

FOUNDATION YEAR PHARMACY – CLINICAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. Which of the following medicines does NOT need to be withheld if a patient has a dehydrating illness?**
 - A. Edoxaban
 - B. Lisinopril
 - C. Metformin
 - D. Furosemide

- 2. Which of the following combinations does not cause a clinically significant drug interaction?**
 - A. Warfarin, Ramipril
 - B. Digoxin, Amiodarone
 - C. Lithium, Bendroflumethiazide
 - D. Clarithromycin, Ramipril

- 3. Which medication in the elderly woman's chart is most likely responsible for digoxin toxicity through electrolyte disturbance?**
 - A. Furosemide
 - B. Ramipril
 - C. Bisoprolol
 - D. Spironolactone

- 4. A 30-year-old woman in her second trimester of pregnancy presents with ongoing constipation. She has been eating more fibre and drinking more fluids, but this has not improved her symptoms. Which one of the following is the most appropriate recommendation?**
 - A. Lactulose oral solution
 - B. Senna extract
 - C. Glycerol suppositories
 - D. Docusate sodium

- 5. An 11-year-old child has a private prescription for melatonin tablets. Which statement regarding repeats is correct?**
 - A. The prescription cannot be repeated unless the prescriber has added a direction for repeat
 - B. The prescription may be repeated automatically after 6 months
 - C. The repeats are not allowed for melatonin under private prescription
 - D. The prescription can be repeated only if the prescriber did not specify any repeat

6. A 4-month-old boy has been prescribed paracetamol 120 mg/5 mL for post-immunisation fever. What is the appropriate dose per administration?
- A. One 2.5 mL spoonful
 - B. One 5 mL spoonful
 - C. Two 5 mL spoonfuls
 - D. Three 2.5 mL spoonfuls
7. Which statement best describes monitoring for carbimazole therapy?
- A. Blood tests are performed every 4-6 weeks during dose changes
 - B. Blood tests every 6 months are sufficient
 - C. No monitoring is required
 - D. Urinalysis alone is sufficient
8. What is the most likely adverse drug reaction associated with carbimazole treatment?
- A. Hypertension
 - B. Neutropenia
 - C. Rash
 - D. Hyperglycemia
9. Before dispensing isotretinoin, which pregnancy-related check is essential?
- A. Recent negative pregnancy test
 - B. Recent positive pregnancy test
 - C. No pregnancy test required
 - D. Pregnancy test not needed if on contraception
10. What is the recommended dosing guidance for a second dose of sumatriptan if the migraine recurs?
- A. Take a second 50 mg after 2 hours if the migraine recurs, up to 300 mg in 24 hours
 - B. Take a second 50 mg after 4 hours, up to 200 mg in 24 hours
 - C. Take a second 50 mg after 1 hour, up to 100 mg in 24 hours
 - D. Take a second 50 mg after 6 hours, up to 150 mg in 24 hours

Answers

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

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Explanations

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1. Which of the following medicines does NOT need to be withheld if a patient has a dehydrating illness?

- A. Edoxaban**
- B. Lisinopril
- C. Metformin
- D. Furosemide

When a patient has a dehydrating illness, the safety concern centers on how reduced circulating volume and potential renal impairment affect drug clearance and risk of adverse effects. Drugs that can worsen dehydration or rely heavily on stable renal function are the ones you typically withhold. Lisinopril (an ACE inhibitor) can reduce renal perfusion further and lower blood pressure during dehydration, so it's usually held. Metformin carries a risk of lactic acidosis when renal function is compromised or perfusion is reduced, so it's held as well. Furosemide is a diuretic that can worsen volume depletion, making withholding appropriate in dehydration. Direct oral anticoagulants like edoxaban, while they carry a bleeding risk, are not automatically withheld solely because of dehydration. The decision hinges more on the patient's bleeding risk and renal function rather than dehydration by itself. If rehydration improves perfusion and renal function, anticoagulation can be continued or resumed in many cases. Therefore, in the context of dehydration alone, edoxaban is the one that does not require automatic withholding, compared with the other medications listed.

