THE LEARNING SCOPE ➤ CE Offering ➤ 1 Contact Hour

Pediatric Drug Interactions
Earn 1 Contact Hour NOW!

Registration/Answer Form #359

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8. A B C D
9. A B C D
10. A B C D

Before May 23, 2013, print this page, complete the multiple choice questions by circling the correct answer and mail or fax to: ADVANCE for Nurses, Learning Scope, 2900 Horizon Dr., King of Prussia, PA 19406; 610-278-1426.

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☐ Manager/Supervisor
☐ Nursing Administrator
☐ Nursing Faculty
☐ Private Practice
☐ Staff Development
☐ Staff Nurse
☐ Program Director

LPN
☐ Manager/Supervisor
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PRACTICE SETTING that best describes your setting (fill in just one circle completely):

☐ Ambulatory
☐ Cardiac
☐ Cardiac Management
☐ Chemical Dependency
☐ Clinical Specialist
☐ Critical Care
☐ CRNA
☐ Dermatology
☐ Dialysis
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☐ IV Therapy
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☐ Oncology
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RN01

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RN01

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1. The Slone Survey found how many children in the U.S. used two or more medication products in a given week? a. 5 percent b. 10 percent c. 15 percent d. 25 percent

2. In the Slone Survey, across all ages, the most common OTC products administered were the following EXCEPT: a. acetaminophen b. multivitamins c. ibuprofen d. diphosphopyridine

3. In the Slone Survey, the most common prescription products across all ages were the following EXCEPT: a. amoxicillin b. prednisone c. albuterol d. multivitamins with fluoride

4. Of the children presenting to the ED of a large tertiary Canadian hospital, it was found children taking iron were at high risk for iron overload when taking: a. niacin b. folic acid c. ascorbic acid d. vitamin D

5. In fall 2008, the FDA supported the Consumer Healthcare Products Association’s label change for the pediatric use of OTC CCM to advise against their use in children under what age? a. 6 months b. 1 year c. 4 years d. 5 years

6. The research conclusion from recent meta-analyses of treatments for the common cold found: a. there was no evidence for the use of cough and cold medicines in pediatrics. b. Numerous clinical trials with cough and cold medications reported favorable outcomes. c. When these treatments were used correctly, there were minimal associated hazards. d. Favorable relief was found with these treatments in toddlers but not infants.


8. Of the following commonly prescribed drugs, all have a high potential for CYP-mediated drug interactions in pediatrics EXCEPT: a. diazepam b. albuterol c. corticosteroids d. amoxicillin

9. When dextromethorphan is taken concurrently with some SSRIs, especially paroxetine (Paxil), which adverse effect may occur? a. tardive dyskinesia b. malignant hyperthermia c. serotonin syndrome d. delirium

10. Nurses should emphasize to caregivers all of the following measures to prevent pediatric drug adverse effects EXCEPT: a. Nonprescription drug products should not be given to a child age 2 or older before consulting a healthcare provider. b. Check with a healthcare provider before administering a prescription product to a child who is taking any other medication, vitamins or herbal products. c. Always use an exact measure to administer medications, not a household spoon. d. Store all medications in a locked or childproofed cabinet.

Evaluation

1. I can define pharmacodynamics, pharmacokinetics and pharmacogenetics related to drug-drug interactions. a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

2. I can discuss potential drug interactions and concerns in children related to commonly used nonprescription substances. a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

3. I can describe nursing interventions and resources to decrease the risk of pediatric prescription-nonprescription drug interactions. a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

4. The objectives relate to the overall goal of the article. a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

5. The article is well-written and logically organized, and defines terms adequately. a. strongly agree b. agree c. neutral d. disagree e. strongly disagree

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