Davis's Drug Guide for Nurses 19th Edition 19th edition Vallerand Test Bank

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Drug Guide Test Bank

MULTIPLE CHOICE

1. A nurse is caring for a 14-yr-old patient with epilepsy. The child takes phenytoin (Dilantin) and began taking lamotrigine (Lamictal) 50 mg/day approximately 10 days ago. The child's mother calls to report a newly noted rash across the girl's face and arms. Which of the following responses by the nurse is best?
A. "Did your daughter use a new soap?"
B. "Has your daughter been exposed to poison ivy or other plant irritants?"
C. "Do not give her Lamictal; your daughter will need to be seen by the doctor today."
D. "This is commonly seen with Lamictal. A mild soap and calamine lotion may reduce any itching."

ANS: C
See Nursing Implications/Assessment for lamotrigine: Assess patient for skin rash frequently during therapy. Discontinue lamotrigine at first sign of rash; it may be life-threatening. Stevens-Johnson syndrome or toxic epidermal necrolysis may develop. The rash usually occurs during the initial 2–8 wk of therapy, is more frequent in patients taking multiple antiepileptic agents, especially valproic acid, and is much more frequent in patients <16 yr.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Anticonvulsants
REF: Page 749

2. The nurse receives a call from an 82-yr-old patient with advanced prostate cancer who is being treated with leuprolide (Eligard) therapy. Which of the following questions requires immediate notification of the physician?
A. "I've been having hot flashes lately. What should I do?"
B. "The pain in my bones seems worse since I started this medication. Is that normal?"
C. "I forgot to get my shot 3 hours ago like I usually do, so I was going to take it now. Is that okay?"
D. "My legs feel numb and weak. Is that normal with this medication?"

ANS: D
See Patient/Family Teaching for leuprolide: Instruct patient to notify a health care professional promptly if difficulty urinating, weakness, or numbness occurs. Advise patient that medication may cause hot flashes. Advise patient that bone pain may increase at initiation of therapy. This will resolve with time. Instruct patient to take medication exactly as directed. If a dose is missed, take as soon as remembered unless not remembered until next day.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Antineoplastics
REF: Page 771

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3. The nurse is caring for a woman with metastatic breast cancer who was recently admitted with hypercalcemia. Which of the following medications does the nurse anticipate would be included in the treatment plan?
A. Zoledronic acid (Zometa)
B. Calcium carbonate (Os-Cal)
C. Octreotide (Sandostatin)
D. Aprepitant (Emend)

ANS: A
See Indications and Actions for zoledronic acid: Zometa is used in the treatment of hypercalcemia of malignancy. It inhibits bone resorption by inhibiting increased osteoclast activity and skeletal calcium release induced by tumors. Therapeutic effects include decreased serum calcium. Os-Cal is a calcium supplement and should be avoided if the patient's serum calcium level is too high. Sandostatin is used in the treatment of severe diarrhea, including that caused by carcinoid tumors. Emend is used in the treatment of nausea/vomiting during chemotherapy.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Bone resorption inhibitors, Electrolyte modifiers, Hypocalcemics
REF: Page 1297

4. The nurse is providing care for a 92-yr-old patient who has a standing order for zolpidem (Ambien) prn for insomnia. When providing the medication for the patient as requested, which of the following actions by the nurse is best?
A. Inform the patient the medication will work within 10 min.
B. Ensure the patient is in bed and ready for sleep, then raise the bed side rails.
C. Instruct the patient to eat some crackers to reduce stomach irritation caused by the medication.
D. Suggest the patient take the medication routinely every night.

ANS: B
See Patient/Teaching for zolpidem: Because of rapid onset, advise patient to go to bed immediately after taking zolpidem. Onset of action is 30 min or more and is increased in geriatric patients and patients with hepatic impairment. Do not administer with or immediately after a meal, as food slows absorption. Due to the habit-forming nature of this medication it should not be used for more than 7–10 days.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Sedative/Hypnotics
REF: Page 1303

5. The nurse is caring for a patient with multiple medications, including carbidopa/levodopa (Sinemet) qid. The nurse knows this medication is effective by which of the following signs or symptoms?
A. The patient has fewer hand tremors.
B. The patient's apical pulse is regular.
C. The patient has less edema in the ankles bilaterally.
D. The patient's cough is well controlled.

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ANS: A
See Evaluation/Therapeutic Effect for carbidopa/levodopa: Effects include resolution of parkinsonian signs and symptoms. Therapeutic effects usually become evident after 2–3 wk of therapy but may require up to 6 mo.

KEY: Cognitive Level: Evaluation
DIF: Moderate
TOP: Therapeutic Classification: Antiparkinsonian agents
REF: Page 288

6. While caring for a patient who is taking levofloxacin po 750 mg daily, the nurse would be most concerned by which of the following symptoms?
A. Patient has edema of ankles.
B. Patient complains of a headache.
C. Patient has had two loose bowel movements.
D. Patient has a severe, widespread cutaneous rash.

ANS: D
See Adverse Reactions/Side Effects for levofloxacin: Severe widespread cutaneous rash may be a warning of Stevens-Johnson syndrome. If it is accompanied with fever, fatigue, blisters, oral lesions, etc., the medication should be discontinued. Diarrhea and headache may be experienced but would not be of greatest concern. Edema is not an adverse reaction of levofloxacin.

KEY: Cognitive Level: Analysis
DIF: Difficult
TOP: Therapeutic Classification: Anti-infectives
REF: Page 590

7. The nurse prepares to provide ondansetron (Zofran) in an orally disintegrating tablet form. Which of the following instructions should the nurse provide?
A. "Simply suck on the pill like a lozenge and it will dissolve over a few minutes."
B. "Place the tablet on your tongue. It will melt in seconds and then you can swallow."
C. "Take this with a full glass of water."
D. "I will dissolve this in some water and you can drink it in one sip."

ANS: B
See Implementation for ondansetron: Immediately place tablet on tongue. It will dissolve in seconds, then can be swallowed with saliva.

