

BOOK 2 (CRITICAL AND URGENT CARE)

- Page 11** Second column, second full paragraph, first sentence should read:
- Pregnant women are more sensitive to centrally acting agents, **so methyldopa is a more effective antihypertensive drug during pregnancy. Hydralazine is also more effective in pregnant women, making lower initial doses preferable (5 mg).**
- Page 22** Critical and Urgent Care I module, Self-Assessment Question #17. Option B should read:
- B. Nicardipine **3 mg/hour**.
- Page 52** Critical and Urgent Care I module, Self-Assessment Question #42. Option D should read:
- D. Platelets.**
- Page 179** Critical and Urgent Care III module, Self-Assessment Question #34. Case stem should read:
- He received 4 L of normal saline and currently has a CVP of 10 **mm Hg** (goal 8–10).
- Page 187** Figure 3-1. Algorithm of care for diabetic ketoacidosis. Under “IV Fluids,” first entry, second row, should read: Severe **hypovolemia**
- Page 187** Figure 3-1. Algorithm of care for diabetic ketoacidosis. First box under “Potassium” should read:
- ... hold insulin and give 20–30 mEq K^+ /hour until $K > 3.3$ mEq/L
- Page 196** Critical and Urgent Care III module, Self-Assessment Question #43. Options B and D should read:
- B. 5 mL of $NaPO_4$ (20 mEq of **sodium** with 15 mmol of PO_4).
- D. 10 mL of $NaPO_4$ (40 mEq of **sodium** with 30 mmol of PO_4).
- Page 198** Critical and Urgent Care III module, Self-Assessment Question #56. Option A should read:

A. **Regular insulin** 5 units intravenous bolus.

BOOK 3 (WOMEN'S AND MEN'S HEALTH)

Page 92

Women's and Men's Health II module, Self-Assessment Question #9. Option A should read:

A. Mestranol 0.05 mg/norethindrone 1 mg daily.

Page 196

Women's and Men's Health III module, Self-Assessment Question #59. Options C and D should read:

C. Tamoxifen only for 5 years, followed by an aromatase inhibitor.

D. Tamoxifen and chemotherapy with cyclophosphamide, methotrexate, and 5-fluorouracil.

BOOK 4 (*PEDIATRICS*)

Page viii

The first paragraph should read:

Subscribers to the Pharmacotherapy Self-Assessment Program, seventh edition (PSAP-VII), can earn **16.0** contact hours of continuing pharmacy education credit for successfully completing the Pediatrics Book.

Page 102

Pediatrics I module, Self-Assessment Question #56.
Options C should read:

C. Volume of **venom** delivered.

Page 102

Pediatrics II module, Self-Assessment Question #24.
Options B and C should read:

B. Mix 10 g of methylcellulose powder in 300 mL of **hot water (80-90°C)** using gentle stirring followed by addition of 700 ml of cold water with continuous stirring.

C. Mix 10 g of methylcellulose powder in 300 mL of **cold water** using gentle stirring.

Page 146

Pediatrics II module, Self-Assessment Question #74.
Question stem should read:

Which one of the following best represents the approximate **osmolarity** of the PN solution ordered?

Page 156

Right column, first paragraph, last sentence should read:

Children who were not treated with insulin had more urinary tract infections and considerably higher mortality (**OR 4.09**).

Page 208

Pediatrics III module, Self-Assessment Question #51.
Question stem should read:

One year later, L.L. visits the clinic (**weight, 30 kg; height, 105 cm**).

BOOK 5 (CHRONIC ILLNESSES)

Page 155

Skin Disorders chapter, left column, paragraph beginning “Several oral contraceptives ...” should include the following statement:

In 2010, a large systematic review failed to show an increase in cancer risk in ever-users of combined oral contraceptives.

Page 185

Chronic Illnesses III, Self-Assessment Question #1. The stem should read:

In the operating room she received 2 mg of morphine **intravenously**. Six hours later she rates her pain as 9/10 and complains of nausea and inability to take drugs **orally**.

Page 186

Chronic Illnesses III, Self-Assessment Question #7. The stem should read:

A 42-year-old woman is hospitalized secondary to injuries sustained in a motor vehicle crash 6 hours ago **and requires surgery**.

Page 211

Chronic Illnesses III, Self-Assessment Question #36. Option C should read:

B. Discontinue mycophenolate mofetil; start mycophenolate sodium **540** mg two times/day.

BOOK 6 (ONCOLOGY)

Page 21

Oncology I, Self-Assessment Question #1. The question stem should read:

Which one of the following is most appropriate regarding this patient's use of vitamins, minerals, or herbal products to reduce the risk of **developing another** lung cancer?

