General Medication Competency

Instructions: Enter the correct answer, or circle the one best response for each multiple choice question.

1. Name one clinical reference used to identify high-risk medications in the elderly?

2. What are the 3 steps to medication reconciliation according to the Institute for Healthcare Improvement (IHI)?

3. Which age group is most likely to go to the emergency department with adverse drug events and more likely to be hospitalized as a result of the event?
    a. Ages newborn through 18 months
    b. Ages 12-18 years
    c. Ages 65 and older
    d. Ages 2-5 years

4. Which of the following can be a side-effect of an ACE-I that does not always require discontinuation of the medication?
    a. Angioedema
    b. Decreased heart rate
    c. Cough
    d. Flushing

5. A patient reports mild edema in his lower extremities. This is frequently reported side-effect of which one of the following medications?
    a. Furosemide
    b. Amlodipine
    c. Spironolactone
    d. Lisinopril

6. Mr. Grey has returned home after a 3-day hospital stay for heart failure (HF). Based on the discharge summary, the home health clinician teaches Mr. Grey his new medication schedule, including which prescription medications should be continued, any dosage changes, and any medications discontinued or on hold. The clinician documents that Mr. Grey's medication reconciliation was completed. Do you agree that the clinician fully completed medication reconciliation?

    Yes or No

    Explain why you answered yes or no:

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7. Skills present in patients who successfully self-manage their medications include:
    a. Establishing habits
    b. Track medications
    c. Managing medication costs
    d. All of the above

8. What percent of older adult outpatients who take five or more medications experience adverse drug events according to Marek and Antle (2008)?
    a. 10%
    b. 95%
    c. 35%
    d. 25%

9. You are assessing medication adherence with James, a home health patient. You ask James to tell you how he takes his pills. He says he always takes his lovastatin at night like he was told and he likes to take it with a little grapefruit juice. What would be your best response?
    a. Advise James that he should not drink grapefruit juice, because the medication could rise to unsafe levels in his blood.
    b. Advise James that he should not drink grapefruit juice, because the juice will make the medicine ineffective and his cholesterol will be high.
    c. Nothing, there is no interaction between the juice and this medication.
    d. Immediately call the physician and ask him/her to explain to James why he should not drink grapefruit juice.

10. What four medications are most associated with drug-related hospital admissions in older adults?
    a. warfarin, aspirin, benzodiazepines, and opioids
    b. warfarin, antiplatelet drugs including aspirin, insulin, and antibiotics
    c. warfarin, insulin, antiplatelet drugs including aspirin, and oral hypoglycemics
    d. Selective serotonin reuptake inhibitors (SSRIs), warfarin, insulin, and ACEIs

11. You are visiting Mr. King the day after his PCP appointment. Mr. King is a newly diagnosed diabetic and has just started taking Metformin 500 mg twice a day. What is a common side effect of Metformin that usually resolves?

a. Lactic acidosis
b. Skin rash
c. Nausea, stomach upset, and/or diarrhea
d. Low blood sugars in the morning

12. What would you advise Mr. King (from the previous question) to do to avoid this side effect from Metformin?

13. Teach-back is a method that:
    a. Asks the patient to confirm in their own words what they need to know or do
    b. Quizzes patient on their knowledge
    c. Improves communication between the patient and caregiver
    d. Should be used only by nurses

14. Name the classifications of drugs that, when taken with warfarin, can potentially increase bleeding.
    a. Sulfamethoxazole (Bactrim®, Septra®)
    b. Metronidazole (Flagyl®)
    c. Quinolones (Cipro®, Levaquin®, Avelox®)
    d. All the above

15. Which of the following is least likely to help patients with safe medication management:
    a. Direct observation of patient preparing their medications on several occasions
    b. Asking open-ended questions to the patient about medications, looking for red flags
    c. Asking the patient if they have been taking their medications as prescribed
    d. Providing printed, health literate patient safety or medication information

16. A patient has not had a new prescription filled that was ordered several days ago, and you suspect the reason may be financial. Name 2 ways you could attempt to determine if finances are a barrier for this patient.

17. Select the disciplines/roles in your agency that are responsible for the patient's medication safety.
    a. PT and SN
    b. MSW and SN
    c. HHA and SN
    d. All disciplines

18. Which of the following anti-diabetic medications should be held (with PCP order) for up to 48 hours post procedure if your patient is NPO due to potential renal function impairments?
    a. NPH insulin

b. Biguanides (metformin)
c. Sulfonylureas (gipizide, glyburide)
d. Thiazolidinediones (pioglitazone, rosiglitazone)

19. Which of the following anti-diabetic medication classes can cause weight gain?
    a. NPH insulin
    b. Biguanides (metformin)
    c. Sulfonylureas (gipizide, glyburide)
    d. Thiazolidinediones (pioglitazone, rosiglitazone)

20. You are teaching your patient who just starting taking insulin about s/s of hypoglycemia. After successful teach-back, you feel confident she understands s/s of hypoglycemia and now begin instructing her on the best way to treat hypoglycemia. Appropriate treatment includes glucose tablets or foods with 15 grams of carbohydrates as recommended by the American Diabetes Association. Which of the following responses are examples of these foods:
    a. 4 oz (1/2 cup) of juice or regular soda
    b. 1 tablespoon of regular peanut butter
    c. 4 or 5 saltine crackers
    d. A and C

21. Which of the following best describes when medication reconciliation should occur with your patients?
    a. Start of Care
    b. When the PCP orders it
    c. SOC, ROC, following a physician appointment, or whenever medications are changed
    d. Every visit

22. Your patient tells you that she is having her A1C level drawn at least every 3 months so she doesn't need to test her blood sugar with fingersticks anymore. The best response would be:
    a. Nothing, the patient is noncompliant.
    b. "The A1C gives you a good picture of how you are doing overall but you still need your daily fingersticks to help manage your daily sugar levels."
    c. Ask the patient "Did you ask your doctor about this?"
    d. "Monitoring your A1C every 3 months will replace the need for daily fingersticks, but it would still be a good idea to do a fingerstick once a week."

23. In March 2013, the FDA issued an alert that the following medication could cause fatal arrhythmias for patients who meet certain risk factors:
    a. Cefuroxime
    b. Azithromycin
    c. Metronidazole

d. Clindamycin

24. Mr. White has COPD and is taking fluticasone, an inhaled corticosteroid. What do you want him to know about this mediation?
    a. Use a spacer to maximize effectiveness of drug delivery
    b. After using the inhaler, wash your mouth out with water and spit the water out
    c. Only use the inhaler following a meal
    d. A and B

25. Match the following:

Medication Reconciliation ____	A. Patient comprehension/understanding, ability, and confidence in taking his/her medications.
Medication Adherence ____	B. A formal process for creating the most complete and accurate list possible of a patient's current medications and comparing the list to those in the patient record or medication orders.
Medication Knowledge ____	C. Extent to which a patient's or caregiver's medication administration behavior coincides with medical advice.

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