

# CJE Open Check Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>15</b>

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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1. **Biscodyl (Ducolax) is classified as which type of laxative?**
  - A. Stool softener
  - B. Stimulant laxative
  - C. Antidiarrheal
  - D. Antacid
  
2. **Which labs should be monitored for aminoglycosides?**
  - A. ALT & AST
  - B. CBC
  - C. BUN & Creatinine
  - D. ALP & GGT
  
3. **Which antidote is used to reverse heparin?**
  - A. Protamine sulfate
  - B. Vitamin K
  - C. Flumazenil
  - D. Naloxone
  
4. **What is the therapeutic Lithium level range?**
  - A. 1.5 - 2.5
  - B. 0.6 - 1.2 mEq/L
  - C. 0.1 - 0.3
  - D. 2.0 - 3.0
  
5. **Aminoglycosides can cause ototoxicity by affecting which cranial nerve?**
  - A. CN II
  - B. CN X
  - C. CN VII
  - D. CN VIII
  
6. **\_\_\_\_\_ should be avoided when taking PPIs**
  - A. Acetaminophen
  - B. NSAIDs
  - C. Antibiotics
  - D. Laxatives

- 7. What is a key consideration in DMARD III treatment?**
- A. Stop medication immediately at the first sign of a significant drop in leukocyte or platelet count.**
  - B. Increase dose if WBC drop**
  - C. Continue meds despite drop in labs**
  - D. Only monitor liver enzymes**
- 8. What item should be at the bedside for a chest tube?**
- A. Gauze**
  - B. Sterile water**
  - C. Padded clamps**
  - D. Tape**
- 9. Which parameter should be monitored in patients receiving epoetin alfa?**
- A. Hypotension**
  - B. Hyperkalemia**
  - C. Hypertension**
  - D. Hypothyroidism**
- 10. Diphenoxylate/Atropine is an anti-diarrheal that primarily does what to GI motility?**
- A. Stool softener**
  - B. Stimulant laxative**
  - C. Slows GI motility**
  - D. Antacid**

## Answers

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1. B
2. C
3. A
4. B
5. D
6. B
7. A
8. C
9. C
10. C

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## **Explanations**

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### 1. Biscodyl (Ducolax) is classified as which type of laxative?

- A. Stool softener
- B. Stimulant laxative**
- C. Antidiarrheal
- D. Antacid

Biscodyl acts by stimulating the nerves in the colon to increase peristaltic activity, which speeds up bowel movements and promotes stool passage. That direct stimulation of colonic contractions is the hallmark of a stimulant laxative. In contrast, a stool softener works by making stool easier to pass without increasing contractions, an antidiarrheal slows gut movement to reduce frequency, and an antacid neutralizes stomach acid—none of which describe how Biscodyl works.

### 2. Which labs should be monitored for aminoglycosides?

- A. ALT & AST
- B. CBC
- C. BUN & Creatinine**
- D. ALP & GGT

Aminoglycosides are known to be nephrotoxic, so monitoring kidney function is essential. Checking BUN and creatinine provides a direct measure of how well the kidneys are filtering and can reveal early signs of drug-induced kidney injury, allowing dose adjustments or therapy duration to be modified to prevent further damage. Liver-related tests like ALT/AST or ALP/GGT assess liver or biliary status, which aren't the primary concerns with aminoglycoside toxicity, so they are not the standard labs for this purpose. A CBC tracks blood counts but doesn't specifically reflect nephrotoxicity from these drugs. In clinical practice, trough levels of the drug are also monitored to avoid toxicity, but those aren't shown among the options.

### 3. Which antidote is used to reverse heparin?

- A. Protamine sulfate**
- B. Vitamin K
- C. Flumazenil
- D. Naloxone

Protamine sulfate reverses heparin by binding to heparin and forming a stable, inactive complex, which quickly neutralizes heparin's anticoagulant effect. Heparin works by enhancing antithrombin III, so when rapid reversal is needed—such as in excessive bleeding or before emergent surgery—protamine provides a direct, rapid counteraction. Other agents target different drugs: vitamin K reverses warfarin by restoring vitamin K-dependent clotting factors, flumazenil reverses benzodiazepines, and naloxone reverses opioids.

#### 4. What is the therapeutic Lithium level range?

- A. 1.5 - 2.5
- B. 0.6 - 1.2 mEq/L**
- C. 0.1 - 0.3
- D. 2.0 - 3.0

Lithium works best when its level in the blood stays within a narrow window, because it has a small safety margin. For long-term mood stabilization in bipolar disorder, the recommended serum concentration is about 0.6 to 1.2 mEq/L. This range is high enough to have a therapeutic effect but low enough to minimize toxicity. Levels below this range are usually not effective, while levels well above it—especially around 1.5-2.0 mEq/L and higher—carry a real risk of toxicity, with symptoms like tremor, confusion, and coordination problems. So the 0.6-1.2 mEq/L range is the correct target. The other ranges are either subtherapeutic or dangerous.

