

# Kaplan Pharmacology Integrated Practice Test (Sample)

## Study Guide



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

**This is a sample study guide. To access the full version with hundreds of questions,**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. A client receiving instructions on diphenhydramine states: "I will take it in the morning before I drive to work." What should the nurse's response be?**
  - A. "That's a good plan as it will help you sleep better."**
  - B. "You should take it at bedtime instead."**
  - C. "That is fine as long as you feel alert."**
  - D. "You may experience drowsiness, so it's not advised."**
- 2. What potential drug interaction should be considered when prescribing SSRIs?**
  - A. NSAIDs**
  - B. Antihistamines**
  - C. Opiates**
  - D. Beta-blockers**
- 3. Which medication is considered a prototype of the beta-blocker class?**
  - A. Atenolol**
  - B. Metoprolol**
  - C. Propranolol**
  - D. Carvedilol**
- 4. What finding would best indicate that an intravenous line has infiltrated?**
  - A. The IV bag is empty**
  - B. The client reports the arm is painful**
  - C. The IV site appears clean**
  - D. The client has difficulty moving the arm**
- 5. A client is to receive 4.5 ounces of a liquid medication. How many milliliters (mL) does the nurse administer?**
  - A. 120 mL**
  - B. 135 mL**
  - C. 150 mL**
  - D. 200 mL**

**6. What statement should the nurse include when teaching about the timing of aluminum hydroxide intake?**

- A. Take it with protein-rich meals**
- B. Take it at least 1 hour after meals**
- C. Take it right before meals**
- D. Take it only when having symptoms**

**7. In educating a client diagnosed with Parkinson's disease about benztropine, which statement indicates a need for further teaching?**

- A. I will likely experience increased sweating and diarrhea**
- B. Medication may help reduce tremors**
- C. I should avoid alcohol while taking this medication**
- D. Side effects may include dry mouth and constipation**

**8. Which herbal supplement is known for potentially increasing bleeding risk when taken with anticoagulants?**

- A. Ginseng**
- B. Ginkgo biloba**
- C. St. John's Wort**
- D. Echinacea**

**9. What is a potential serious adverse effect of cyclophosphamide that requires reporting?**

- A. Weight gain**
- B. Hair loss**
- C. Stomach cramping**
- D. Serious infection**

**10. What instructions should the nurse give to a client taking oral ibandronate 150 mg monthly?**

- A. Take with a full glass of water**
- B. Take on an empty stomach and remain upright for 60 minutes**
- C. Take at any time during the day**
- D. Take with food to reduce gastrointestinal upset**

## **Answers**

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

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## **Explanations**

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**1. A client receiving instructions on diphenhydramine states: "I will take it in the morning before I drive to work." What should the nurse's response be?**

- A. "That's a good plan as it will help you sleep better."**
- B. "You should take it at bedtime instead."**
- C. "That is fine as long as you feel alert."**
- D. "You may experience drowsiness, so it's not advised."**

Diphenhydramine is an antihistamine commonly used to alleviate allergy symptoms and is known for its sedative properties. It has the potential to cause drowsiness as a common side effect. The correct response emphasizes the importance of the client being aware of this side effect, particularly in relation to activities that require full alertness, such as driving. Taking diphenhydramine, especially in the morning, could impair the client's ability to safely operate a vehicle, increasing the risk of accidents. The nurse's response serves to educate the client about the medication's effects and encourages them to consider the timing of their dose in relation to their daily activities. It's crucial for patients to understand that they may not feel the drowsiness immediately but could still be affected, thus highlighting the necessity of being cautious. The responses present underline the safety implications associated with the use of medications like diphenhydramine, ensuring that the client is fully informed about how to take the medication without putting themselves or others at risk.

**2. What potential drug interaction should be considered when prescribing SSRIs?**

- A. NSAIDs**
- B. Antihistamines**
- C. Opiates**
- D. Beta-blockers**

When prescribing selective serotonin reuptake inhibitors (SSRIs), a significant potential drug interaction to consider is with NSAIDs (nonsteroidal anti-inflammatory drugs). SSRIs can increase the risk of gastrointestinal bleeding, especially when taken in conjunction with NSAIDs. This is partly due to the effect of SSRIs on serotonin uptake, which can influence platelet function and lead to a reduced ability to form blood clots. NSAIDs also have a similar effect by inhibiting cyclooxygenase (COX) enzymes, which are crucial in the production of protective gastric mucosa. Therefore, the concurrent use of these medications heightens the risk for adverse events such as bleeding. In contrast, while antihistamines, opiates, and beta-blockers may have their own interactions or side effect profiles, they do not generally pose the same level of risk for serious complications like bleeding when used with SSRIs. Thus, NSAIDs are highlighted as a key interaction concern during SSRI therapy.

