. Discussion of expected adverse drug reactions
  - 3. How to store leftover medication such as antibiotics
  - 4. Verbal instructions always in English
  
- \_\_\_\_\_ 9. Passive monitoring of drug effectiveness includes:
  - 1. Therapeutic drug levels
  - 2. Adding or subtracting medications from the treatment regimen
  - 3. Ongoing provider visits
  - 4. Instructing the patient to report if the drug is not effective
  
- \_\_\_\_\_ 10. Pharmacokinetic factors that affect prescribing include:
  - 1. Therapeutic index
  - 2. Minimum effective concentration
  - 3. Bioavailability
  - 4. Ease of titration
  
- \_\_\_\_\_ 11. Pharmaceutical promotion may affect prescribing. To address the impact of pharmaceutical promotion, the following recommendations have been made by the Institute of Medicine:
  - 1. Conflicts of interest and financial relationships should be disclosed by those providing education.
  - 2. Providers should ban all pharmaceutical representatives from their office setting.
  - 3. Drug samples should be used for patients who have the insurance to pay for them, to ensure the patient can afford the medication.
  - 4. Providers should only accept low-value gifts, such as pens and pads of paper, from the pharmaceutical representative.
  
- \_\_\_\_\_ 12. Under new U.S. Food and Drug Administration labeling, Pregnancy Categories will be:
  - 1. Strengthened with a new coding such as C+ or C- to discern when a drug is more or less toxic to the fetus
  - 2. Changed to incorporate a pregnancy risk summary and clinical considerations on the drug label
  - 3. Eliminated, and replaced with a link to the National Library of Medicine TOXNET Web site for in-depth information regarding pregnancy concerns
  - 4. Clarified to include information such as safe dosages in each trimester of pregnancy

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## Chapter 3. Rational Drug Selection Answer Section

### MULTIPLE CHOICE

- |            |        |
|------------|--------|
| 1. ANS: 2  | PTS: 1 |
| 2. ANS: 2  | PTS: 1 |
| 3. ANS: 3  | PTS: 1 |
| 4. ANS: 3  | PTS: 1 |
| 5. ANS: 2  | PTS: 1 |
| 6. ANS: 4  | PTS: 1 |
| 7. ANS: 2  | PTS: 1 |
| 8. ANS: 2  | PTS: 1 |
| 9. ANS: 4  | PTS: 1 |
| 10. ANS: 3 | PTS: 1 |
| 11. ANS: 1 | PTS: 1 |
| 12. ANS: 2 | PTS: 1 |

## Chapter 4. Legal and Professional Issues in Prescribing

### Multiple Choice

*Identify the choice that best completes the statement or answers the question.*

- \_\_\_\_\_ 1. The U.S. Food and Drug Administration regulates:
  - 1. Prescribing of drugs by MDs and NPs
  - 2. The official labeling for all prescription and over-the-counter drugs
  - 3. Off-label recommendations for prescribing
  - 4. Pharmaceutical educational offerings
- \_\_\_\_\_ 2. The U.S. Food and Drug Administration approval is required for:
  - 1. Medical devices, including artificial joints
  - 2. Over-the-counter vitamins
  - 3. Herbal products, such as St John's wort
  - 4. Dietary supplements, such as Ensure
- \_\_\_\_\_ 3. An Investigational New Drug is filed with the U.S. Food and Drug Administration:
  - 1. When the manufacturer has completed phase III trials
  - 2. When a new drug is discovered
  - 3. Prior to animal testing of any new drug entity
  - 4. Prior to human testing of any new drug entity
- \_\_\_\_\_ 4. Phase IV clinical trials in the United States are also known as:
  - 1. Human bioavailability trials
  - 2. Postmarketing research
  - 3. Human safety and efficacy studies
  - 4. The last stage of animal trials before the human trials begin

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- \_\_\_\_\_ 5. Off-label prescribing is:
  - 1. Regulated by the U.S. Food and Drug Administration
  - 2. Illegal by NPs in all states (provinces)
  - 3. Legal if there is scientific evidence for the use
  - 4. Regulated by the Drug Enforcement Administration
  
- \_\_\_\_\_ 6. The U.S. Drug Enforcement Administration:
  - 1. Registers manufacturers and prescribers of controlled substances
  - 2. Regulates NP prescribing at the state level
  - 3. Sanctions providers who prescribe drugs off-label
  - 4. Provides prescribers with a number they can use for insurance billing
  
- \_\_\_\_\_ 7. Drugs that are designated Schedule II by the U.S. Drug Enforcement Administration:
  - 1. Are known teratogens during pregnancy
  - 2. May not be refilled; a new prescription must be written
  - 3. Have a low abuse potential
  - 4. May be dispensed without a prescription unless regulated by the state
  
- \_\_\_\_\_ 8. Precautions that should be taken when prescribing controlled substances include:

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1. Faxing the prescription for a Schedule II drug directly to the pharmacy
2. Using tamper-proof paper for all prescriptions written for controlled drugs
3. Keeping any pre-signed prescription pads in a locked drawer in the clinic
4. Using only numbers to indicate the amount of drug to be prescribed

\_\_\_\_\_ 9. Strategies prescribers can use to prevent misuse of controlled prescription drugs include:

1. Use of chemical dependency screening tools
2. Firm limit-setting regarding prescribing controlled substances
3. Practicing “just say no” to deal with patients who are pushing the provider to prescribe controlled substances
4. All of the above

