

# EDAPT Perfusion Practice Test (Sample)

## Study Guide



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

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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. What should a client using a nitroglycerin patch avoid taking concurrently?**
  - A. Nonsteroidal anti-inflammatory drugs**
  - B. Antibiotics**
  - C. Drugs to treat erectile dysfunction**
  - D. Antidepressants**
  
- 2. What should a nurse instruct a patient regarding the timing of doses for captopril?**
  - A. All doses can be taken at bedtime**
  - B. Doses should be taken before meals**
  - C. Once daily dosing is sufficient**
  - D. Doses can be taken after eating**
  
- 3. Who may need a lower dosage of amlodipine?**
  - A. A healthy 30-year-old**
  - B. A 49-year-old diagnosed with aortic stenosis**
  - C. A 25-year-old with no health issues**
  - D. A 35-year-old athlete**
  
- 4. What assessment finding indicates that a client's chest pain is likely from stable angina?**
  - A. The pain worsens during rest**
  - B. The pain is consistent and lasts more than 20 minutes**
  - C. The pain is relieved after the client takes nitroglycerin**
  - D. The pain radiates to the left arm and jaw**
  
- 5. What is a common side effect of Angiotensin II receptor blockers (ARBs)?**
  - A. Dizziness**
  - B. Bradycardia**
  - C. Liver dysfunction**
  - D. Insomnia**

- 6. Which medication class is primarily used to reduce triglyceride levels?**
- A. Statins**
  - B. Fibric acid derivatives**
  - C. Cholesterol absorption inhibitors**
  - D. Beta blockers**
- 7. What effect may occur when taking the combination of nifedipine and digoxin?**
- A. Increased heart rate**
  - B. Low heart rate**
  - C. Decreased digoxin levels**
  - D. Increased blood pressure**
- 8. What is the effect of some antianginal medications on heart rate?**
- A. Increasing**
  - B. Slowing**
  - C. Stabilizing**
  - D. Irregularizing**
- 9. What is a potential side effect of using antihypertensives along with potassium supplements?**
- A. Hypokalemia**
  - B. Hyperkalemia**
  - C. Bradycardia**
  - D. Chest pain**
- 10. Before administering sacubitril/valsartan, which medication information should be discussed with the healthcare provider?**
- A. Taking atorvastatin 20 mg**
  - B. Taking lisinopril 10 mg daily**
  - C. Taking aspirin 81 mg daily**
  - D. Taking warfarin**

## Answers

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

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## **Explanations**

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**1. What should a client using a nitroglycerin patch avoid taking concurrently?**

- A. Nonsteroidal anti-inflammatory drugs**
- B. Antibiotics**
- C. Drugs to treat erectile dysfunction**
- D. Antidepressants**

A client using a nitroglycerin patch should avoid taking drugs to treat erectile dysfunction concurrently due to the risk of severe hypotension. Nitroglycerin, as a nitrate, works to dilate blood vessels and decrease blood pressure, and when combined with phosphodiesterase type 5 (PDE5) inhibitors (commonly used for erectile dysfunction), the effects of both drugs can lead to an excessive drop in blood pressure. This combination can cause symptoms such as dizziness, fainting, or even a more serious cardiovascular event. While the other medications mentioned may have their own side effects or interactions, they do not carry the same level of critical risk when taken alongside nitroglycerin as those used for erectile dysfunction do. Understanding these interactions is crucial for ensuring client safety and preventing potentially life-threatening situations.

**2. What should a nurse instruct a patient regarding the timing of doses for captopril?**

- A. All doses can be taken at bedtime**
- B. Doses should be taken before meals**
- C. Once daily dosing is sufficient**
- D. Doses can be taken after eating**

The correct instruction for patients taking captopril is to administer their doses before meals. Captopril, an ACE inhibitor used primarily to manage hypertension and heart failure, is most effectively absorbed when taken on an empty stomach. This timing can enhance its bioavailability, as food can interfere with the absorption of the medication, leading to reduced effectiveness. Taking captopril before meals ensures that the medication has optimal absorption and action in the body, which is crucial for managing blood pressure effectively. This practice aligns with the pharmacokinetic properties of the drug, promoting better outcomes in treatment. Understanding why meals can affect medication absorption is important; it helps both patients and healthcare providers optimize therapeutic strategies for managing conditions like hypertension. Ensuring that patients follow this guidance can lead to improved control of their blood pressure and related health outcomes.