KEY: Cognitive Level: Application
DIF: Easy
TOP: Therapeutic Classification: Antiemetics
REF: Page 945

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8. The nurse is caring for a patient who is to receive oxcarbazepine (Trileptal). The nurse recognizes this patient most likely has a history of which of the following?
A. Diabetes mellitus
B. Depression
C. Seizures
D. Hypothyroidism

ANS: C
See Indications for oxcarbazepine: Used as monotherapy or adjunctive therapy of partial seizures in adults and children 4 yr and older with epilepsy.

KEY: Cognitive Level: Knowledge
DIF: Moderate
TOP: Therapeutic Classification: Anticonvulsants
REF: Page 956

9. The nurse is caring for a patient receiving pamidronate (Aredia) for the treatment of Paget's disease. Which of the following symptoms would be most concerning to the nurse?
A. Anorexia
B. Bone pain
C. Constipation
D. Muscle twitching

ANS: D
See Side Effects and Assessment for pamidronate: Observe for evidence of hypocalcemia (paresthesia, muscle twitching, laryngospasm, and Chvostek's or Trousseau's sign).

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Bone resorption inhibitors
REF: Pages 977 and 978

10. A student nurse caring for a patient who is taking pancrelipase (Creon) would include which of the following statements when reviewing medications with the instructor?
A. "This reduces inflammation of the pancreas seen with pancreatitis."
B. "This increases absorption of fats since the pancreas is not excreting normal enzymes."
C. "This is used to bind with proteins and reduce protein excretion in the urine."
D. "This helps relieve abdominal pain caused by liver damage in patients with a history of alcohol abuse."

ANS: B
See Action/Therapeutic Effect for pancrelipase: Effects include increased digestion of fats, carbohydrates, and proteins in the GI tract.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Digestive agents
REF: Page 979

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11. Which of the following would cause the nurse to intervene for a patient taking po pantoprazole (Protonix)?
A. The patient takes the medication an hr before breakfast.
B. The patient orders eggs and bacon for breakfast.
C. The patient drinks a glass of orange juice when taking the medication.
D. The patient chews the medication before swallowing.

ANS: D
See Implementation for pantoprazole: The drug may be taken with or without food, but do not break, crush, or chew tablets.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Anti-ulcer agents
REF: Page 983

12. Which of the following lab values should be followed periodically for a patient taking paroxetine (Paxil)?
A. Complete blood count (CBC)
B. Electrolytes
C. Thyroxine
D. Creatinine

ANS: A
See Assessment/Lab Test Considerations for paroxetine: Lab Test Considerations: Monitor CBC and differential periodically during therapy. Report leukopenia or anemia.

KEY: Cognitive Level: Knowledge
DIF: Difficult
TOP: Therapeutic Classification: Antianxiety agents, Antidepressants
REF: Page 986

13. While caring for a patient who uses oral birth control pills and is taking po penicillin V, which of the following instructions should the nurse include in the patient teaching?
A. "You should stop taking your birth control pills for at least 3 months because you have to take this medication."
B. "You will need to use a barrier method of birth control through this therapy and until your next menstrual cycle."
C. "The doctor will want to give you a hormone patch in addition to the birth control pills for the next 30 days."
D. "There is no need to alter your method of birth control while you are taking this medication."

ANS: B

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See Patient/Family Teaching for penicillin V: Advise patient taking oral contraceptives to use an additional nonhormonal method of contraception during therapy with penicillin and until next menstrual period.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Anti-infectives
REF: Page 1004

14. The nurse is caring for a 32-yr-old female patient with cystic fibrosis who will be discharged today with a prescription for elexacaftor/tezacaftor/ivacaftor (Trikafta). Which of the following information should the nurse provide concerning this drug?
A. Have regular eye examinations.
B. Be aware of the risk of DVT.
C. Avoid fat-containing foods with medication.
D. Notify health care professional of bloody stools.

ANS: A
See Assessment and Patient/Family Teaching for elexacaftor/tezacaftor/ivacaftor: Eye exams will be important to assess for cataracts/opacities prior to and periodically during therapy. The medication should be administered with fat-containing food. There are no indicators for DVT or bloody stools.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Cystic fibrosis therapy adjuncts
REF: Pages 496 and 497

15. The nurse would be most concerned if a patient taking phenobarbital reported daily consumption of which of the following?
A. Grapefruit juice
B. Beer
C. Milk
D. Coffee

ANS: B
See Patient/Family Teaching for phenobarbital: Caution patient to avoid taking alcohol or other central nervous system depressants concurrently with this medication.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Anticonvulsants
REF: Page 1014

16. A student nurse caring for a patient with a history of anxiety disorder would expect which of the following medications to be included in the patient's treatment plan?

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A. Eszopiclone (Lunesta)
B. Meclizine (Bonine)
C. Lorazepam (Ativan)
D. Nifedipine (Procardia XL)

ANS: C
See Indications for lorazepam: Ativan is an antianxiety agent. Lunesta is a sedative/hypnotic. Bonine is provided for vertigo. Procardia XL is provided for hypertension.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antianxiety agents
REF: Page 794

17. The nurse is caring for a patient who is NPO after midnight for a cardiac catheterization scheduled for 1 PM. The patient normally receives metformin (Glucophage) 1000 mg po bid, and the morning dose is due at 8:30 AM. The patient's blood glucose result was 115. Which of the following actions should the nurse take?
A. Hold the medication.
B. Give the medication with a glass of juice.
C. Give the medication with a sip of water.
D. Call the physician for direction.

ANS: A
See Implementation for metformin: Because the patient is NPO, the medication should be held and blood sugars should be monitored frequently. Patients stabilized on a diabetic regimen who are exposed to stress, fever, trauma, infection, or surgery may require administration of insulin. Withhold metformin and reinstitute after resolution of an acute episode.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Antidiabetics
REF: Page 827

18. The nurse is caring for a patient with a known history of narcotic abuse. The patient is started on methadone 30 mg po daily during detoxification. Which of the following assessments would indicate the patient's dose may need to be decreased?
A. Chills
B. Irritability
C. Respirations = 8 breaths per min
D. Diaphoresis

ANS: C
See Assessment for methadone: If respiratory rate is less than 10 breaths per min, assess level of sedation. Dose may need to be decreased by 25–50%. Chills, irritability, and diaphoresis are all symptoms of narcotic withdraw and may be expected during detoxification.

