

Name: _____ Date: _____

2 Pharm Drugs

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| 1. Anti-Histamine, allergic rhinitis, dermatitis, depress CNS, well tolerated | A. Fentanyl |
| 2. Used for GERD and peptic ulcers, antacids | B. TriLyte |
| 3. H-2 Receptor agonist, all prevent acid secretion, do not treat if underlying disease | C. Diazepam |
| 4. Proton Pump Inhibitor, acid peptic disorder, GERD preferred treatment | D. Pepto alka, tums |
| 5. drug induced GI motility, constipation through muscarinic receptors blocks dopamine | E. Metoclopramide |
| 6. laxative, easy defecation, bulk forming to absorb liquids | F. L-Dopa |
| 7. irritant cathartics | G. Morphine |
| 8. hyperosmotic cathartic, bulking softening, before barium or colonoscopy | H. Esomeprazole |
| 9. anti-diarrheal, opioid like, and absorbant is pepto | I. Dopamine Agonist |
| 10. anti-emetic for nausea and vomiting | J. Selegiline Rasagiline |
| 11. Benzodiazapine, CNS depressants, produces sedation, relieves anxiety, used for short procedures, short seizures, induction of anesthesia | K. DiphenhydramineHCL |
| 12. Benzodiazepines antagonist, reversal at GABA A receptor | L. 4 symptoms of PD |
| 13. Barbituates, sedative, anesthesia induction | M. emodium vegetable oil |
| 14. Barbituates, for epilepsy, sedative drugs | N. Lorazepam Alprazolam |
| 15. Benzodiazapines, acute anxiety, long anesthesia, cerebral palsy, muscle relaxation | O. Tolcapone Entacapone |
| 16. Benzodiazepines, status epileptics, anxiety, sedation, anticonvulsant, muscle relaxation, anesthesia | P. Phenobarbital |
| 17. Bradykinesia, tremors, rigidity, postural instability | Q. CimetidineRF |
| 18. Dopamine Replacement, needs to be combined with carbidopa to get more % reaching the brain, in the striatum, best for advanced disease with significant symptoms | R. Methadone |

19. Dopamine agonist, direct stimulation of dopamine, early disease treatment with advances motor fluctuations, do not give pts with valve problems	S. Midazolam
20. Pramipexole, ropinirole, rotigotine, apomorphine what are these?	T. Promethazine
21. MAO inhibitors, prevent progression of the disease, early disease treatment, prevention of dopamine degradation, do not give if take demerol or antidepressants	U. Flumazenil
22. COMT inhibitors, prevention of dopamine breakdown, ineffective unless given with L-Dopa, prolonging dopamine, liver toxicity, vivid dreams	V. Psyllium Metamucil
23. Anticholinergic, muscarinic, prevention of dopamine breakdown, under 70 years of age with no gait issues or bradykinesia, do not give if cognitively impaired	W. Bromocriptine
24. Strong agonist, analgesic, cough suppression, nausea, constipation, sedation, respiratory depression, vomiting, anti-diarrhea, chronic pain	X. Benztropine
25. strong agonist, used for replacement therapy in pts addicted to heroin, chronic severe pain	Y. Loperamide
26. Strong agonist, more potent than morphine, anesthesia, analgesia, patches are for chronic pain	Z. Thiopental