#### 5. Aminoglycosides can cause ototoxicity by affecting which cranial nerve?

- A. CN II
- B. CN X
- C. CN VII
- D. CN VIII**

Aminoglycosides are ototoxic because they damage the inner ear's sensory hair cells, which send signals for hearing and balance to the brain. Those signals travel via the vestibulocochlear nerve, CN VIII, so this nerve is the one affected. That's why ototoxicity presents with sensorineural hearing loss and sometimes vertigo or dizziness. The other nerves listed don't handle hearing or balance—optic nerve for vision, vagus for autonomic functions, and facial nerve for facial movement and taste—so they aren't the ones involved in this type of toxicity.

#### 6. \_\_\_\_\_ should be avoided when taking PPIs

- A. Acetaminophen
- B. NSAIDs**
- C. Antibiotics
- D. Laxatives

When you're taking a proton pump inhibitor, you still want to limit drugs that can irritate the stomach lining. NSAIDs work by inhibiting prostaglandins, which protect the stomach, so they can cause gastritis, ulcers, and bleeding even if acid in the stomach is reduced by a PPI. The PPI lowers acid but doesn't stop the mucosal damage NSAIDs can cause, so avoiding NSAIDs minimizes the risk of GI complications. Acetaminophen doesn't affect the stomach lining in the same way and is generally safer for pain when a PPI is used. Antibiotics and laxatives don't carry the same GI-injury risk tied to NSAIDs, so they're not avoided for this reason.

**7. What is a key consideration in DMARD III treatment?**

- A. Stop medication immediately at the first sign of a significant drop in leukocyte or platelet count.**
- B. Increase dose if WBC drop**
- C. Continue meds despite drop in labs**
- D. Only monitor liver enzymes**

The main idea is safety monitoring for DMARDs, specifically that these drugs can suppress the bone marrow and cause drops in white blood cells and platelets. When lab tests show a significant decrease in these counts, the correct action is to stop the medication immediately to prevent serious infections or bleeding. This approach prioritizes patient safety: cytopenias can progress quickly, and holding the drug allows counts to recover before considering reinitiating therapy or trying alternatives. Increasing the dose would worsen the suppression, and continuing the medication despite abnormal labs risks life-threatening complications. Liver enzyme monitoring is important for hepatotoxicity with some DMARDs, but it doesn't protect against bone marrow suppression, so relying only on liver tests isn't sufficient. Regular CBC monitoring is essential to catch cytopenias early and guide safe management.

**8. What item should be at the bedside for a chest tube?**

- A. Gauze**
- B. Sterile water**
- C. Padded clamps**
- D. Tape**

In chest tube care, you need to be able to control the tube quickly and safely. Having padded clamps at the bedside lets you temporarily clamp the tube if the system becomes disconnected or if you need to test for an air leak, for example during transport or when troubleshooting. The padding protects surrounding tissue from injury while you handle the tubing, and clamping is used only for short, controlled periods to prevent air from entering the pleural space while adjustments are made. While gauze, tape, and sterile water are all important parts of the chest tube setup and dressing, the item that should be readily available at the bedside to manage safety and troubleshoot issues is padded clamps.

**9. Which parameter should be monitored in patients receiving epoetin alfa?**

- A. Hypotension**
- B. Hyperkalemia**
- C. Hypertension**
- D. Hypothyroidism**

Epoetin alfa stimulates red blood cell production, which can increase blood viscosity and raise blood pressure. Because of this, monitoring blood pressure is essential during ESA therapy to detect and manage hypertension and reduce cardiovascular risk. If hypertension develops, dose adjustments or treatment changes may be needed, and keeping hemoglobin within a safe target helps minimize BP rises. While other issues can occur in different contexts, they are not the primary concern with epoetin alfa here; the key parameter to watch is blood pressure.

**10. Diphenoxylate/Atropine is an anti-diarrheal that primarily does what to GI motility?**

- A. Stool softener**
- B. Stimulant laxative**
- C. Slows GI motility**
- D. Antacid**

The main idea is that this combination works by slowing the movement of the intestines. Diphenoxylate is an opioid receptor-agonist in the gut that reduces propulsive peristalsis, giving the intestines more time to absorb water from the stool and resulting in firmer stools and fewer bowel movements. Atropine is added in small amounts mainly to discourage misuse and add a mild anticholinergic effect, but it's not the action that controls motility. This is not a stool softener, not a stimulant laxative (which would speed up transit), and not an antacid.

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## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://cjeopencheck.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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