MANOR PREBOARDS MODULE 4 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

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

1. Draw water into the urine, without interfering with ion secretion or absorption in the kidney

A. Loop diuretics

B. Thiazide diuretics

C. Osmotic diuretics

D. Potassium-sparing diuretics

2. Which statement correctly differentiates zero-order from first-order drug elimination?

A. Zero-order eliminates a constant proportion per time, while first-order eliminates a constant amount.

B. Zero-order eliminates a constant amount per time, while first-order eliminates a constant proportion.

C. Zero-order elimination occurs only for alcohol, first-order for all other drugs.

D. Zero-order elimination is saturable; first-order is non-saturable.

3. What is the typical urine output target for an adult to indicate adequate kidney perfusion?

A. About 0.2 mL/kg/hour

B. About 0.5 mL/kg/hour

C. About 1.0 mL/kg/hour

D. About 2.0 mL/kg/hour

4. This drug is a ketone prodrug resembling Naproxen in structure and is converted into an acetic acid derivative in the body. It is the only non-acid NSAID in current use.

A. Nabumetone

B. Ketorolac

C. Ketoprofen

D. Etodolac

5. Which statement about the seven rights of medication administration is accurate?

A. Ongoing evaluation for effectiveness and adverse effects

B. Documentation is optional to save time

C. Always administer without verification

D. Administer drugs by any route with patient consent

6. Which of the following drugs is not an SSRI?

A. Fluvoxamine

B. Sertraline

C. Fluoxetine

D. Venlafaxine

7. An antiviral drug that was found to have antiparkinsonism properties by chance is which of the following?

A. Isocarboxazid

B. Entacapone

C. Amantadine

D. Rasagiline

8. These drug - adverse effect pairs are incorrect except

A. Verapamil - Diarrhea

B. Atypical antipsychotics - Weight gain

C. Celecoxib - GI toxicity

D. Biphosphonates - Hyperphosphatemia

9. Which process describes the movement of a drug from the site of administration into the systemic circulation?

A. Liberation

B. Absorption

C. Biotransformation

D. Excretion

10. Which practice most reduces infection risk for a patient with a central venous catheter?

A. Aseptic technique for catheter insertion

B. Chlorhexidine skin antisepsis

C. Impeccable hand hygiene

D. Sterile dressing changes

Answers

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

Explanations

1. Draw water into the urine, without interfering with ion secretion or absorption in the kidney

A. Loop diuretics

B. Thiazide diuretics

C. Osmotic diuretics

D. Potassium-sparing diuretics

This item tests a diuretic mechanism that increases urine water excretion without altering the kidney's ion transport processes. Osmotic diuretics do this by staying in the tubular lumen and raising its osmolarity (for example, mannitol). This osmotic pull draws water into the urine from surrounding tubular cells, producing diuresis mainly through water movement rather than blocking or changing ion secretion or reabsorption. Because their effect isn't about inhibiting specific transporters or channels, they don't disrupt ion handling directly. In contrast, loop diuretics, thiazides, and potassium-sparing diuretics work by inhibiting or altering particular ion transport mechanisms in different parts of the nephron, which means they do interfere with ion secretion or reabsorption. Thus, osmotic diuretics best fit the description.

