

1. What is the mechanism of action for naloxone?

- A. Opioid agonist
- B. Mixed opioid antagonist/partial agonist
- C. Opioid antagonist
- D. None of the above

2. Where is Evzio® [auto injector] administered in adults and infants?

- A. Outer thigh
- B. Upper buttock
- C. Upper Chest
- D. Right Shoulder

3. What should be the first step taken when someone immediately wakes up after administration of naloxone?

- A. Call Auburn Student Tickets Office
- B. Call your Store Pharmacy Manager
- C. Call 911

4. Which of the following is NOT a sign of opioid overdose?

- A. Constricted pupils
- B. Slow, shallow breathing
- C. Sweating
- D. Inability to wake up

5. What is a contraindication for naloxone?

- A. Hemolytic anemia
- B. Hepatotoxicity
- C. Hypersensitivity
- D. CNS depression
- E. Respiratory depression

6. In what year was the “Good Samaritan Law” in Alabama passed, that permitted physicians, dentists, and pharmacists to directly, or by standing order prescribe/dispense naloxone.

- A. 1995
- B. 2000
- C. 2010
- D. 2015

7. What is the shelf-life of naloxone?

- A. About 30 days
- B. 2 weeks
- C. 18 months to 2 years
- D. 2 -3 years

8. Under the Alabama’s Good Samaritan Law, HB208, nurse practitioners and physician assistants have prescribing authority.

- A. True
- B. False

9. Through standing orders, pharmacies receive a permission from prescribers to dispense naloxone without a prescription from a provider.

- A. True
- B. False

10. Which of the following forms of naloxone has the slowest onset of action?

- A. Intravenous
- B. Intranasal
- C. Intramuscular

11. After the first administration of naloxone, how long should one wait before giving another dose?

- A. 5 minutes
- B. 1 -2 minutes
- C. 2-3 minutes
- D. 8-10 minutes

12. Which of the following brain receptor pairs are primarily responsible for euphoria and sedation upon administration of an opioid?

- A. mu, kappa
- B. kappa, delta
- C. delta, mu
- D. mu, sigma

13. In what year was naloxone approved for use by the FDA?

- A. 1961
- B. 1971
- C. 1981
- D. 1991

14. Who among the following would NOT be a candidate for naloxone?

- A. Individuals taking opioid medications at 25 morphine milligram equivalents (MME) per day
- B. Individual who receives opioid prescriptions from multiple providers
- C. Household members of people in possession of opioids
- D. Individuals who inject opioids

**15. Which of the following is NOT a symptom of opioid withdrawal?**

- A. Extreme hunger
- B. Tachycardia
- C. Hypertension
- D. Irritability

**Participant Information:**

AL License # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

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How long did it take you to read the article and complete this test?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

My signature certifies that I have independently taken this CE examination.

\_\_\_\_\_

**CE Assessment Answers**

Please circle your answers (one answer per question)

1.	A	B	C	D	
2.	A	B	C	D	
3.	A	B	C		
4.	A	B	C	D	
5.	A	B	C	D	E
6.	A	B	C	D	
7.	A	B	C	D	
8.	A	B			
9.	A	B			
10.	A	B	C		
11.	A	B	C	D	
12.	A	B	C	D	
13.	A	B	C	D	
14.	A	B	C	D	
15.	A	B	C	D	

**Program Evaluation – Must be completed for credit.**

Please rate the following items on a scale from 1 (poor) to 4 (excellent).

- |                                   |   |   |   |   |
|-----------------------------------|---|---|---|---|
| 1. Overall quality of the article | 1 | 2 | 3 | 4 |
| 2. Relevance to pharmacy practice | 1 | 2 | 3 | 4 |
| 3. Value of the content           | 1 | 2 | 3 | 4 |

*Please answer each question, marking whether you agree or disagree.*

4. This course met the learning objectives. ☐ Agree ☐ Disagree
5. The article did not promote a particular product or company. ☐ Yes ☐ No

**Impact of the Activity**

The information presented (check all that apply):

6. ☐ Reinforced my current practice/treatment habits ☐ Will improve my practice/patient outcomes  
☐ Provided new ideas or information I expect to use ☐ Adds to my knowledge
7. Will the information presented cause you to make any changes in how you do your job? ☐ Yes ☐ No
8. How committed are you to making these changes?  
 (Not committed) 1 2 3 4 (Very committed).
9. Do you feel future activities on this subject matter are necessary and/or important? ☐ Yes ☐ No

**Follow-Up**

As part of our ongoing quality-improvement effort, we would like to be able to contact you in the event we conduct a follow-up survey to assess the impact of our educational interventions on professional practice. Are you willing to participate in such a survey?

☐ Yes ☐ No

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