Page 43

Oncology I, Self-Assessment Question #34. Option D should read:

D. Administer calcitonin 4 units/kg **subcutaneously** two times/day for six doses.

Page 90

Oncology II, Self-Assessment Question #12. Option C should read:

C. Octreotide 100 **mcg** subcutaneously three times/day.

BOOK 7 (GERIATRICS)

Page 64

Geriatrics I, Self-Assessment Question #46. Option C should read:

C. The conventional-intensity group is 1.2 times less likely to have a recurrent VTE in the next 100 **person-years**.

Page 85

Figure 3-1. Algorithm for delirium in the intensive care unit patient, contained several errors. The corrected version is on the following page.

Page 207

Geriatrics III, Self-Assessment Question #4. Answer options should read:

- A. **PPSV23** and tetanus, diphtheria (Td).
- B. **PPSV23** and tetanus, diphtheria, and acellular pertussis (Tdap).
- C. **PPSV23**, zoster, and Td.
- D. **PPSV23**, zoster, and Tdap.

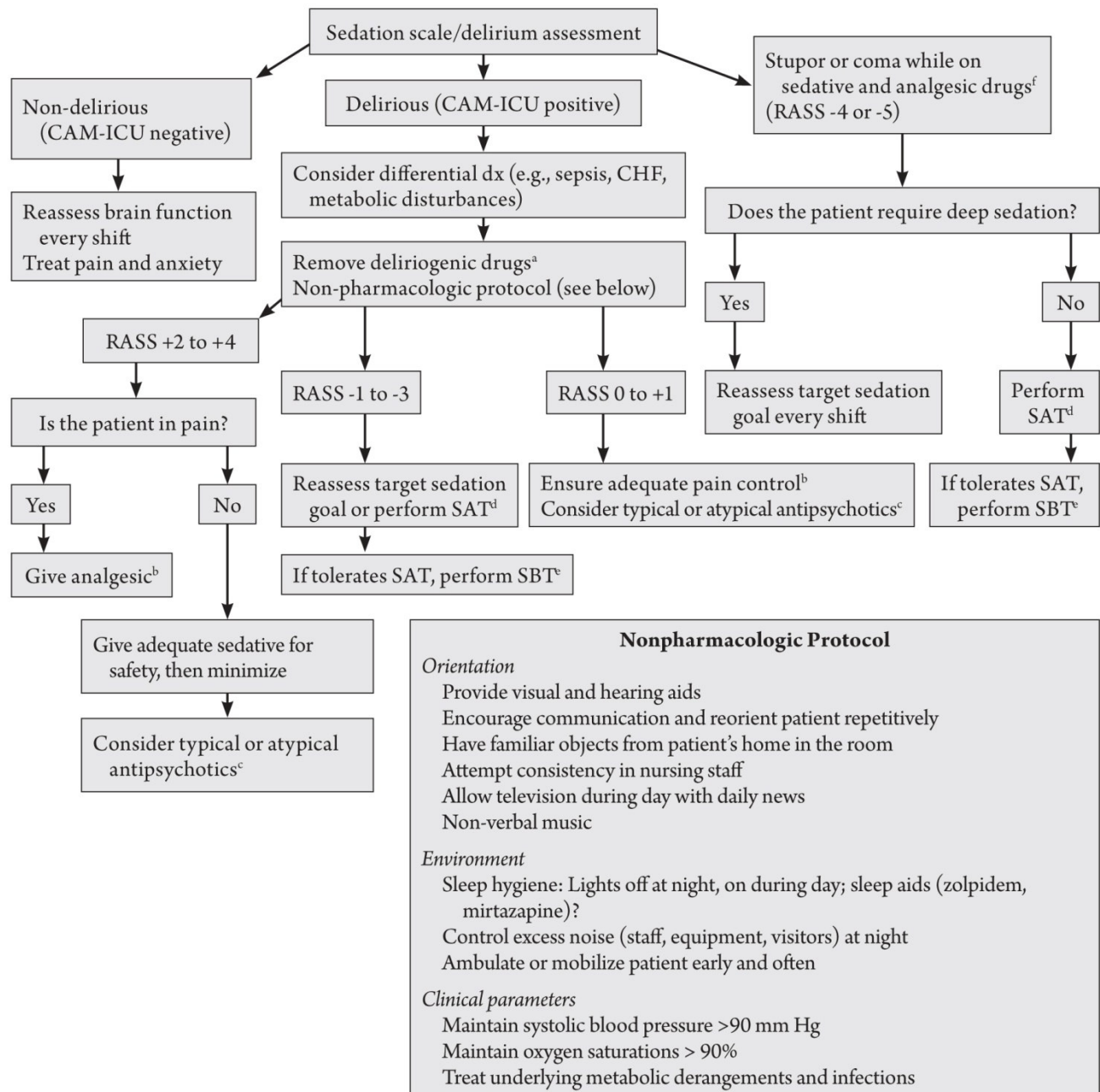


Figure 1-3. Algorithm for delirium in the intensive care unit patient.

^aConsider stopping or substituting for deliriogenic medications such as benzodiazepines, anticholinergic medications (metochlorpromide, H2 blockers, promethazine, diphenhydramine), steroids.

^bAnalgesia – adequate pain control may decrease delirium. Consider intermittent narcotics if feasible. Assess with objective tool.

^cTypical or atypical antipsychotics – while tapering or discontinuing sedatives, consider haloperidol 2–5 mg IV initially (0.5–2 mg in elderly) and then q6 hours. Guideline for maximal haloperidol dose is 20 mg/day due to ~60% D₂-receptor saturation. May also consider using any of the atypicals (e.g., olanzapine, quetiapine, risperidone, ziprasidone, aripiprazole). Discontinue if high fever, QTc prolongation, or drug-induced rigidity.