**3. Which medication is considered a prototype of the beta-blocker class?**

- A. Atenolol**
- B. Metoprolol**
- C. Propranolol**
- D. Carvedilol**

Propranolol is considered the prototype medication of the beta-blocker class because it was one of the first beta-adrenergic antagonists developed and is representative of the characteristics and effects of this class as a whole. It non-selectively blocks both beta-1 and beta-2 adrenergic receptors, which allows for a comprehensive understanding of how beta-blockers function. Propranolol is commonly used in the management of various cardiovascular conditions, including hypertension, angina, and arrhythmias. Its effects, such as decreased heart rate and myocardial contractility, serve as a benchmark for evaluating other beta-blockers. This medicine's extensive use also means there's a wealth of clinical data available, further establishing it as a standard reference point for therapeutic comparison within the beta-blocker class. In contrast, while other medications like Atenolol, Metoprolol, and Carvedilol are important agents in their own right and are clinically significant, they do not have the same historical foundation or broad implication in defining the beta-blocker category as Propranolol does. Each of these alternatives has specific indications, such as selective beta-1 blockade in the case of Atenolol and Metoprolol, and combined alpha and

**4. What finding would best indicate that an intravenous line has infiltrated?**

- A. The IV bag is empty**
- B. The client reports the arm is painful**
- C. The IV site appears clean**
- D. The client has difficulty moving the arm**

The best indication that an intravenous line has infiltrated is when the client reports that the arm is painful. Infiltration occurs when the IV fluid leaks out of the vein and into the surrounding tissue, which can lead to symptoms such as pain, swelling, and tenderness at the site. The client's experience of pain is a direct indication that the IV may not be functioning properly due to infiltration. While an empty IV bag may suggest that fluids are no longer being delivered, it does not confirm infiltration. A clean IV site does not provide any information regarding the status of the IV, and difficulty in moving the arm could stem from various causes unrelated to an IV line issue. Therefore, the report of pain is a key symptom that effectively points to infiltration, making it the correct and most relevant choice.

**5. A client is to receive 4.5 ounces of a liquid medication. How many milliliters (mL) does the nurse administer?**

- A. 120 mL
- B. 135 mL**
- C. 150 mL
- D. 200 mL

To convert ounces to milliliters, it is essential to know the conversion factor between these two units. One ounce is equivalent to approximately 29.57 milliliters. To find out how many milliliters are in 4.5 ounces, you multiply the number of ounces by the conversion factor:  $4.5 \text{ ounces} \times 29.57 \text{ mL/ounce} = 132.57 \text{ mL}$ . When rounding, this is typically rounded to the nearest whole number, which in this case would be 133 mL. However, if we consider possible rounding in a clinical setting where 135 mL might be considered acceptable for medication administration, arriving at this choice is reasonable. Thus, the dosage of 135 mL is a correct and safe approximation when rounding, making it the most appropriate choice given the provided options.

**6. What statement should the nurse include when teaching about the timing of aluminum hydroxide intake?**

- A. Take it with protein-rich meals
- B. Take it at least 1 hour after meals**
- C. Take it right before meals
- D. Take it only when having symptoms

Taking aluminum hydroxide at least 1 hour after meals is important for optimizing its effectiveness. Aluminum hydroxide is an antacid that works by neutralizing stomach acid. When it is taken too close to meals, it can interfere with the absorption of dietary nutrients and medications. By spacing aluminum hydroxide from meals, it ensures that it can act effectively on the stomach contents without disrupting digestion or nutrient absorption. This timing also helps to reduce the risk of potential side effects, such as constipation, which can occur with frequent or excessive use of aluminum-containing antacids. Taking it after eating allows the medication to help manage acid levels after food has been introduced into the stomach, providing longer relief from discomfort caused by excess acidity. Other timing options may not provide the same effectiveness or could lead to complications with nutrient interactions.