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KEY: Cognitive Level: Application
DIF: Easy
TOP: Therapeutic Classification: Opioid analgesics
REF: Page 829

19. A nurse working on the postpartum floor is checking orders and notes the following: "Methylergonovine (Methergine) 200 mcg po every 6 hr for 48 hr." Which of the following nursing interventions should be added to the patient's plan of care?
A. Assess respiratory rate and rhythm every 2 hr.
B. Monitor for signs of uterine atony or change in menstrual bleeding.
C. Instruct patient to wear a tight-fitting bra and avoid facing the water during shower.
D. Collect urine for protein dipstick every 4 hr.

ANS: B
See Assessment for methylergonovine: Used in the treatment of postpartum hemorrhage. Monitor blood pressure, heart rate, and uterine response frequently during medication administration.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Oxytocics
REF: Page 838

20. While preparing to discharge a patient who has started taking metoprolol (Lopressor) during hospitalization, the nurse recognizes further teaching is necessary by which of the following statements?
A. "I should take my pulse every day before taking this medication."
B. "I need to stay on a low-salt diet to help control my blood pressure."
C. "I'll have to have my blood drawn frequently to monitor for toxic levels of this medication."
D. "I should contact the physician immediately if I notice any wheezing, difficulty breathing, or dizziness."

ANS: C
See Patient/Family Teaching for metoprolol: Blood levels are not followed for this medication. Teach patient and family how to check pulse daily and blood pressure biweekly, and to report significant changes to a health care professional. Reinforce the need to continue additional therapies for hypertension (weight loss, sodium restriction, stress reduction, regular exercise, moderation of alcohol consumption, and smoking cessation). Advise patient to notify health care professional if slow pulse, difficulty breathing, wheezing, cold hands and feet, dizziness, light-headedness, confusion, depression, rash, fever, sore throat, unusual bleeding, or bruising occurs.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Antihypertensives, Antianginals
REF: Page 850

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21. The nurse is providing care for a patient in hospice who has been converted to a continuous infusion of morphine for pain control via the use of a patient-controlled analgesia pump. The nurse recognizes that breakthrough pain should be handled in which of the following ways?
A. No breakthrough pain is expected because the patient is on a continuous infusion of narcotic.
B. Additional intravenous bolus doses can be given by the nurse every 15–30 min.
C. Additional predetermined bolus doses can be programmed to be available at patient request every 90 min.
D. Oral morphine can be given in liquid form every 2 hr.

ANS: B
See Assessment for morphine: Patients on a continuous infusion should have additional bolus doses provided every 15–30 min, as needed, for breakthrough pain.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Opioid analgesics
REF: Page 877

22. A nurse is caring for a 20-yr-old female patient in a physician's office. The patient has been medicated for bipolar disorder and depression for over 5 yr. She is currently complaining of "odd movements in my face and tongue that I can't control." The nurse expects the patient will be prescribed which medication?
A. Valbenazine (Ingrezza)
B. Lorazepam (Ativan)
C. Dantrolene (Dantrium)
D. Lurasidone (Latuda)

ANS: A
See Indications for valbenazine: Indicated for tardive dyskinesia symptoms such as uncontrolled rhythmic movement of mouth, face, lip smacking, puckering, and worm-like tongue movements. Lorazepam is an antianxiety medication. Dantrolene is a sedative/hyptonic. Lurasidone is an antipsychotic.

KEY: Cognitive Level: Comprehension
DIF: Moderate
TOP: Therapeutic Classification: None assigned
REF: Page 1244

23. The nurse is caring for an infant with oral thrush whose medications include nystatin suspension 5 mL qid. Which of the following actions should the nurse take?
A. Dilute the medication in 30 mL of water and provide it to the infant in a bottle.
B. Use a needleless syringe to gently squirt small amounts into the baby's mouth.
C. Dip a pacifier into the medication and allow the infant to suck on the pacifier; repeat until the dose is consumed.
D. Use a cotton swab to paint the inside of the infant's cheeks, gums, and tongue.

ANS: D
See Implementation for nystatin: For neonates and infants, paint suspension into recesses of the mouth.

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KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antifungals
REF: Page 927

24. The nurse is caring for a patient who recently started taking prochlorperazine (Compro) 10 mg po qid. Which of the following symptoms would cause the nurse to contact the physician immediately?
A. Temperature = 104.5°F, and there is a new onset of urinary incontinence.
B. Pulse = 70 bpm, and patient complains of constipation.
C. Blood pressure = 126/64 mmHg, and patient complains of hiccups.
D. Respirations = 16 per min, and patient reports mild nausea.

ANS: A
See Assessment for prochlorperazine: Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, seizures, diaphoresis, hypertension or hypotension, pallor, tiredness, severe muscle stiffness, and loss of bladder control). Notify physician or other health care professional immediately if these symptoms occur. Constipation is a known side effect with this medication and the pulse is normal. Blood pressure is within normal limits. Hiccups are not immediately concerning. Respirations are within normal parameters. Prochlorperazine is taken for nausea, so mild nausea may be expected.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Antiemetics, Antipsychotics
REF: Page 1043

25. To monitor the peak efficacy after providing oral hydromorphone (Dilaudid) Immediate Release for a patient reporting pain ranked 6 out of 10 on a numeric pain scale, the patient should report some relief in pain at the peak action of the drug. Which of the following reflects the peak action of Dilaudid Immediate Release?
A. 15–30 min
B. 30–90 min
C. 1–2 hr
D. Over 2 hr

ANS: B
See Pharmacokinetics for hydromorphone: The peak action for this medication is 30–90 min.

KEY: Cognitive Level: Comprehension
DIF: Moderate
TOP: Therapeutic Classification: Opioid analgesics
REF: Page 669

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26. A patient who is prescribed propranolol (Inderal LA) is being tapered off over a 2-wk period. The nurse would include which of the following statements in the patient teaching?
A. "I bet you're glad to be getting off this medication since it can have so many side effects."
B. "Stopping this medication suddenly can be very dangerous, so it is important that you follow the taper schedule carefully."
C. "Patients usually only take this drug for a 1–2 week cycle before switching to another medication."
D. "By slowly weaning you from this drug, the risk of rebound headaches is reduced."

