

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



MID | Lecture 1,2,3,4

# Past Papers

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وَإِن تَوَلَّوْا يَسْتَبَدِلْ قَوْمًا غَيْرَكُمْ ثُمَّ لَا يَكُونُوا أَمْثَلَكُمْ

اللهم استعملنا ولا تستبدلنا

اللَّهُ لَا إِلَهَ إِلَّا هُوَ الْحَيُّ الْقَيُّومُ  
لَا تَأْخُذُهُ سِنَّةٌ وَلَا نَوْمٌ لَهُ مَا فِي السَّمَوَاتِ وَمَا فِي الْأَرْضِ  
مَنْ ذَا الَّذِي يَشْفَعُ عِنْدَهُ إِلَّا بِإِذْنِهِ يَعْلَمُ مَا بَيْنَ أَيْدِيهِمْ  
وَمَا خَلْفَهُمْ وَلَا يُحِيطُونَ بِشَيْءٍ مِّنْ عِلْمِهِ إِلَّا بِمَا شَاءَ  
وَسِعَ كُرْسِيُّهُ السَّمَوَاتِ وَالْأَرْضَ وَلَا يَئُودُهُ حِفْظُهُمَا  
وَهُوَ الْعَلِيُّ الْعَظِيمُ



PHARMACOLOGY



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# Past papers

Always remember that past exam questions are only for practice.

Bismillah, let's go!

**Lecture  
1+2**

Which of the following property combinations is peculiar to the majority of NSAIDs ?

- A) Antihistaminic, antipyretic, analgesic
- B) Immunodepressive, anti-inflammatory, analgesic
- C) Antipyretic, analgesic, anti-inflammatory
- D) Anti-inflammatory, immunodepressive, antihistaminic

Side effects of aspirin include one of the following ?

- A) Gastric upset (intolerance)
- B) Salicylism (vomiting, tinnitus, decreased hearing, and vertigo)
- C) Gastric ulcers and and upper gastrointestinal bleeding
- D) All of the above

Inflammation is a complex tissue reaction that includes the release of cytokines, leukotrienes, prostaglandins, and peptides. Prostaglandins involved in inflammatory processes are produced from arachidonic acid by ?

- A) Cyclooxygenase 1
- B) Cyclooxygenase 2
- C) Glutathione – S – transferase
- D) Lipoxygenase
- E) Phospholipase A2

A 70-year-old man suffers a myocardial infarction (MI). He is admitted to the cardiac intensive care unit and is given aspirin and a  $\beta$  blocker. A catheterization procedure is scheduled. The patient's wife, who is a pharmacy technician, wants to know why the patient is being given aspirin and not another nonsteroidal anti-inflammatory drug (NSAID).

What is the best answer to this question:

- A) Aspirin inhibits both COX-1 and COX-2
- B) Aspirin irreversibly binds to its binding site on the enzyme
- C) Aspirin is a weak acid
- D) Aspirin is excreted by the kidneys
- E) Aspirin has much greater antithrombotic activity

Which of the following NSAIDs is a selective COX-2 inhibitor ?

- A) Piroxicam
- B) Indomethacin
- C) Celecoxib
- D) Diclofenac

Ans: C

Which of the following statements is true regarding NSAIDs:

- A) COX-2 inhibitors are associated with increased gastric acid secretion
- B) Aspirin reversibly inhibits COX-1 resulting in increased thromboxane A2 levels
- C) Celecoxib is administered IV and can be used for cardiovascular prevention
- D) Aspirin should be avoided in patients < 18 years old with varicella or influenza

أستغفر الله العظيم الذي لا  
إله إلا هو الحي القيوم  
وأتوب إليه

Q7

NSAID induced ulcer are treated by:

- A) Antacids
- B) H2 blockers
- C) Misoprostol
- D) PPI (proton pump inhibitors)

Ans: D

The background features a vertical bar on the left with a color gradient from pink to teal. A light blue vertical bar is positioned to the right of the teal bar. A pattern of small, semi-transparent red dots is arranged in a grid that tapers to the right, creating a sense of depth and movement.

