

# NCLEX Archer Pharmacology Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. When monitoring a patient receiving IV cisplatin, what potential adverse effect should the nurse be most vigilant for?**
  - A. Irreversible heart failure**
  - B. Bone marrow suppression**
  - C. Cardiac toxicity**
  - D. Peripheral neuropathy**
- 2. Which medication would likely be prescribed for a child with nephroblastoma to manage hypertension?**
  - A. Propranolol**
  - B. Enalapril**
  - C. Nitroprusside**
  - D. Digoxin**
- 3. What is the primary purpose of administering Lugol's solution before a thyroidectomy?**
  - A. Decrease the risk of agranulocytosis postoperatively**
  - B. Prevent tetany during general anesthesia**
  - C. Reduce thyroid size and vascularity to prevent hemorrhage**
  - D. Potentiate the effects of other preoperative medications**
- 4. If a nurse reviews a prescription for albuterol in a patient with hypokalemia, what should the nurse do?**
  - A. Administer the medication immediately**
  - B. Clarify the order with the health care provider**
  - C. Document the order and proceed**
  - D. Monitor the patient only after administration**
- 5. What statement by a patient taking phenytoin indicates understanding of their medication?**
  - A. "I can stop taking it if my gums swell."**
  - B. "I need regular lab work to check medication levels."**
  - C. "I can take extra if I feel a seizure coming on."**
  - D. "I should take it with high protein foods."**

- 6. Which side effects are commonly associated with antidysrhythmic medications?**
- A. Dizziness, hypotension, and weakness**
  - B. Headache, hypertension, and fatigue**
  - C. Weakness, fatigue, and hypertension**
  - D. Anorexia, diarrhea, and hypertension**
- 7. What is an important nursing consideration when a client is prescribed lithium therapy?**
- A. A. Monitor for hyperactivity**
  - B. B. Ensure regular hydration**
  - C. C. Restrict dietary sodium**
  - D. D. Limit physical activity**
- 8. What is the priority action before administering a metoprolol IV push?**
- A. Clarify the prescription with the primary healthcare provider.**
  - B. Assess vital signs.**
  - C. Obtain a 5 mL syringe.**
  - D. Assess the client's allergies.**
- 9. What is a potential consequence of administering enoxaparin?**
- A. Increased risk for thrombocytopenia.**
  - B. Development of hypertension.**
  - C. Risk for metabolic syndrome.**
  - D. Reduced potassium levels.**
- 10. Which medication should the nurse clarify with the primary healthcare provider before administration due to a client's high pulse rate?**
- A. Metoprolol 50 mg PO Daily**
  - B. Lisinopril 40 mg PO Daily**
  - C. Albuterol 2.5 mg via nebulizer Daily**
  - D. Diltiazem XR 120 mg PO Daily**

## **Answers**

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

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## **Explanations**

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**1. When monitoring a patient receiving IV cisplatin, what potential adverse effect should the nurse be most vigilant for?**

- A. Irreversible heart failure**
- B. Bone marrow suppression**
- C. Cardiac toxicity**
- D. Peripheral neuropathy**

Cisplatin is a platinum-based chemotherapy agent commonly used to treat various cancers. One of the most significant adverse effects associated with cisplatin is bone marrow suppression. This can lead to a decrease in the production of blood cells, specifically red blood cells, white blood cells, and platelets, resulting in anemia, increased susceptibility to infections, and increased risk of bleeding. Monitoring for signs of bone marrow suppression is crucial, as these complications can significantly impact the patient's overall health and complicate cancer treatment. Regular blood counts are typically performed to assess the levels of these cells throughout therapy. While cisplatin can lead to other adverse effects, such as nausea, renal toxicity, ototoxicity, and peripheral neuropathy, the most immediate and significant concern in the context of monitoring during treatment is the risk of bone marrow suppression.

**2. Which medication would likely be prescribed for a child with nephroblastoma to manage hypertension?**

- A. Propranolol**
- B. Enalapril**
- C. Nitroprusside**
- D. Digoxin**

In the case of a child with nephroblastoma, which is a type of kidney cancer that can lead to hypertension due to the tumor's effect on kidney function or due to increased renin production, enalapril would be a suitable choice for managing hypertension. Enalapril is an angiotensin-converting enzyme (ACE) inhibitor that works by relaxing blood vessels and lowering blood pressure, making it particularly effective in pediatric patients who may experience hypertension as a secondary effect of a renal mass or treatment. ACE inhibitors like enalapril are often favored in managing hypertension in children, especially when renal function is a concern. They can also have beneficial effects on renal hemodynamics, which is important for patients with a kidney-related condition such as nephroblastoma. Other medications listed may not be as suitable. Propranolol is primarily used for anxiety and certain cardiac conditions, not typically first-line for hypertension in this context. Nitroprusside is usually reserved for hypertensive emergencies due to its rapid action and potential for side effects. Digoxin is primarily used in heart failure and certain arrhythmias, and while it can have some effects on blood pressure, it is not indicated as a first-line treatment for hypertension in this scenario.