\_\_\_\_\_ 10. Behaviors predictive of addiction to controlled substances include:

1. Stealing or borrowing another patient’s drugs
2. Requiring increasing doses of opiates for pain associated with malignancy
3. Receiving refills of a Schedule II prescription on a regular basis
4. Requesting that only their own primary care provider prescribe for them

\_\_\_\_\_ 11. Medication agreements or “Pain Medication Contracts” are recommended to be used:

1. Universally for all prescribing for chronic pain
2. For patients who have repeated requests for pain medication
3. When you suspect a patient is exhibiting drug-seeking behavior
4. For patients with pain associated with malignancy

\_\_\_\_\_ 12. A prescription needs to be written for:

1. Legend drugs
2. Most controlled drugs
3. Medical devices
4. All of the above

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## Chapter 4. Legal and Professional Issues in Prescribing Answer Section

### MULTIPLE CHOICE

- |            |        |
|------------|--------|
| 1. ANS: 2  | PTS: 1 |
| 2. ANS: 1  | PTS: 1 |
| 3. ANS: 4  | PTS: 1 |
| 4. ANS: 2  | PTS: 1 |
| 5. ANS: 3  | PTS: 1 |
| 6. ANS: 1  | PTS: 1 |
| 7. ANS: 2  | PTS: 1 |
| 8. ANS: 2  | PTS: 1 |
| 9. ANS: 4  | PTS: 1 |
| 10. ANS: 1 | PTS: 1 |
| 11. ANS: 1 | PTS: 1 |
| 12. ANS: 4 | PTS: 1 |

## Chapter 5. Adverse Drug Reactions

### Multiple Choice

*Identify the choice that best completes the statement or answers the question.*

- \_\_\_\_\_ 1. Which of the following patients would be at higher risk of experiencing adverse drug reactions (ADRs):
1. A 32-year-old male
  2. A 22-year-old female
  3. A 3-month-old female
  4. A 48-year-old male
- \_\_\_\_\_ 2. Infants and young children are at higher risk of ADRs due to:
1. Immature renal function in school-age children
  2. Lack of safety and efficacy studies in the pediatric population
  3. Children's skin being thicker than adults, requiring higher dosages of topical medication
  4. Infant boys having a higher proportion of muscle mass, leading to a higher volume of distribution
- \_\_\_\_\_ 3. The elderly are at high risk of ADRs due to:
1. Having greater muscle mass than younger adults, leading to higher volume of distribution
  2. The extensive studies that have been conducted on drug safety in this age group
  3. The blood-brain barrier being less permeable, requiring higher doses to achieve therapeutic effect
  4. Age-related decrease in renal function
- \_\_\_\_\_ 4. The type of adverse drug reaction that is idiosyncratic when a drug given in the usual therapeutic doses is type:



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1. A
2. B
3. C
4. D

- \_\_\_\_\_ 5. Digoxin may cause a type A adverse drug reaction due to:
1. Idiosyncratic effects
  2. Its narrow therapeutic index
  3. Being a teratogen
  4. Being a carcinogen
- \_\_\_\_\_ 6. Sarah developed a rash after using a topical medication. This is a type\_\_\_\_\_allergic drug reaction.
1. I
  2. II
  3. III
  4. IV
- \_\_\_\_\_ 7. A patient may develop neutropenia from using topical Silvadene for burns. Neutropenia is a(n):

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1. Cytotoxic hypersensitivity reaction
2. Immune complex hypersensitivity
3. Immediate hypersensitivity reaction
4. Delayed hypersensitivity reaction

- \_\_\_\_\_ 8. Anaphylactic shock is a:
1. Type I reaction, called immediate hypersensitivity reaction
  2. Type II reaction, called cytotoxic hypersensitivity reaction
  3. Type III allergic reaction, called immune complex hypersensitivity
  4. Type IV allergic reaction, called delayed hypersensitivity reaction
- \_\_\_\_\_ 9. James has hypothalamic-pituitary-adrenal axis suppression from chronic prednisone (a corticosteroid) use. He is at risk for what type of adverse drug reaction?
1. Type B
  2. Type C
  3. Type E
  4. Type F
- \_\_\_\_\_ 10. Immunomodulators such as azathioprine may cause a delayed adverse drug reaction known as a type D reaction because they are known:
1. Teratogens
  2. Carcinogens
  3. To cause hypersensitivity reactions
  4. Hypothalamus-pituitary-adrenal axis suppressants
- \_\_\_\_\_ 11. A 24-year-old male received multiple fractures in a motor vehicle accident that required significant amounts of opioid medication to treat his pain. He is at risk for a\_\_adverse drug reaction when he no longer requires the opioids.
1. Rapid
  2. First-dose
  3. Late
  4. Delayed
- \_\_\_\_\_ 12. An example of a first-dose reaction that may occur includes:
1. Orthostatic hypotension that does not occur with repeated doses
  2. Purple glove syndrome with phenytoin use
  3. Hemolytic anemia from ceftriaxone use
  4. Contact dermatitis from neomycin use
- \_\_\_\_\_ 13. Drugs that are prone to cause adverse drug effects include:
1. Diuretics
  2. Inhaled anticholinergics
  3. Insulins
  4. Stimulants
- \_\_\_\_\_ 14. The U.S. Food and Drug Administration MedWatch system is activated when:
1. There is an adverse event to a vaccine.
  2. The patient has a severe reaction that is noted in the “Severe Reaction” section in the medication label.