# Past papers

Always remember that past exam questions are only for practice.

Bismillah, let's go!

**L3**  
**Skeletal Muscle**  
**Relaxants**

Depolarizing agents include all of the following properties EXCEPT:

- A) Interact with nicotinic receptor to compete with acetylcholine without receptor activation
- B) React with the nicotinic receptor to open the channel and causedepolarisation of the end plate
- C) Cause desensitization, noncompetitive block manifested by flaccidparalysis
- D) Cholinesterase inhibitors do not have the ability to reverse the blockade
- E) None

Which of the following neuromuscular blockers causes transient muscle fasciculations:

- A) Mivacurium
- B) Pancuronium
- C) Succinylcholine
- D) Tubocurarine

## Non-depolarisation neuromuscular blocking agents:

- A) Block acetylcholine reuptake
- B) Prevent access of the transmitter to its receptor and depolarization
- C) Block transmission by an excess of a depolarizing agonist
- D) All of the above

Neuromuscular blockers don't cause effects on CNS because of:

- A) They do not cross BBB
- B) Acetylcholine receptors attach to them and do not let them go
- C) They are more selective for muscular ones
- D) Nicotinic receptors are not found in the brain

Ans: A  
Polar ;)

Which of the following is true regarding depolarizing & non-depolarizing neuromuscular blockers

- A) They have the same chemical structure
- B) They have different modes of elimination
- C) They have the same duration of action
- D) They generally work on different targets

Which drug is used to reduce craving of alcohol and acts on GABA B receptors :

- A) Tizanidine
- B) Baclofen
- C) Dantrolene
- D) Metronidazole

Which of the following is wrong about tizanidine :

- A) It can decrease blood pressure
- B) Alpha 2 agonist
- C) It can increase heart rate
- D) Inhibits norepinephrine

Which of following is wrong about succinyl choline :

Ans: its effect is reversed by neostigmin

# Past papers

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Bismillah, let's go!

**L4**  
**NSAID3**

A 45-year-old surgeon needs a drug to ease her morning hand stiffness and pain but with no GI upset, you give her:

- A) peroxicam
- B) Ibuprofen
- C) Celecoxib
- D) Aspirin

Which of the following statements is true regarding NSAIDs:

- A) COX-2 inhibitors are associated with increased gastric acid secretion
- B) Aspirin reversibly inhibits COX-1 resulting in increased thromboxane A2 levels
- C) Salicylates decrease the therapeutic effects phenytoin and valproic acid
- D) Celecoxib is administered IV and can be used for cardiovascular prevention
- E) Aspirin should be avoided in patients < 18 years old with varicella or influenza

NSAID induced ulcer are treated by:

- A) Antacids
- B) H2 blockers
- C) Misoprostol
- D) PPI (proton pump inhibitors)

“ما شاء الله لا قوة إلا بالله”

# Additional Q

**Lecture  
1+2**

Which one of these drugs can inhibit lipooxygenase (LOX) ?

- A) Aspirin
- B) Montelukast
- C) Steroids
- D) Zileuton

Ans: D

Aspirin is indicated as appropriate therapy for one of these patient

- A) Pregnant women in ninth month
- B) Child with viral infection
- C) Patient with cardiovascular disease
- D) Epilepsy patient

Thrombotic complications of selective COX 2 inhibitors are ?

- A) Increased
- B) Decreased
- C) Non

Ans: A

The incidence of Reye's syndrome can be increased by the administration of :

- A) Sundilac
- B) Paracetamol
- C) Aspirin
- D) Ibuprofen

The Constitutive COX1 enzyme responsible for :

- A) Platelet aggregation
- B) Gastrointestinal cytoprotection
- C) Renal blood flow maintenance & electrolytes homeostasis
- D) All of the above

Mechanism of Antipyretic effect of Aspirin is :

- A) Decrease PGE<sub>2</sub> synthesis in the hypothalamus
- B) Decrease the hypothalamus response to interleukin- 1
- C) All of the above

Aspirin is :

- A) Non selective & reversible COX inhibitor
- B) selective & irreversible COX inhibitor
- C) Non selective & irreversible COX inhibitor
- D) selective & reversible COX inhibitor

Ans: C

One of the following is not from NSAID :

- A) Meloxicam
- B) Celecoxib
- C) Naproxen
- D) Ibuprofen
- E) Paracetamol

الدكتورة سألته في المحاضرة .