2. Which of the following combinations does not cause a clinically significant drug interaction?

- A. Warfarin, Ramipril
- B. Digoxin, Amiodarone
- C. Lithium, Bendroflumethiazide
- D. Clarithromycin, Ramipril**

Clinically significant interactions happen when one drug markedly changes the level or effect of another, either by altering metabolism/clearance (pharmacokinetic) or by producing a harmful additive effect (pharmacodynamic). The pairing of clarithromycin with ramipril does not create such a risk because ramipril is activated by esterases and not by CYP enzymes that clarithromycin inhibits, and there isn't a shared adverse-effect threat that would be amplified here. In contrast, digoxin with amiodarone is a known interaction that raises digoxin levels and toxicity risk; lithium with bendroflumethiazide increases lithium levels and toxicity risk; while warfarin with ramipril is generally safe but can require monitoring due to individual variability. Therefore, clarithromycin with ramipril does not lead to a clinically significant interaction.

3. Which medication in the elderly woman's chart is most likely responsible for digoxin toxicity through electrolyte disturbance?

- A. Furosemide**
- B. Ramipril
- C. Bisoprolol
- D. Spironolactone

Electrolyte disturbances can amplify digoxin toxicity by changing how digoxin interacts with the Na⁺/K⁺ ATPase in heart cells. When potassium or magnesium levels drop, digoxin binds more readily to this enzyme, increasing its effects and the risk of dangerous arrhythmias. A loop diuretic like furosemide causes loss of potassium and magnesium in the urine, leading to hypokalemia and hypomagnesemia that predispose to digoxin toxicity. In an elderly patient, reduced renal function can further raise digoxin levels, but the key link is the electrolyte loss from the loop diuretic. Spironolactone raises potassium, ramipril can cause hyperkalemia, and bisoprolol doesn't create the same electrolyte disturbances that promote digoxin toxicity.

4. A 30-year-old woman in her second trimester of pregnancy presents with ongoing constipation. She has been eating more fibre and drinking more fluids, but this has not improved her symptoms. Which one of the following is the most appropriate recommendation?

A. Lactulose oral solution

B. Senna extract

C. Glycerol suppositories

D. Docusate sodium

Constipation in pregnancy often arises from slowed gut motility due to hormonal changes and iron supplementation. When lifestyle measures (more fiber and fluids) don't help, the safest and most effective next step is an osmotic laxative that isn't absorbed systemically. Lactulose works in the colon by drawing water into the stool, softening it and increasing bowel movements, and it has a long history of safe use in pregnancy with minimal systemic absorption. Stimulant laxatives like senna are generally avoided in pregnancy because they can stimulate uterine activity and cramping. Glycerol suppositories provide rapid, short-term relief and aren't ideal for ongoing management. Docusate sodium helps soften stool but may not be sufficient for constipation with harder stools. So lactulose is the best option in this scenario.

5. An 11-year-old child has a private prescription for melatonin tablets. Which statement regarding repeats is correct?

A. The prescription cannot be repeated unless the prescriber has added a direction for repeat

B. The prescription may be repeated automatically after 6 months

C. The repeats are not allowed for melatonin under private prescription

D. The prescription can be repeated only if the prescriber did not specify any repeat

Repeats on private prescriptions aren't automatic. The prescriber must explicitly add a repeat instruction to allow the pharmacy to dispense the medicine more than once. If no repeat instruction is given, the pharmacist may supply only a single course. Melatonin here isn't inherently repeatable; its repeat status depends entirely on what the prescriber writes. That's why the statement that the prescription cannot be repeated unless the prescriber has added a direction for repeat is the best answer. The other options misstate how private repeats work (whether they happen automatically, or are restricted for melatonin, or depend on the absence of a repeat instruction).

6. A 4-month-old boy has been prescribed paracetamol 120 mg/5 mL for post-immunisation fever. What is the appropriate dose per administration?

