

NCLEX Pharmacology Cardiovascular Drugs Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. A patient on a statin should be monitored for hepatotoxicity. Which laboratory test is essential to monitor?**
 - A. Renal function tests**
 - B. Liver enzyme levels**
 - C. Thyroid-stimulating hormone**
 - D. Serum calcium**

- 2. Which statement indicates to the nurse that the client understands sublingual nitroglycerin medication instructions?**
 - A. I will take up to five doses every 3 minutes for chest pain.**
 - B. I can chew the tablet for the quickest effect.**
 - C. I will keep the tablets locked in a safe place until I need them.**
 - D. I should sit or lie down after I take a nitroglycerin tablet to prevent dizziness.**

- 3. A client's serum digoxin level is 0.4 ng/mL. What is the nurse's priority action?**
 - A. Hold future digoxin doses.**
 - B. Call the health care provider.**
 - C. Administer ordered dose of digoxin.**
 - D. Administer potassium.**

- 4. A client is started on warfarin therapy while still receiving intravenous heparin. The client questions the nurse about the risk for bleeding. How should the nurse respond?**
 - A. "Your concern is valid. I will call the doctor to discontinue the heparin."**
 - B. "It usually takes about 3 days to achieve a therapeutic effect for warfarin, so the heparin is continued until the warfarin is therapeutic."**
 - C. "Because of your valve replacement, it is especially important for you to be anticoagulated. The heparin and warfarin together are more effective than one alone."**
 - D. "Because you are now up and walking, you have a higher risk of blood clots and therefore need to be on both medications."**

- 5. A client taking Methyldopa (Aldomet) has elevated liver function tests. What is the nurse's best action?**
- A. Document the finding and continue care.**
 - B. Notify the health care provider.**
 - C. Immediately stop the medication.**
 - D. Change the client's diet.**
- 6. Mannitol should be avoided in which patient group?**
- A. Head injury**
 - B. Diabetes mellitus**
 - C. Anuria**
 - D. Cisplatin chemotherapy**
- 7. During assessment of a client with pheochromocytoma, the nurse records 210/110 mm Hg. What is the nurse's best action?**
- A. To ask the client to lie down and rest.**
 - B. To assess the client's dietary intake of sodium and fluid**
 - C. To administer phentolamine (Regitine).**
 - D. To administer nitroprusside (Nipride)**
- 8. A client with peripheral arterial disease is prescribed isoxsuprine (Vasodilan). Which primary effect does isoxsuprine have?**
- A. Increases the stiffness of arteriosclerotic blood vessels.**
 - B. Decreases blood flow to the lower extremities.**
 - C. Relaxes the arterial walls within the skeletal muscles.**
 - D. Causes persistent hypertension.**
- 9. If a patient on statin therapy develops signs of liver injury, what action should the nurse take?**
- A. Continue therapy and monitor liver enzymes**
 - B. Increase the statin dose**
 - C. Hold statin therapy and notify the provider**
 - D. Treat with acetaminophen and continue the statin**

- 10. The nurse is teaching a client about clopidogrel (Plavix). What is important information to include?**
- A. Constipation may occur.**
 - B. Hypotension may occur.**
 - C. Bleeding may increase when taken with aspirin.**
 - D. Normal dose is 25 mg tablet per day.**

Answers

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

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Explanations

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1. A patient on a statin should be monitored for hepatotoxicity. Which laboratory test is essential to monitor?

- A. Renal function tests**
- B. Liver enzyme levels**
- C. Thyroid-stimulating hormone**
- D. Serum calcium**

Statins can affect the liver, so checking liver function is essential. The lab test to monitor is liver enzyme levels, part of liver function tests, especially alanine aminotransferase (ALT) and aspartate aminotransferase (AST). ALT is more liver-specific, so elevations point to hepatocellular injury from the statin. Baseline liver enzymes should be obtained before starting therapy and checked again in the first few months of treatment. If liver enzymes rise markedly (typically more than 3 times the upper limit of normal) and the patient has symptoms such as fatigue, malaise, or abdominal pain, the statin is usually stopped. Mild, asymptomatic elevations may be watched with repeat testing or dose adjustment. Renal function, thyroid-stimulating hormone, and serum calcium do not monitor or indicate statin-related hepatotoxicity.

