

ANSWERS

Specialized Pharmacotherapy Topics

1. Answer: “This vaccine is contraindicated during pregnancy and should be given after delivery.”

Rationale: MMR is a live attenuated vaccine and contraindicated during pregnancy due to fetal risk. It is given postpartum if needed.

2. Answer: Recalculate the dose based on the child’s weight in kg and clarify with the prescriber

Rationale: Pediatric medication doses must be weight-based (mg/kg). Adult dosing can easily result in overdose in children.

3. Answer: Decreased drug metabolism and elimination due to aging

Rationale: Older adults often have reduced hepatic and renal function, leading to prolonged drug effects and higher toxicity risk.

4. Answer: Bleeding tendencies

Rationale: Ginkgo biloba increases bleeding risk when combined with anticoagulants like warfarin.

5. Answer: “I can stop the medication once my tremors disappear.”

Rationale: Abruptly stopping levodopa can lead to severe rebound symptoms or neuroleptic malignant–like syndrome.

6. Answer: Amoxicillin

Rationale: Amoxicillin is considered safe during breastfeeding. Tetracyclines, ciprofloxacin, and chloramphenicol should be avoided.



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7. Answer: **Hypokalemia from furosemide increasing digoxin toxicity**

Rationale: Furosemide can cause potassium loss, which increases the risk of digoxin toxicity.

8. Answer: **“Do not stop phenytoin abruptly without medical advice.”**

Rationale: Although phenytoin is teratogenic, uncontrolled seizures pose a greater risk. The dose may need adjustment, but should never be stopped suddenly.

9. Answer: **Serotonin syndrome**

Rationale: St. John’s wort increases serotonin levels, and when combined with SSRIs, it can cause serotonin syndrome – a life-threatening reaction.

10. Answer: **Discontinue the drug and notify the physician immediately**

Rationale: Isotretinoin is highly teratogenic. It must be stopped immediately and the pregnancy reported and closely managed.