2. Which statement correctly differentiates zero-order from first-order drug elimination?

A. Zero-order eliminates a constant proportion per time, while first-order eliminates a constant amount.

B. Zero-order eliminates a constant amount per time, while first-order eliminates a constant proportion.

C. Zero-order elimination occurs only for alcohol, first-order for all other drugs.

D. Zero-order elimination is saturable; first-order is non-saturable.

Understanding elimination kinetics helps you predict how drug levels change over time. The key idea is how the elimination rate depends on how much drug is present. In zero-order elimination, a fixed amount of drug is removed per unit time, no matter how much is in the body. In first-order elimination, the amount cleared per unit time is proportional to the current concentration, so a constant percentage is eliminated each unit of time. That's why the statement describing zero-order as removing a constant amount per time and first-order as removing a constant proportion fits best. This difference stems from the underlying rate laws: zero-order has a constant rate (independent of concentration), while first-order has a rate that scales with concentration. In practice, zero-order happens when the elimination pathways (like enzymes) are saturated and can't speed up, causing a steady, non-proportional clearance. First-order is more common at therapeutic levels where enzymes are not saturated, so clearing slows as concentration falls. Alcohol is often given as a classic example of zero-order at high intake, illustrating the concept, but it isn't unique to alcohol alone; other drugs can show zero-order kinetics under saturation. The idea that zero-order is inherently saturable and first-order is not saturable is an overgeneralization—the defining difference is the rate law, not a blanket statement about saturability for every drug.

3. What is the typical urine output target for an adult to indicate adequate kidney perfusion?

A. About 0.2 mL/kg/hour

B. About 0.5 mL/kg/hour

C. About 1.0 mL/kg/hour

D. About 2.0 mL/kg/hour

In adults, urine output reflects kidney perfusion and filtration activity. The typical target indicating adequate perfusion is about 0.5 mL per kilogram of body weight per hour. For a 70 kg person, that's roughly 35 mL per hour. This rate is used in clinical care as a practical lower bound to ensure the kidneys are receiving enough blood flow to function and avoid acute kidney injury during resuscitation and critical illness. If urine output falls below this threshold, it suggests inadequate perfusion and prompts reassessment of fluids, blood pressure, and overall perfusion. The other values are not the standard adequacy target. A much lower rate (0.2 mL/kg/hour) would signal substantial under-perfusion. A rate around 1.0 mL/kg/hour is higher than the minimal adequacy target and could occur with diuresis or good perfusion, but it's not the typical benchmark used to judge adequacy. A rate of 2.0 mL/kg/hour is even higher and not the usual baseline indicator of adequate perfusion.

4. This drug is a ketone prodrug resembling Naproxen in structure and is converted into an acetic acid derivative in the body. It is the only non-acid NSAID in current use.

A. Nabumetone

B. Ketorolac

C. Ketoprofen

D. Etodolac

Non-acid prodrugs of NSAIDs are designed so the parent molecule itself isn't an acid, reducing direct gastric irritation, and then it's activated in the body to the active NSAID. Nabumetone fits this pattern: it is a ketone-containing molecule that structurally resembles naproxen but isn't acidic on its own. After absorption, nabumetone is metabolized in the liver to naproxen, which is the active anti-inflammatory agent and a propionic acid derivative. That activation gives the same NSAID effect as naproxen but starts from a non-acid compound, helping to improve gastric tolerability. The other options are all acidic NSAIDs with inherent carboxylic acid groups (or different acid moieties) and do not function as non-acid prodrugs, so nabumetone is the best choice.

5. Which statement about the seven rights of medication administration is accurate?

A. Ongoing evaluation for effectiveness and adverse effects

B. Documentation is optional to save time

C. Always administer without verification

D. Administer drugs by any route with patient consent

The essential idea is safety and accuracy in medication administration. Before giving any drug, you verify multiple elements: you confirm the patient's identity, the correct medication, the right dose, the scheduled time, the proper route, and you ensure the reason for the medication matches the order. After administration, you monitor how the patient responds and watch for any adverse effects, then you document what was given and the patient's response. This ongoing evaluation is a fundamental part of using medications correctly and safely. Because verification and careful checking are central, the statement suggesting you should administer without verification isn't accurate. Documentation is not optional, the route must align with the prescription, and patient consent alone doesn't justify bypassing the prescribed route or safety checks.

6. Which of the following drugs is not an SSRI?

A. Fluvoxamine

B. Sertraline

C. Fluoxetine

D. Venlafaxine

The concept tested is how antidepressants are classified by their mechanism of reuptake inhibition. SSRIs act by selectively blocking the serotonin transporter (SERT), which increases serotonin levels in the synaptic cleft. Fluvoxamine, sertraline, and fluoxetine all fit this mechanism, hence they are SSRIs. Venlafaxine, however, is an SNRI. It blocks both the serotonin transporter and the norepinephrine transporter (NET). At lower doses it mainly affects serotonin reuptake, but as the dose increases it also significantly inhibits norepinephrine reuptake. This dual action is why venlafaxine is not an SSRI.

