



**1. Regarding paracetamol which of the following is correct.....:**

- A. It is poorly absorbed from GIT
- B. It is metabolized in the liver by oxidation in therapeutic doses
- C. It is excreted mainly by the kidney
- D. All of the above

**2. Which of the following is a selective COX-3 inhibitor?**

- A. Celecoxib,
- B. Acetaminophen
- C. Indomethacin
- D. Meloxicam.

**3. Pharmacological effects of acetaminophen include all of the following except.....**

- A. Anti-inflammatory effect
- B. Analgesic effect
- C. Antipyretic effect
- D. None of the above

**4. Which of the following analgesics is safer in pregnancy .....**

- A. Celecoxib,
- B. Aspirin
- C. Mefenamic acid
- D. Acetaminophen

**5. Which of the following analgesics can be used in patients with hemophilia .....**

- A. Meloxicam,
- B. Aspirin
- C. Acetaminophen
- D. Ibuprofen

1. C	2. B	3. A	4. D	5. C
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**6. At therapeutic doses acetaminophen may cause all of the following except.....:**

- A. Skin rash
- B. Drug fever
- C. Renal failure with long term use
- D. Hepato-toxicity

**7. At therapeutic doses, most of paracetamol is metabolised in the liver by .....**

- A. Conjugation
- B. Oxidation
- C. Reduction
- D. Hydrolysis

**8. Hepatic toxicity in acetaminophen poisoning is due to production of a large amount of.....**

- A. Glutathione
- B. N-acetyl-p-benzoquinoneimine
- C. S-adenosylhomocysteine
- D. Acetaldehyde

**9. In case of paracetamol overdose, all of the following occur except .....**

- A. The initial conjugation pathway is exceeded
- B. Glutathione stores become depleted
- C. NAPQI is conjugated to form non-toxic metabolites.
- D. Damage of the hepatic cells

**10. Signs of hepatic damage in paracetamol overdose occur.....**

- A. Within 24 hours
- B. After 2-6 days.
- C. After 2 weeks.
- D. After 3 months.

6. D	7. A	8. B	9. C	10. B
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**11. At therapeutic doses, a small proportion of paracetamol is metabolized by .....:**

- A. Conjugation
- B. Reduction
- C. Cytochrome P450 enzymes
- D. Hydrolysis

**12. Toxic dose of paracetamol in children is about .....**

- A. 1 gm
- B. 4 gm
- C. 10 gm
- D. 15 gm

**13. Toxic dose of paracetamol in adults is about .....**

- A. 1 gm
- B. 4 gm
- C. 10 gm
- D. 15 gm

**14. Which of the following is administered in case of paracetamol toxicity .....**

- A. Acetylcysteine
- B. Flumazenil
- C. Naloxone
- D. Protamine sulphate

**15. Acetylcysteine reduces paracetamol toxicity as it.....**

- A. Increases excretion of paracetamol
- B. Causes non-ionization of paracetamol
- C. Replenishes glutathione stores in the liver
- D. None of the above

11.C	12.B	13.D	14.A	15.C
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**16. Acetylcysteine must be started within.....of paracetamol toxicity?**

- A. 8 hours
- B. 16 hours
- C. 24 hours
- D. 2 days

**17. In paracetamol toxicity, if there is significant renal or liver impairment following treatment with acetylcysteine. Which of the following should be done**

- A. Hemodialysis
- B. Further infusion of acetylcysteine
- C. Gastric lavage
- D. Liver transplantation

**18. In paracetamol toxicity, Hemodialysis is better to be done within ..... after ingestion?**

- A. 12 hours
- B. 24 hours
- C. 48 hours
- D. 72 hours

16.A	17.B	18.A
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