Jensen & Peppers: Pharmacology and Drug Administration for Imaging Technologists, 2nd Edition

Test Bank

Chapter 2: Principles of Pharmacology

MULTIPLE CHOICE

1. The shortened version of a drug's official name is the:
a. chemical name.
b. nonproprietary name.
c. generic name.
d. trade name.
e. proprietary name.

ANS: C
Because of the length of a drug's official name, the FDA allows the name to be shortened for ease of memory. This shortened version is the generic drug name and is the official name given to the active ingredient contained in a particular drug product.

REF: p. 13

2. A legend drug is one that:
a. was accepted and put on the market by 1906 and is still in use today (e.g., morphine).
b. was sold before the 1912 "Opium Conference" at the Hague but is no longer used (now that drugs are regulated) because it is dangerous.
c. requires a prescription.
d. a and c.
e. b and c.

ANS: C
A legend drug is one that requires a prescription. Legend drugs all have a written legend (or caption) on the package warning stating that it cannot be legally dispensed without a prescription.

REF: p. 13

3. Radiopaque contrast agents fall into the category of:
a. nonproprietary drugs.
b. generic drugs.
c. legend drugs.

d. over-the-counter drugs.
e. schedule C-I drugs.

ANS: C
Radiopaque contrast agents and other medications administered in the radiology department fall into the category of legend drugs.

REF: p. 13

4. A patient from out of town has her physician phone in a verbal order for an emergency filling of her prescription. The pharmacist realizes that:
a. a verbal order is not legal across state lines; he cannot fill this order.
b. a verbal order does not necessarily constitute a valid prescription unless it is signed.
c. a verbal order is not legal unless it is transcribed, by a certified medical professional, to an order form at the verbal order of the prescriber.
d. a and c.

ANS: B
A verbal order is one that is transcribed, by a certified medical professional, to an order form or prescription form at the verbal order of the prescriber. It does not necessarily constitute a valid prescription. If that prescriber does not sign the verbal order, then the prescription is neither legal nor valid.

REF: p. 15

5. Schedule ____ drugs are prescription drugs with the highest potential for abuse.
a. C-I
b. C-II
c. C-III
d. C-IV
e. C-V

ANS: B
In the controlled substances schedules used in the United States, the "C" stands for controlled substance, and the Roman numeral describes the potential for abuse: the lower the Roman numeral, the greater the potential for abuse. Schedule C-II drugs are legal for prescription use in patients. These drugs have the highest potential for abuse. Schedule C-I drugs are illegal for patient use in the United States.

REF: p. 15

The following questions concern the case of Steve, an imaging technologist who is assigned to supervise storage of controlled substances in the radiography department.

6. The radiography department where Steve works stores some controlled substances in addition to radiopaque agents and contrast media. Steve is asked to review routine security measures the department uses to store these substances. Precautions Steve's department should be taking include:

a. storing of the drugs under double lock and key.
b. requiring at least one signature for removing the medication from the supply bin.
c. accounting for all drugs once a day at the end of each employee shift.
d. having the same employee verify the count of every C-II drug, for consistent monitoring.
e. ensuring that each day's drug count agrees with the previous shift's count.

ANS: A

This is the only correct answer because the others are incomplete. It is true that these drugs should be stored under double lock and key, but *two* signatures are required for removing a medication. All drugs should be accounted for at *both* the beginning and the end of each employee shift, and *two* employees should verify the count of each and every C-II drug in the bin. The count should agree with the previous shift count *minus any medications that have been administered to patients*.

REF: p. 15

7. At the end of his shift, Steve discovers that the drug count for schedule II drugs is inaccurate by one dosage unit—that is, one dosage unit is missing. If it cannot be accounted for by reviewing that day's drug administrations, what should Steve do?

a. Nothing yet. In the morning he should question physicians who have access to the medication bin. In emergencies, physicians may remove these drugs without having to immediately sign them out.
b. He should report the missing unit to the state agency, such as the Bureau of Narcotics and Dangerous Drugs.
c. He should report the illegal displacement to the federal DEA.
d. He should first conduct an internal investigation by contacting hospital security.
e. a, d, and b—in that order.

ANS: B

If counts are inaccurate by as little as one dosage unit, a report must be filed with the state agency, such as the Bureau of Narcotics and Dangerous Drugs.

REF: p. 15

8. Mrs. Jeffries arrives at the cardiology outpatient clinic in a major research hospital. She is moving out of state and demands to take her patient chart with her. The waiting room receptionist is unsure what to do; she receives the following pieces of advice. Which one is correct?

a. "You can make a copy of it, but ultimately, the chart is the property of the patient. You can be subject to liability if you don't turn it over to her within 24 hours."
b. "The chart belongs to the physician Mrs. Jeffries saw in this clinic. You'll need his permission to give her a copy, particularly if the data in her chart were included in a research study."
c. "See whether or not she has insurance. Patient charts belong to whoever is the primary insurance provider. They only belong to the patient if the patient is the primary source of payments."
d. "The patient chart is always a legal medical record, so it belongs to the hospital itself."
e. None of the above.

ANS: D
The patient chart is always a legal medical record, so it belongs to the hospital itself.

REF: p. 17

9. Most hospital medical records use a ____ format.

a. POMR
b. PDR
c. AHFS
d. BNDD
e. DEA

ANS: A
Most hospitals use a problem-oriented medical record (POMR) format that includes a summary sheet, legal consents and advance directives, a history and physical examination sheet, problem list, physician orders, progress notes, a graphic record, laboratory tests, and consultations.

REF: p. 17

10. Lisa is reviewing a variety of drug reference products in an effort to choose the one that best suits her department. In comparing several, she notes that the drug reference ____ is extensively referenced under separate cover.

a. Physicians' Desk Reference
b. Facts and Comparisons
c. American Hospital Formulary Service Drug Information
d. Handbook on Injectable Drugs
e. Drug Interaction Facts

ANS: C
American Hospital Formulary Service Drug Information is extensively referenced under separate cover.

REF: p. 25