Common Home Medications, Intern Quiz

40 Questions, Multiple Choice

Name: _____ Date: _____

1. A patient hands you a bottle labeled Xanax. What is the generic name?

A. Diazepam
B. Alprazolam
C. Lorazepam
D. Clonazepam

2. Which drug class does Neurontin (gabapentin) belong to, and what secondary use is it commonly prescribed for?

A. Antipsychotic; also used for insomnia
B. Anticonvulsant; also used for neuropathic pain
C. Beta blocker; also used for migraine
D. SSRI; also used for seizures

3. Lithobid is the brand name for which mood-stabilizing medication?

A. Lamotrigine
B. Valproic acid
C. Lithium
D. Quetiapine

4. A home med list includes 'Coumadin.' What should this immediately raise on your differential for any trauma patient?

A. Hypoglycemia risk
B. Bleeding risk
C. Serotonin syndrome risk
D. QT prolongation risk

5. Which of the following is NOT a benzodiazepine?

A. Ativan
B. Klonopin
C. Buspar
D. Restoril

6. Percocet is a combination product containing oxycodone and which other drug?

A. Ibuprofen
B. Acetaminophen
C. Naproxen
D. Aspirin

7. Cardizem and Cartia both refer to which generic drug?

A. Verapamil
B. Amlodipine
C. Diltiazem
D. Nifedipine

8. Which brand name corresponds to metoprolol?

A. Toprol/Lopressor
B. Tenormin
C. Coreg
D. Bystolic

9. A patient tells you they take 'their Lasix every morning.' What is this drug used for?

A. Blood thinning
B. Diuresis / CHF management
C. Seizure control
D. Blood sugar control

10. Synthroid, Levoxyl, and Levothroid are all brand names for which generic medication?

A. Levothyroxine
B. Levetiracetam
C. Levofloxacin
D. Levodopa

11. Which of these is an SSRI/SNRI-class antidepressant rather than a tricyclic?

A. Elavil
B. Tofranil
C. Zoloft
D. Sinequan

12. Flomax (tamsulosin) is prescribed for which condition?

A. Overactive bladder
B. Benign prostatic hyperplasia
C. Erectile dysfunction
D. Hypertension

13. Which drug is a non-benzodiazepine hypnotic ('Z-drug') used for insomnia?

A. Ambien
B. Xanax
C. Valium
D. Librium

14. Eliquis, Xarelto, and Pradaxa all belong to which drug category?

A. Beta blockers
B. Direct oral anticoagulants (DOACs)
C. ACE inhibitors
D. Antiplatelets only

15. A patient on Aricept most likely carries which diagnosis?

A. Parkinson's disease
B. Alzheimer's disease
C. Epilepsy
D. Schizophrenia

16. Your patient is bradycardic and hypotensive after a suspected overdose of their Toprol. What is the underlying mechanism?

A. Beta-1 blockade blunting heart rate and contractility
B. Anticholinergic toxidrome
C. Serotonin syndrome
D. Opioid receptor agonism

17. You're about to administer nitroglycerin for chest pain. Which home medication class is critical to ask about first due to a dangerous interaction?

A. Statins
B. PDE5 inhibitors (Viagra, Cialis, Levitra)
C. PPIs
D. Antihistamines

18. A patient with a history of a-fib on digoxin presents with nausea, visual disturbances, and a new dysrhythmia. What should you suspect?

A. Digoxin toxicity
B. Opioid overdose
C. Hypoglycemia
D. Serotonin syndrome

19. Which toxidrome is classically associated with tricyclic antidepressant (TCA) overdose?

A. Cholinergic
B. Anticholinergic with cardiotoxicity (widened QRS)
C. Sympathomimetic only
D. Opioid

20. A chronic benzodiazepine user abruptly stops their medication. What is the primary field concern?

A. Hypertensive crisis
B. Withdrawal seizures
C. Hypoglycemia
D. Bronchospasm

21. An elderly patient on lithium presents with tremor, confusion, and GI upset after a period of poor oral intake. What should you suspect?

A. Lithium toxicity
B. Opioid withdrawal
C. Beta-blocker overdose
D. Anticoagulant bleed

22. Why is it important to note that a diabetic patient takes a sulfonylurea (e.g., Glucotrol, Amaryl) rather than metformin alone?

