PNN 7-Day Live Course Practice Test (Sample)

Study Guide

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Questions

1. How long can opened Afrezza be stored at room temperature?

A. 3 days

B. 5 days

C. 10 days

D. 15 days

2. What is MEDMARX used for in hospitals?

A. To record patient medication adherence

B. To report errors anonymously

C. To track patient demographics

D. To manage outpatient prescriptions

3. What is the primary use of Rufinamide?

A. For treating insomnia

B. As an adjunct for Lennox-Gastaut syndrome

C. To manage anxiety disorders

D. As an antibiotic

4. In which situation is no prevention required for Mycobacterium avium complex (MAC)?

A. When CD4 count is high

B. When the patient is not on HIV treatment

C. When treatment includes prophylactic drugs

D. When patient is asymptomatic

5. Which of the following drugs is known to increase white blood cell count?

A. Lithium

B. Fluoxetine

C. Ibuprofen

D. Metformin

6. How is Abilify Maintena administered?

- **A. Daily tablet**
- **B. Oral suspension**
- **C. Once monthly injection**
- **D. Bimonthly patch**

7. What should be done after two weeks of non-use of an inhaler like Ventolin HFA?

- **A. Dispose of the inhaler**
- **B. Clean the inhaler**
- **C. Re-prime the inhaler**
- **D. Change the inhaler**

8. What is typically required when FEV1 is below 30% in COPD grading?

- **A. Increase physical activity**
- **B. Long-term oxygen therapy**
- **C. Rehabilitation program**
- **D. Intensive monitoring**

9. Which rule is used for assessing skin cancer?

- **A. XYZ Rule**
- **B. ABCDE Rule**
- **C. DEF Rule**
- **D. Color Change Rule**

10. What does the Somogyi effect involve?

- **A. Rebound hypoglycemia**
- **B. Rebound hyperglycemia**
- **C. Stable blood sugar**
- **D. Severe dehydration**

Answers

1. A
2. B
3. B
4. B
5. A
6. C
7. C
8. B
9. B
10. B

Explanations

1. How long can opened Afrezza be stored at room temperature?

A. 3 days

B. 5 days

C. 10 days

D. 15 days

Afrezza, an inhaled insulin, has specific storage considerations to ensure its efficacy and safety. When opened, Afrezza can be stored at room temperature for up to 3 days. This time frame is crucial because insulin can degrade or lose its effectiveness if stored improperly, particularly beyond the recommended period at room temperature. This 3-day guideline helps to ensure that users receive the correct dosage and maintain blood glucose levels effectively. After this period, it is important to discard any unused medication to avoid potential ineffectiveness. This careful management of storage aligns with general best practices for handling injectable or inhaled medications, which often have strict temperature controls to preserve their activity.

2. What is MEDMARX used for in hospitals?

A. To record patient medication adherence

B. To report errors anonymously

C. To track patient demographics

D. To manage outpatient prescriptions

MEDMARX is a valuable tool utilized in hospitals specifically for reporting medication errors anonymously. This national reporting system allows healthcare professionals to document and share information about medication errors, close calls, and adverse drug events, all while maintaining confidentiality. By providing a safe environment for healthcare providers to report these incidents, MEDMARX aims to improve medication safety by analyzing data trends, identifying potential issues in medication management, and ultimately leading to enhanced patient care through better practices. In contrast, recording patient medication adherence primarily focuses on tracking how well patients follow their prescribed medication regimens, which is outside of the error reporting scope of MEDMARX. Tracking patient demographics pertains to collecting and analyzing data on populations receiving care, while managing outpatient prescriptions deals with the logistics of prescribing and dispensing medications in outpatient settings rather than error reporting in a hospital environment. Therefore, the focus of MEDMARX on anonymous error reporting makes it a critical component for enhancing medication safety in hospitals.

3. What is the primary use of Rufinamide?

A. For treating insomnia

B. As an adjunct for Lennox-Gastaut syndrome

C. To manage anxiety disorders

D. As an antibiotic

Rufinamide is primarily used as an adjunctive treatment for Lennox-Gastaut syndrome, which is a severe form of epilepsy characterized by multiple types of seizures and developmental delays. It functions by stabilizing neuronal membranes and inhibiting sodium channels, thereby reducing seizure frequency in patients who are not adequately controlled with other medications. This specific use for Lennox-Gastaut syndrome is supported by clinical trials demonstrating its effectiveness in decreasing the number of seizures experienced by patients with this condition. The other options do not align with Rufinamide's therapeutic indications. It is not indicated for treating insomnia or anxiety disorders, nor is it classified as an antibiotic. Thus, the focus on its adjunctive role in Lennox-Gastaut syndrome establishes its primary purpose within the context of managing epilepsy.

4. In which situation is no prevention required for Mycobacterium avium complex (MAC)?

A. When CD4 count is high

B. When the patient is not on HIV treatment

C. When treatment includes prophylactic drugs

D. When patient is asymptomatic

The assertion that prevention for Mycobacterium avium complex (MAC) is not required when the patient is not on HIV treatment is not accurate. In fact, the need for prevention of MAC is closely related to the patient's immune status, specifically the CD4 cell count. Individuals with HIV who have a CD4 count above 100 cells/mm³ typically do not require MAC prophylaxis, as their immune system is strong enough to fend off opportunistic infections like MAC. This makes a high CD4 count a crucial factor in determining the need for prevention. Additionally, while being asymptomatic can indicate a lower level of disease progression, it does not directly correlate with the risk of MAC in the absence of treatment or a sufficiently high CD4 count. Prophylactic treatment is crucial for immunocompromised individuals to prevent infections, particularly when their CD4 counts fall below 100 cells/mm³, hence offering context to the importance of immune status and treatment in assessing the risk of MAC.

