

1. **2 classes of medications that should not be used together?:**  
Ace inhibitors and ARBs together
2. **5HT:** raphe nucleus
3. **14 year old with no axillary hair, has not gotten her period yet:** Normal tanner stage, start by 16
4. **65 year old started on a SSRI:** may experience an increase in anxiety in elderly, expect increased side effects, do an EKG
5. **Abnormal Trendelenburg Test:** Hip disease, refer child out, assessed during head to toe
6. **Accutane:** can cause depression and birth defects
7. **ACE inhibitors:** -pril, CHF
8. **Acetylcholine (ACh):** nucleus basalis of meynert
9. **adjustment disorder:** reaction to a specific life event (identified stressor), symptoms within 3 months but no more than 6 months. Think about a patient move
10. **Adolescent with substance abuse and working out has muscle aches:** urine is red colored- hematuria, concerned for rhabdomyolysis (muscle breakdown),
11. **Age for schizophrenia female:** 25-35
12. **Aggression in brain:** Stimulation of the amygdala results in augmented aggressive behavior  
hypothalamus, is believed to serve a regulatory role in aggression
13. **Anorexic teenager with pain when eating:** refeeding syndrome causes delayed gastric emptying
14. **Apoptosis?:** neuron loss because of suffocation, enzyme breakdown
15. **Appreciate Inquiry:** strengths and competencies. What is being done currently and assessment of strengths, no problem focused, 3 steps are discovery, understanding, amplifying
16. **assertive inquiry:** ...
17. **Autistic child not responding to your verbal commands:** this is normal, repetitive patterns of bx, impaired social interactions, verbal/nonverbal communication common
18. **Beck inventory score of 10?:** 0-63, over 30 severe, dont start medication just start therapy
19. **Beck Scales:** Eight, separate, self-report inventories designed to assess different areas.  
  
Scores from 0-63  
over 30 is severe
20. **Best therapy for negative thinking:** CBT, all or nothing thinking catastrophic thinking  
Humanistic therapy-self  
Existential- reflection/self control/personal responsibility
21. **bipolar not taking medication:** "tell me how the medication works in your body"
22. **Brother sexually abusing sister:** make sure that he is not left alone with her and call CPS, mandatory reporter, arrange crisis therapy
23. **Can disclose info to medicare /CMS without consent: ...**
24. **Clenched teeth?:** CN 5 Trigeminal (masseter or masticatory muscle).
25. **clozaril wbc+anc:** If less than 950 discontinue the medication and get a repeat level, 1000 is the cutoff  
1.5-2 cbc biweekly  
1-1.5 hold, cbc q dayx 3 weeks  
less than 1- Stop medication  
12.5initial, target 300-900mg/d once or bid  
schizophrenia/pschosis  
agranulocytosis, seizures, myocarditis (inflamed heart muscle -chest pain,diff breath)  
wg, increase lipids/glucose  
REMS pharmacy need clozaril registry to dispense  
to start: WBC must be >\_3500 and ANC >\_2000  
WBC + ANC weekly q6months, then every 2w q6months, then monthly
26. **Dark brown urine:** check LFT,
27. **DEA regulation monitoring:** State and Federal, PMP
28. **dopamine production:** substantia nigra and ventral tegmental area
29. **Early signs of aids dementia:** memory, inattention, concentration changes, worry over decreased cognition
30. **Elderly female with decreased sex drive:** check testosterone level
31. **Elderly patient with dementia how do you know id can give consent:** Able to repeat back risks and benefits elements= nature/purpose of tx, risks/benefits of tx, risks/benefits not doing tx, alternatives, diagnosis/prognosis
32. **EPS types:** Tardive dyskinesia happen after years (eps is a precursor). Acute dystonia (hours), Parkinsons (weeks), Akathisia (days)
33. **Erythromycin and Tegretol:** Erythromycin is an inhibitor (H=high level). If on Tegretol and Erythromycin together would want to reduce the dose of Tegretol
34. **Experiencing irritability/depression/edginess?:** best assessment is mood questionnaire for bipolar, 7/13 bipolar likely
35. **First line neuro-protective for bipolar:** lithium
36. **First symptom of metabolic syndrome?:** large waist circumference
37. **Flonase interacts with what mood stabilizer?:** Tegretol (inhibitor)
38. **Frontal lobe dementia:** A form of dementia characterized by personality changes/social changes ,
39. **Fungus on toenail:** scrape toenail and sent for testing
40. **GAD-7 scale:** More than 15 severe

41. **Grade 2/5 hoarse systolic heart murmur:** aortic stenosis
42. **HAM-A:** Hamilton Anxiety Scale, most commonly used  
14 domains, 14=mild, 18-24= moderate, 25-30=severe  
  
