
Chapter 3. Impact of Drug Interactions and Adverse Events on Therapeutics

MULTIPLE CHOICE

1. Which of the following patients would be at higher risk of experiencing adverse drug reactions (ADRs):
- A. A 32-year-old male
 - B. A 22-year-old female
 - C. A 3-month-old female
 - D. A 48-year-old male

ANS: C PTS: 1

2. Infants and young children are at higher risk of ADRs due to:
- A. Immature renal function in school-age children
 - B. Lack of safety and efficacy studies in the pediatric population
 - C. Children's skin being thicker than adults, requiring higher dosages of topical medication
 - D. Infant boys having a higher proportion of muscle mass, leading to a higher volume of distribution

ANS: B PTS: 1

3. The elderly are at high risk of ADRs due to:
- A. Having greater muscle mass than younger adults, leading to higher volume of distribution
 - B. The extensive studies that have been conducted on drug safety in this age group
 - C. The blood-brain barrier being less permeable, requiring higher doses to achieve therapeutic effect
 - D. Age-related decrease in renal function

ANS: D PTS: 1

4. The type of adverse drug reaction that is the result of an unwanted but otherwise normal pharmacological action of a drug given in the usual therapeutic doses is
- A. Type A
 - B. Type B
 - C. Type C
 - D. Type D

ANS: A PTS: 1

5. Digoxin may cause a Type A adverse drug reaction due to:
- A. Idiosyncratic effects
 - B. Its narrow therapeutic index
 - C. Being a teratogen
 - D. Being a carcinogen

ANS: B PTS: 1

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6. Changes in the individual pharmacokinetic parameters of adsorption, distribution, or elimination may result in high concentrations of the drug in the body, leading to which type of adverse drug reaction?
- A. Type A
 - B. Type C
 - C. Type D
 - D. Type E

ANS: A PTS: 1

7. According to the World Health Organization Classification, Type B adverse reactions are:
- A. When a drug is a teratogen
 - B. When a drug is carcinogenic
 - C. A delayed ADR, such as renal failure
 - D. An allergic or idiosyncratic response

ANS: D PTS: 1

8. Sarah developed a rash after using a topical medication. This is a Type___allergic drug reaction.
- A. I
 - B. II
 - C. III
 - D. IV

ANS: D PTS: 1

9. A patient may develop neutropenia from using topical Silvadene for burns. Neutropenia is a(n):
- A. Cytotoxic hypersensitivity reaction
 - B. Immune complex hypersensitivity
 - C. Immediate hypersensitivity reaction
 - D. Delayed hypersensitivity reaction

ANS: A PTS: 1

10. Anaphylactic shock is a:
- A. Type I reaction, called immediate hypersensitivity reaction
 - B. Type II reaction, called cytotoxic hypersensitivity reaction
 - C. Type III allergic reaction, called immune complex hypersensitivity
 - D. Type IV allergic reaction, called delayed hypersensitivity reaction

ANS: A PTS: 1

11. James has hypothalamic-pituitary-adrenal axis suppression from chronic prednisone (a corticosteroid) use. He is at risk for what type of adverse drug reaction?
- A. Type B
 - B. Type C
 - C. Type E
 - D. Type F

ANS: B PTS: 1

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12. The treatment for a patient who experiences hypothalamic-pituitary-adrenal axis suppression while taking the corticosteroid prednisone, a Type C adverse drug reaction, is to:
- Immediately discontinue the prednisone
 - Administer epinephrine
 - Slowly taper the patient off of the prednisone
 - Monitor for long-term effects, such as cancer

ANS: C PTS: 1

13. The ACE inhibitor lisinopril is a known teratogen. Teratogens cause Type_____adverse drug reaction.
- A
 - B
 - C
 - D

ANS: D PTS: 1

14. Cardiac defects are a known Type D adverse drug reaction to lithium. Lithium causes a Type D adverse drug reaction because it is:
- An immunosuppressant
 - A carcinogen
 - A teratogen
 - An antiseizure medication