### 3. Who may need a lower dosage of amlodipine?

- A. A healthy 30-year-old
- B. A 49-year-old diagnosed with aortic stenosis**
- C. A 25-year-old with no health issues
- D. A 35-year-old athlete

A lower dosage of amlodipine may be necessary for individuals with specific health conditions that could predispose them to heightened sensitivity to the medication or its effects on cardiovascular dynamics. In this case, a 49-year-old diagnosed with aortic stenosis represents a population that requires careful management of blood pressure and heart function. Aortic stenosis narrows the aortic valve, which can impede blood flow from the heart and lead to increased pressure in the left ventricle. The administration of amlodipine, a calcium channel blocker that lowers blood pressure, can result in significant changes in cardiac output and vascular resistance. Due to the potential for compromised cardiac function in patients with aortic stenosis, starting with a lower dosage of the medication allows for better management of their blood pressure without risking excessive hypotension or other complications that could arise from the interplay between the drug's effects and the patient's heart condition. In contrast, individuals who are younger and generally healthy, such as a healthy 30-year-old or a 25-year-old with no health issues, are less likely to experience the same level of cardiovascular compromise and would generally tolerate standard dosages of amlodipine well. Additionally, an athlete, while potentially in peak physical condition, may also

### 4. What assessment finding indicates that a client's chest pain is likely from stable angina?

- A. The pain worsens during rest
- B. The pain is consistent and lasts more than 20 minutes
- C. The pain is relieved after the client takes nitroglycerin**
- D. The pain radiates to the left arm and jaw

The assessment finding that indicates a client's chest pain is likely from stable angina is relief of the pain after the client takes nitroglycerin. In stable angina, the chest pain is typically triggered by physical activity or emotional stress and is characteristically relieved by rest or the use of nitroglycerin, a medication that dilates blood vessels and improves blood flow to the heart. The predictable nature of stable angina means that the discomfort often resolves once the precipitating factor is removed or treated, which aligns with the scenario of the pain easing after nitroglycerin is administered. In contrast, worsening pain during rest may suggest instability or a change in the nature of the condition, signaling a possible progression to unstable angina or other cardiac issues. Similarly, chest pain that is consistent and lasts more than 20 minutes may indicate more serious conditions like myocardial infarction, while pain radiating to the left arm and jaw, while common in various forms of angina, does not distinctly differentiate stable angina from other cardiac conditions. The hallmark of stable angina is that it is typically predictable, transient, and responds well to identified treatments like nitroglycerin.

**5. What is a common side effect of Angiotensin II receptor blockers (ARBs)?**

- A. Dizziness**
- B. Bradycardia**
- C. Liver dysfunction**
- D. Insomnia**

Dizziness is indeed a common side effect of Angiotensin II receptor blockers (ARBs). These medications work by blocking the effects of angiotensin II, a substance in the body that can constrict blood vessels and raise blood pressure. By doing so, ARBs help to relax blood vessels and lower blood pressure. However, this vasodilation can sometimes lead to a drop in blood pressure that may result in dizziness, especially when a person changes positions quickly, such as moving from sitting to standing. This side effect is often transient and may decrease as the body adjusts to the medication. In contrast, the other choices like bradycardia, liver dysfunction, and insomnia are not typically associated with ARBs. Bradycardia is more closely related to other types of antihypertensive medications, liver dysfunction is not a common side effect of ARBs, and while insomnia can be a general side effect of many medications, it is not directly linked to ARBs. Thus, dizziness stands out as a more recognizable and relevant side effect in patients taking these medications.

**6. Which medication class is primarily used to reduce triglyceride levels?**

- A. Statins**
- B. Fibric acid derivatives**
- C. Cholesterol absorption inhibitors**
- D. Beta blockers**

The medication class known for its effectiveness in reducing triglyceride levels is primarily fibric acid derivatives. These medications work by enhancing the breakdown of lipoproteins that contain triglycerides, thereby lowering their levels in the bloodstream. Fibric acid derivatives, such as fenofibrate and gemfibrozil, specifically target triglyceride metabolism and are often prescribed in cases where triglyceride levels are notably elevated, especially in patients with conditions such as hypertriglyceridemia. Statins are mainly focused on lowering low-density lipoprotein (LDL) cholesterol and, to a lesser extent, can have some effect on triglyceride levels, but they are not the first-line treatment specifically for triglycerides. Cholesterol absorption inhibitors primarily work by preventing the absorption of cholesterol from the diet but do not significantly affect triglyceride levels. Beta blockers, while important for cardiovascular health, do not play a direct role in lowering triglycerides and are not typically used for managing lipid levels. Thus, fibric acid derivatives are specifically designed for addressing elevated triglyceride levels, making them the appropriate choice for this question.