- 3. What is the primary purpose of administering Lugol's solution before a thyroidectomy?**
- A. Decrease the risk of agranulocytosis postoperatively**
  - B. Prevent tetany during general anesthesia**
  - C. Reduce thyroid size and vascularity to prevent hemorrhage**
  - D. Potentiate the effects of other preoperative medications**

The primary purpose of administering Lugol's solution before a thyroidectomy is to reduce thyroid size and vascularity to prevent hemorrhage. Lugol's solution is a form of iodine that serves as an antithyroid agent by inhibiting the synthesis of thyroid hormones. By doing so, it effectively reduces the vascular supply and the overall size of the thyroid gland in patients who are hyperthyroid. This preoperative treatment is crucial because it minimizes the risk of significant blood loss during surgery, which can be a serious complication due to the highly vascular nature of the thyroid gland. This careful preparation aims to provide a safer surgical environment for the surgeon and decreases the chances of intraoperative complications related to excessive bleeding.

- 4. If a nurse reviews a prescription for albuterol in a patient with hypokalemia, what should the nurse do?**
- A. Administer the medication immediately**
  - B. Clarify the order with the health care provider**
  - C. Document the order and proceed**
  - D. Monitor the patient only after administration**

In a situation where a prescription for albuterol is reviewed for a patient with hypokalemia, the appropriate action is to clarify the order with the health care provider. Albuterol, a bronchodilator commonly used to treat asthma and other respiratory conditions, can cause a shift in potassium levels, leading to further hypokalemia. It promotes the movement of potassium into cells, which may decrease serum potassium levels, potentially worsening the patient's existing condition. Given that the patient is already experiencing low potassium levels, administering albuterol without first clarifying the order could pose a significant risk. By contacting the health care provider, the nurse can discuss the potential implications of the medication in light of the patient's hypokalemia. This ensures patient safety and allows for the evaluation of alternative treatments or dosages if necessary. In this context, it is critical for the nurse to exercise clinical judgment and maintain patient safety standards by addressing any discrepancies or concerns before proceeding with the administration of the medication.

**5. What statement by a patient taking phenytoin indicates understanding of their medication?**

- A. "I can stop taking it if my gums swell."**
- B. "I need regular lab work to check medication levels."**
- C. "I can take extra if I feel a seizure coming on."**
- D. "I should take it with high protein foods."**

The statement indicating understanding of the medication is that regular lab work is necessary to check medication levels. Phenytoin is an antiepileptic drug used to control seizures, and its therapeutic range is relatively narrow. This means that both underdosing and overdosing can lead to serious side effects and ineffective seizure control. Regular monitoring of serum phenytoin levels is essential to ensure that the drug remains within the therapeutic range and to adjust dosages as needed based on these laboratory results. Patients taking phenytoin also need to be aware of factors that can affect serum levels, such as interactions with other medications and dietary factors. Consistent lab work helps healthcare providers track these levels and address any concerns related to toxicity or insufficient seizure control. Other responses reflect misunderstandings about the management of phenytoin therapy. For example, stopping the medication due to gum swelling does not address the need for ongoing management of the drug's effects, and simply taking extra medication in anticipation of a seizure can lead to toxicity without proper guidance. Additionally, the suggestion to take it with high protein foods is not relevant; it is more crucial to ensure consistent dosing whether in relation to meals or not, as protein-rich foods do not significantly impact phenytoin absorption.

**6. Which side effects are commonly associated with antidysrhythmic medications?**

- A. Dizziness, hypotension, and weakness**
- B. Headache, hypertension, and fatigue**
- C. Weakness, fatigue, and hypertension**
- D. Anorexia, diarrhea, and hypertension**

Antidysrhythmic medications are primarily used to manage irregular heartbeats. The side effects commonly associated with these medications include dizziness, hypotension, and weakness. Dizziness can occur due to the way these medications affect the electrical conduction system of the heart and potentially lead to a drop in blood pressure. Hypotension is a significant concern, as these medications may lower blood pressure too much, especially if the heart's contractility is altered or if the medication is causing bradycardia (slow heart rate). Weakness is another side effect that can arise due to decreased cardiac output or as a general systemic response to the medication's effects on heart rhythm and function. Recognizing these side effects is crucial for patient monitoring and management to ensure that any adverse effects can be promptly addressed. Understanding these effects can also help in reassuring patients and educating them about what to expect and when to seek medical assistance.