ANS: B
See Assessment for propranolol: Abrupt withdrawal may precipitate life-threatening arrhythmias, hypertension, or myocardial ischemia. Drug should be tapered off over a 2-wk period before discontinuation. Assess patient carefully during tapering and after medication is discontinued. Consider that patients taking propranolol for noncardiac indications may have undiagnosed cardiac disease. Abrupt discontinuation or withdrawal over too short a period of time (less than 9 days) should be avoided. While the drug can have many adverse effects, it is not the highest priority.

KEY: Cognitive Level: Comprehension
DIF: Moderate
TOP: Therapeutic Classification: Antianginals, Antiarrhythmics (Class II), Antihypertensives, Vascular headache suppressants
REF: Page 1081

27. A patient with plaque psoriasis is being started on apremilast (Otezla). Prior to starting therapy, the nurse should ask the patient which question?
A. "Do you have a history of frequent urinary tract infections?"
B. "Have you ever given yourself an injection?"
C. "Have you ever been treated for depression?"
D. "Do you have an allergy to sulfa medications?"

ANS: C
See Contraindications/Precautions and Assessment for apremilast: Use cautiously with a history of depression or suicidal ideation. Monitor mental status for signs and symptoms of depression frequently. Assess for suicidal tendencies, especially during early therapy. It does not contribute to urinary tract infections. It is given orally, not subcutaneously. It is not contraindicated with sulfa allergies.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antirheumatics, Antipsoriatics
REF: Page 166

28. While caring for a 47-yr-old female patient with multiple sclerosis, the nurse provides teaching concerning a drug ordered before discharge. The patient has been ordered teriflunomide (Aubagio). The nurse recognizes the need for further teaching by which of the following statements?
A. "I will need a TB skin test prior to starting this medication."
B. "I won't need any blood work with this medication like I do with my seizure medication."
C. "I will notify the physician if I have numbness and tingling in my hands and feet."
D. "I understand I may have hair loss while taking this drug."

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ANS: B
See Implementation and Patient/Family Teaching for teriflunomide: Complete blood count and platelets are monitored periodically. Liver function tests must be monitored monthly. A tuberculin (TB) skin test is required prior to starting teriflunomide. Numbness and tingling in hands and feet are side effects that should be reported to the physician. Teriflunomide can cause hair loss.

KEY: Cognitive Level: Analysis
DIF: Difficult
TOP: Therapeutic Classification: Anti-multiple sclerosis agents
REF: Page 1182

29. A patient taking ergocalciferol (vitamin D_2) calls the physician's office at 3 PM and tells the nurse that she is at work and did not take the pill at breakfast. Which of the following responses by the nurse is best?
A. "You should take the missed dose as soon as possible."
B. "Missing a single dose is not critical."
C. "Why didn't you take the medication?"
D. "How often do you miss a dose of this medication?"

ANS: A
See Patient/Family Teaching for ergocalciferol: Instruct patient to take medication as directed. If a dose is missed, take as soon as remembered that day. Missing a dose is not critical but is not the best answer. Asking why the medication was not taken or how often the medication is missed does not provide the patient with instruction on what to do.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Vitamins
REF: Page 1279

30. The nurse is caring for a patient with tuberculosis who is on a diet with honey-thick liquids. Which action should the nurse take to administer the dose of rifampin (Rimactane)?
A. Obtain the medication in liquid form.
B. Give the pill with a small sip of water.
C. Call the pharmacy to request a parenteral dose.
D. Open the capsule onto a spoonful of applesauce.

ANS: D
See Implementation for rifampin: Capsules may be opened and contents mixed with applesauce or jelly for patients with difficulty swallowing. While the pharmacist can compound a syrup for patients unable to swallow solids, this patient has difficulty swallowing liquids. If honey-thick liquids are ordered, nonthickened water should be avoided. Parenteral therapy is not required.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antituberculars
REF: Page 1084

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31. A nurse working at an adult care center for individuals with mental illness provides an individual with a dose of risperidone (Risperdal). The nurse should intervene if the patient mixes the liquid medication with which of the following?
A. Milk
B. Cola
C. Orange juice
D. Water

ANS: B
See Implementation for risperidone: Oral solution can be mixed with water, coffee, orange juice, or low-fat milk. Do not mix with cola or tea.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antipsychotics
REF: Page 1094

32. The nurse is preparing to administer aducanumab (Aduhelm) to a patient with Alzheimer's disease. Following injection of the prescribed dose into a 100 ml bag of 0.9% NaCl, which next step should the nurse take?
A. Shake the bag to fully disperse the medication.
B. Infuse the medication immediately over 1 hr.
C. Refrigerate for at least 1 hr prior to administration.
D. Infuse the medication without an in-line filter.

ANS: B
See Implementation for aducanumab: Gently invert infusion bag to mix solution; do not shake. After dilution infuse immediately. If not administered immediately, refrigerate up to 3 days or at room temperature up to 12 hr. Infuse over 1 hr through a sterile, low-protein binding, 0.2 or 0.22 micron in-line filter.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic classification: Anti-Alzheimer's agents
REF: Pages 105 and 106

33. The nurse observing a patient who uses a prescribed salmeterol (Serevent Diskus) recognizes that teaching has been effective if which of the following is observed?
A. The patient shakes the diskus vigorously before taking a dose.
B. The patient rinses the mouthpiece after administration.
C. The patient keeps the diskus horizontal at all times throughout administration.
D. The patient exhales into the diskus before inhaling a dose of medication.

ANS: C

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See Patient/Family Teaching for salmeterol: Instruct patient using *powder for inhalation* never to exhale into diskus device and always to hold device in a level horizontal position. Mouthpiece should be kept dry and should never be washed.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Bronchodilators
REF: Page 1121

34. A nurse caring for a patient with acute myelogenous leukemia prepares to provide filgrastim (Neupogen). Which of the following will indicate successful response to the medication?
A. Patient's neutrophil count will recover faster after chemotherapy.
B. Patient will have an increase in platelet count.
C. Patient will deny nausea or vomiting with chemotherapy.
D. Patient's hair will not fall out after chemotherapy.