A. Sulfonylureas carry a higher hypoglycemia risk
B. Sulfonylureas cause hypertension
C. Sulfonylureas cause serotonin syndrome
D. Sulfonylureas cause QT prolongation only

23. A patient combines their Soma (carisoprodol) with their prescribed Norco. What is the primary concern?

A. Serotonin syndrome
B. Additive CNS/respiratory depression
C. Hypertensive crisis
D. GI bleed

24. Your patient takes Catapres (clonidine) daily but ran out three days ago. What field presentation should this raise concern for?

A. Hypotension
B. Rebound hypertensive crisis
C. Hypoglycemia
D. Bradypnea

25. A patient on Coumadin, Plavix, or Eliquis falls and hits their head with a seemingly minor mechanism. Why does this change your approach?

A. These drugs increase seizure risk
B. These drugs increase bleeding risk, including intracranial hemorrhage
C. These drugs cause immediate loss of consciousness
D. These drugs mask pain response only

26. Which combination of home medications should raise your suspicion for serotonin syndrome if a patient presents with agitation, clonus, and hyperthermia?

A. Two or more serotonergic agents (e.g., an SSRI plus tramadol)
B. A statin plus a PPI
C. An ACE inhibitor plus a diuretic
D. A beta blocker plus a calcium channel blocker

27. A patient with COPD reaches for their Flovent inhaler during an acute exacerbation instead of albuterol. What does this tell you?

A. Flovent is the correct rescue choice
B. Flovent is a maintenance steroid, not a rescue drug, so their disease may be poorly controlled
C. Flovent will worsen bronchospasm
D. Flovent is contraindicated in COPD

28. Why should you ask about NSAID use (e.g., Aleve, Toradol) in a patient who takes lithium?

A. NSAIDs can increase lithium levels toward toxicity
B. NSAIDs reverse lithium's effect entirely
C. NSAIDs and lithium cause the same side effects, so it doesn't matter
D. There is no interaction

29. A patient overdoses on a combination of Xanax and oxycodone. What is your primary concern?

A. Hypertension
B. Additive respiratory depression
C. Seizure
D. Hyperthermia

30. Your patient takes both an ACE inhibitor (e.g., lisinopril) and spironolactone. What electrolyte abnormality should you consider?

A. Hypokalemia
B. Hyperkalemia
C. Hyponatremia
D. Hypercalcemia

31. A patient with a documented osteoporosis history (on Fosamax or Boniva) falls from standing. Why does this matter?

A. It doesn't change your assessment
B. It raises suspicion for fracture even with a low-energy mechanism
C. It suggests the fall was caused by hypoglycemia
D. It suggests an allergic reaction

32. Which class of medication is most associated with QT prolongation, making it a consideration before giving other QT-prolonging drugs?

A. PPIs
B. Antipsychotics (e.g., Haldol, Seroquel)
C. Statins
D. Bisphosphonates

33. A patient's family reports she takes 'a water pill' for her heart failure. Which class are they most likely describing?

A. ACE inhibitor
B. Diuretic (e.g., Lasix)
C. Beta blocker
D. Anticoagulant

34. Why is it important to distinguish whether a diabetic patient uses insulin versus an oral agent like metformin when they present altered?

A. It doesn't matter, treatment is the same either way
B. Insulin dosing errors are a common and rapidly reversible cause of severe hypoglycemia
C. Metformin causes altered mental status more often than insulin
D. Only insulin users can have diabetes

35. A patient on Wellbutrin (bupropion) has a seizure with no prior seizure history. What is a relevant consideration?

A. Wellbutrin lowers the seizure threshold
B. Wellbutrin causes hypoglycemia
C. Wellbutrin is a benzodiazepine and this is withdrawal
D. This is unrelated to the medication

36. Which of these medication classes is most associated with orthostatic hypotension and fall risk in older adults, particularly alpha-blockers like Flomax?

A. Antihistamines
B. Alpha-blockers / antiadrenergics
C. PPIs
D. Bisphosphonates

37. Which brand name is paired with the WRONG generic name?

A. Norvasc, amlodipine
B. Zocor, simvastatin
C. Prilosec, pantoprazole
D. Zoloft, sertraline

38. Cozaar and Hyzaar are both brand names containing which generic ARB?

A. Valsartan
B. Losartan
C. Irbesartan
D. Olmesartan

39. Which medication is classified as an antiemetic phenothiazine rather than an antipsychotic?

A. Thorazine
B. Compazine
C. Haldol
D. Zyprexa

40. A patient reports taking 'Glucophage.' What is the generic name and drug class?

A. Glipizide, sulfonylurea
B. Metformin, biguanide
C. Insulin glargine, insulin
D. Sitagliptin, DPP-4 inhibitor