Anxiety 25/15 severe
43. **Hamilton Depression Scale:** i. Severe 19- 23 (monitor for SI)  
ii. Moderate 14 - 18  
iii. Mild 8 -13  
0-7 normal
44. **The health care policy is access, cost and \_\_\_:** quality
45. **How does tegretol interact with cipro:** cipro and erythromycin are inhibitors. Cause increased level of Tegretol. Black box warning
46. **how do you get paid for medicare:** CPT current procedural code
47. **ibuprofen + lithium:** increases the serum level of lithium up to double
48. **just culture:** refers to an organization's commitment to accountability and a focus supporting universal safety in health care. Find out the error ad where went wrong
49. **Keeping chronically mentally ill in the community?:** ACT model
50. **Klinefelter's Syndrome:** male with more than one X chromosome (XXY), little to no sperm, fertility treatment
51. **Labs for macrocytic anemia:** Folic acid, vitamin B12, ESR/CRP, HGB, MCV (liver)
52. **Labs for rheumatoid arthritis:** . ESR erythrocyte sedimentation rate elevation. Synovial fluid analysis. X ray of joints. Rheumatoid factor titer, CRP, Hgb
53. **Lab values concerning for patients on lithium:** 4+ protein in urine, Leukocytosis, creatinine, BUN, Na,
54. **Law that makes sure people with mental health issues get the same financial treatment?:** Parity Laws
55. **Levels of Prevention:** Primary: prevent/promotion, classes, safety initiatives, education, classes, modifying environment  
Secondary: screen-early detection, crisis hotlines, disaster  
Tertiary: treat- to prevent further deterioration, rehab, restoration, day treatment, social skills
56. **Lithium level is 1.4:** monitor for toxicity, toxicity=1.5, nausea, vomiting
57. **Lithium toxicity:** 1.5, 3 is an emergency, severe diarrhea/nausea/vomiting, metallic taste, tremor, slurred speech, number one intervention, give fluids, sweating give electrolytes too
58. **locus coeruleus:** a small nucleus in the reticular formation that is involved in directing attention
59. **masturbating 3 year old:** Phallic stage is normal 3-6 years old
60. **Medication for NMS?:** Dantrolene and bromocriptine
61. **Medicine that can cause mania:** steroids/prenisolone, antabuse, isoniazid,
62. **MMSE part for thought disorder:** proverb interpretation, abstract vs concrete interpretations
63. **MMSE scores:** 24-30 no cognitive impairment  
18-23 mild cognitive impairment  
0-17 severe cognitive impairment
64. **Neurotransmitters involved in alcoholism:** dopamine and gaba
65. **NMS:** -NMS is like S&M;  
-you get hot (hyperpyrexia)  
-stiff (increased muscle tone)  
-sweaty (diaphoresis)  
-BP, pulse, and respirations go up &  
-you start to drool
66. **NMS:** neuroleptic malignant syndrome  
**Severe fever**  
**Changing LOC**  
**Autonomic instability**  
**Rigidity**  
**Sweating and drooling**  
  
FEVERS- fever, encephalopathy, vitals instability, elevated white blood cell count/cpk, rigidity
67. **NMS labs:** increased CPK, WBC
68. **Norepinephrine (NE):** Synthesized in locus coeruleus arousal and other functions like mood, hunger, and sleep
69. **Np notices teen with DKA leaving without eval:** collaborate with ER to provide a psych assessment
70. **NSAIDs & ACE inhibitors effect:** can double lithium levels
71. **nuchal rigidity:** stiffness in cervical neck area, meningitis
72. **Nucleus basalis of Meynert:** Alzheimer disease  
cognitive and memory function
73. **nurse attacked 3 weeks ago and now scared to go to work:** Acute Stress Disorder, as it happened less than 1 month ago
74. **OB/PMHNP in same clinic:** increased access to mental health access
75. **ODD child:** help the parents with positive reinforcement and parenting skills, limit setting, logical consequences, consistency, power struggle/control issues problematic, parenting/family dysfunction exacerbates
76. **On Interferon and Lexapro:** Interferon can cause depression, increase Lexapro
77. **PANDAS:** Pediatric Autoimmune Neuropsychiatric Disorders  
Associated with Streptococcal infections. OCD- recent strep throat
78. **Patient abusing stimulants, what does NP assess for:** Insomnia and tremor, irritability, weight loss, nervous, hypertension, tachycardia
79. **Patient cold what labs to get?:** Check TSH.
80. **patient continues to say "I dont know":** depression, not dementia