Ans: E

Which of the following describes Aspirin :

- A) Antiplatelet
- B) Anti-inflammatory
- C) Antipyretic
- D) Analgesic
- E) All of the above

Ans: E

One of the following is correct :

- A) Pain is the first reason for taking medication and it's an objective experience.
- B) Analgesics involves complete sensory blockade ( complete loss of sensation) .
- C) Paracetamol is not an opioid and work more centrally.
- D) The efficacy of NSAID is stronger than the opioid .

Complete the table :

Feature	Narcotic – opioid	Nonnarcotic - Nonopioid
Efficacy		Weak
Prototype		Aspirin
Pain relieved		
Site of Action	Central	
Mechanism		
Danger		G.I irritation
Anti-inflammatory	NO	
Antipyretic	NO	
Antiplatelet	NO	

Ans: next page

Ans:

12Q

Feature	Narcotic – opioid	Nonnarcotic - Nonopioid
Efficacy	Strong	Weak
Prototype	Morphine	Aspirin
Pain relieved	Any type	Mss
Site of Action	Central	Peripheral & Central
Mechanism	Specific receptors	PG synthesis
Danger	Tolerance & Dependence	G.I irritation
Anti-inflammatory	NO	YES
Antipyretic	NO	YES
Antiplatelet	NO	YES

Which of the following is incorrect :

- A) Ibuprofen should be taken on a full stomach, to avoid gastrointestinal irritation.
- B) Aspirin effect depends on the Dose.
- C) Most currently used NSAID are selective for COX1 .
- D) Inhibition of COX2 is responsible for their GIT toxicity.
- E) All of them is correct

A Selective CysLT 1 receptor antagonists used in Asthma management :

- A) Montelukast
- B) Zafirlukast
- C) Zileuton
- D) Pranlukast
- E) A+B+D

Ans: E  
Lukast \*

All of the are correct about NSAID EXEPT :

- A) NSAIDs is non selective inhibitors.
- B) Decreasing the sensitivity of nociceptors & increasing the pain threshold are mechanisms through which NSAIDs exert their analgesic effect.
- C) Aspirin has no effect on the normal body temperature.
- D) Aspirin has an Anticoagulant effect.
- E) Aspirin has greater selectivity for COX1.

Ans: D

Antiplatelet\*

All of the following is correct about Aspirin EXCEPT :

- A) Aspirin's anti platelet effect lasts 8–10 days.
- B) Aspirin decrease synthesis of PG results in retention of sodium & water, hyperkalemia, hypernatremia.
- C) Aspirin inhibits PG synthesis leads to vasoconstriction, which reduces renal blood flow and can cause kidney damage.
- D) GIT bleeding and perforation is a common adverse effect .
- E) Shortening of gestation and induction of labor.

● Summary:

Aspirin side effect :

A : Asthma + Acute renal failure

S : Sodium and water retention + Salicylism (toxicity)

P : Peptic Ulcers

I : Intestinal bleeding

R : Reye's syndrome

I : Inhibition labor

The background features a white field with a grid of small, light red dots in the top right and bottom left corners. On the left side, there are three vertical bars: a wide pink bar, a narrower dark teal bar, and a light blue bar.

# Additional Q

**L3**  
**Skeletal Muscle**  
**Relaxants**

If you have a patient with renal failure and need to administer a neuromuscular blocker, which of the following drugs would be the best choice :

- A) Atracurium
- B) Mivacurium
- C) Doxacurium
- D) Tubocurarine

Ans: A

Which of the following statements about Depolarizing neuromuscular blockers is correct :

- A) They have a long duration of action due to hepatic metabolism.
- B) They are primarily metabolized by plasma cholinesterase.
- C) Dibucaine number measure the effectiveness of Aspirin metabolism .
- D) Most of the administered drug reaches the neuromuscular junction.

