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**QUESTION 1**

LN is 84 YOM who is in hospital for a back surgery. His height is 5 feet and 4 inches, weight 85 kg and NKDA.

His past medical history includes hypertension, diabetes mellitus, major depression, hypothyroidism and chronic back pain. Post-op day 1, LN's medication includes Dexamethasone 8mg iv q6h with taper dosing, Ondansetron 4 mg iv q6h prn for N/V, Levothyroxine 0.075 mg po daily, Lisinopril 10 mg po daily, Citalopram 20 mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20 mg iv q12hr, Metoclopramide 10 mg iv q6h, Metformin 500 mg po bid, D51/2NS with 20K at 125 mls/hour and Hydromorphone PCA at 0.2 mg/hour of basal rate, demand dose 0.1 mg. lock-out every 6min, one hour limit 2.2 mg/hour. Pertinent morning labs includes serum creatinine 1.4 mg/dl, Mg 1.5 mg/dl, K 5.0 mmol/L, Na 135 mmol/L.

Which of the following medication may increase LN's potassium?

- A. Ondansetron
- B. Metoclopramide
- C. Metformin
- D. Lisinopril
- E. Hydromorphone

Correct Answer: D

Lisinopril may increase LN's potassium. One of the warnings/precautions of lisinopril is hyperkalemia. ACE inhibitors block the formation of circulating angiotensin II, which can lead to a decrease in aldosterone secretion that can result in an increase in potassium. Risk factors for hyperkalemia while taking lisinopril include renal impairment, diabetes, and concomitant use of potassium-sparing diuretics, potassium supplements and/or potassium containing salts. Potassium should be monitored closely when taking any of the other agents listed. Hyperkalemia is not listed in the warnings/precautions section for the other medications.

QUESTION 2

Which of the following would be most appropriate to treat infections associated with *Stenotrophomonas maltophilia*?

- A. Meropenem
- B. Vancomycin
- C. Ciprofloxacin
- D. Sulfamethoxazole/trimethoprim
- E. Ampicillin

Correct Answer: D

Primary treatment for *Stenotrophomonas maltophilia* is SMX-TMP. Meropenem, ciprofloxacin, Ampicillin and vancomycin have no coverage.

**QUESTION 3**

A patient takes 1gm of Calcium Carbonate salt three times a day. How much elemental calcium, in grams, is he getting in 24hrs? (MW of Ca: 40.078 g/mol, MW of CaCO₃: 100.087 g/mol)

- A. 3 g
- B. 1.8g
- C. 1.2g
- D. 0.8gm
- E. 1.8mg

Correct Answer: C

QUESTION 4

What is the best anti-thyroid regimen in a pregnant woman who has clinically significant hyperthyroidism?

- A. Stop treatment and resume post-partum
- B. Propylthiouracil
- C. Methimazole
- D. Propylthiouracil first trimester followed by methimazole for the remainder of pregnancy
- E. Methimazole first trimester followed by propylthiouracil for the remainder of pregnancy

Correct Answer: D

Propylthiouracil (PTU) is recommended for treatment of hyperthyroidism in women who are in their first trimester of pregnancy by the American Thyroid Association (ATA). Methimazole has been associated with congenital malformations including aplasia cutis in rare cases and thus it is not recommended in the first trimester. The ATA recommends switching to methimazole once in the second trimester as there is a risk of liver injury associated with the use of PTU.

QUESTION 5

An 18-year-old female is referred to a dermatologist for treatment of severe acne vulgaris. The dermatologist wants to start her on tetracycline.

What test should the patient have prior to starting treatment?

- A. Pregnancy test
- B. Chest X-ray
- C. Complete blood count



D. Liver function tests

E. Creatine kinase

Correct Answer: A

Pregnancy test. Tetracyclines are effective in the treatment of severe cases of acne. They are however teratogenic. As such, it is imperative to make sure female patients are not pregnant prior to starting this medication. In many instances patients are started on concurrent birth control to mitigate this risk even further. A chest x-ray (B) is an important exam to obtain prior to starting drugs which have pulmonary toxicity as a side effect such as amiodarone. A complete blood count (C) would be useful prior to starting a medication that causes anemia, such as immunosuppressive and chemotherapeutic agents. Liver function tests (D) are important to establish as a baseline prior to starting antimycobacterial agents. Creatine kinase levels (E) are used to establish as a baseline prior to starting statins.

QUESTION 6

Alteplase is ordered for a 72 YOM who weighs 68kg for Ischemic stroke. The ER physician would like you to dose. As an ER pharmacist you know the dose is 0.9 mg/kg IV (not to exceed 90 mg); give 10% of the total dose as an IV bolus over 1 minute, then give the remaining 90% as an IV infusion over 60 minutes. After reconstitution, the concentration of Alteplase is 1mg/ml. How many ml is needed for the bolus and how many ml is needed for the infusion? Round to the nearest ml.

A. 6ml IV bolus, followed by 55mL IV over 60 minutes

B. 4ml IV bolus, followed by 57mL IV over 60 minutes

C. 3ml IV bolus, followed by 58mL IV over 60 minutes

D. 8ml IV bolus, followed by 52mL IV over 60 minutes E. 9ml IV bolus, followed by 82mL IV over 60 minutes

Correct Answer: A

QUESTION 7

Aluminum levels may rise to toxic levels in patients with renal failure if administered with which of these medicines?

A. Sucralfate

B. Bismuth subgallate

C. Docusate sodium

D. Lactulose

E. Alginates

Correct Answer: A

Sucralfate is a drug used to treat active duodenal ulcers and may also be used to treat GERD or stress ulcers.



QUESTION 8

When does the newer chronic kidney disease (CKD) guidelines recommend stopping metformin?

A. when the estimated glomerular filtration (eGFR) is