

Pharmacology question

لممي ابو الرب

Q: A 56-year-old man with mitral valve prolapsed requires a dental procedure. He is allergic to penicillin. An appropriate oral prophylactic anti-microbial drug for this patient is:

- a. Azithromycin.
- b. Aztreonam.
- c. Ciprofloxacin.
- d. Doxycycline.
- e. Gentamicin.

Q: A 16-year-old high school girl has a close contact friend who developed a meningococcal infection. Which drug of choice for prophylaxis against meningococcal infection?

- a. Amoxicillin.
- b. Cefaclor.
- c. Ciprofloxacin.
- d. Co-trimoxazole.
- e. Rifampin.

Q: A 64-year old immunocompromised woman acquired diffuse, bilateral bronchopneumonia from contaminated respiratory therapy equipment. She was treated with piperacillin plus a 30S ribosomal protein synthesis inhibitor. The drug was most likely:

- a. Azithromycin.
- b. Ciprofloxacin.
- c. Clindamycin.
- d. Doxycycline.
- e. Gentamicin.

Q: Which of the following inhibits cell wall synthesis?

- a. Amphotericin B.
- b. Rifampin.
- c. Cephalothin.
- d. Streptomycin.
- e. Ciprofloxacin.

Q: Which of the following would be the best treatment for a person showing the signs of anaphylactic response following a penicillin injection?

- a. Intravenous cortisone.
- b. Intra-muscular epinephrine.
- c. Intravenous diphenhydramine.
- d. Intra-muscular diphenhydramine.
- e. Subcutaneous epinephrine.

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Q: β -Lactames inhibitor:

- a. Vancomycin.
- b. Sulbactam.
- c. Clavulanate.
- d. B & C
- e. All of the above.

Q: Antibacterials regarded as generally safe to prescribe in pregnancy:

- a. Erythromycin.
- b. Cephalosporins.
- c. Tetracycline.
- d. A & B
- e. All of the above.

Q: properties of tetracyclines:

- a. Inhibitors of bacterial cell-wall synthesis.
- b. Drug of choice in treating typhus.
- c. Cleared primarily by the liver.
- d. A & B
- e. None of the above.

Q: Cephalosporins effective against pseudomonas infections:

- A. Cefoxitin.
- B. Moxalactam.
- C. Ceftazidime.
- D. A & C
- E. All of the above.

Q: Unstable at low pH:

- a. Streptomycin.
- b. Erythromycin.
- c. Trimethoprim.
- d. Rifampin.
- e. None of the above.

Q: Synergistic antimicrobial combinations:

- A- Amoxicillin-clavulanate.
- B- Ampicillin-streptomycin.
- C- Sulbactam-ampicillin.
- D- A, B, & C
- E- None of the above.

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Q: A 52 year old man with valvular heart disease that you are treating with clindamycin for prophylaxis against endocarditis, you warn him, that one of the known side effect of the drug is:

- a. Hypotension.
- b. Metallic taste.
- c. Depression.
- d. Red urine.
- e. Super-infection of the colon.

Q: Aminoglycosides are eliminated by:

- a. Biliary excretion.
- b. Hepatic metabolism.
- c. Mixed hepatic & renal mechanism.
- d. Renal excretion.
- e. None of the above.

Q: If your patient on Tobramycin therapy has a compromised renal function, resulting in a blood creatinine level > 1 mg/dl, then you should:

- a. Decrease the initial dose.
- b. Decrease the maintenance dose.
- c. Increase the initial loading dose.
- d. Increase the maintenance dose.
- e. Realize you didn't study enough pharma & ask a nurse.

Q: A 60 Kg hospitalize patient with normal renal function would typically be given 300 mg gentamicin per day for maintenance dosing. In contrast a 60 kg patient with a serum creatinine of 3 mg/dl should receive a daily dose of:

- a. 30 mg.
- b. 100 mg,
- c. 300 mg.
- d. 900 mg
- e. There is not enough information to find the answer to this question.

Q: The urine, on culture, shows many E.coli a reasonably safe & effective drug to use would be:

- a. Chloramphenicol.
- b. Tetracycline.
- c. Erythromycin.
- d. Penicillin G.
- e. Cefixime.

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Q: The route by which isoniazid is usually administered is :

- a. Orally.
- b. Intra-muscular injection of suspension
- c. Intra-muscular injection of solution.
- d. subcutaneous injection of solution.
- e. Intravenous

Q: Rifampin is used mainly in the treatment of:

- a. Cholera.
- b. Typhoid fever.
- c. Tuberculosis.
- d. Rickettsial disease.
- e. Pseudomonas infections.

Q: Impaired vision is an adverse effect of:

- a. Carbenicillin.
- b. Ethambutol.
- c. Rifampin.
- d. Clostitin.
- e. Cycloserine.

Q: Which of the following agent is associated with development of ototoxicity?

- a. Rifampin.
- b. Ethambutol.
- c. Isoniazid.
- d. Streptomycin.
- e. None of the above.

Q: All of the following are considered primary drug in the current therapeutic approaches to the treatment of tuberculosis except:

- a. Streptomycin.
- b. para-aminosalicylic acid
- c. isoniazid
- d. rifampin
- e. ethambutol

Q: Isoniazid-induced liver damage:

- a. occurs primarily in patients under 30 years of age.
- b. occurs with increased frequency in patients receiving concomitant ethambutol therapy
- c. is probably due to the formation of a toxic hydrazine metabolite that binds to liver protein
- d. is frequently associated with allergic manifestations such as eosinophilia, fever, and rash
- e. All of the above

- GOOD LUCK -