- A. One 2.5 mL spoonful
- B. One 5 mL spoonful
- C. Two 5 mL spoonfuls
- D. Three 2.5 mL spoonfuls

Paracetamol dosing in infants is based on body weight and the strength of the suspension. This preparation contains 120 mg of paracetamol in every 5 mL, which means 24 mg per milliliter. A single dose of 2.5 mL delivers 60 mg. The usual approach is 10–15 mg per kilogram of body weight per dose, given every 4–6 hours as needed, not exceeding the recommended number of doses per day. For a 4 month old baby, 60 mg per dose falls within that typical range, depending on the infant's exact weight. Giving a full 5 mL spoonful (120 mg) would be more than the standard per-dose amount for an infant of this age, and larger doses or more frequent dosing increase the risk of liver toxicity. Therefore, 2.5 mL is the appropriate single dose.

7. Which statement best describes monitoring for carbimazole therapy?

- A. Blood tests are performed every 4-6 weeks during dose changes
- B. Blood tests every 6 months are sufficient
- C. No monitoring is required
- D. Urinalysis alone is sufficient

Monitoring for carbimazole hinges on tracking thyroid function as the dose is adjusted. When you change the dose, it takes a few weeks for thyroid hormone levels to respond to the new amount of drug, so checking thyroid function tests every 4–6 weeks ensures you can see the actual effect of the change and fine-tune the dose to achieve normal thyroid levels. This interval strikes a balance between capturing the drug's effect and avoiding over- or under-treatment. If you waited much longer (for example, every 6 months), you'd risk missing instability during dose changes. Urinalysis does not reflect thyroid status, and having no monitoring would miss potential abnormalities. Once thyroid function is stable, testing can be spaced out, but during dose changes the 4–6 week window is the appropriate approach. It's also important to counsel patients to report symptoms such as fever or sore throat, since rare adverse effects like neutropenia can occur with thionamides.

8. What is the most likely adverse drug reaction associated with carbimazole treatment?

- A. Hypertension
- B. Neutropenia
- C. Rash
- D. Hyperglycemia

Carbimazole, a thionamide antithyroid drug, can cause bone marrow suppression that leads to neutropenia, and in its more severe form agranulocytosis. This reduction in neutrophils markedly raises infection risk and can present with fever, sore throat, or other signs of infection, sometimes without obvious cause. Although the overall frequency is low, this adverse effect is the most important and characteristic concern with carbimazole, so it's emphasized in clinical practice and exams. Rash can occur but is less specific, while hypertension and hyperglycemia are not typical effects of this medication. If neutropenia is suspected, the drug is stopped and a blood count is obtained promptly, with urgent evaluation and appropriate infection management as needed.

9. Before dispensing isotretinoin, which pregnancy-related check is essential?

- A. Recent negative pregnancy test**
- B. Recent positive pregnancy test
- C. No pregnancy test required
- D. Pregnancy test not needed if on contraception

Isotretinoin is highly teratogenic, so confirming non-pregnant status with a recent negative pregnancy test before dispensing is essential. This test ensures the patient is not pregnant at the time of dispensing, reflecting the safety measure that prevents fetal exposure. If the test were positive, the drug should not be dispensed. Contraception is important, but it does not replace the need for pregnancy testing, since contraception can fail. In practice, the test is done within a short window before dispensing (often within about a week), with ongoing monitoring during treatment.

10. What is the recommended dosing guidance for a second dose of sumatriptan if the migraine recurs?

- A. Take a second 50 mg after 2 hours if the migraine recurs, up to 300 mg in 24 hours**
- B. Take a second 50 mg after 4 hours, up to 200 mg in 24 hours
- C. Take a second 50 mg after 1 hour, up to 100 mg in 24 hours
- D. Take a second 50 mg after 6 hours, up to 150 mg in 24 hours

When using sumatriptan 50 mg for an acute migraine, you may take a second 50 mg dose if the migraine recurs, but only after at least 2 hours have passed since the first dose. The total amount in 24 hours should not exceed 300 mg. This timing lets you assess response to the first dose and provides a safety buffer to limit cardiovascular and other adverse effects from sumatriptan. The other options propose incorrect intervals or lower daily limits that don't match standard dosing guidance for this tablet strength. If recurrences are frequent, discuss with a clinician for further management.

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.

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

<https://foundationyrpharmclin.examzify.com>

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

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