ANS: A
See Action for filgrastim: Indications include accelerated recovery of neutrophils and fever in patients undergoing induction and consolidation chemotherapy for acute myelogenous leukemia. Filgrastim will not increase platelet counts, prevent nausea or vomiting, or prevent hair loss associated with chemotherapy.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Colony-stimulating factors
REF: Page 575

35. While in the recovery room, the nurse cares for a postanesthesia patient who reports severe nausea. The nurse would most likely request an order for which of the following medications?
A. Selegiline (Zelapar)
B. Scopolamine (Transderm-Scop)
C. Sitagliptin (Januvia)
D. Tadalafil (Cialis)

ANS: B
See Indications for scopolamine: Used in the management of nausea and vomiting associated with opioid analgesia or general anesthesia/recovery from anesthesia. Zelapar is used in the management of Parkinson's disease. Januvia is used in the management of diabetes. Cialis is used for erectile dysfunction.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antiemetics
REF: Page 1125 | Page 1127 | Page 1142 | Page 1167

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36. At a follow-up appointment at the urologist's office, the nurse is gathering data on a patient who takes solifenacin (VESIcare) for an overactive bladder. Which of the following statements would be most concerning to the nurse?
A. "I started taking an aerobics class twice a week."
B. "I drink three cups of coffee each day."
C. "I smoke a half pack of cigarettes a day."
D. "I started taking St. John's wort a few weeks ago."

ANS: D
See Patient/Family Teaching for solifenacin: Advise patient to consult a health care professional prior to taking prescription, over-the-counter (OTC), or herbal products with solifenacin. St. John's wort is both an OTC and herbal product. Doing aerobics and drinking coffee may impact an overactive bladder but are not as concerning as a potential drug interaction. Nicotine does not have interactions with solifenacin.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Urinary tract antispasmodics
REF: Page 1150

37. A patient has been started on bempedoic acid (Nexletol) for heterozygous familial hypercholesterolemia. Which information should the nurse include in the teaching plan?
A. The drug should lower lipid levels.
B. The medication can decrease platelet counts.
C. The drug should be stopped if migraine headaches develop.
D. The medication can be taken if pregnant or breastfeeding.

ANS: A
See Assessment, Contraindications/Precautions, and Patient/Family Teaching for bempedoic acid: Cholesterol levels should be checked initially in 8–12 wk after starting therapy, then periodically thereafter in order to determine drug efficacy. Platelet counts may increase, not decrease. There are no contraindications to taking if having migraine headaches. Patient should discontinue if signs/symptoms of tendonitis develop. The medication should be discontinued during pregnancy and lactation.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Lipid-lowering agents
REF: Pages 211 and 212

38. While caring for a patient taking sucralfate (Carafate), the nurse recognizes the medication is effective by which of the following?
A. Patient is able to pass formed stool daily.
B. Patient has increased range of motion in the small joints of their hands.
C. Patient reports decreased abdominal pain.
D. Patient remains afebrile for 24 hr.

ANS: C

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See Evaluation for sucralfate: Used in the treatment of duodenal ulcers. Desired results include decrease in abdominal pain.

KEY: Cognitive Level: Evaluation
DIF: Moderate
TOP: Therapeutic Classification: Anti-ulcer agents
REF: Page 1152

39. While caring for a 31-yr-old female patient who is initiating therapy with thalidomide (Thalomid) to treat erythema nodosum leprosum (ENL), the nurse recognizes the need for further teaching by which of the following statements?
A. "I can't start the medication until I've had a negative pregnancy test."
B. "I must have a pregnancy test every month for the first 3 months I take this medication."
C. "I must use two methods of birth control while I am taking this medication."
D. "I will need to discontinue this drug immediately if I should become pregnant."

ANS: B
See Implementation for thalidomide: Pregnancy testing must occur weekly during first mo of therapy. Due to teratogenic effects, thalidomide may be prescribed only by prescribers registered in the System for Thalidomide Education and Prescribing Safety (STEPS) program. Thalidomide is started within 24 hr of a negative pregnancy test with a sensitivity of at least 50 mIU/mL and then monthly thereafter in women with a regular menstrual cycle. For women of childbearing years, two methods of reliable contraception must be used unless complete abstinence is used. For women with irregular menses, pregnancy testing should occur every 2 wk. If pregnancy occurs, thalidomide should be discontinued immediately.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Immunosuppressants
REF: Page 1191

40. While caring for an individual taking torsemide (Demadex) for hypertension, the nurse would be most concerned by which of the following assessments?
A. Patient's resting pulse is 68 beats per min.
B. Patient reports abdominal cramps and nausea.
C. Patient has lost 2 pounds in 1 day.
D. Patient eats two bananas for breakfast.

ANS: B
See Patient/Family Teaching for torsemide: Advise patient to contact a health care professional immediately if muscle weakness, cramps, nausea, dizziness, numbness, or tingling of extremities occurs. Advise patient to contact a health care professional if the patient gains more than 2–3 pounds per day. Instruct the patient to consult a health care professional regarding a diet high in potassium.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antihypertensives
REF: Page 1222

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41. The nurse is caring for a 68-yr-old patient receiving intravenous vancomycin (Vancocin). Which of the following should be implemented to prevent a permanent complication?
A. Assess for vertigo, tinnitus, hearing loss.
B. Assess visual acuity.
C. Assess swallowing and gag reflex.
D. Assess deep tendon reflexes.

ANS: A
See Assessment for vancomycin: Evaluate 8th cranial nerve function by audiometry and serum vancomycin levels prior to and throughout therapy in patients with borderline renal function or those older than 60 yr. Prompt recognition and intervention are essential in preventing permanent damage. No alteration in vision, swallowing, or reflexes is anticipated with vancomycin.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Anti-infectives
REF: Page 1251

42. A nurse is caring for an individual with diabetes insipidus who is taking vasopressin (Vasostrict). Which of the following assessments would indicate treatment has been effective?
A. Urine output is 800 mL at the end of an 8-hr shift.
B. Urine specific gravity is 0.998.
C. Patient has lost 2 pounds in 1 day.
D. Mucous membranes are dry and sticky.

ANS: A
See Evaluation for vasopressin: Desired outcome includes decrease in urine volume, relief of polydipsia, and increased urine osmolality in patients with central diabetes insipidus. Normal urine output is 60–100 mL/hr, so this value is within normal limits and indicates successful management of diabetes insipidus. Normal urine specific gravity is 1.010–1.030. Signs of dehydration indicate on-going fluid loss associated with diabetes insipidus.

