

# NBRC Pharmacology Practice Exam (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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**SAMPLE**

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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**

- 1. What approach can improve patient compliance with respiratory medications?**
  - A. Providing detailed scientific literature.**
  - B. Establishing a clear and simple medication schedule.**
  - C. Limiting communication with patients.**
  - D. Suggesting they take medication only when feeling unwell.**
- 2. What is the main purpose of Precedex (dexmedetomidine) as a sedative?**
  - A. It decreases respiratory drive**
  - B. It maintains airway reflexes**
  - C. It enhances sedation without respiratory depression**
  - D. It is used for pain management**
- 3. What is a common effect of using anticholinergic bronchodilators?**
  - A. Decreased heart rate**
  - B. Increased mucus production**
  - C. Improved airflow through bronchodilation**
  - D. Enhanced airway inflammation**
- 4. Why are combination inhalers prescribed?**
  - A. To increase the side effects of medications**
  - B. To provide synergistic effects for better control of asthma and COPD**
  - C. To limit medication costs**
  - D. To reduce the frequency of administration**
- 5. In respiratory care, what is the primary goal of using mucolytics?**
  - A. To decrease cough reflex**
  - B. To improve the clearance of mucus**
  - C. To induce sedation**
  - D. To alpha-adrenergically stimulate the bronchi**



- 6. What is the generic name of the drug known to treat central sleep apnea?**
- A. Albuterol**
  - B. Doxapram**
  - C. Prednisone**
  - D. Salmeterol**
- 7. What is the benefit of combining a beta-agonist and an anticholinergic in COPD treatment?**
- A. Enhanced bronchodilation**
  - B. Lower risk of infection**
  - C. Decrease in heart rate**
  - D. Prevention of drowsiness**
- 8. What is a potential side effect of beta-agonist bronchodilators?**
- A. Bradycardia**
  - B. Dry mouth**
  - C. Tachycardia**
  - D. Increased mucus production**
- 9. What is the primary function of topical thrombin?**
- A. Increases blood flow**
  - B. Inhibits platelet aggregation**
  - C. Stops bleeding**
  - D. Acts as a sedative**
- 10. Which class of medications is effective in reducing the frequency of asthma attacks?**
- A. Short-acting beta-agonists**
  - B. Antihistamines**
  - C. Long-acting beta-agonists and leukotriene receptor antagonists**
  - D. Corticosteroids**

## **Answers**

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

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## **Explanations**

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**1. What approach can improve patient compliance with respiratory medications?**

- A. Providing detailed scientific literature.**
- B. Establishing a clear and simple medication schedule.**
- C. Limiting communication with patients.**
- D. Suggesting they take medication only when feeling unwell.**

Establishing a clear and simple medication schedule is crucial for improving patient compliance with respiratory medications. When patients have a straightforward plan to follow, they are more likely to adhere to their treatment regimen. A well-defined schedule helps reduce confusion about when and how to take medications, thus promoting better understanding and consistency in usage. This approach also helps patients to integrate medication taking into their daily routines, which is particularly beneficial for chronic conditions that require ongoing treatment. By simplifying the medication schedule, patients can better remember their doses, leading to improved health outcomes. In contrast, providing detailed scientific literature might overwhelm patients with unnecessary information, making it harder for them to engage with their treatment. Limiting communication and suggesting that patients take medication only when feeling unwell can contribute to inconsistent medication use, ultimately compromising the effectiveness of the treatment plan.

**2. What is the main purpose of Precedex (dexmedetomidine) as a sedative?**

- A. It decreases respiratory drive**
- B. It maintains airway reflexes**
- C. It enhances sedation without respiratory depression**
- D. It is used for pain management**

The main purpose of Precedex (dexmedetomidine) as a sedative is to enhance sedation without causing respiratory depression. This characteristic makes it particularly useful in clinical settings where maintaining airway safety is a priority, especially for patients who may be delicate or at risk for respiratory complications. Unlike other sedatives that can significantly depress the respiratory drive, dexmedetomidine provides sedation while allowing patients to maintain more stable respiratory function. This allows healthcare providers to sedate patients for procedures or monitoring without the added risk of respiratory compromise that can accompany other sedative agents. Thus, its unique profile makes it an attractive option in both intensive care settings and for procedures requiring conscious sedation.