81. **patient has neuropathic pain, what medication will help?**  
**gabapentin not helping:** Alpha 2 delta, pregabalin- Lyrica
82. **patient in hospital with no family and failing cognitive test:**  
perform an MRI, labs to rule out substances
83. **Patient is borderline and suicidal what therapy?:** DBT, goal to decrease emotional reactivity/crisis bxs and self validation.
84. **Patient lost a friend now experiences paralysis:** conversion syndrome, repression of unconscious intrapsychic conflicts
85. **Patient moving states, what do you do with medication?:**  
send enough medication is standard of practice
86. **Patient on risperdal and elevated prolactin:** stop or decrease the medication, tuber tract
87. **Patients husband shows up but not the patient:** both people need to be present, reschedule
88. **patient wakes up screaming at night:** ask family if anyone else has sleep problems
89. **Person with EPS will most likely experience what:** Tardive dyskinesia
90. **Phases of policy making:** formulation, implementation, evaluation
91. **PHQ9:** score 1-27, over 20 is severe
92. **PICOT:** P: Population/problem  
I: Intervention/issue  
C: Comparison  
O: Outcome  
T: Time
93. **PTSD:** Acute stress disorder- less than 1 month  
PTSD- after 1 month
94. **PTSD nightmares:** prazosin
95. **Puff cheeks:** CN 7 facial (sensory and motor)
96. **pulling hair out:** OCD/trichotillomania
97. **raphe nuclei:** a string of nuclei in the midline of the midbrain and brainstem that contain most of the serotonergic neurons of the brain
98. **Reflexes expected at 1 month:** Moro until 4 months, Palmer until 4 months, Plantar until 8 months, Babinski (2 years is disease)
99. **Reluctant/silent patient:** open ended questions
100. **Rhett Syndrome:** a rare disorder found virtually exclusively in girls, is a neurodevelopmental disorder in which the child usually develops normally until about 6 to 18 months of age at which characteristics of the syndrome emerge; characteristics include: hypotonia (loss of muscle tone), reduced eye contact, decelerated head growth, and disinterest in play activities
101. **Risk factors for serotonin syndrome:** more than 1 SSRI, tramadol, demerol, ultram, meprobamate, 5HT
102. **Scope of practice:** comes from the state, board of nursing/american nurse association
103. **Serotonin Discontinuation Syndrome:** syndrome caused by abrupt withdrawal of an antidepressant drug, resulting in sensory disturbances, sleeping disturbances, disequilibrium, flu-like symptoms, dizzy, vertigo, paresthesia (brain zaps), nausea/vomiting, and gastrointestinal effects
104. **shrill cry:** Increased cranial pressure
105. **Signs of fetal alcohol syndrome:** small head, shoe palpebral fissure, inner epicanthal folds. Do IEP and early intervention specialist
106. **signs of serotonin syndrome:** -shivering  
-anxiety  
-diaphoresis  
-hyperthermia  
  
Shits and Shivers  
diarrhea, shivering, hyperreflexia/myoclonus, increased temperature, vital sign instability, encephalopathy, restlessness, sweating
107. **Smoking cessation and antipsychotic:** decrease the level of Zyprexa, smoking is an inducer causing decreased levels of the medication. When stop smoking re-increase the medication
108. **Started on a medication then comes back in 2 weeks?:**  
Increase the dose after 1-2 weeks, therapeutic effects 4-6 weeks
109. **substantia nigra:** midbrain structure where dopamine is produced; involved in control of movement
110. **Teen commits suicide, NP does presentation:** to teens in order to normalize the grieving process
111. **Tegretol side effects:** Aplastic anemia, agranulocytosis, stevens johnsons, hyponatremia. Watch with cipro and erythro
112. **Telemedicine asking a legal question??:** Licensing jurisdiction for the np
113. **therapeutic communication:** open ended, 'tell me'
114. **Tics what advise?:** fairly common in children and will often remit on its own, ADHD concomitant
115. **To reduce stigma among teens seeking mental health...:**  
educate friends/peers
116. **Treatment for ADHD:** stimulant and therapy together
117. **ventral tegmental area (VTA):** midbrain structure where dopamine is produced: associated with mood, reward, and addiction
118. **Wandering, disoriented person on the streets for 2 days:**  
delirium
119. **What are you looking at when you are assessing the function of an elderly individual:** ability to manage a checkbook, instrumental ADLs go first (meds, phone, drive, house work, balancing check book), then ADLs eating/dressing, Exec functions=judgement, planning, taxes
120. **What medication can alter absorption of antipsychotics?:**  
Antacids, can decrease antipsychotic effects
121. **What medication can alter absorption of antipsychotics?:** ...

122. **What medication to give for serotonin syndrome:** Cyproheptadine
123. **What to check in terms of depakote in young girl:** check HCG, blackbox for pregnancy, can cause spinal bifida-tetrogenic, also check LFTs, CBC
124. **What to give to agitated pt in seclusion:** IM Geodon
125. **When opening independent practice:** consider cost and revenue, must calculate the time spent with patient vs time spent on risk called indirect vs direct processing
126. **When to assess a patient in restraints for face/face:** 1 hour then 8 hours
127. **Where do EPS originate:** nigrostriatal tract
128. **Why would you be concerned about immature reticulocytes?:** tests looking at reticulocytes hep evaluate conditions affecting RBCs such as anemia, low reticulocytes may be seen with iron deficiency anemia, pernicious anemia, folic acid deficiency, aplastic anemia
129. **Woman with GAD advise on medication:** stop benzos because can cause floppy baby syndrome and cleft palate, continue buspar
130. **Women is anxious about administering medication to a child:** stop and address her anxiety
131. **Zantac is for what?:** H2 inhibitor
132. **zung, beck, PHQ9, HAM:** 70, 30, 20, 25
133. **Zung scale:** from 25-100, 25-49 is normal, 70+ is severe