KEY: Cognitive Level: Analysis
DIF: Difficult
TOP: Therapeutic Classification: Hormones
REF: Page 1258

43. The nurse recognizes which of the following individuals is at highest risk for developing orthostatic hypotension?
A. A 53-yr-old patient taking tigecycline (Tygacil)
B. A 61-yr-old patient taking warfarin (Coumadin)
C. A 49-yr-old patient taking zinc sulfate (Orazinc)
D. A 64-yr-old patient taking verapamil (Calan SR)

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ANS: D
See Adverse Reactions/Side Effects for verapamil: Calan SR is an antihypertensive that can cause orthostatic hypotension. Tygacil is an anti-infective that causes sedation. Coumadin is an anticoagulant without noted central nervous system (CNS) side effects. Orazinc is a mineral supplement without noted CNS side effects.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Antihypertensives, Antiarrhythmias, Antianginals, Vascular headache suppressants
REF: Page 1266

44. The nurse recognizes that which of the following individuals will need to receive supplemental vitamin B_{12} injections?
A. A 37-yr-old patient with acute renal calculi
B. A 59-yr-old patient with gastric resection for stomach cancer
C. A 24-yr-old patient with sickle cell anemia
D. A 58-yr-old patient with congestive heart failure

ANS: B
See Implementation for vitamin B_{12} preparation: Patients with small bowel disease, malabsorption syndrome, or gastric or ileal resections require parenteral administration.

KEY: Cognitive Level: Comprehension
DIF: Easy
TOP: Therapeutic Classification: Vitamins, Antianemics
REF: Page 1278

45. The nurse is counseling a patient who has been given a prescription for sumatriptan (Imitrex) for migraine headaches. Which of the following statements indicates teaching has been effective?
A. "This medication will prevent migraine headaches."
B. "I can take this medication at any time during a migraine headache attack."
C. "I can repeat the medication in 15 minutes if I have not gotten relief from the first injection."
D. "I can use up to four doses in a 24-hour period."

ANS: B
See Patient/Family Teaching for sumatriptan: Instruct patient to administer sumatriptan as soon as symptoms of a migraine attack appear, but it may be administered at any time during an attack. Inform patient that sumatriptan should be used only during a migraine attack. It is meant to be used for relief of migraine attacks but not to prevent or reduce the number of attacks. If migraine symptoms return, a second injection may be used. Allow at least 1 hr between doses, and do not use more than two injections in any 24-hr period.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Vascular headache suppressants
REF: Page 1156

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46. Which of the following patients would most likely be taking levofloxacin?
A. A 45-yr-old patient with atrial fibrillation
B. A 59-yr-old patient with *Pneumocystis carinii* pneumonia
C. A 68-yr-old patient with chronic bacterial prostatitis
D. A 33-yr-old patient with acute pyelonephritis

ANS: A
See Indications for levofloxacin: Include chronic bacterial prostatitis, bacterial sinusitis, and nosocomial pneumonia.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Anti-infectives
REF: Page 589

47. An individual with a history of angina takes sublingual nitroglycerine (Nitrostat) to relieve chest pain ranked 6/10. Five min later, the chest pain is 4/10. What action should the nurse take next?
A. Have a family member call 911.
B. Tell the individual to take a warm shower.
C. Instruct the individual to take another sublingual nitroglycerine tablet.
D. Monitor the individual for an additional 10 min before taking any action.

ANS: C
See Patient/Family Teaching for nitroglycerine: For an acute anginal attack, advise patient to sit down and use medication at first sign of attack. Relief usually occurs within 5 min. Dose may be repeated if pain is not relieved in 5–10 min. Call health care professional or go to nearest emergency room if anginal pain is not relieved by three tablets in 15 min.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antianginals
REF: Page 914

48. An individual with chronic schizophrenia who recently started taking olanzapine (Zyprexa) is smacking his lips, puffing his cheeks, and chewing. Which of the following responses by the nurse is best?
A. "Don't worry, this is commonly seen with advancing schizophrenia. You may need a higher dose of medication."
B. "These are symptoms seen in withdrawal from the medication. Have you stopped taking your medication for some reason?"
C. "These movements are a side effect of the medication. You should stop taking it."
D. "We see this a lot. It will go away after you've been on the medication for a month or so."

ANS: C

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See Assessment for olanzapine: Monitor for tardive dyskinesia (uncontrolled rhythmic movement of mouth, face, and extremities; lip smacking or puckering; puffing of cheeks; uncontrolled chewing; rapid or worm-like movements of tongue; and excessive blinking of eyes). Report immediately, as it may be irreversible.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antipsychotics, Mood stabilizers
REF: Page 933

49. A 21-yr-old patient is brought to the emergency room with suspected overdose with acetaminophen (Tylenol). Which of the following medications would the nurse expect to be ordered?
A. Protamine sulfate
B. Phytonadione (Mephyton)
C. Acetylcysteine (Acetadote)
D. Leucovorin calcium

ANS: C
See Toxicity and overdose for acetaminophen and Indications for acetylcysteine: Acetylcysteine is the antidote for the management of potentially hepatotoxic overdose of acetaminophen.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antidotes, Mucolytics
REF: Page 91

50. The nurse is providing care for a 64-yr-old patient on the telemetry unit whose heart rate suddenly jumps to 144 beats per min (bpm). Telemetry shows supraventricular tachycardia, and the patient reports feeling a bit light-headed and dizzy. The nurse attempts vagal stimulation without success and prepares to administer adenosine (Adenocard) 6 mg IV push. The nurse would expect which of the following to occur?
A. A gradual slowing of the heart rate over the next 30 min with an end result of normal sinus rhythm and improved symptoms
B. Slowing of the tachycardia with an end rate between 100–120 bpm and improved dizziness within 5 min
C. Loss of consciousness for the patient in preparation for electric shock/cardioversion
D. A short period of heart block or asystole immediately after injection followed by conversion to normal sinus rhythm

ANS: D
See Nursing Implications/Assessment for adenosine: Monitor heart rate frequently (every 15–30 sec) and monitor electrocardiogram continuously during therapy. Short transient periods of 1st-, 2nd-, or 3rd-degree heart block or asystole may occur following injection; this usually resolves quickly due to short duration of adenosine. Once conversion to normal sinus rhythm is achieved, transient arrhythmias may occur, but generally last a few sec.