^dSpontaneous Awakening Trial (SAT – stop sedation or decrease infusion (especially benzodiazepines) to awaken patient as tolerated.

^eSpontaneous Breathing Trial (SBT) – CPAP trial if on 50% and 8 PEEP and Sats 90%.

^fSedatives and analgesics may include benzodiazepines, propofol, dexmedetomidine, fentanyl, or morphine.

RASS = Richmond Agitation-Sedation Scale.

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BOOK 8 (SCIENCE AND PRACTICE OF PHARMACOTHERAPY)

Page 156

Science and Practice I, Self-Assessment Question #75.
Option D should read:

D. Efficacy is assessed.

BOOK 9 (INFECTIOUS DISEASES)

Page 22

Table 1-2. First row, third column. The second item under Prophylaxis Alternatives should be:

1. Pentamidine 300 mg **monthly** (aerosolized)

Page 66

Bottom left column, in the paragraph under Drug Monitoring, the second sentence should read:

Hepatotoxicity should be suspected when transaminases exceed 5 times the upper limit of normal; total bilirubin exceeds 3 mg/dL; **or** with symptoms such as nausea, vomiting, or jaundice in patients with enzyme concentrations exceeding 3 times the upper limit of normal.

Page 133

Infectious Diseases II, SAQ 41. Option D should read:

D. Vancomycin 2 g x 1, 1.5 g intravenously every 24 hours, ceftriaxone 2 g intravenously every 12 hours, and acyclovir 800 mg intravenously every **12** hours.

Page 143

Bottom right column, first paragraph under Vancomycin should read:

“... the recent IDSA guidelines recommend vancomycin dosages of 15-20 **mg/kg/dose** every 8-12 hours on the basis of actual body weight ...”

Page 191

Infectious Diseases III, SAQ 33. Option D should read:

D. Add gentamicin **5** mg/kg intravenously daily.

Page 211

Figure 4-1. The calculation for specificity (top right) has been corrected (see below).

Page 212

Figure 4-2. The calculation for negative predictive value (top right) has been corrected (see below).