**7. What effect may occur when taking the combination of nifedipine and digoxin?**

- A. Increased heart rate**
- B. Low heart rate**
- C. Decreased digoxin levels**
- D. Increased blood pressure**

When taking the combination of nifedipine and digoxin, a notable effect that may occur is a low heart rate. Nifedipine is a calcium channel blocker that can cause vasodilation and reduce systemic vascular resistance, which could lead to a compensatory reflex increased heart rate under certain circumstances. However, the combination with digoxin, a medication that acts to increase the force of cardiac contractions and generally stabilizes heart rate, can have bradycardic interactions. When these two medications are taken together, nifedipine might contribute to a more pronounced effect of digoxin, which can lead to a lower heart rate, especially since digoxin may have a direct effect on vagal tone, further promoting bradycardia. Digoxin, particularly, is used to control heart rate in conditions like atrial fibrillation; thus, the interaction with nifedipine could enhance its rate-slowing effects rather than increasing heart activity. Therefore, low heart rate is a plausible outcome from the interaction of these two medications, as their combined actions on the cardiovascular system could lead to a significant drop in heart rate, unlike the other responses related to increased rates or levels.

**8. What is the effect of some antianginal medications on heart rate?**

- A. Increasing**
- B. Slowing**
- C. Stabilizing**
- D. Irregularizing**

Antianginal medications are primarily used to reduce the intensity of angina pectoris, which is chest pain caused by reduced blood flow to the heart muscle. One of the mechanisms by which certain antianginals operate is through their effect on heart rate. Specifically, many of these medications, such as beta-blockers, are designed to slow the heart rate. By decreasing the heart rate, these medications allow the heart to receive more blood and oxygen during the diastolic phase (when the heart is relaxed and filling with blood). This reduction in heart rate can help minimize the work the heart has to do, thereby reducing the overall myocardial oxygen demand. A slower heart rate can lead to less angina and can improve exercise tolerance in patients with coronary artery disease. Other types of antianginal medications might hit different targets, such as vasodilation, but the overall effect on heart rate, particularly with beta-blockers and some calcium channel blockers, is to slow it. This is crucial in managing conditions like angina and avoiding further cardiac complications.

**9. What is a potential side effect of using antihypertensives along with potassium supplements?**

- A. Hypokalemia
- B. Hyperkalemia**
- C. Bradycardia
- D. Chest pain

The correct answer is hyperkalemia. Antihypertensives, particularly those that are part of the class known as ACE inhibitors, angiotensin receptor blockers (ARBs), and potassium-sparing diuretics, can increase potassium levels in the body. When combined with potassium supplements, this effect can be amplified, potentially leading to hyperkalemia, which is an elevated concentration of potassium in the bloodstream. Hyperkalemia can result in serious cardiac complications, as excessive potassium can disrupt the normal electrical activity of the heart, leading to arrhythmias or other cardiovascular issues. It is important for healthcare providers to monitor potassium levels in patients who are prescribed both antihypertensives and potassium supplements to prevent such adverse effects. In contrast, hypokalemia, bradycardia, and chest pain are not typically associated with this specific combination of medications and supplements. Hypokalemia refers to low potassium levels, which would be unlikely if potassium supplements are being taken. Bradycardia (slow heart rate) can be influenced by other factors but is not a direct consequence of the concurrent use of antihypertensives and potassium. Chest pain can have many causes unrelated to this drug interaction. Understanding the potential for hyperkalemia helps in managing patient

**10. Before administering sacubitril/valsartan, which medication information should be discussed with the healthcare provider?**

- A. Taking atorvastatin 20 mg
- B. Taking lisinopril 10 mg daily**
- C. Taking aspirin 81 mg daily
- D. Taking warfarin

The choice revolves around the interaction between sacubitril/valsartan and certain medications. Sacubitril/valsartan is an angiotensin receptor neprilysin inhibitor (ARNI) used primarily for heart failure. When discussing medication information with a healthcare provider, it's crucial to highlight the use of angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) prior to starting sacubitril/valsartan. Lisinopril is an ACE inhibitor, and its concurrent use with sacubitril can lead to a significant risk of angioedema, hypotension, and renal impairment. Therefore, it's essential to inform the healthcare provider of being on lisinopril because it may require a reassessment of the current treatment regimen to ensure patient safety before initiating sacubitril/valsartan therapy. The other medications mentioned—atorvastatin, aspirin, and warfarin—do not have the same level of concern for direct interaction or contraindication when beginning treatment with sacubitril/valsartan compared to lisinopril. Thus, the focus on lisinopril is crucial for a safe and effective therapeutic plan.

## 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://edaptperfusion.examzify.com>**

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

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