1 · Must-Know Med Suffixes (know the class instantly)

-pril	**ACE inhibitors (lisinopril)**	Watch: dry cough, hyperkalemia, angioedema
-sartan	**ARBs (losartan)**	Like ACE, no cough; watch hyperkalemia
-olol	**Beta-blockers (metoprolol)**	Hold if HR <60; mask hypoglycemia
-dipine	**Ca-channel blockers (amlodipine)**	Watch: edema, hypotension
-statin	**Statins (atorvastatin)**	Watch: muscle pain (rhabdo), liver
-pram/-line	**SSRIs/TCAs (sertraline)**	Serotonin syndrome; 2–4 wk onset
-prazole	**PPIs (omeprazole)**	Long-term: low Mg, B12, fractures
-floxacin	**Fluoroquinolones**	Tendon rupture; avoid w/ antacids
-cillin	**Penicillins**	Ask about allergy first!
-mycin	**Aminoglycosides**	Nephro/ototoxic; check troughs
-azepam/-zolam	**Benzodiazepines**	Reversal: flumazenil; resp depression
-ide (loop)	**Loop diuretics (furosemide)**	Watch: low K, ototoxic, dehydration

2 · High-Alert Meds & Antidotes

Heparin	**Antidote: protamine sulfate**	Monitor aPTT
Warfarin	**Antidote: vitamin K**	Monitor INR (goal 2–3)
Opioids	**Antidote: naloxone (Narcan)**	Watch resp rate
Benzodiazepines	**Antidote: flumazenil**	Caution: seizures
Acetaminophen	**Antidote: acetylcysteine**	Toxic >4 g/day → liver
Magnesium sulfate	**Antidote: calcium gluconate**	Loss of DTRs = toxicity
Digoxin	**Antidote: digoxin immune Fab**	Hold if HR <60
Insulin/sulfonylureas	**Antidote: dextrose / glucagon**	Treat hypoglycemia fast
Iron	**Antidote: deferoxamine**	Chelation

3 · ABG Interpretation (ROME + steps)

Step 1 — pH	**<7.35 = acidosis · >7.45 = alkalosis (normal 7.35–7.45)**	
Step 2 — CO2	**>45 acidic, <35 basic (normal 35–45). Lungs = Respiratory**	ROME: Respiratory = Opposite (pH & CO2 move opposite ways)
Step 3 — HCO3	**<22 acidic, >26 basic (normal 22–26). Kidneys = Metabolic**	ROME: Metabolic = Equal (pH & HCO3 move same way)
Step 4 — Compensation	**If the other value shifted to offset → partial/full compensation**	
Quick causes	**Resp acidosis: hypoventilation/COPD · Resp alkalosis: hyperventilation**	Metabolic acidosis: DKA, diarrhea · Metab alkalosis: vomiting, antacids

4 · Dosage Calc Formulas

Desired / Have × Quantity	**Basic tablet/liquid dose**	e.g. need 500mg, have 250mg/tab → 2 tabs
mL/hr = (Volume ÷ Time in hr)	**IV pump rate**	
gtt/min = (Volume × drop factor) ÷ (Time in min)	**IV drip rate (gravity)**	
Weight-based = mg/kg × kg	**Always convert lb÷2.2 = kg first**	Safe-dose: compare ordered vs calculated range
1 kg = 2.2 lb · 1 g = 1000 mg · 1 mg = 1000 mcg · 1 L = 1000 mL · 1 tsp = 5 mL	**Key conversions**	

5 · Prioritization & Test-Taking

ABCs	**Airway → Breathing → Circulation — always first**
Maslow	**Physiological needs before psychosocial**
Acute > Chronic, Unstable > Stable	**Treat the new/worsening problem first**
SATA strategy	**Treat each option as true/false on its own — don't guess the count**
Avoid absolutes	**'Always/never/all/none' answers are usually wrong**
ADPIE	**Assess first — if an option is 'assess,' it's often the answer before acting**

6 · Don’t-Miss Lab Criticals

Potassium	**3.5–5.0 mEq/L**	Crit <2.5 / >6.5 → cardiac
Sodium	**135–145 mEq/L**	Crit <120 → seizures
Glucose	**70–99 fasting**	Crit <50 / >400
Digoxin	**0.5–2.0 ng/mL**	Toxic >2.4

Lithium	**0.6–1.2 mEq/L**	Toxic >1.5
INR	**2–3 on warfarin**	>5 = bleed risk
Platelets	**150–400k**	<50k bleed; <20k spontaneous
Creatinine	**0.6–1.2 mg/dL**	Best kidney marker