7. An antiviral drug that was found to have antiparkinsonism properties by chance is which of the following?

A. Isocarboxazid

B. Entacapone

C. Amantadine

D. Rasagiline

A drug that started as an antiviral can surprise by helping motor symptoms in Parkinson's, showing how altering brain neurotransmission can benefit movement even if the drug wasn't designed for it. Amantadine fits this description. It was developed to treat influenza A, but clinicians noticed it could improve Parkinsonian symptoms such as rigidity and bradykinesia, and it can also help reduce dyskinesias caused by L-DOPA. Its actions in the brain are thought to involve promoting dopamine release and activity, plus blocking NMDA receptors, which may dampen excitatory signals that contribute to abnormal movements. While its exact mechanism isn't fully pinpointed, these effects explain why it helps PD symptoms and why it's the antiviral with antiparkinsonian properties discovered by chance. The other options don't share this serendipitous antivirals-to-Parkinson's link. Isocarboxazid is an antidepressant MAO inhibitor, not antiviral. Entacapone is a COMT inhibitor used to boost L-DOPA's effect. Rasagiline is an MAO-B inhibitor used in PD management but also not discovered as an antiviral.

8. These drug - adverse effect pairs are incorrect except

A. Verapamil - Diarrhea

B. Atypical antipsychotics - Weight gain

C. Celecoxib - GI toxicity

D. Biphosphonates - Hyperphosphatemia

When evaluating drug-adverse effect pairs, the best match is the one that reflects a well-known and common side effect for that drug class. Atypical antipsychotics are famously associated with weight gain due to their metabolic effects, appetite changes, and insulin sensitivity impact, so weight gain is a credible, frequent adverse effect for this class. Verapamil tends to cause constipation rather than diarrhea, since calcium channel blockers slow gut motility. That makes diarrhea an unlikely common pairing. Celecoxib does carry GI risk, but COX-2 inhibitors generally have lower GI toxicity than nonselective NSAIDs, so labeling GI toxicity as the characteristic adverse effect overstates its typical risk. Biphosphonates commonly cause esophagitis, dyspepsia, and can lead to hypocalcemia, not hyperphosphatemia. So the strongest, correct association is weight gain with atypical antipsychotics.

9. Which process describes the movement of a drug from the site of administration into the systemic circulation?

A. Liberation

B. Absorption

C. Biotransformation

D. Excretion

Absorption is the movement of a drug from the site of administration into the systemic circulation. After the dosage form releases the drug (liberation), the active drug must dissolve and cross biological membranes to reach the bloodstream. The rate and extent of absorption depend on factors like the route taken (oral, sublingual, inhaled, topical), the drug's solubility and ability to cross lipid membranes, particle size or ionization, and the local blood flow at the absorption site. This step sets how quickly and how much of the drug enters the bloodstream, which then leads to distribution, possible biotransformation (metabolism), and eventual excretion. Liberation is the release from the dosage form and is a prerequisite for absorption, while biotransformation and excretion occur after absorption.

10. Which practice most reduces infection risk for a patient with a central venous catheter?

A. Aseptic technique for catheter insertion

B. Chlorhexidine skin antisepsis

C. Impeccable hand hygiene

D. Sterile dressing changes

Meticulous hand hygiene before any contact with a central venous catheter is the most effective way to reduce infection risk. Hands can transfer bacteria to the catheter site or connections during any interaction—such as accessing the line, flushing, dressing changes, or manipulating tubing. When hand hygiene is performed consistently, using an alcohol-based hand sanitizer or soap and water when needed, the likelihood of introducing pathogens drops dramatically, which lowers bloodstream infection rates. While other practices matter, they address specific moments (like insertion, skin cleansing, or dressing integrity). Hand hygiene provides broad, ongoing protection across all care activities, making it the most powerful single measure to prevent infections with central lines.

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:

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