One of the following statements is wrong:

- A) Non-depolarizing drugs block sodium ion channels in both pre-junctional and post-junctional sites, impairing acetylcholine release and inhibiting muscle contraction
- B) Succinylcholine is made of two acetylcholine molecules linked by a semi-rigid chain (end to end ).
- C) The non-depolarizing drugs compete with acetylcholine at the muscarinic receptor site.
- D) Mivacurium and succinylcholine are both metabolized by plasma cholinesterase.

Ans: C

Nicotinic \*

Acetylcholinesterase inhibitors ( Neostigmine ) can reverse the effects of all of the following except:

- A) Non-depolarizing blockers
- B) Depolarizing blockers, phase II
- C) Depolarizing blockers, phase I
- D) B+ C

Ans: C

It will prolong the paralysis

Fill the box with the correct term : Antagonist, Augmented, Antagonist

	<b>Rocuronium</b>	<b>Succinylcholine Phase I</b>	<b>Succinylcholine Phase II</b>
<b>Effect of Nesotigmine with</b>			

Ans:

	<b>Rocuronium</b>	<b>Succinylcholine Phase I</b>	<b>Succinylcholine Phase II</b>
<b>Effect of Nesotigmine with</b>	<b>Antagonist -</b>	<b>Augmented +</b>	<b>Antagonist -</b>

Which of the following statements correctly corresponds to either depolarizing drugs or non-depolarizing drugs?

1. The paralysis lasts less than 10 minutes.
2. The diaphragm is the last to be paralyzed.
3. Paralysis starts with small muscles, followed by large muscles.
4. Muscle weakness is followed by flaccid paralysis.
5. Paralysis develops rapidly (within 90 seconds).
6. Effects last for 45-60 minutes.
7. Action starts with transient muscle fasciculations over the chest and abdomen.

Ans:

<b>Non- depolarizing</b>	<b>Depolarizing</b>
<p>2. The diaphragm is the last to be paralyzed.</p> <p>3. Paralysis starts with small muscles, followed by large muscles.</p> <p>4. Muscle weakness is followed by flaccid paralysis.</p> <p>6. Effects last for 45-60 minutes.</p>	<p>1. The paralysis lasts less than 10 minutes.</p> <p>5. Paralysis develops rapidly (within 90 seconds).</p> <p>7. Action starts with transient muscle fasciculations over the chest and abdomen.</p>

Which type of neuromuscular blocking drug has the fastest onset of action?

- A) Non-depolarizing drugs
- B) Depolarizing drugs
- C) Both have the same onset
- D) It depends on the dose

Ans: B

Which of the following is Incorrectly associated with neuromuscular blockers :

- A) Skeletal muscle paralysis
- B) Hypotension
- C) Hypokalemia
- D) Increase intraocular pressure
- E) Increase intragastric pressure

Ans: C

Which of the following statements regarding drug interactions with neuromuscular blockers is correct :

- A) Isoflurane has a weaker effect on neuromuscular blockers than nitrous oxide.
- B) Aminoglycoside antibiotics like gentamicin enhance the release of acetylcholine, reducing the effect of neuromuscular blockers.
- C) Local anesthetics and antiarrhythmic drugs do not interact with neuromuscular blockers.
- D) Isoflurane can potentiate the effects of neuromuscular blockers and may lead to malignant hyperthermia.

Which of the following statements about Tizanidine is correct?

- A) It is a beta-2 agonist used to treat muscle spasticity.
- B) It has a blood pressure-lowering effect, but it is much weaker than that of clonidine.
- C) It is an alpha-2 agonist with weaker hypotensive effects than clonidine.
- D) It primarily acts on peripheral muscles rather than the central nervous system.

Which of the following is NOT a side effect of Tizanidine :

- A) Hallucinations
- B) Severe hypertension
- C) Dry Mouth
- D) Sedation
- E) Depression

Which of the following is NOT used to treat malignant hyperthermia?

