① Strongest Bond: Covalent

② Receptor complex that is surmountable - competitive antagonist

K ④ - drugs passing cell membrane - passive diffusion.

⑥ - onset of action of drug determined by - absorption rate.

⑤ - Therapeutic index = LD50/ED50

⑧ - Primary determinant of max dose for child - weight

⑩ - elimination by 1st order kinetics - constant FRACTION eliminated per unit time

⑫ - what drugs accumulate in Breast milk — weak Bases.

⑪ Phase I Biotransformation - all except → drug undergoes Conjugation

⑭ STAT

⑯ - Disp = a specific amount (# tablets etc) of the drug

⑱ - Controlled substance drugs - must be registered by DEA to admin.

⑳ - Schedule III drugs - refilled up to 5x within 6 mo.

㉒ - pain - burning / aching / dull / poorly localized = C fibers

㉓ L.A. in 0.5% - max Rec. dose over 4 hr is 30 mg - this is how many ML's = 6 mL

㉑ A delta fibers - all except - Suprasegmental reflexes that modulate ventilation, endocrine function + circulation.

㉔ - L.A's that is most Cardiotoxic = bupivicaine (Marcaine)

㉖ - high circulating Amines following inadvertant intravascular injection or potentiation of the release of endogenous catecholamines may elicit adverse effects characterized by: fear, anxiet headache, + Chest pain.

㉘ - which LA is worst for Children or retards = Bupivicaine (marcaine)

㉙ - LA's block nerve Conduction by: reducing permeability to Sodium.

㉚ - which analgesics do you not give if pt w/ vit k deficiency or anticoagulants — aspirin

㉜ - weak inhibitor of peripheral prostaglandin - more effective in CNS — Tylenol

㉞ - which is opioid antagonist — Naloxone.

㉟ - which is Sign of opioid overdose - Miosis, resp. depression, Coma

K ㊱ - injection of L.A into inflamed area = reduced availability of Free Base.

㊳ - which L.A has vasoconstrictive properties = Cocaine.

㊵ - only L.A w/ thiophene Nucleus = Articaine

㊴ - ~~then~~ Max safe dose of Epi is 0.04 mg - all are max safe dose of 2% Lido w/ epi except

K - answer = a) 1 cc of 1:50,000 ~~1:50000~~

b) 2 cc of 1:100 K

c) 4 cc of 1:100 K

d) 8 cc of 1:200 K

SUMMER PHARM (TEREZHALMY) EXAM I

1. COVALENT BOND - LEAST DESIREABLE

3. EFFICACY - MAGNITUDE OF response obtained from optimal receptor site occupancy by an agonist

7. NOT TRUE - Biotransformation usually converts DRUG to more LIPID soluble — NOT TRUE, Actually WATER

9. Distribution half life ($t^{1/2}$) = 50% decline in plasma [ ]

13. 1 tsp = 5ml

15. Heading of Rx includes all but - DEA # (it's in closing)

17. Controlled Substances act of 1970 - combined many laws

19. Schedule II DRUG - legal & HIGH ABUSE

21. ✓ NOT TRUE - supramental reflux

★(25) VASOVAGAL RESPONSE ← (2ND TEST)
1.8cc of local w/ 1:100k epi — 0.018 mg of epi, 0.2 is safe
healthy adult got pale, syncope, so DX is ...

KNOW 4: 25, 31, 34, 37, 39?, 4

27. A: 10
Q: toxic dose of mepivicaine (CARBOCAINE) is 100 mg. How many ml of 3% mepi may be given w/out producing toxicity?

★ (31) A: THROMBOXANE A_2
Q: COX-1 inhibitors impair platelet adhesion & aggregation by inhibiting synthesis of ...

(34) 33. A: has a therapeutically sig. & inflammatory property
Q: All true except - regarding acetaminophen

★ (37) A: TO reduce systemic TOXICITY
Q: Which of the following is the major reason for adding a VASOCONSTRICTOR to local anesthetics

39. A: 1CC w/ epi 1:50,000
✓ Rept least cardio Hx

QUESTIONS ON
- ★ Active export, facilitated
- ★ clinical manifestations on vasovagal syncope
- ★ releasing sympathetic stimulators
- ★ Thromboxane & ASPRIN
- ★ Narcan & NARCAN? NALOXONE & NARCAN
- ★ VASOCONSTRICTORS in local anesthetic Agents