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QUESTION 1

Your patient, a 25-year-old G1P0 female at 26 weeks gestation presents due to an abnormal glucose tolerance test. One week prior, she was given 50 g of oral glucose and demonstrate a venous plasma glucose level of 156 mg/dL one hour later.

Which of the following is the most appropriate next step of management?

- A. Repeat the 50 g oral glucose challenge
- B. Administer an oral, 3-hour 100 g glucose dose
- C. Advise the patient to follow an American Diabetic Association diet plan
- D. Begin insulin treatment
- E. Order a fetal ultrasound examination

Correct Answer: B

Gestational diabetes is typically asymptomatic but identified via a 1-hour 50g oral glucose challenge administered at 24-28 weeks of gestation. A venous plasma glucose blood level of >140 mg/dL is suggestive, and must be confirmed with a 3-hour 100g oral glucose tolerance test. After administration of the 100g glucose challenge, at least two of the following are required for diagnosis: (1) fasting glucose >95 mg/dL, (2) one-hour glucose >180 mg/dL, (3) two hour glucose >155 mg/dL, and (4) three hour glucose >140 mg/dL. Choice A ?To diagnose gestational diabetes, a positive 1-hour 50g oral glucose challenge must be followed up by a three-hour 100g oral glucose challenge. The diagnosis is only confirmed after both challenges are completed and the thresholds are met. Choice C ?Following the diagnosis of gestational diabetes, the first step is strict glycemic control (fasting glucose).

QUESTION 2

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 4mg iv q6h prn for N/V, Levothyroxine 0.075mg po daily, Lisinopril 10mg po daily, Citalopram 20mg po daily, Docusate sodium / Senna 1 tab po twice a day, Bisacodyl 10mg suppository daily prn for constipation, Famotidine 20 mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500mg po bid, D51/2NS with 20K at 125 mls/hour and Hydromorphone PCA at 0.2 mg/hour of basal rate, demand dose 0.1mg. lock-out every 6min, one hour limit 2.2mg/hour. Pertinent morning labs includes serum creatinine 1.4mg/dl, Mg 1.5mg/dl, K 5.0mmol/L, Na 135mmol/L. Day 3 post-operation LN's pain was much better and only used 3 mg of hydromorphone in the 24hrs.

Physician wants to change to oral morphine. What would be your best recommendation?

- A. Morphine SR 10mg po daily and morphine 5mg po q6h prn for breakthrough pain
- B. Morphine 60mg ER po daily and morphine 15mg po q6h prn breakthrough pain
- C. Morphine 30mg ER po q6hr and morphine 5mg q6h prn for breakthrough pain
- D. Morphine 15mg ER po q12hr and morphine 15mg po q6h prn for breakthrough pain
- E. Morphine 15mg ER po q12hr and morphine 5mg po q6h prn breakthrough pain



Correct Answer: E

Since LN used 3 mg of hydromorphone, this would be equivalent to a total of morphine 60 mg po daily. Since you would start with 70-80% of that dose, Morphine 15mg ER po q12hr and morphine 5mg po q6h prn breakthrough pain would be appropriate regimen.

QUESTION 3

An order is received to start Milrinone at 0.75mcg/kg/min, Milrinone comes as 20mg/100ml D5W. What is the infusion rate in mL/hr? Patient weighs 115kg.

- A. 86 mls/hr
- B. 13 mls/hr
- C. 25.9 mls/hr
- D. 43 mls/hr
- E. 7 mls/hr

Correct Answer: C

QUESTION 4

If you mix 30 gm 5% lidocaine cream and 90gm of 0.5% hydrocortisone cream, what percent of lidocaine and hydrocortisone do you have as the end product?

- A. Lidocaine/Hydrocortisone 2%/1.25%
- B. Lidocaine/Hydrocortisone 0.375%/0.15%
- C. Lidocaine/Hydrocortisone 1.25 %/ 0.15%
- D. Lidocaine/Hydrocortisone 2% /0.25%
- E. Lidocaine/Hydrocortisone 1.25% /0.375%

Correct Answer: E

QUESTION 5

JK is a 67 years old African American man who presents to your clinic for his blood pressure management. His past medical history includes Peptic ulcer disease and hypertension. His two BP readings are 160/98, 159/96 and HR 85. He says he has been adherent to his medication and lifestyle. He currently takes 12.5mg Chlorthalidone and Prilosec 20mg daily.



Which of the following is the best strategy to manage his blood pressure?

- A. Increase chlorthalidone to 25mg daily
- B. Add Norvasc 2.5 daily
- C. Add Lisinopril 5mg daily
- D. Add hydrochlorothiazide 25mg daily
- E. Add Lisinopril 20mg daily

Correct Answer: B

As the patient is over the age of 60 and he does not have CKD or diabetes, his goal BP should be SBP andlt; 150 mmHg or DBP andlt; 90 mmHg, and he is not currently at this goal with his medication regimen. Options are to maximize the current medication dosage (option A), or to add a second agent. Since calcium channel blockers like Norvasc are recommended as initial treatment options in African Americans, choosing Norvasc over lisinopril would probably be the more effective option.

Reference: <http://jamanetwork.com/journals/jama/fullarticle/1791497>

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