- A) Cooling measures (e.g., ice packs, cold IV fluids)
- B) Sodium bicarbonate
- C) Dantrolene
- D) Succinylcholine

Which of the following statements about Diazepam is correct?

- A) It acts by inhibiting GABA receptors in the CNS.
- B) It is primarily used to treat peripheral muscle injuries only.
- C) It can reduce muscle spasticity, even in patients with spinal cord injury.
- D) It has no risk of sedation or dependence.

## Which of the following is true regarding Botulinum Toxin (Botox)?

- A) It is produced by the Clostridium tetani bacteria and inhibits acetylcholine release.
- B) It is used for ophthalmic purposes and generalized spastic disorders
- C) It causes muscle weakness by inhibiting acetylcholine release and can be used for cosmetic treatments such as facial wrinkles.
- D) It is only used for ophthalmic purposes and has no other clinical applications.
- E) B+C

Which of the following drugs has adverse effects including muscle weakness, sedation, and hepatitis?

- A) Baclofen
- B) Gabapentin
- C) Tizanidine
- D) Diazepam
- E) Dantrolene

Ans: E

Which drug is most likely to cause sedation and has the potential for tolerance and dependence?

- A) Gabapentin
- B) Tizanidine
- C) Diazepam
- D) Dantrolene

Which of the following muscle relaxants also has anti-epileptic effects?

- A) Dantrolene
- B) Diazepam
- C) Gabapentin
- D) Tizanidine
- E) Baclofen

Ans: C

Which of the following will interfere with calcium and block the ryanodine receptor?

- A) Baclofen
- B) Dantrolene
- C) Tizanidine
- D) Diazepam
- E) Ryanodine

Ans: B

Which of the following drugs reduces spasticity by inhibiting the release of substance P?

- A) Baclofen
- B) Dantrolene
- C) Tizanidine
- D) Diazepam
- E) Gabapentin



# Summary

	<b>Diazepam</b>	<b>Baclofen</b>	<b>Tizanidine</b>	<b>Dantrolene</b>	<b>Gabapentin</b>
<b>Mechanism of action</b>	<b>Facilitates GABAA</b> action to depress CNS activity.	<b>Activate GABAB</b> receptors, causing hyperpolarization and inhibiting presynaptic calcium influx.	<b>Alpha-2 adrenergic</b> agonist, related to clonidine.	Interferes with calcium release from the sarcoplasmic reticulum by binding to the <b>ryanodine</b> receptor (RyR) in muscle cells. This reduces excitation-contraction coupling.	<b>An antiepileptic Glycine</b>
<b>Uses</b>	Treats muscle spasms (including local trauma), spasticity (effective in spinal cord transection), and anxiety. Can be used as a sedative.	Treats spasticity from spinal cord injuries, by inhibiting release of <b>substance P</b> . <b>Reduce cravings in alcoholics &amp; migraine</b>	Treats muscle spasticity, especially due to spinal cord injury or multiple sclerosis	Treat malignant hyperthermia, especially when triggered by succinylcholine and anesthetics like halothane.	
<b>Adverse effects</b>	<u>Sedation</u> , tolerance, dependence.	Drowsiness (less <u>sedative</u> than benzodiazepines), muscle weakness, fatigue.	Dizziness, <u>weakness</u> , depression, <u>sedation</u> hallucinations, dry mouth.	<u>Weakness</u> , <u>sedation</u> , hepatitis.	
<b>Other note</b>	Less effective for reducing muscle tone without sedation at higher doses. Other benzodiazepines like midazolam are used as spasmolytics, but clinical use is limited.	Can be given <b>Intrathecally</b> .	Some patients experience constipation while others experience diarrhea with these agents. Weaker effect on BP than clonidine.	Effective for <b>malignant hyperthermia</b> due to genetic mutations in RyR, causing excessive calcium release and muscle rigidity.	

The background features a white base with a grid of small, light red dots in the top right and bottom left corners. On the left side, there are three vertical bars: a wide pink bar, a narrower dark teal bar, and a light blue bar.

# Additional Q

**L4**  
**NSAID<sub>3</sub>**

A 52-year-old patient with chronic back pain is taking ketorolac for pain relief. He also starts taking aspirin daily for cardiovascular protection.

