Adverse Drug Reactions: Understanding Informs Management
Post-Test

1. Which of the following describes the traditional approach to dealing with adverse drug reactions (ADRs)?
a. Discontinue the drug
b. Discontinue the drug, treat symptoms
c. Discontinue the drug, treat symptoms, avoid cross-reacting drugs

2. Which of the following conditions represent the same reaction, but are differentiated by the reactions’ severity?
a. Sulfonamide and NSAID allergy
b. Stevens-Johnson Syndrome and toxic epidermal necrolysis
c. Poison ivy and penicillin allergy

3. Which of the following statements is true about TEN?
a. Most TEN reactions are traced back to sulfonamides that the patient started hours or days ago.
b. TEN is a dermatologic reaction that is usually contained with silver sulfadiazine cream.
c. When drugs are implicated, patients generally started therapy 1–3 weeks before the rash appears

4. SJS and TEN are manifestations of epidermal cell death (apoptosis). Why does IVIG seem to help?
a. IVIG preparations at high dose (2-3 g/kg) have large amounts of Fas-blocking antibodies
b. IVIG preparations at high dose (2-3 g/kg) have large amounts of Fas-promoting antibodies
c. IVIG preparations at low dose (0.25-0.5 g/kg) have large amounts of Fas-blocking antibodies

5. Which of the following pairs is CORRECT?
a. Type 1 hypersensitivity: drug and bee sting anaphylaxis
b. Type 2 hypersensitivity: post-streptococcal glomerulonephritis
c. Type 3 hypersensitivity: poison ivy
d. Type 4 hypersensitivity: cytotoxic hypersensitivity

6. Your patient reacts to Bactrim DS with a rash. Which of the following sulfa-containing moieties should he avoid in the future?
a. valdecoxib
b. sulfacetamide
c. furosemide

7. Your patient is allergic to sulfa (extensive rash all over her body) and naprosyn (hives and asthma-like reaction), and presents with prescriptions from three different physicians for sulfadiazine, high-dose ibuprofen, and celecoxib. How should you proceed?
a. Fill all of them as written; counsel the patient to be vigilant for reactions.
b. Call the prescribers and suggest alternatives for the ibuprofen and sulfadiazine.
c. Fill the celecoxib, suggest and alternative for the sulfadiazine, and alert the ibuprofen prescriber that the patient has an NSAID allergy and also has a prescription for celecoxib.

8. Your patient has cystic fibrosis and has received many antibiotics for repeated pulmonary infections. He is now allergic to tobramycin, but inhaled tobramycin in the best choice for him. What is a common (and safe) way for the prescriber proceed?
a. Use gentamicin instead
b. Initiate desensitization
c. Look for a clinical trial of a new antibiotic

9. What is the pharmacist’s role in the care team when dealing with ADRs?
   a. Listen to the physician’s interventions, and follow his/her directions
   b. Discuss administration and processes, and look for possible alternatives if necessary
   c. Allow other members of the team to educate the patient so as to reduce confusion

10. Which of the following is a basic tenet of counseling patients about drug allergies?
    a. Use language the patient will understand and anticipate questions
    b. Avoid discussing whether the patient can take the drug in the future
    c. In all cases of allergy, tell patients that they are at high risk of death