5. Which of the following drugs is known to increase white blood cell count?

A. Lithium

B. Fluoxetine

C. Ibuprofen

D. Metformin

Lithium is recognized for its ability to increase white blood cell count, particularly in the context of its use as a mood stabilizer in treating bipolar disorder. This effect can be beneficial as it aids in mood regulation and has implications for patients who may experience leukopenia, or low white blood cell counts. The mechanism of action for lithium's effect on white blood cells may involve modulation of bone marrow function and stimulation of leukocyte production. The other drugs mentioned do not have the same significant effect on white blood cell counts. Fluoxetine, an antidepressant, primarily works on serotonin pathways and does not directly influence white blood cell production. Ibuprofen, a nonsteroidal anti-inflammatory drug (NSAID), is primarily used for pain relief and inflammation but does not impact white blood cell counts in a meaningful way. Metformin, used for managing type 2 diabetes, also does not have a notable effect on increasing white blood cell levels. Therefore, lithium stands out as the drug associated with an increase in white blood cell count, making it the correct answer in this context.

6. How is Abilify Maintena administered?

A. Daily tablet

B. Oral suspension

C. Once monthly injection

D. Bimonthly patch

Abilify Maintena is administered as a once monthly injection, which is designed for long-term management of certain mental health disorders, primarily schizophrenia and bipolar disorder. This form of administration allows for a sustained release of the medication over an extended period, ensuring that patients receive a consistent dosage without the need for daily pills. The injectable form also helps enhance compliance, as it eliminates the need for daily dosing and reduces the risk of missed doses that can occur with oral medications. Using this method, healthcare providers can effectively manage the treatment regimen for their patients, reducing the burden of administration and improving treatment adherence, which is critical for the overall effectiveness of the therapy.

7. What should be done after two weeks of non-use of an inhaler like Ventolin HFA?

A. Dispose of the inhaler

B. Clean the inhaler

C. Re-prime the inhaler

D. Change the inhaler

After two weeks of non-use of an inhaler like Ventolin HFA, it is important to re-prime the inhaler before using it again. Inhalers are designed to deliver medication effectively, but if they have been unused for a certain period, the propellant may not work as intended, or the delivery mechanism may become obstructed. Re-priming involves shaking the inhaler and releasing a couple of test sprays into the air, ensuring that the medication is properly dispensed when the patient needs to use it. This practice helps ensure that the inhalation of the medication is effective and that the user receives the correct dosage. Cleaning the inhaler, while important for maintaining hygiene and functionality, does not specifically address the issue of non-use over two weeks. Disposing of the inhaler or changing it are not necessary steps simply due to a period of non-use. Thus, re-priming is the appropriate action in this scenario to ensure that the inhaler works properly before the next use.

8. What is typically required when FEV1 is below 30% in COPD grading?

A. Increase physical activity

B. Long-term oxygen therapy

C. Rehabilitation program

D. Intensive monitoring

When FEV1 (Forced Expiratory Volume in one second) is below 30% in the grading of Chronic Obstructive Pulmonary Disease (COPD), it typically indicates a significant level of airflow limitation and severe disease. At this stage, patients experience substantial difficulty in breathing and have a high risk of respiratory failure. Long-term oxygen therapy becomes crucial for these patients because they often suffer from chronic hypoxemia (low levels of oxygen in the blood). Supplemental oxygen is essential to improve oxygen saturation levels, thereby reducing strain on the heart and other organs and improving overall survival rates. This therapy can help alleviate symptoms, enhance quality of life, and extend functional capacity, making it a vital intervention at this advanced stage of COPD. While increasing physical activity, participating in rehabilitation programs, and intensive monitoring are important components of COPD management, when FEV1 is below 30%, the priority shifts to addressing the critical need for oxygen support to manage the immediate risks associated with severe disease.

9. Which rule is used for assessing skin cancer?

A. XYZ Rule

B. ABCDE Rule

C. DEF Rule

D. Color Change Rule

The ABCDE Rule is a widely recognized guideline for assessing skin cancer, specifically melanoma. Each letter in the acronym represents a key characteristic to evaluate when examining moles or skin lesions: - A stands for Asymmetry, indicating that one half of the mole does not match the other half. - B stands for Border, which refers to the irregular, scalloped, or poorly defined edges of a mole. - C stands for Color, where a mole may contain multiple colors or uneven distribution of color. - D stands for Diameter, emphasizing that moles larger than 6mm (about the size of a pencil eraser) should be examined more closely. - E stands for Evolving, highlighting that any change in size, shape, color, or elevation of a mole, or any new symptom such as bleeding, itching, or crusting, warrants attention. Using the ABCDE Rule allows healthcare professionals and individuals to identify potential warning signs of skin cancer early, leading to timely diagnosis and treatment. This method is especially critical since early detection of melanoma significantly increases the chances of successful treatment and survival.

10. What does the Somogyi effect involve?

A. Rebound hypoglycemia

B. Rebound hyperglycemia

C. Stable blood sugar

D. Severe dehydration

The Somogyi effect, also known as rebound hyperglycemia, is characterized by a cycle where a person's blood sugar drops too low (hypoglycemia) during the night, prompting the body to counteract this drop by releasing hormones such as glucagon, cortisol, and epinephrine. These hormones work to increase blood glucose levels, often leading to higher blood sugar levels upon waking, which is the hyperglycemia aspect. This phenomenon can occur in individuals, particularly those with diabetes, who experience nighttime insulin reactions or inadequate nighttime snacks. Understanding the Somogyi effect is crucial because it highlights the importance of properly managing insulin doses and meal timing to avoid such swings in blood sugar levels. This knowledge helps in preventing both low and high blood sugar fluctuations, contributing to better overall glycemic control.