**7. What is an important nursing consideration when a client is prescribed lithium therapy?**

- A. A. Monitor for hyperactivity**
- B. B. Ensure regular hydration**
- C. C. Restrict dietary sodium**
- D. D. Limit physical activity**

When a client is prescribed lithium therapy, ensuring regular hydration is a crucial nursing consideration. Lithium is a medication used primarily for the treatment of bipolar disorder, and it is known to have a narrow therapeutic index. This means that the difference between a therapeutic dose and a toxic dose is small. Adequate hydration is essential because lithium levels can be influenced by fluid balance in the body. Dehydration can lead to increased lithium retention, potentially resulting in toxicity. Conversely, excessive hydration can lead to dilutional effects, impacting mental status and overall body function. Therefore, maintaining a balance through regular hydration is critical for ensuring safety and efficacy in a patient receiving lithium therapy. Other considerations, while important, do not carry the same level of urgency or impact as hydration concerning lithium safety and therapeutic efficacy.

**8. What is the priority action before administering a metoprolol IV push?**

- A. Clarify the prescription with the primary healthcare provider.**
- B. Assess vital signs.**
- C. Obtain a 5 mL syringe.**
- D. Assess the client's allergies.**

The priority action before administering metoprolol IV push is to assess vital signs. Metoprolol is a beta-blocker that can significantly affect heart rate and blood pressure. Before administration, it is crucial to determine the baseline vital signs to ensure that the patient's heart rate is not too low (bradycardia) and that blood pressure is within an acceptable range. This assessment helps avoid administering the medication if the patient is at risk for adverse effects related to decreased heart rate or hypotension. Clarifying the prescription, obtaining a syringe, or assessing allergies, while important in their own contexts, do not take precedence over assessing the patient's current vital status in the case of medications that can have immediate and significant cardiovascular effects like metoprolol. Ensuring the safety of the patient through vital sign assessment is essential to determine the appropriateness of administering the medication at that time.

**9. What is a potential consequence of administering enoxaparin?**

- A. Increased risk for thrombocytopenia.**
- B. Development of hypertension.**
- C. Risk for metabolic syndrome.**
- D. Reduced potassium levels.**

Administering enoxaparin, a low molecular weight heparin used primarily for anticoagulation, can lead to an increased risk of thrombocytopenia, which is a reduction in the number of platelets in the blood. This condition occurs as a hypersensitivity reaction in some patients, resulting in either heparin-induced thrombocytopenia (HIT) or a more generalized reduction in platelet count. Monitoring platelet levels is essential during treatment with enoxaparin to identify this side effect early, especially since thrombocytopenia can increase the risk of bleeding complications. In contrast, while the other options may present potential concerns in different contexts, they are not associated with enoxaparin administration in the same way. For instance, enoxaparin does not typically lead to the development of hypertension or metabolic syndrome, nor does it have a direct effect on potassium levels. Therefore, the increased risk of thrombocytopenia is a significant and relevant consequence of enoxaparin therapy that requires attention in clinical management.

**10. Which medication should the nurse clarify with the primary healthcare provider before administration due to a client's high pulse rate?**

- A. Metoprolol 50 mg PO Daily**
- B. Lisinopril 40 mg PO Daily**
- C. Albuterol 2.5 mg via nebulizer Daily**
- D. Diltiazem XR 120 mg PO Daily**

Albuterol, a bronchodilator, is commonly used to treat asthma and other conditions associated with bronchospasm. While it can provide relief from symptoms of wheezing and difficulty breathing, it is important to recognize that it can also increase heart rate as a side effect, particularly in individuals who may be sensitive to its stimulating effects on the cardiovascular system. When a client presents with a high pulse rate, the nurse should be particularly cautious with medications that could potentially elevate that pulse further or interfere with the body's compensatory mechanisms. Given that albuterol can cause tachycardia, its administration in this context requires clarification with the healthcare provider, who may want to consider alternatives or evaluate the situation further before proceeding. In contrast, medications like metoprolol, a beta-blocker, are designed to decrease heart rate and manage hypertension or heart disease, making them less of a concern in this context. Lisinopril, an ACE inhibitor, typically does not affect pulse directly, and diltiazem, a calcium channel blocker, helps to reduce heart rate and manage hypertension and certain arrhythmias. Therefore, they would not necessitate the same level of caution regarding a high pulse rate as albuterol does.