

Pharmacology HESI RN EXAM WELL UPDATED 2024/2025 QUESTIONS AND CORRECT ANSWERS/ A+

Methadone - **ANSWER**-pain management, heroine patients that need to be transitioned into sobriety

Cyclobenzaprine (Flexeril) - **ANSWER**-Muscle relaxant/antispasmodic, Physical dependence - do not d/c abruptly

Methocarbamol (Robaxin), Baclofen (Lioresal) - **ANSWER**-Muscle Relaxant

Benzodiazepines withdrawal symptoms - **ANSWER**-tremors, sweating, agitation, nervousness

Methylphenidate (Ritalin), amphetamine/dexamphetamine (Adderall) - **ANSWER**-used to help symptoms of ADD/ADHA, side effects include racing heartrate, thirst, and reduced hunger

Sumatriptan (Imitrex) and Fioricet - **ANSWER**-used to treat migraines

Valporic Acid - **ANSWER**-Anticonvulsant - don't give to children, the side and adverse effects include sedation, dizziness, ataxia, and confusion. When the client is taking this medication as a single daily dose, administering it at bedtime negates the risk of injury from sedation and enhances client safety. Otherwise, it may be given after meals to avoid gastrointestinal upset.

Phenobarbital (Luminal) - **ANSWER**-Anticonvulsant/Hypnotic; tonic-clonic and partial seizures; the longest acting of common barbiturates; combined with other drugs;

adverse reactions: drowsiness, nystagmus, ataxia, paradoxical excitement; therapeutic levels: 15-60mcg/ml; avoid rapid infusion, monitor BP

Keppra (levetiracetam) - ANSWER-Anticonvulsant, kid friendly

Phenytoin (Dilantin) - ANSWER-Anticonvulsant. SEs: Nysagmus, diplopia, EOM palsies, ataxia, gingival hyperplasia.

Gabapentin (Neurontin) - ANSWER-An anticonvulsant used to treat neuropathic pain, with super high doses good for anxiety, the patient will be drowsy, given with other anticonvulsant drugs

Pregabalin (Lyrica) - ANSWER-used to treat neuropathic pain

Loratidine (Claritin), Cetrizine (Zyrtec) - ANSWER-antihistamines, tx for allergies

Benzonatate (Tessalon Perles), Codeine, dextromethorphan - ANSWER-antitussives helps to reduce cough

Guaifenesin (Mucinex) - ANSWER-Category: Expectorant, Use: Productive and nonproductive cough, Precautions: Increase fluids if possible

Pseudoephedrine (Sudafed) - ANSWER-decongestant (alpha-1 adrenergic agonist)

Oxymetazoline (Afrin) - ANSWER-nasal decongestant; may cause rebound congestion if used for more than 3-5 days

Warfarin (Coumadin) - ANSWER-Anticoagulant that thins the blood, need to check INR/PT blood values, antidote is vitamin k, if showing signs of bleeding check your INR, limit leafy green vegetables

Metronidazole (Flagyl) - **ANSWER**-Antiprotozoal. Use: trichomoniasis and giardiasis. Clostridium difficile, amebic dysentery, PID, vaginosis. Precautions: take with food, do not consume alcohol during therapy or 48 hr after completion of regimen. Violent vomiting from patient means they drank while taking.

Finasteride (Proscar) and Tamsulosin (Flomax) - **ANSWER**-Prostate Anti-inflammatory, treats BPH

calcium carbonate (Tums) and famotidine (Pepcid) - **ANSWER**-antacid, treatment is effective if heartburn is relieved, if taken with heart medications or Synthroid it will reduce the effectiveness of the drugs, decreases absorption of the medication

Amiodarone (Cordarone) - **ANSWER**-Antidysrhythmic agent. Prolongs repolarization, relaxes smooth muscles, decreases vascular resistance. For ventricular fibrillation and unstable ventricular tachycardia. Incompatible with heparin, may be given in PO maintenance dose, monitor for respiratory complications.

Norepinephrine (Levophed) - **ANSWER**-*class*: vasopressor

Indication: treatment of severe hypotension and shock

Action: increase blood pressure and cardiac output by stimulating alpha-adrenergic receptors in the blood vessels, demonstrates minor beta activity

Nursing Considerations:

- monitor BP continuously if possible or every couple of minutes
- double check all concentrations with additional nurse
- may result in rebound hypotension due to tissue ischemia when discontinued
- monitor EKG and CVP if possible
- if patient is awake instruct them to report headaches, dizziness, or chest pain

Glargine (Lantus) - **ANSWER**-Long-acting insulin Onset 1 hour Peak (minimal) Duration up to 24 hours, check blood sugar before giving any insulin, do not mix Lantus with any other insulin

Humalog (insulin lispro) - ANSWER-Classification: Anti-diabetic pancreatic hormone
Onset < 15 min, Peak 1-2 hours, duration 3-6 hours, do not give sooner than 15 minutes before a meal, Adverse Reactions: hypoglycemia

Humalin R (regular) - ANSWER-onset: 30-60min, peak: 2-4 hrs, duration: 5-8 hrs, mix regular insulin first then immediate insulin last, cloudy then clear if hanging IV check blood sugar every hour, usually given to NPO patients

Bisphosphonates (Fosamax) - ANSWER-used to treat osteoporosis, sit up for 30 mins after taking and take with a full glass of water on an empty stomach

Simvastatin (Zocor) and atorvastatin (Lipitor) - ANSWER-management of hypercholesterolemia, Therapeutic effects: lowers LDL and TG levels, slightly elevates HDL

Side effects: headache, rash, GI distress; rare: myopathy, rhabdomyolysis, hepatotoxicity, peripheral neuropathy, monitor liver function, usually taken in the evening on an empty stomach

amlodipine (Norvasc) - ANSWER-calcium channel blocker, appropriate for african american, don't consume grapefruit juice, decreases BP

metoprolol (Lopressor) and atenolol (Tenormin), carvedilol (Coreg), propranolol - ANSWER-beta-blockers, decreases heart-rate and blood-pressure, monitor both before giving

Lisinopril (Prinivil) - ANSWER-ACE Inhibitor, anti-hypertensive, used to treat hypertension, management of CHF, Action: block conversion of angiotensin I to angiotensin II, increases renin levels and decreases aldosterone leading to vasodilation
Nursing Considerations:

- A dry cough is normal, helps preserve their kidney function
- monitor blood pressure often
- monitor weight and fluid status