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QUESTION 1

How many millimoles of sodium are in 0.9% sodium chloride?

- A. 90 millimoles
- B. 99 millimoles
- C. 145 millimoles
- D. 154 millimoles

Correct Answer: D

0.9% = 9 grams per every 1,000mL Molecular weight of NaCl = 58.5 $9 / 58.5 = 0.154$ moles 0.154 moles is the same as 154 millimoles There are 154 millimoles of sodium ions and 154 millimoles of chloride ions in 0.9% sodium chloride.

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 20mg iv q12hr, Metoclopramide 10mg iv q6h, Metformin 500mg po bid, D51/2NS with 20K at 125mls/hour and Hydromorphone PCA at 0.2mg/hour of basal rate, demand dose 0.1mg. lockout 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.

It is recommended to monitor complete blood count in patients on chronic metformin because of what reason?

- A. Metformin may decrease erythropoietin level
- B. Metformin may decrease platelet count
- C. Metformin may decrease vitamin B12 levels
- D. Metformin may cause leukocytosis
- E. Metformin may decrease iron absorption

Correct Answer: C

Metformin may impair the absorption of vitamin B12, especially in those with inadequate vitamin b12 or calcium intake/absorption. Vitamin b12 deficiency can be treated with discontinuation of therapy or supplementation. Vitamin b12 serum concentrations should be monitored periodically with long-term therapy.

QUESTION 3

Which of the following beta-blocker is NOT proven to reduce mortality in patients with Systolic CHF?



- A. Bisoprolol
- B. Nadolol
- C. Carvedilol
- D. Metoprolol succinate
- E. Metoprolol Tartrate

Correct Answer: E

Nadolol is not proven to reduce mortality in patients with systolic CHF. The efficacy of nadolol in HF has not been determined. For patients taking nadolol, it should be used with caution in those with compensated heart failure and patients should be monitored for a worsening of the condition. Bisoprolol, carvedilol, and sustained-release metoprolol succinate are the beta-blockers that have been proven to reduce mortality in patients with systolic CHF. These 3 beta-blockers have been effective in reducing the risk of death in patients with chronic HFrEF. Other beta-blockers were found to be less effective. Bucindolol did not exhibit uniform effectiveness across different populations. Metoprolol tartrate was found to be less effective in HF clinical trials.

Reference: <http://circ.ahajournals.org/content/128/16/e240>

QUESTION 4

A 67-year-old female presents to your clinic complaining of fatigue, diarrhea, headaches and a loss of appetite. Upon examination you find that she is having some cognitive difficulty. Laboratory results reveal: MCV: 109fL; Hgb: 9g/dL; MMA and homocystine are both elevated. Shilling test is positive.

What is the next best step in the management of this patient?

- A. Lifelong folic acid supplementation
- B. Lifelong Vitamin B12 supplementation
- C. Iron supplementation for 4-6 months
- D. Obtain a Coomb's test
- E. Give corticosteroids and iron supplementation

Correct Answer: B

Lifelong Vitamin B12 supplementation. Vitamin B12 (cyanocobalamin) deficiency generally presents in patients as fatigue, diarrhea and headaches but can also be the cause of cognitive changes (difficulty concentrating, even mild dementia). Pernicious anemia is a macrocytic anemia, therefore laboratory findings indicate an increased mean corpuscular volume (MCV), with a decreased hemoglobin. A positive Schilling test indicates that the B12 deficiency is due to a lack of intrinsic factor. Lifelong cyanocobalamin supplementation (either orally or via injections) is needed to treat pernicious anemia. A is incorrect. Folic acid deficiency anemia is another common type of macrocytic anemia. However, cognitive deficits are not typically seen with folic acid deficiency. Furthermore, a schilling test would be negative and the methylmalonic acid (MMA) would be normal, rather than elevated. C is incorrect. Iron deficiency anemia causes a microcytic anemia, characterized by a decreased MCV. D is incorrect. A Coomb's test is used to detect autoimmune hemolysis that may be suspected in patients with normocytic anemia (anemia with an MCV in the normal range). E is incorrect. Corticosteroids and iron supplementation are indicated as treatment in hemolytic anemia.



QUESTION 5

Which of the following would be most appropriate to treat *Stenotrophomonas maltophilia*?

- A. Meropenem
- B. Vancomycin
- C. Ciprofloxacin
- D. Sulfamethoxazole/trimethoprim
- E. Cefepime

Correct Answer: D

Primary treatment for *Stenotrophomonas maltophilia* is SMX-TMP. Meropenem, ciprofloxacin, and vancomycin have no coverage.

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