

REVIEW QUESTIONS

Clinical uses of benzodiazepine medications include all of the following except:

- sedation prior to cardioversion/pacing
- management of grand mal seizures
- *management of acute chest pain (because they have no analgesic effect)*
- medication facilitated intubation

Side effects of Benzodiazepines include all of the following, except:

- CNS and respiratory depression
- *Hypertension*
- Hypotension
- N/V

The best choice for a very short term sedation for cardioversion due to its short half-life and duration would be:

- Diazepam
- Lorazepam
- *Midazolam*
- Morphine sulfate

Fentanyl is often used as a substitute for morphine because:

- *it is 50-100 times more potent than morphine (that's why it is given in such small doses)*
- it has a longer duration of action than morphine
- it is easier to obtain
- it is easier to calculate

Side effects for fentanyl include all of the following, except:

- respiratory depression
- *tachycardia*
- bradycardia
- muscle rigidity

Typical dosage for fentanyl would be

- 1 mcg/kg quickly less than one min
- 1 mg/kg slowly over one min
- 2-5 mg IVP
- *1 mcg/kg slowly over one minute (reduces the chances for muscle rigidity)*

Morphine Sulfate is under what class of controlled substances?

- schedule I
- *schedule II (more addictive than benzos and other types of medications)*
- schedule III
- schedule IV

Morphine should be administered to:

- a 25m with a femur fx and depressed skull fx
- a 63f pinned in a vehicle with a humerus fx and a BP of 80/P
- *a 32m in 10/1 pain with an amputated left foot*
- a 44f with a suspected pelvic fx breathing a 8 breaths/min

Side effects from morphine administration include all of the following, except:

- hypotension
- *hypertension*
- N/V
- dizziness

Actions of morphine include all of the following, except:

- powerful CNS depressant
- produces vasodilatory effects
- relieves pain
- *produces vasoconstrictive effects*

Etomidate belongs to which class of medications?

- long acting sedative/hypnotic
- opioid narcotic
- *short acting sedative/hypnotic*
- benzodiazepine

All are actions of etomidate, except:

- rapid induction of anesthesia with minimal respiratory and cardiovascular effect
- *produces histamine release (no histamine release mean the bp remains stable)*
- produces no histamine release
- yields no analgesic effects

Side effects of etomidate include all of the following, except:

- arrhythmias
- apnea and laryngospasm
- myoclonic skeletal muscle movement
- *hypertension*

Etomidate should be used cautiously when being administered to:

- athletes
- *severe asthma patients (can cause bronchoconstriction)*
- hypertensive patients
- burn patients

Haldol belongs in which medication class?

- *antipsychotic-dopamine receptor antagonist (blocks the reception of dopamine)*
- antidepressant
- antipsychotic-dopamine receptor agonist
- short acting sedative/hypnotic

Common side effects of Haldol include all of the following, except:

- respiratory depression
- *bradycardia*
- dry mouth, constipation
- extrapyramidal dystonic reactions

Haldol should be give with caution to some patients because it:

- may lengthen the QT interval causing VT or Torsades
- may exacerbate effects of antihypertensive medications
- may decrease seizure threshold in patients with a seizure history
- *all of the above*

The receptors responsible for increasing heart rate and automaticity are:

- alpha receptors
- *beta receptors*
- gamma receptors
- beta-blocker receptors

Amiodarone is a class 3 antiarrhythmic. It's action blocks:

- sodium channels
- potassium channels
- calcium channels
- *all of the above*

Side effects of Amiodarone may include:

- hypertension
- *hypotension*
- tachycardia
- reduced effects of Coumadin

Diltiazem prolongs the conduction of electrical impulses through the:

- ventricles
- SA node
- *AV node*
- bundle of HIS

Contraindications for diltiazem administration include all of the above, except:

- CHF
- acute MI
- *tachycardia (diltiazem used to treat tachycardia)*
- bradycardia

Mag Sulfate is clinically useful to treat the following conditions, except:

- status asthmaticus
- cardiac arrhythmias, including torsades
- eclamptic seizures
- *cardiac chest pain*

A sign of magnesium toxicity would be:

- shortening of the PRI
- *hypotension (one of the most profound signs caused by massive vasodilation of smooth muscle)*
- muscular tetany
- hypertension

Norepinephrine (Levophed) is listed in what drug class?

- sympatholytic
- *sympathomimetic (it mimics the sympathetic nervous system)*
- parasympatholytic
- parasympathomimetic

A precaution for Norepinephrine (Levophed) administration is:

- *severe cardiac disease (may be at risk for arrhythmias or other side effects)*
- hyperthyroidism
- patients taking erectile dysfunction medications
- profound hypoxia

Racemic epinephrine:

- stimulates both alpha and beta receptors causing vasoconstriction, increased mucosal edema and bronchodilation
- stimulates both alpha and beta receptors causing vasodilation, reduced mucosal edema and bronchoconstriction
- *stimulates both alpha and beta receptors causing vasoconstriction, reduced mucosal edema and bronchodilation*
- stimulates both alpha and beta receptors causing vasodilation, increased mucosal edema and bronchoconstriction

Side effects of the use of racemic epinephrine include:

- bradycardia
- hypotension
- sedation
- *tachycardia (stimulates chronotropy)*

Patients with adrenal insufficiency have signs & symptoms which include:

- hyperglycemia
- hypertension
- peripheral edema
- *hypotension (the #1 sign/symptom)*

The correct medication for the treatment of adrenal insufficiency is:

- solumedrol
- *solucortef*
- dexamethasone
- furosemide

One side effect of dexamethasone is:

- hypoglycemia
- dehydration
- increased thirst
- *hyperglycemia*

All are precautions for the administration of dexamethasone, except:

- untreated systemic infections
- ulcerative colitis
- *hypotension*
- diabetes

Clinical uses for methylprednisolone include:

- asthma
- COPD
- anaphylaxis
- *all of the above*

One side effect of solumedrol administration is

- tachycardia
- chest pain
- dyspnea
- *fluid retention*

Ondansetron (Zofran) falls into what drug class?

- selective serotonin type 3 agonist
- *selective serotonin type 3 antagonist (blocks the receptors for serotonin)*
- selective serotonin re-uptake inhibitor
- serotonin re-uptake capacitor

Which patient should Ondansetron (Zofran) NOT be administered to?

- 55m with N/V secondary to food poisoning
- 32f with nausea due to influenza
- 64m with nausea secondary to inferior wall MI
- *8m with acute appendicitis (not recommended for under 12 years of age)*

Tetracaine is used clinically for:

- VF/VT
- *acute eye pain from injury or chemical irritation*
- local anesthesia for lacerations and burns of the skin
- sedation prior to intubation

Tetracaine is contraindicated for:

- hypotension
- chemical eye injury
- *known hypersensitivity*
- hypertension