### 3. What is a common effect of using anticholinergic bronchodilators?

- A. Decreased heart rate
- B. Increased mucus production
- C. Improved airflow through bronchodilation**
- D. Enhanced airway inflammation

Anticholinergic bronchodilators primarily work by blocking the action of acetylcholine on muscarinic receptors in the airway smooth muscle. This leads to relaxation of the bronchial muscles, resulting in bronchodilation. As a result, one of the main effects observed after administering these medications is improved airflow, which is essential for patients experiencing bronchoconstriction due to conditions like asthma or chronic obstructive pulmonary disease (COPD). Enhanced airflow improves breathing and reduces symptoms associated with airway obstructions, making this the correct and relevant effect to highlight for anticholinergic bronchodilator use.

### 4. Why are combination inhalers prescribed?

- A. To increase the side effects of medications
- B. To provide synergistic effects for better control of asthma and COPD**
- C. To limit medication costs
- D. To reduce the frequency of administration

Combination inhalers are prescribed primarily to provide synergistic effects for better control of asthma and chronic obstructive pulmonary disease (COPD). These inhalers typically contain a combination of a corticosteroid and a long-acting beta-agonist or other bronchodilator. The corticosteroid helps reduce inflammation in the airways, while the bronchodilator works to open airways and improve airflow. By using both types of medication in one inhaler, patients can benefit from the complementary mechanisms of action. This combination not only enhances overall control of symptoms and reduces the frequency of exacerbations but also improves patient adherence because it simplifies the medication regimen. Other options do not capture the main therapeutic goal of combination inhalers. Increasing side effects is not a goal of prescribing medications; rather, the aim is to maximize efficacy while minimizing adverse effects. Although combination inhalers may potentially limit overall medication costs by combining medications into one inhaler, this is not the primary reason for their use. Additionally, while some combination inhalers may reduce the frequency of administration compared to using multiple separate inhalers, the primary benefit lies in the synergistic effects they provide for more effective symptom management.

**5. In respiratory care, what is the primary goal of using mucolytics?**

- A. To decrease cough reflex**
- B. To improve the clearance of mucus**
- C. To induce sedation**
- D. To alpha-adrenergically stimulate the bronchi**

The primary goal of using mucolytics in respiratory care is to improve the clearance of mucus. Mucolytics are medications designed to thin and break down mucus, making it less viscous and easier for the patient to clear from the respiratory tract. By decreasing the thickness of the mucus, these agents help facilitate expectoration, enhance airway patency, and ultimately support better respiratory function. Healthy mucus clearance is essential for maintaining a clear airway and preventing infections. Conditions such as chronic bronchitis, cystic fibrosis, and chronic obstructive pulmonary disease (COPD) can lead to excessive mucus production or thickened secretions, which mucolytics aim to address effectively. The other options provided do not align with the primary purpose of mucolytics. Reducing the cough reflex is not a goal of mucolytic therapy since coughing is a natural mechanism to clear secretions. Inducing sedation does not relate to the functionality of mucolytics, which focus on mucus management rather than altering consciousness. Lastly, alpha-adrenergically stimulating the bronchi pertains to other classes of medications, such as bronchodilators, rather than mucolytics. Thus, the use of mucolytics is specifically targeted at enhancing mucus clearance, which is why improving the

**6. What is the generic name of the drug known to treat central sleep apnea?**

- A. Albuterol**
- B. Doxapram**
- C. Prednisone**
- D. Salmeterol**

The drug that is most appropriate for treating central sleep apnea from the provided list is doxapram. Doxapram is a central respiratory stimulant that acts on the chemoreceptors in the carotid body and the brainstem to stimulate respiration, making it useful in managing conditions like central sleep apnea where there is a disruption in the normal respiratory drive. Albuterol is primarily a bronchodilator used to treat conditions such as asthma and chronic obstructive pulmonary disease (COPD) and does not directly address the central causes of sleep apnea. Prednisone is a corticosteroid that is often prescribed to reduce inflammation but is not specifically indicated for the treatment of sleep apnea. Salmeterol, like albuterol, is a long-acting beta-agonist used for bronchospasm relief. It helps with airway management in respiratory conditions, but again, it does not have a role in treating central sleep apnea. Therefore, doxapram stands out as the only option that effectively addresses the underlying respiratory drive issues seen in central sleep apnea.