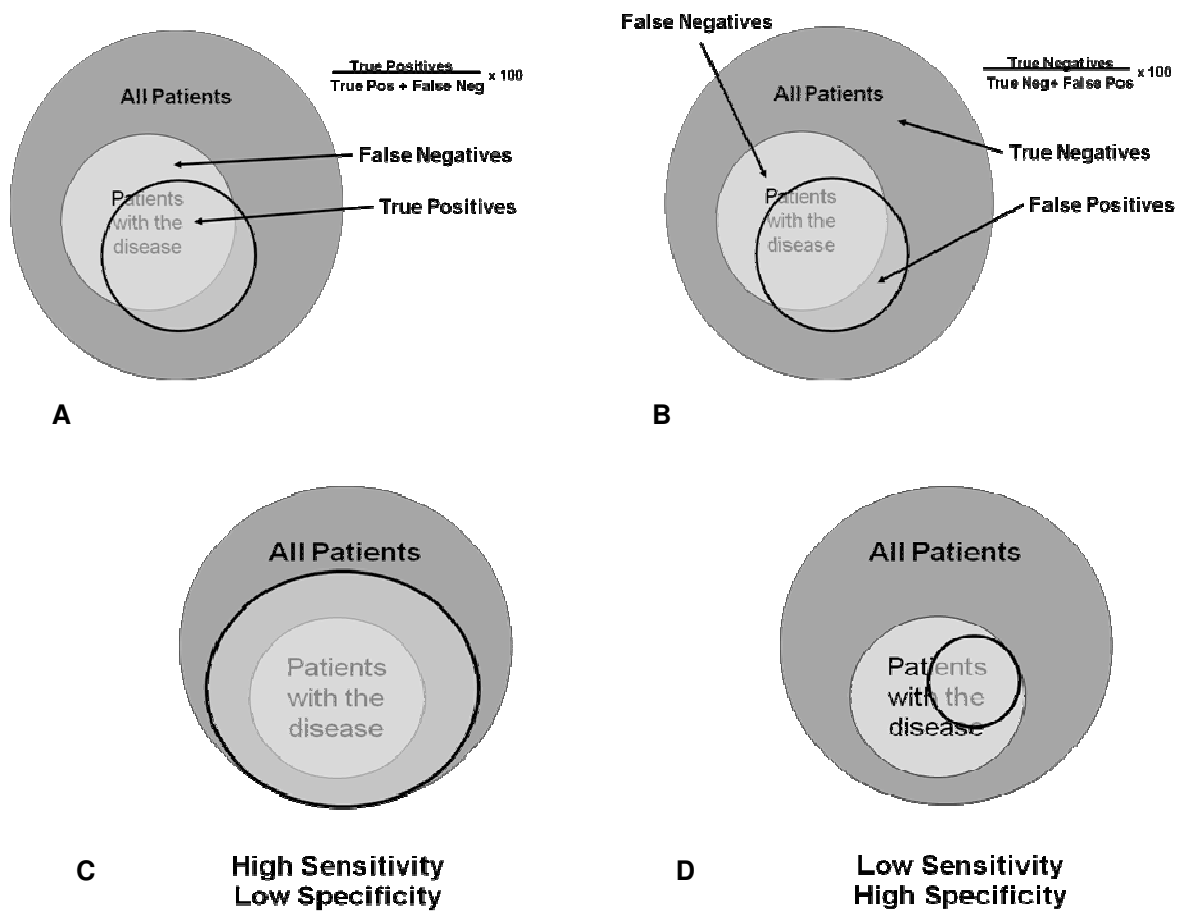


Figure 4-1. Sensitivity and specificity. **A** Sensitivity is the proportion of patients who DO have the disease who test positive. Sensitivity increases as the number of false-negative results decreases. Sensitivity does not change with prevalence of disease. With high sensitivity, you can be confident that patients with the disease are likely to test positive. **B** Specificity is the proportion of patients who DO NOT have the disease who test negative. Specificity increases as the number of false-positive results decreases. Specificity does not change with the prevalence of disease. With high specificity, you can be confident that patients without the disease are likely to test negative. **C** High sensitivity with low specificity. **D** Low sensitivity with high specificity.