One week later, he presents with severe epigastric pain and black stools. What is the most likely diagnosis?

- A) Peptic ulcer with GI bleeding
- B) Acute kidney injury
- C) Aspirin-induced thrombocytopenia
- D) Hepatic failure

All of the following drugs will increase the risk of bleeding when taken with aspirin, EXCEPT:

- A) Warfarin
- B) Phenytoin
- C) Valproic acid
- D) Gabapentin

A 30-year-old man presents to the ED after ingesting a high dose of aspirin. He has rapid breathing (hyperventilation), dizziness, tinnitus (ringing in the ears). Initial blood tests show respiratory alkalosis, but later tests reveal metabolic acidosis. What is the primary cause of the metabolic acidosis in this patient?

- A) Loss of bicarbonate through the kidneys
- B) Accumulation of lactic acid due to inhibition of oxidative phosphorylation
- C) Excess loss of CO<sub>2</sub> from hyperventilation
- D) Increased calcium levels in the blood
- E) Enhanced renal excretion of aspirin

All of the following are pathophysiological effects of aspirin overdose except:

- A) Stimulation of the respiratory center leading to hyperventilation and hyperpnea.
- B) Inhibition of oxidative phosphorylation causing increased lactic acid.
- C) Dehydration, sodium depletion, potassium depletion.
- D) Decrease glucose availability , decrease organic acids, increase glyconeogenesis.
- E) Increased anion gap & renal excretion

Ans: D

Increase organic acids

Which of the following is NOT a risk of Naproxen or Ibuprofen use during pregnancy:

- A) Premature closure of the ductus arteriosus
- B) Increased risk of gastrointestinal bleeding
- C) Safe in the third trimester
- D) Increased risk of cardiovascular events

## Write True or False next to each statement:

1. Naproxen can be used freely during the first trimester.
2. Ibuprofen should not exceed 3200mg/day and must be taken with food.
3. Indomethacin is Acetic acid derivatives.
4. Piroxicam and meloxicam is Oxicam derivatives and excreted by liver.
5. Indomethacin is a not potent anti-inflammatory and toxic.
6. Indomethacin has a limited uses (acute gouty arthritis, ankylosing spondylitis).
7. Piroxicam and meloxicam are used to treat (Rheumatoid Arthritis ,osteoarthritis) and have short half-lives.
9. Piroxicam cause more GI irritation than meloxicam.
10. Diclofenac potassium has a quicker onset than Diclofenac sodium .

Ans:

1. False - Naproxen can be used in the first trimester but only when necessary and with caution.
2. True
3. True
4. False - excreted by the kidney.
5. False - Indomethacin is a potent anti-inflammatory.
6. True
7. True
8. False - they have long half-lives, not short.
9. True
10. True

Choose all the correct answers

Which of the followings best describes acetaminophen (paracetamol)?

- a) Anti-inflammatory
- b) Antipyretic
- c) Ulcerogenic
- d) Teratogenic
- e) Weak PG synthesis inhibitor
- f) Platelet inhibitor
- g) Analgesic

Ans: B+E+G

## Write True or False next to each statement:

1. 4g/day (1 pill=500mg for adult→ 8 pills) is the maximum dose for paracetamol.
2. Acetaminophen has weak anti-inflammatory activity and doesn't affect platelet function.
3. Acetaminophen cause more gastric irritation than aspirin.
4. We can use paracetamol for children with viral infections.
5. Acetaminophen is a good choice for patients who are afraid of bleeding risk.
6. Acetaminophen is conjugated in the liver to form active metabolites.
7. Acetaminophen is slowly absorbed from the GIT and undergoes first-pass metabolism in the intestine and liver.
8. Acetaminophen and its metabolites are excreted in the urine.
9. N- acetylcysteine is the antidote (treatment) when given any time after the overdose.
10. Celecoxib is a selective inhibitor for the constitutive COX .
11. Celecoxib has an adverse effect on kidney & heart .
12. CYP2C9 can metabolise both warfarin & celecoxib .

