(1) Strongest Bond: Covalent

(2) Receptor complex that is surmountable - competitive antagonist

*(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 1 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) LA. 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, anxiety, 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.

*(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) - Max safe dose of Epi is 0.04 mg - all are max safe dose of 2% Lido w/ epi except
- answer = a) 1 cc of 1:50,000
b) 2 cc of 1:50,000
c) 4 cc of 1:100 K
d) 8 cc of 1:200 K

SUMMER PHARM (TEREZHALMY) EXAM 1

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 = 5 ml

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 ←
NO ST
1.8cc of local w/ 1:100k epi
healthy adult get pale, syncope, so raised diaphoretic
0.018 mg of epi
0.2 is safe

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 ...

33. A: has a therapeutically sig. anti 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
Q: Pt least cardio hx,

QUESTIONS ON FOR EXAM 2
* Active transport, facilitated
* Clinical manifestations on vasovagal syncope
* Ex... ... stimulators
* Thromboxane & aspirin
* Atoxin & ...? Naloxone & narcotic
* Vasoconstrictors in local anesthetic agents

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SEE 3/4