

### **Question 10=20**

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10. Ms. Warren's TSH level is 41. What is her diagnosis? What medication, if any, should the Nurse Practitioner prescribe? How often should the Nurse Practitioner monitor a TSH or T4? What should the TSH goal be?

Her diagnosis could be hypothyroidism. The nurse should prescribe, Levothyroxine. The nurse should monitor after 6-8 weeks with the goal of checking the level of thyroxine and if it is at the normal level.

11. Mr. Sanders has recently undergone an EGD which revealed a gastric ulcer. What medication would be recommended at this time? Would a H2 blocker or a Proton Pump Inhibitor be more beneficial to him and why? What is the difference between the two classes of medication? What patient instructions would the nurse practitioner give to the patient?

Medication for Mr. Sander would be over the counter Omeprazole or Lansprazole(Taylor, 2015). The H2 or Proton pump blocker would be appropriate as it reduces stomach acid by blocking the action of the parts of cells that produce acid. The difference between H2 blocker and a Proton Pump Inhibitor is PPIs are considered to be stronger and faster in reducing stomach acids.

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12. Mr. Biden has been diagnosed with Type 2 diabetes. He injects 10 units of NPH insulin and 5 units of Regular insulin SQ in the morning and evening before meals. Recently, he has been exercising more and reports several episodes of dizziness, shakiness, and diaphoresis. What problem do his symptoms suggest? How might the Nurse Practitioner adjust his insulin dose? Please explain your rationale.

Pre-op instructions are very important because before surgery the insulin is not supposed to be taken as usual, they will be required to take a night before the surgery, as this will help control their sugar level during surgery.

13. Ms. Warren is having gastric bypass surgery tomorrow she is a diabetic and injects 30 units of 70/30 insulin SQ in the evening before dinner and in the morning before her breakfast. What pre op instructions (24 hours before surgery) should the Nurse Practitioner give her regarding her insulin dose and why?

To check on her blood sugar level during the day before the operation. She should also not take the next insulin as it will be provided by the anesthesiologist so as to control her blood sugar during operation.

14. Mr. Mc Connell carries a diagnosis of poorly controlled asthma. The Nurse Practitioner is checking the electronic health record and notes that his usage of Albuterol is excessive. Mr. Mc Connell is going through 1 canister every 10 days. What would your first steps be and what recommendations would you give this patient? Please explain your rationale.

The first step is to inform the patient on the fatalities related to excessive use of Albuterol. This is because an overdoes leads to side effects like tremors, dry mouth, chest pain nausea, fast heartbeats, seizure and general ill feeling or even fainting.

15. Mr. Jackson carries a diagnosis of coronary artery disease and sometimes experiences exertional angina. When this occurs he uses 1 tablet of NTG 0.4 mg SL which relieves the discomfort. What medication is absolutely contraindicated when using NTG and why? What should be advised if the patient experiences non exertional chest pain and why?

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This will entail erectile dysfunction medication like Viagra as it is bound to lead to uncontrolled heart beat thus worsening the condition. If the patient experiences the exceptional chest pain they should stop the medication immediately.

16. Colchicine is commonly prescribed for gout exacerbations. What other conditions might Colchicine be prescribed for and why?

It is also used in the treatment of a rare condition called familial Mediterranean fever (FMF). To prevent severe attacks caused by inflammation.

17. A high dose of Prednisone (80 mg per day) was prescribed for Mr. Ryan who suffered an exacerbation of COPD. Can Prednisone be stopped abruptly or should the dose be calibrated down slowly? Please explain your answer.

No it cannot be stopped abruptly. Since the patient will experience side effects that lasts for more than 12 months.

18. Which anti emetic might cause Tardive Dyskinesia? Please explain the signs / symptoms the patient may exhibit. What is the treatment for this?

The anti-emetic Metoclopramide can cause a TD especially in elder patients since it is a potent D2 dopamine receptor antagonist.

19. What class of antibiotics may cause a tendon rupture? What makes it more likely to occur? What instructions should be given to the patient when prescribing this class of antibiotic?

Fluoroquinolones. One of the situations that makes it likely to occur with the increase of age. Some instruction would be not to take it with substance abuse, or foreign drinks or smoke.

20. What drug classification does Naloxone fall under? Please explain exactly how Naloxone reverses the adverse effects of opioids.

It belongs to Opioid antagonists. The Naloxone reverse the effects of opioids by attaching to the receptors and reversers and blocs the impact of other opioids.

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