KEY: Cognitive Level: Application

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DIF: Difficult
TOP: Therapeutic Classification: Antiarrythmics
REF: Page 101

51. The nurse is caring for a 34-yr-old patient with a large hilar mass due to lymphoma. Chemotherapy is being provided, and the patient also has orders for allopurinol (Zyloprim) 300 mg orally twice daily. When providing this medication, the nurse would include which of the following statements in the patient teaching?
A. "This medication will help prevent gout, which occurs when patients are given radiation therapy."
B. "Allopurinol binds to the uric acid being released by the destroyed cancer cells and prevents it from damaging your kidneys."
C. "Chemotherapy agents can reduce the number of white blood cells, red blood cells, and platelets in your body. This medication helps protect those cells."
D. "This is part of the chemotherapy regimen since some chemo agents are given in your IV and others are given by mouth."

ANS: B
See Indications for allopurinol: Treatment of secondary hyperuricemia, which may occur during treatment of tumors or leukemias.

KEY: Cognitive Level: Application
DIF: Difficult
TOP: Therapeutic Classification: Antigout agents, Antihyperuricemics
REF: Page 123

52. The nurse is providing IV amifostine (Ethyol) to a 51-yr-old woman with ovarian cancer who is also receiving Cisplatin. Which of the following nursing assessments during the infusion is of the highest priority?
A. Monitor patient's blood sugar every hr.
B. Monitor patient's respiratory rate every 30 min.
C. Monitor patient's blood pressure every 5 min.
D. Monitor patient's urine output every 4 hr.

ANS: C
See Nursing Implications Assessment for amifostine: Monitor blood pressure before and every 5 min during infusion. Discontinue antihypertensives 24 hr prior to the treatment. If significant hypotension requiring interruption of therapy occurs, place patient in Trendelenburg position and administer an infusion of 0.9% NaCl using separate IV line.

KEY: Cognitive Level: Application
DIF: Difficult
TOP: Therapeutic Classification: Cytoprotective agents
REF: Page 123

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53. While preparing to give posaconazole (Noxafil) to a patient who is also receiving digoxin (Lanoxin), the nurse recognizes the patient is at increased risk for which of the following?
A. Rhabdomyolysis
B. Tachycardia
C. Hyperkalemia
D. Digoxin toxicity

ANS: D
See Interactions for posaconazole with digoxin: Concurrent use with digoxin increases risk of digoxin toxicity.

KEY: Cognitive Level: Knowledge
DIF: Moderate
TOP: Therapeutic Classification: Antifungals
REF: Page 1030

54. A patient with breast cancer is taking anastrozole (Arimidex). The nurse recognizes that teaching has been effective by which of the following patient statements?
A. "If I miss a dose, I should take a double dose the next day."
B. "I must take this medication on an empty stomach before going to bed each night."
C. "Oral chemotherapy generally has fewer side effects and is much safer."
D. "I need to notify the doctor right away if I have any swelling in my face, difficulty swallowing, or rashes."

ANS: D
See Patient/Family Teaching for anastrozole: Inform patient of potential for adverse reactions and advise patient to notify health care professional immediately if allergic reactions or chest pain occurs. Missed doses should be taken as soon as remembered; do not double dose. It does not need to be taken prior to sleep. Oral chemotherapies can have as many side effects as IV chemotherapy.

KEY: Cognitive Level: Analysis
DIF: Easy
TOP: Therapeutic Classification: Antineoplastics
REF: Page 147

55. A nurse is receiving a shift-to-shift report for a patient in the intensive care unit with multiple medical problems. The patient is receiving argatroban IV infusion. The nurse recognizes this medication is ordered to address which of the following health care problems for the patient?
A. Ventilator-associated pneumonia
B. Deep vein thrombosis
C. Hypotension
D. Urosepsis

ANS: B
See Indications for argatroban: Prophylaxis or treatment of thrombosis in patient with heparin-induced thrombocytopenia.

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KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Anticoagulants
REF: Page 169

56. While providing care for a patient who is to receive aripiprazole (Abilify), the nurse recognizes that the patient understands this medication by which of the following statements?
A. "This medication may cause me to have a dry mouth or lower my saliva production."
B. "This medication will reduce my nicotine cravings and help me quit smoking."
C. "I need to let the doctor know right away if I have any thoughts of suicide or worsening depression."
D. "I need to be sure and drink at least 4 quarts of water each day while I'm taking this medication."

ANS: C
See Patient Family Teaching for aripiprazole: Advise patient and family to notify health care professional if thoughts about suicide or dying, attempts to commit suicide, new or worse depression, or new or worse anxiety occur. The medication can cause tardive dyskinesia or neuroleptic malignant syndrome but does not typically cause a dry mouth nor are increased fluids required.

KEY: Cognitive level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antipsychotics, Mood stabilizers
REF: Page 171

57. While caring for a patient with Parkinson's disease who has recently started taking benztropine (Cogentin), the patient reports, "My mouth seems so dry all the time." Which of the following statements by the nurse is best?
A. "Dry mouth is common with your new medications. You should rinse frequently and consider using sugarless candies or gum to help with the symptom."
B. "I wonder if your dose is too high? Try taking half the pill twice a day instead of all at once and see if that helps."
C. "You should call your doctor and let them know about that. It could be a serious side effect of the new medication."
D. "Are you crushing the pills instead of swallowing them whole with a full glass of water?"

ANS: A
See Patient/Family Teaching for benztropine: Instruct patient that frequent rinsing of the mouth, good oral hygiene, and sugarless gum or candy may decrease dry mouth. Dryness is a common side effect caused by the anticholingeric effect of the drug. If dryness persists, it should be reported to the provider. The pills can be crushed or given with food if the patient has difficulty swallowing.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Antiparkinsonian agents
REF: Page 215

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58. While providing care for an 84-yr-old patient with Parkinson's disease who is taking carbidopa/levodopa (Sinemet), the nurse notes abnormalities in the patient's lab values. Which of the following could be attributed to the medication?
A. Platelet count: 440,000 c/mm^3
B. Hemoglobin: 10.4 g/dL
C. Albumin: 3.2 g/dL
D. B-type natriuretic peptide (BNP): 449 pg/mL

ANS: B
See Nursing Implications for carbidopa/levodopa: May cause decreased hemoglobin/hematocrit, agranulocytosis, hemolytic and nonhemolytic anemia, thrombocytopenia, leucopenia, and increased white blood cell count. The listed platelet count is high, which is not expected with the drug. The hemoglobin is low and could be attributed to the drug. The protein value is low with no correlation to the drug and the BNP is high with no correlation to the drug.