ANS: C PTS: 1

15. Immunomodulators such as azathioprine may cause a delayed adverse drug reaction known as a Type D reaction because they are known:
- Teratogens
 - Carcinogens
 - To cause hypersensitivity reactions
 - Hypothalamus-pituitary-adrenal (HPA) axis suppressants

ANS: B PTS: 1

16. 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 Type___adverse drug reaction when he no longer requires the opioids.
- A
 - B
 - C
 - E
 - G

ANS: C PTS: 1

17. Drugs that may cause a Type E adverse drug reaction include:
- Beta blockers
 - Immunomodulators
 - Antibiotics
 - Oral contraceptives
-

ANS: A PTS: 1

18. Unexpected failure of drug therapy is a Type___adverse drug reaction, commonly caused by___.
- A. B; cytotoxic hypersensitivity
 - B. B; idiosyncratic response
 - C. C; cumulative effects of drug
 - D. F; drug-drug interaction

ANS: D PTS: 1

19. Clopidogrel treatment failure may occur when it is co-administered with omeprazole, known as a Type___adverse drug reaction.
- A. A
 - B. C
 - C. E
 - D. F

ANS: D PTS: 1

Chapter 4. Pre

MULTIPLE CHOICE

1. The client has been prescribed Doxylamine (Unisom) for treatment of nausea and vomiting during pregnancy. What aspect of the client's history will cause the nurse to contact the primary health care provider?
- Arthritis
 - Depression
 - Asthma
 - Hyperglycemia

ANS: C PTS: 1

2. The nurse is teaching a group of pregnant women the importance of adequate nutrition for the fetus. The nurse instructs the clients that folic acid deficiency during preconception and early in pregnancy can result in:
- skeletal defects.
 - neural tube defects.
 - intrauterine growth retardation.
 - small-for-gestational-age infants.

ANS: B PTS: 1

3. A client is ordered to receive iron and antacids. The nurse teaches the client that iron and antacids should be administered:
- at the same time.
 - 2 hours apart.
 - with the antacid first.
 - with the iron first.

ANS: B PTS: 1

4. A client, 10 weeks pregnant, complains of severe nausea of pregnancy. Meclizine (Bonine) is prescribed. The client reports to the nurse that she has begun to experience dizziness. What is the highest priority nursing intervention?
- Contact the pharmacist; this indicates an overdosage of the medication.
 - Contact the physician; this is an expected side effect of the medication.
 - Contact the pharmacist; this indicates incorrect preparation of the medication.
 - Contact the physician; this is an adverse reaction to the medication.

ANS: B PTS: 1

5. A client complains of severe pregnancy-related nausea and is placed on Meclizine (Bonine). The nurse notes in the client history that the client is undergoing treatment for glaucoma. What is the highest priority nursing intervention?
- Advise the client that one of the off-label uses for the drug is treatment of glaucoma.
 - Contact the pharmacist; the dosage of the drug should be decreased when glaucoma is present.
 - Advise the client that use of the drug when glaucoma is present may result in a fatal

reaction.

- d. Contact the physician; the drug should be used with caution when glaucoma is present.

ANS: D PTS: 1

6. Betamethasone (Celestone) is ordered for a client in preterm labor. The client asks the nurse what the medication will do to help her. The nurse explains to the client that the medication will:

- a. help her to breathe more effectively during the labor process.
b. prevent her infant from developing respiratory distress syndrome.
c. help her infant to breathe more effectively during the labor process.
d. prevent her from developing congestive heart failure during labor.

ANS: B PTS: 1

7. A client is admitted to the labor and delivery unit and is being treated with terbutaline (Brethine). The nurse plans the client with the knowledge that this medication is used to:

- a. induce labor.
b. decrease uterine contractions.
c. stimulate fetal heart rate.
d. enhance placental blood flow.

ANS: B PTS: 1

8. The client is being treated with hydralazine hydrochloride (Apresoline). t would be a positive outcome for the client as a result of treatment with this medication?

- a. Diastolic BP is maintained between 90 and 110 mm Hg.
b. Diastolic BP is maintained between 70 and 90 mm Hg.
c. Systolic BP is maintained between 100 and 120 mm Hg.
d. Systolic BP is maintained between 90 and 110 mm Hg.

