Medical

FPGEE

Foreign Pharmacy Graduate Equivalency

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QUESTION: 1
Use the Cockcroft-Gault equation and ideal body weight to estimate Bart Smith's creatinine clearance:

A. 27 mL/min
B. 34 mL/min
C. 42 mL/min
D. 62 mL/min
E. 71 mL/min

Answer: B
QUESTION: 2
What is the correct dose of enoxaparin (Lovenox) for Bart Smith?
i. 90 mg SC twice daily
ii. 140 mg SC once daily
iii. None; the patient should receive heparin, due to his renal function

A. i only
B. iii only
C. i and ii
D. ii and iii
E. i, ii, and iii

Answer: C

QUESTION: 3
Bart's doctor prescribes warfarin 4 weeks later. Which statement about warfarin therapy is TRUE?

A. Significant drug interactions occur, due to inhibition of R-warfarin metabolism by CYP2D6
B. Acetaminophen does not interact with warfarin
C. The antithrombotic effect of warfarin occurs prior to its anticoagulant effect
D. Warfarin interferes with cyclic interconversion of Vitamin K-dependent coagulation Factors II, VIII, IX, and X
E. Dosing can be guided by patient pharmacogenetics

Answer: E

QUESTION: 4
Coag Lab reports Bart Smith's INR is 5.3 but he has no acute bleeding. What would you recommend for management of the INR?
i. Omit 1 or 2 doses of warfarin, then resume warfarin when the INR is within the therapeutic range
ii. Reduce warfarin dose by 50% and recheck the INR in 24 hours
iii. Administer 10 mg of Vitamin K (phytonadione) by slow IV infusion

A. i only
B. iii only
C. i and ii
D. ii and iii
Bart Smith requires surgery, so his warfarin is withheld. What is the proper procedure for maintaining appropriate anticoagulation?

i. Stop warfarin 5 days prior to surgery
ii. Resume warfarin 12 to 24 hours after surgery
iii. If Bart's INR => 1.5 one or two days prior to surgery, administer oral Vitamin K

A. i only
B. iii only
C. i and ii
D. ii and iii
E. i, ii, and iii

**Answer:** E
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