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QUESTION 1

If LN receives Dextrose 5% half Normal Saline with 20 meq of Potassium as IVF at 125mls/hour. How much dextrose is he getting in 24hrs?

- A. 300gm
- B. 500gm
- C. 50gm
- D. 150gm
- E. 200gm

Correct Answer: D

$$0.05 (1000 \text{ mL}) = 50 \text{ g } 1000 \text{ mL} \times (1 \text{ hour}/125 \text{ mL}) = 8 \text{ hours } 50 \times 3 = 150 \text{ g}$$

QUESTION 2

JM is a 32-year-old women who comes to your diabetic clinic with complain of several episodes of hypoglycemia. She is on Insulin NPH/regular 70/30, 22 units twice a day with breakfast and dinner. 8 units with lunch.

After discussing with physician you decide to decrease the total daily insulin by 10% and change to insulin glargine once a day and Insulin Lispro three time a day at ratio of 50:50 ?50 % of long and 50 % of short acting insulin.

What is her new insulin regimen? Round down to the nearest 1 unit.

- A. 16 units of insulin glargine once daily, Insulin Lispro 4 units 3 times a day with meals
- B. 15 units of insulin glargine once daily, Insulin Lispro 5 units 3 times a day with meals
- C. 23 units of insulin glargine once daily, Insulin Lispro 7 units 3 times a day with meals
- D. 30 units of insulin glargine once daily, Insulin Lispro 6 units 3 times a day with meals
- E. 18 units of insulin glargine once daily, Insulin Lispro 6 units 3 times a day with meals

Correct Answer: C

QUESTION 3

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemia. Select all that applies. Pancreases (A)

- A. Sulfonylureas
- B. Alpha- Glucosidase Inhibitors



- C. DPP4 Inhibitors
- D. Glucagon-like peptide-1 receptor agonists
- E. Thiazolidinediones
- F. Biguanide
- G. SGLT2 inhibitors

Correct Answer: D

(A) Sulfonylureas, (C) DPP4 Inhibitors, (D) Glucagon-like peptide-1 receptor agonists Sulfonylureas work in beta cells in the pancreas that are still functioning to enhance insulin secretion. Alpha-Glucosidase Inhibitors stop -glucosidase enzymes in the small intestine and delay digestion and absorption of starch and disaccharides which lowers the levels of glucose after meals. DPP4 blocks the degradation of GLP-1, GIP, and a variety of other peptides, including brain natriuretic peptide. Glucagon-like peptide-1 receptor agonists work in various organs of the body. Glucagon-like peptide-1 receptor agonists enhance glucose homeostasis through: (i) stimulation of insulin secretion; (ii) inhibition of glucagon secretion; (iii) direct and indirect suppression of endogenous glucose production; (iv) suppression of appetite; (v) enhanced insulin sensitivity secondary to weight loss; (vi) delayed gastric emptying, resulting in decreased postprandial hyperglycaemia. Thiazolidinediones are the only true insulin-sensitising agents, exerting their effects in skeletal and cardiac muscle, liver, and adipose tissue. It ameliorates insulin resistance, decreases visceral fat. Biguanides work in liver, muscle, adipose tissue via activation of AMP-activated protein kinase (AMPK) reduce hepatic glucose production. SGLT2 inhibitors work in the kidneys to inhibit sodium-glucose transport proteins to reabsorb glucose into the blood from muscle cells; overall this helps to improve insulin release from the beta cells of the pancreas.

QUESTION 4

Select the class of Anti-diabetic medication that works in the specified organ to prevent hyperglycemia. Select all that applies. Brain (E)

- A. Sulfonylureas
- B. Alpha- Glucosidase Inhibitors
- C. DPP4 Inhibitors
- D. Glucagon-like peptide-1 receptor agonists
- E. Thiazolidinediones
- F. Biguanide
- G. SGLT2 inhibitors

Correct Answer: D

Glucagon-like peptide-1 receptor agonists Sulfonylureas work in beta cells in the pancreas that are still functioning to enhance insulin secretion. Alpha-Glucosidase Inhibitors stop -glucosidase enzymes in the small intestine and delay digestion and absorption of starch and disaccharides which lowers the levels of glucose after meals. DPP4 blocks the degradation of GLP-1, GIP, and a variety of other peptides, including brain natriuretic peptide. Glucagon-like peptide-1 receptor agonists work in various organs of the body. Glucagon-like peptide-1 receptor agonists enhance glucose homeostasis through: (i) stimulation of insulin secretion; (ii) inhibition of glucagon secretion; (iii) direct and indirect suppression of endogenous glucose production; (iv) suppression of appetite; (v) enhanced insulin sensitivity secondary to weight loss; (vi) delayed gastric emptying, resulting in decreased postprandial hyperglycaemia. Thiazolidinediones



are the only true insulin-sensitising agents, exerting their effects in skeletal and cardiac muscle, liver, and adipose tissue. It ameliorates insulin resistance, decreases visceral fat. Biguanides work in liver, muscle, adipose tissue via activation of AMP-activated protein kinase (AMPK) reduce hepatic glucose production. SGLT2 inhibitors work in the kidneys to inhibit sodium-glucose transport proteins to reabsorb glucose into the blood from muscle cells; overall this helps to improve insulin release from the beta cells of the pancreas.

Reference: <https://doi.org/10.1093/eurheartj/ehv239>

QUESTION 5

Mesna is typically administered alongside which of these chemotherapeutic agents?

- A. Busulfan
- B. Paclitaxel
- C. Ifosfamide
- D. Doxorubicin

Correct Answer: C

Mesna is administered to patients taking either ifosfamide or cyclophosphamide to conjugate toxic acrolein and therefore prevent hemorrhagic cystitis (bladder bleeding).

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