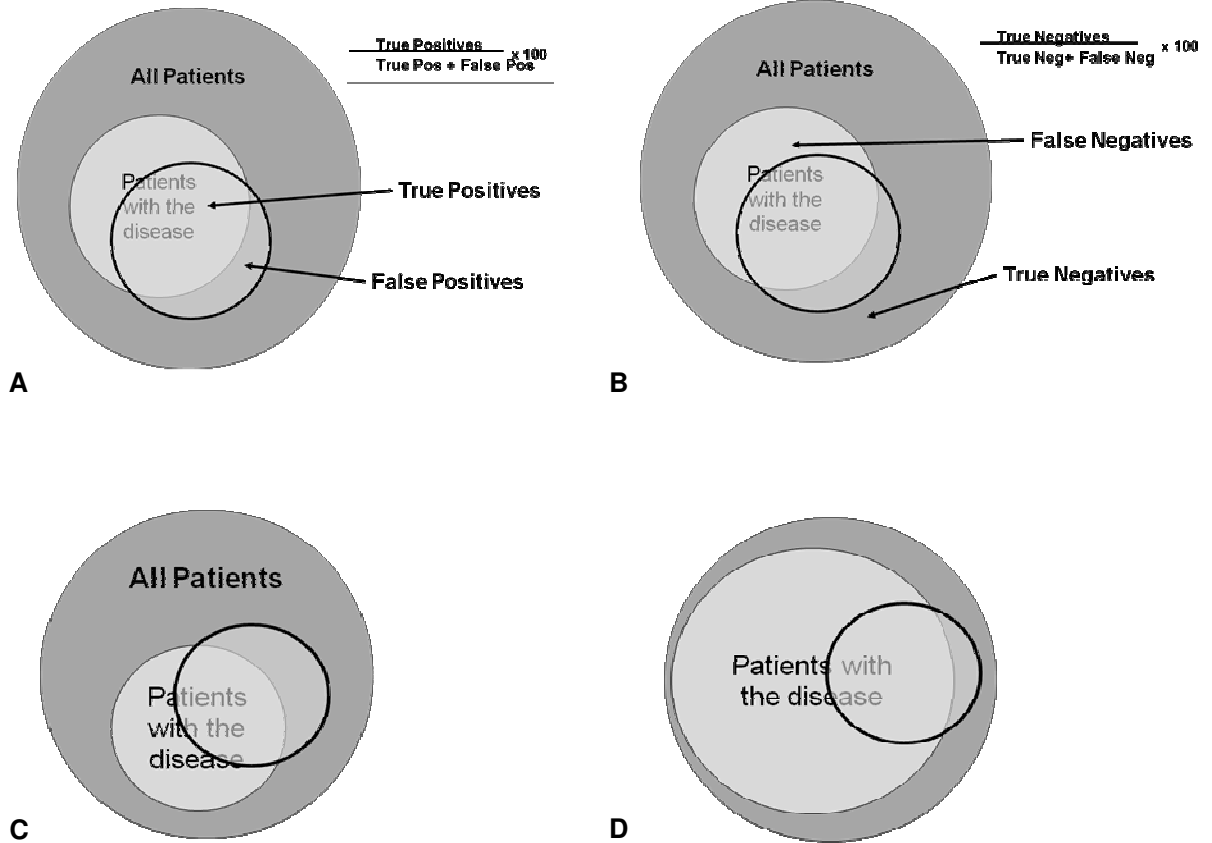


Figure 4-2. Positive and negative predictive value. **A** Positive predictive value (PPV) is the probability that a patient who tested positive actually has the disease; PPV increases as the prevalence of the disease increases. With high PPV, you can be confident that a positive test result means the disease is present. **B** Negative predictive value (NPV) is the probability that a patient who tested negative truly does NOT have the disease; NPV changes with disease prevalence. With high NPV, you can be confident that a negative test result means the disease is absent. **C** Low PPV. **D** High PPV.

BOOK 10 (NEUROLOGY AND PSYCHIATRY)

Page 108

Neurology and Psychiatry II, Self-Assessment Question #31. Option B should read:

B. Start cyanocobalamin 100 **mcg** subcutaneously every month.

Page 109

Neurology and Psychiatry II, Self-Assessment Question #36. Option D should read:

D. Venlafaxine 75 mg twice daily.

Page 110

Neurology and Psychiatry II, Self-Assessment Question #39. should read:

39. A 77-year-old overweight woman resides in a nursing home. Her medical history includes coronary artery disease (drug-eluting stent placed), AD, hypertension, and type 2 diabetes mellitus. She is currently taking enteric-coated aspirin 81 mg/day, clopidogrel 75 mg/day, **glipizide** extended release 10 mg/day, and metformin 500 mg two times/day. Reviewing her chart, you note that she recently has had abnormal electrocardiography, laboratory results, and finger stick readings. In addition, the patient has had difficulty sleeping for about 1 week and is becoming agitated in the evenings. Her vital signs include blood pressure 140/91 mm Hg, heart rate 99 beats/minute, and respiratory rate 21 breaths/minute. Her laboratory results are as follows: magnesium 0.9 mEq/L, calcium 7.5 mg/dL, albumin 4.1 g/dL, and hemoglobin A1C 8.6%.

Which one of the following would be most appropriate for this patient?

- A. Initiate diazepam 5 mg at bedtime.
- B. Initiate olanzapine 5 mg at bedtime.
- C. Initiate trazodone 50 mg at bedtime.
- D. **Initiate** donepezil 5 mg at bedtime.