KEY: Cognitive Level: Analysis
DIF: Difficult
TOP: Therapeutic Classification: Antiparkinsonian agents
REF: Page 285

59. While caring for a patient taking clozapine (Clozaril), the nurse determines the medication is effective by which of the following findings?
A. Decreased swelling is noted at the site of cellulitis in the left hand.
B. Apical heart rate is regular at 72 beats per min.
C. Patient is cooperative; oriented to person, place, and time; and has no hallucinations or delusions.
D. Breath sounds are clear throughout anterior, lateral, and posterior aspects.

ANS: C
See Indications and Evaluation/Desired Outcomes for clozapine: Used in the treatment of schizophrenia. The medication will have no impact on infection, heart rate, or breath sounds, but will help reduce psychotic behaviors.

KEY: Cognitive Level: Comprehension
DIF: Moderate
TOP: Therapeutic Classification: Antipsychotics
REF: Page 341

60. While caring for a patient who is taking cyclosporine (Sandimmune) after a cardiac transplant, the nurse is aware that it is most important to monitor for which of the following?
A. Hypokalemia
B. Hypotension
C. Anorexia
D. Nephrotoxicity

ANS: D

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See Adverse Reactions/Side Effects for cyclosporine: Can cause hyperkalemia and hypertension (not hypokalemia or hypotension) as well as anorexia and nephrotoxicity. The highest priority of those listed (anorexia and nephrotoxicity) is nephrotoxicity.

KEY: Cognitive Level: Application
DIF: Difficult
TOP: Therapeutic Classification: Immunosuppressants
REF: Page 384

61. When reviewing the medical record of a patient being started on tirzepatide (Mounjaro), which medication should alert the nurse to potential interactions that should be included in the patient teaching plan?
A. Ethinyl estradiol/norgestrel (Low-Ogestrel)
B. Metformin (Glucophage)
C. Methocarbamol (Robaxin)
D. Atorvastatin (Lipitor)

ANS: A
See Drug Interactions and Patient/Family Teaching for tirzepatide: May increase serious hypoglycemia if used with insulin or sulfonylureas. It may alter absorption of oral hormonal contraceptives due to delayed gastric emptying. Patient should be advised to switch to a nonhormonal contraceptive method or add a barrier contraceptive method for 4 wk after initiating therapy and for 4 wk after dose escalation of tirzepatide. Metformin is an antidiabetic drug but is not a sulfonylurea and does not interact with tirzepatide. Methocarbamol is a skeletal muscle relaxant and does not interact with tirzepatide. Atorvastatin is a lipid-lowering agents and does not interact with tirzepatide.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antidiabetics
REF: Pages 1204 and 1205

62. While caring for a patient who is receiving SUBQ deferoxamine (Desferal) 1 g daily, the nurse notes the patient's urine is a reddish color. Which of the following should the nurse conclude?
A. There is a risk of hemolytic cystitis with this medication and the next dose should be held.
B. The patient may be experiencing liver toxicity. The physician should be contacted to request laboratory analysis be done.
C. This is an expected and normal finding with the medication due to the excretion of iron.
D. The patient may have a secondary urinary tract infection and a urinalysis should be sent.

ANS: C
See Action and Adverse Reactions/Side Effects and Patient/Family Teaching for deferoxamine: Chelates unbound iron, forming a water-soluble complex that is easily excreted by the kidneys. Red urine is a frequent side effect.

KEY: Cognitive Level: Analysis
DIF: Difficult
TOP: Therapeutic Classification: Antidotes

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REF: Page 416

63. The nurse is providing care for a 41-yr-old patient with a severe head injury following a motor vehicle accident. The nurse notes the patient's urinary output for the past 4 hr is 900 mL. Which of the following medications would the nurse anticipate being ordered?
A. Desmopressin (DDAVP)
B. Furosemide (Lasix)
C. Allopurinol (Lopurin)
D. Dextroamphetamine (Dexedrine)

ANS: A
See Indications for desmopressin: Treatment of central diabetes insipidus caused by deficiency of vasopressin. Diabetes insipidus, often seen in the presence of a head injury, results in profound dieresis. Treatment with diuretics (Lasix and Allopurinol) would be contraindicated. Dextroamphetamine is a central nervous system stimulant used in the treatment of ADHD and narcolepsy.

KEY: Cognitive Level: Analysis
DIF: Moderate
TOP: Therapeutic Classification: Antidiuretic hormones
REF: Page 422 | Page 612 | Page 115 |

64. While counseling a patient taking desvenlafaxine (Pristiq), the nurse recognizes that further teaching is necessary based on which of the following patient statements?
A. "I'll be sure to let my doctor know if I have any thoughts of suicide."
B. "If I have pain, I should take aspirin, ibuprofen, or another nonsteroidal anti-inflammatory drug."
C. "I shouldn't drive a car for a few weeks since this medication can cause dizziness."
D. "I should avoid drinking alcohol while I'm taking this medication."

ANS: B
See Patient/Family Teaching for desvenlafaxine: Increased risk of bleeding with concomitant use of NSAIDs, aspirin, or other drugs that affect coagulation. Advise patient and family to look for suicidality. May cause dizziness or drowsiness. Caution patient to avoid driving until response to the drug is known. Caution patient to avoid taking alcohol or other central nervous system depressants.

KEY: Cognitive Level: Application
DIF: Moderate
TOP: Therapeutic Classification: Antidepressants
REF: Page 425

65. The nurse is caring for a 68-yr-old male who is taking doxazosin (Cardura). He denies any history of hypertension. The nurse recognizes this medication can also be used to treat which of the following conditions?
A. Psoriasis
B. Gout
C. Lymphoma

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