

Pharmacology 5334 Module 2 / Nurs

5334 Module 2 Pharmacology Latest Update Exam

Treatment of choice for oral therapy of UTI's - **✓✓✓ANSWER** TMP/SMZ for 3 days; Nitrofurantoin for 5 days

Second line drugs for UTI - **✓✓✓ANSWER** Ciprofloxacin and levofloxacin for 3 days

Nitrofurantoin - **✓✓✓ANSWER** Urinary tract antiseptic

Nitrofurantoin uses - **✓✓✓ANSWER** Lower UTI's; prophylaxis; recurrent lower UTI's. (not absorbed systemically: cannot be used for anything in the kidneys)

Nitrofurantoin adverse effects - **✓✓✓ANSWER** GI effects; pulmonary reactions; hematologic effects; peripheral neuropathy (demyelination and nerve degeneration can occur and may be irreversible); hepatotoxicity; birth defects

Methenamine - **✓✓✓ANSWER** Decomposes to formaldehyde and ammonia; used for chronic lower UTI's; contraindicated in renal and liver failure; drug interactions - urinary alkalinizers, which reduce effects, sulfonamides pose risk for crystalluria

Acute cystitis treatment - ✓✓✓ANSWER Single dose therapy: fosfomycin; short-course therapy: TMP/SMZ for 3 days; conventional therapy: nitrofurantoin for 7 days

Acute uncomplicated pyelonephritis treatment - ✓✓✓ANSWER First line: TMP/SMZ, ciprofloxacin, and levofloxacin for 10-14 days; second line: augmentin, cephalexin

Complicated UTI treatment - ✓✓✓ANSWER TMP/SMZ for 7-14 days, ciprofloxacin for 7-14 days, levofloxacin for 5-14 days, augmentin for 7-14 days, cephalexin for 7-14 days

Recurrent UTI treatment - ✓✓✓ANSWER Prophylaxis with TMP/SMZ 3 times weekly for 6 months; TMP at bedtime for 6 months; OR nitrofurantoin at bedtime for 6 months

Acute bacterial prostatitis treatment - ✓✓✓ANSWER -floxacin for 2-4 weeks

Evaluation of drug sensitivity - ✓✓✓ANSWER Best done with sputum culture (takes up to 16 weeks for results); drugs are chosen by patterns of drug resistance in the community and immunocompetence of the patient; a new automated TB assay can identify sensitivity to rifampin in 2 hours and confirm the presence of *M. tuberculosis*

Multi-drug resistant TB (MDR-TB) - ✓✓✓ANSWER Resistant to both isoniazid and rifampin

Extremely drug-resistant TB (XDR-TB) - ✓✓✓ANSWER Resistant to isoniazid and rifampin, all fluoroquinolones, and at least one of the injectable second-line drugs

First line treatment of TB - ✓✓✓ANSWER Isoniazid, rifampin, pyrazinamide, and ethambutol. Rifapentine and rifabutin are also considered to be first line

Two phases of TB treatment - ✓✓✓ANSWER Induction phase: lasts about 8 weeks, eliminate actively dividing tubercle bacilli. Continuation phase: lasts from 18 weeks to 24 months, eliminate intracellular persisters

Drug sensitive TB treatment - ✓✓✓ANSWER 8 weeks induction of isoniazid, rifampin, pyrazinamide, and ethambutol; continuation 18 weeks with isoniazid and rifampin

Isoniazid-resistant TB treatment - ✓✓✓ANSWER Rifampin, ethambutol, and pyrazinamide for 6 months

Rifampin-resistant TB treatment - ✓✓✓ANSWER Isoniazid, ethambutol, and pyrazinamide for 18-24 months

MDR-TB and XDR-TB treatment - ✓✓✓ANSWER 24 months with 2nd and 3rd line drugs; poor prognosis

Patients with TB plus HIV - ✓✓✓ANSWER More aggressive therapy required; minimum 6 months of treatment; rifampin accelerates metabolism of antiretroviral therapy drugs and decreases their effects

Promoting drug adherence in TB patients - ✓✓✓ANSWER Directly Observed Therapy (DOT) - also allows for ongoing assessment of clinical signs; intermittent dosing: 2-3 times/week

Latent TB tests - ✓✓✓ANSWER TB skin test; interferon Gamma Release Assays