ANS: A PTS: 1

9. A client diagnosed with pregnancy-induced hypertension (PIH) is treated with magnesium sulfate. The nurse tells the client that the purpose of this treatment is to:

- a. prolong labor.
b. prevent seizures.
c. increase blood pressure.
d. stimulate urination.

ANS: B PTS: 1

10. A prenatal client discloses that she takes high doses of vitamins. h is the most accurate instruction that the nurse can provide in response to the client tatement?

- a. ls of vitamins may cause harm to the fetus.
b. e vitamins may be harmful during pregnancy.
c. amins are associated with positive birth outcomes.
d. in supplementation is not needed during pregnancy.

ANS: APTS: 1

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11. A pregnant woman experiences constipation. The nurse anticipates that which laxative may be used first after activity and dietary methods are unsuccessful?
- Mineral oil
 - Psyllium (Metamucil)
 - Lactulose
 - Milk of magnesia

ANS: B PTS: 1

12. The client is scheduled for treatment with betamethasone (Celestone). The nurse anticipates that this medication will be administered via the _____ route.
- oral
 - intravenous
 - intramuscular
 - subcutaneous

ANS: C PTS: 1

13. The client is scheduled for treatment with betamethasone (Celestone). The nurse anticipates that the medication will be administered to the client during which week _____ or before of her pregnancy.
- 38
 - 36
 - 35
 - 33

ANS: D PTS: 1

14. The healthcare provider orders hydroxyzine (Vistaril) for a client in labor. To achieve a positive outcome, the nurse plans to administer the drug via which route?
- Intradermally
 - Intravenously
 - Intramuscularly via Z-track technique
 - Subcutaneously via Z-track technique

ANS: C PTS: 1

15. An epidural block is ordered for a primipara client in labor. The nurse anticipates that this epidural block will be given when the cervix is dilated at _____ centimeters.
- 2 to 3
 - 3 to 4
 - 4 to 5
 - 5 to 6

ANS: D PTS: 1

16. A client is being treated with an ergot alkaloid medication. Which observation would cause the nurse to contact the primary healthcare provider?
- Hypertension
 - Itching
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- c. Jugular vein distention
- d. Seizure activity

ANS: D PTS: 1

17. The client is scheduled for an epidural anesthetic as she delivers. What will be the highest priority nursing intervention?
- a. Administer 1 L of an isotonic IV solution and encourage use of a bedpan after spinal anesthesia.
 - b. Administer 500 mL of a hypotonic IV solution and assess the level of consciousness because the patient is sedated.
 - c. Administer 500 mL of a hypertonic IV solution and assess fetal heart rate and progress of labor as per pregnancy protocol.
 - d. Administer 1 L of hypotonic IV solution and allow the client to ambulate during the spinal anesthesia.

ANS: A PTS: 1

18. The best candidate for treatment with dinoprostone (Cervidil) is the woman who needs her:
- a. labor stopped.
 - b. cervix ripened.
 - c. labor stimulated.
 - d. labor prolonged.

ANS: B PTS: 1

19. What is most likely be part of the nursing care of a woman postcaesarean section with spinal anesthesia?
- a. Early ambulation to avoid constipation
 - b. Fluid restrictions to decrease blood volume
 - c. Lying flat 6 to 8 hours to avoid spinal headache
 - d. IV antibiotics to avoid postpartum infection

ANS: C PTS: 1

20. The client is scheduled to be treated with Oxytocin by nasal spray. The nurse plans to administer the drug:
- a. 2 to 3 minutes after the client nurses her baby.
 - b. 2 to 3 minutes before the client nurses her baby.
 - c. after delivery of the placenta.
 - d. as delivery of the placenta is imminent.

ANS: B PTS: 1

MULTIPLE RESPONSE

1. A young women in labor, G1P0, is diagnosed with pregnancy-induced hypertension (PIH). She is ordered to receive magnesium sulfate. What are the other components of her nursing care? (Select all that apply.)
- a. Maintaining a quiet environment
 - b. Assessing vital signs and fetal heart tones frequently