**7. What is the benefit of combining a beta-agonist and an anticholinergic in COPD treatment?**

**A. Enhanced bronchodilation**

**B. Lower risk of infection**

**C. Decrease in heart rate**

**D. Prevention of drowsiness**

Combining a beta-agonist and an anticholinergic in the treatment of Chronic Obstructive Pulmonary Disease (COPD) provides enhanced bronchodilation, which is a significant benefit for patients. Beta-agonists work by stimulating beta-adrenergic receptors in the smooth muscle of the airways, leading to relaxation of the muscles and dilation of the airways. This helps to improve airflow and reduce symptoms of breathlessness. On the other hand, anticholinergics function by inhibiting the action of acetylcholine at muscarinic receptors, which also leads to bronchodilation but through a different mechanism. By using both medications in conjunction, the effects are synergistic; the dual action targets different pathways in the body that lead to airway constriction. This combined approach often results in a more significant reduction in airway resistance and better overall pulmonary function compared to either medication used alone. The other options presented do not directly correlate to the primary therapeutic benefits afforded by this combination therapy in the context of COPD treatment. Therefore, the enhanced bronchodilation achieved through this combination therapy is a key advantage for managing the respiratory challenges faced by patients with COPD.

**8. What is a potential side effect of beta-agonist bronchodilators?**

**A. Bradycardia**

**B. Dry mouth**

**C. Tachycardia**

**D. Increased mucus production**

Tachycardia is indeed a recognized potential side effect of beta-agonist bronchodilators. These medications work by stimulating beta-adrenergic receptors in the lungs, leading to bronchodilation, which helps alleviate symptoms of respiratory conditions such as asthma or chronic obstructive pulmonary disease (COPD). However, this stimulation is not limited to just the lungs; beta-agonists can also affect beta-adrenergic receptors in the heart. As a result, the activation of these receptors can lead to increased heart rate, or tachycardia, as a common side effect. Understanding this side effect is crucial for healthcare providers, as patients may experience symptoms such as palpitations or an increased heart rate during treatment. It's important for providers to monitor patients and inform them about potential side effects to ensure effective management of their condition. The other options do not directly correlate with the typical pharmacological action of beta-agonists. For example, bradycardia is usually related to stimulation of the parasympathetic nervous system or certain medications, which is opposite to the expected effect of beta-agonists. Dry mouth is not a common side effect associated with these medications; it is more typically linked to anticholin



**9. What is the primary function of topical thrombin?**

- A. Increases blood flow**
- B. Inhibits platelet aggregation**
- C. Stops bleeding**
- D. Acts as a sedative**

Topical thrombin is primarily used to stop bleeding. It is a coagulation factor that plays an essential role in the clotting process. When applied topically to a bleeding wound, thrombin converts fibrinogen into fibrin, which forms a stable clot that effectively controls hemorrhage. This mechanism is vital in surgical procedures or places where quick hemostasis is required, thereby making it a crucial agent in managing bleeding. Other options do not match the primary role of topical thrombin. While increasing blood flow, inhibiting platelet aggregation, or acting as a sedative are relevant to other pharmacological agents, they are not the primary function of thrombin in a topical application setting.

**10. Which class of medications is effective in reducing the frequency of asthma attacks?**

- A. Short-acting beta-agonists**
- B. Antihistamines**
- C. Long-acting beta-agonists and leukotriene receptor antagonists**
- D. Corticosteroids**

The choice of long-acting beta-agonists (LABAs) and leukotriene receptor antagonists is effective in reducing the frequency of asthma attacks because both classes of medications address the underlying inflammation and bronchoconstriction associated with chronic asthma. Long-acting beta-agonists work by relaxing the muscles around the airways, which helps to keep them open for a prolonged period and allows for better airflow. They are typically used in conjunction with inhaled corticosteroids for more persistent cases of asthma, offering a dual approach to both prevention of symptoms and management of airflow limitation. Leukotriene receptor antagonists, on the other hand, work by blocking the action of leukotrienes, which are inflammatory mediators that can lead to bronchoconstriction and mucus production. By inhibiting these mediators, these drugs can decrease inflammation and prevent asthma symptoms, thus effectively reducing the frequency of asthma attacks. Together, these two classes provide a comprehensive method for managing asthma over a long term, focusing on both preventing acute exacerbations and improving overall lung function.

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

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