Ans:

1. True
2. True
3. False ( the opposite)
4. True
5. True
6. False ( to form inactive metabolites).
7. False (fastly absorbed not slowly)
8. True
9. False ( within 24 hours of overdose).
10. False ( It targets COX-2, which is induced in inflammation).
11. True
12. True

Which of the following drugs is used to treat Rheumatoid Arthritis and Osteoarthritis?

- A. Baclofen
- B. Dantrolene
- C. Piroxicam
- D. Tizanidine

Ans: C

Oxicam \*

All of the following are appropriate management strategies for aspirin (salicylate) toxicity EXCEPT:

- A. Administration of IV fluids
- B. Hemodialysis
- C. Urinary alkalinization by sodium bicarbonate
- D. Activated charcoal
- E) All of them is correct

Which of the following drugs can be used to treat acute gouty arthritis?

- A. Baclofen
- B. Indomethacin
- C. Gabapentin
- D. Celecoxib
- E. Colchicine

Remember :

We can use colchicine to treat Goat but for acute indomethacin more appropriate.

Ans: B

A pregnant woman comes to your clinic and needs an NSAID for pain relief. Which of the following is considered safe to administer during pregnancy, particularly in the first and second trimesters?

- A. Naproxen
- B. Indomethacin
- C. Ibuprofen
- D. Celecoxib
- E. Paracetamol

For any feedback, scan the code or click on it.



Corrections from previous versions:

Versions	Slide # and Place of Error	Before Correction	After Correction
V0 → V1			إضافة أسئلة الباست ل Skeletal muscle NSAID3 إضافة أسئلة على اول محاضرتين 10- 17Q
V1 → V2			

# Additional Resources:

# رسالة من الفريق العلمي:

سبحانك اللهم وبحمدك، أشهد أن لا إله إلا أنت أستغفرك وأتوب إليك

إِنَّ لِلصَّائِمِ دَعْوَةً لَا تُرَدُّ حَتَّى يُفْطِرَ ..  
اللهم اعتق رقابنا و رقاب والدينا من النار  
اللهم إِنَّكَ عَفُوٌّ تَحِبُّ الْعَفْوَ فَاعْفُ عَنَّا  
اللهم صل وسلم على محمد وال محمد  
استغفر الله العظيم واتوب اليه  
سبحان الله وبحمده سبحان الله العظيم  
اللهم اغفر لنا ذنوبنا وتخطى عن سيئاتنا  
اللهم ارزقنا توبةً نصوحةً قبل الموت  
اللهم يا مقلب القلوب ثبت قلوبنا على دينك  
وفقمك الله  
وتقبل منكم !

سُورَةُ الْاِخْلَاصِ

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

قُلْ هُوَ اللّٰهُ اَحَدٌ ۝۱ اللّٰهُ الصَّمَدُ ۝۲ لَمْ يَلِدْ وَلَمْ يُولَدْ ۝۳  
وَلَمْ يَكُنْ لَهٗ كُفُوًا اَحَدٌ ۝۴

سُورَةُ الْفَلَقِ

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

قُلْ اَعُوذُ بِرَبِّ الْفَلَقِ ۝۱ مِنْ شَرِّ مَا خَلَقَ ۝۲ وَمِنْ شَرِّ  
غَاسِقِ اِذَا وَقَبَ ۝۳ وَمِنْ شَرِّ النَّفَّاثَاتِ فِي الْعُقَدِ ۝۴  
وَمِنْ شَرِّ حَاسِدٍ اِذَا حَسَدَ ۝۵

سُورَةُ الْبَنَاسِرِ

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

قُلْ اَعُوذُ بِرَبِّ النَّاسِ ۝۱ مَلِكِ النَّاسِ ۝۲ اِلٰهِ  
النَّاسِ ۝۳ مِنْ شَرِّ الْوَسْوَاسِ الْخَنَّاسِ ۝۴ الَّذِي  
يُوسْوِسُ فِي صُدُوْرِ النَّاسِ ۝۵  
مِنْ اَلْحِجَّةِ وَالنَّاسِ ۝۶