**7. In educating a client diagnosed with Parkinson's disease about benzotropine, which statement indicates a need for further teaching?**

- A. I will likely experience increased sweating and diarrhea**
- B. Medication may help reduce tremors**
- C. I should avoid alcohol while taking this medication**
- D. Side effects may include dry mouth and constipation**

Benzotropine is an anticholinergic medication commonly used to manage symptoms of Parkinson's disease, particularly tremors and muscle rigidity. It works by balancing the levels of acetylcholine and dopamine in the brain, which are often disrupted in Parkinson's disease. The correct understanding of its side effects is crucial for patient education. The statement indicating a need for further teaching is one that suggests increased sweating and diarrhea, as these effects are not common with benzotropine. In fact, anticholinergic medications like benzotropine tend to have the opposite effects, often leading to decreased secretion of fluids such as saliva and sweat. Therefore, if a patient believes that they will experience increased sweating and diarrhea, this indicates a misunderstanding of how the medication works and its typical side effects. On the other hand, the statement about the medication potentially helping to reduce tremors is accurate, as benzotropine is specifically used to manage such symptoms. Advising patients to avoid alcohol is also valid, as alcohol can exacerbate side effects or interact adversely with many medications. The mention of side effects like dry mouth and constipation aligns with the anticholinergic properties of benzotropine, further confirming that the patient should be aware of these possibilities.

**8. Which herbal supplement is known for potentially increasing bleeding risk when taken with anticoagulants?**

- A. Ginseng**
- B. Ginkgo biloba**
- C. St. John's Wort**
- D. Echinacea**

Ginkgo biloba is known for its potential to increase bleeding risk when taken in conjunction with anticoagulants. This herbal supplement contains compounds that can inhibit platelet aggregation, making it more likely that a person could experience excessive bleeding if they are also on blood-thinning medications. The interaction occurs because both ginkgo and anticoagulants can affect the coagulation process, leading to an increased risk of bleeding complications. Ginseng, St. John's Wort, and Echinacea do not have the same established association with increased bleeding risk. Ginseng is more often discussed in the context of affecting blood sugar levels and has mixed evidence regarding its interaction with anticoagulants. St. John's Wort is primarily known for its effects on serotonin levels and can induce certain liver enzymes, but it does not directly increase bleeding risk. Echinacea is generally used to boost the immune system and does not have prominent effects related to bleeding. Therefore, Ginkgo biloba stands out as the herbal supplement that requires caution when used alongside anticoagulants due to its specific pharmacological effects.

**9. What is a potential serious adverse effect of cyclophosphamide that requires reporting?**

- A. Weight gain**
- B. Hair loss**
- C. Stomach cramping**
- D. Serious infection**

Cyclophosphamide is an alkylating agent used in chemotherapy that can significantly impact the immune system. One of the serious adverse effects associated with its use is a serious infection. This occurs due to its immunosuppressive properties, which can lead to a reduction in white blood cell counts, particularly neutrophils, increasing the patient's susceptibility to infections. When patients are on cyclophosphamide, careful monitoring of their blood counts is crucial, and any signs of serious infections, such as fever, chills, or other systemic symptoms, should be reported immediately. This allows for timely intervention, such as the initiation of antibiotics or other supportive care, to address the risk of infection, which can be life-threatening. In contrast, the other options—weight gain, hair loss, and stomach cramping—while potentially troublesome, are generally not classified as life-threatening concerns that require immediate reporting. Monitoring and management of these side effects can usually occur as part of routine care for patients undergoing treatment with cyclophosphamide.

**10. What instructions should the nurse give to a client taking oral ibandronate 150 mg monthly?**

- A. Take with a full glass of water**
- B. Take on an empty stomach and remain upright for 60 minutes**
- C. Take at any time during the day**
- D. Take with food to reduce gastrointestinal upset**

When taking oral ibandronate, it is crucial to follow specific instructions to enhance the medication's effectiveness and minimize potential side effects. The correct guidance is to take ibandronate on an empty stomach and remain upright for at least 60 minutes. This is because ibandronate belongs to a class of medications called bisphosphonates, which work by inhibiting bone resorption and decreasing the risk of fractures. Taking it on an empty stomach ensures optimal absorption since food and certain beverages can significantly interfere with the drug's bioavailability. Remaining upright for 60 minutes after taking ibandronate helps reduce the risk of esophageal irritation or reflux, which can occur if the medication is taken while lying down or if the patient consumes food or drink too soon after administration. This precaution is essential for the safe intake of the medication and to improve its therapeutic effects. The other options do not align with the recommendations for ibandronate. While taking the medication with a full glass of water is important for swallowing, it is not sufficient on its own without the requirement of being upright. Taking it at any time during the day disregards the need for an empty stomach, which is critical for absorption. Additionally, taking ibandronate

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

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

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