2. Which statement indicates to the nurse that the client understands sublingual nitroglycerin medication instructions?

- A. I will take up to five doses every 3 minutes for chest pain.**
- B. I can chew the tablet for the quickest effect.**
- C. I will keep the tablets locked in a safe place until I need them.**
- D. I should sit or lie down after I take a nitroglycerin tablet to prevent dizziness.**

Understanding how to use sublingual nitroglycerin safely hinges on recognizing its quick, powerful vasodilating effect and the need to avoid a dangerous drop in blood pressure. The statement that shows true understanding is that you should sit or lie down after placing a nitroglycerin tablet under the tongue. Because the medication rapidly dilates vessels, it can cause dizziness or faintness from sudden hypotension. Being seated or recumbent helps you stay steady and reduces the risk of falling or losing balance as the drug takes effect. You should let the tablet dissolve under the tongue and not chew or swallow it, so absorption is fast. Only up to three doses are used in about 15 minutes, and if chest pain persists after the third dose, seek emergency help. The other statements reflect common misconceptions: taking more doses than recommended, chewing the tablet for quicker effect, or storing it in a way that doesn't address how it's used during an episode.

3. A client's serum digoxin level is 0.4 ng/mL. What is the nurse's priority action?

- A. Hold future digoxin doses.**
- B. Call the health care provider.**
- C. Administer ordered dose of digoxin.**
- D. Administer potassium.**

Digoxin has a narrow therapeutic window, so serum levels guide whether the dose is achieving the desired effect without causing toxicity. A level of 0.4 ng/mL is below the usual therapeutic range (roughly 0.5-2.0 ng/mL for most adults with heart failure or atrial fibrillation). That means the drug may not be providing its intended cardiac effect yet, so the priority is to proceed with the next ordered dose to bring the level into the therapeutic range, assuming the patient has no signs of toxicity and renal function supports dosing as ordered. Holding the dose would maintain subtherapeutic levels, and giving potassium isn't indicated here since the issue is too little digoxin, not a toxicity scenario. Calling the provider isn't required unless there are concerns about dosing or signs of toxicity.

4. A client is started on warfarin therapy while still receiving intravenous heparin. The client questions the nurse about the risk for bleeding. How should the nurse respond?

- A. "Your concern is valid. I will call the doctor to discontinue the heparin."**
- B. "It usually takes about 3 days to achieve a therapeutic effect for warfarin, so the heparin is continued until the warfarin is therapeutic."**
- C. "Because of your valve replacement, it is especially important for you to be anticoagulated. The heparin and warfarin together are more effective than one alone."**
- D. "Because you are now up and walking, you have a higher risk of blood clots and therefore need to be on both medications."**

The idea being tested is bridging anticoagulation when starting warfarin. Warfarin takes several days to become therapeutic because it gradually depletes the vitamin K-dependent clotting factors, so its effect isn't immediate. To maintain protection against clotting during that delay, a fast-acting anticoagulant like heparin is continued for about 3 days until warfarin reaches therapeutic levels (as shown by an appropriate INR). This approach prevents a gap in anticoagulation, which is especially important in patients with mechanical valve replacements. Bleeding risk persists with both drugs, but stopping heparin too soon would raise the risk of thrombosis; keeping heparin until warfarin is therapeutic and then stopping heparin is the standard plan. Monitor for signs of bleeding and adjust therapy as needed.

5. A client taking Methyldopa (Aldomet) has elevated liver function tests. What is the nurse's best action?

- A. Document the finding and continue care.**
- B. Notify the health care provider.**
- C. Immediately stop the medication.**
- D. Change the client's diet.**

Elevated liver function tests while a patient is taking methyldopa signal possible drug-induced hepatotoxicity, so the nurse must escalate the concern to the prescriber for timely assessment. The best action is to involve the health care provider so they can decide whether to discontinue or adjust the medication, order further hepatic workup, and monitor for progression. Stopping the drug should not be done by the nurse without orders, since abrupt changes can affect blood pressure control and the physician needs to weigh risks and benefits. Merely documenting the finding or changing the diet won't address potential liver injury. Also, be alert for signs of hepatitis such as jaundice, dark urine, and RUQ pain, and report these promptly.

6. Mannitol should be avoided in which patient group?

- A. Head injury**
- B. Diabetes mellitus**
- C. Anuria**
- D. Cisplatin chemotherapy**

Mannitol is an osmotic diuretic that works only if the kidneys can filter and excrete it. It increases the osmolarity of the filtrate, pulling water into the renal tubules to be eliminated. Because of this dependency on urine production, it must be used when there is some level of renal function. In an anuric patient, there is no urine output, so mannitol cannot be excreted. It then stays in the bloodstream, raising plasma osmolality and shifting fluids in ways that can lead to volume overload, edema (including pulmonary edema), electrolyte disturbances, and potential worsened overall volume status. For that reason, mannitol should be avoided in anuric patients. Head injury is a common indication for mannitol to reduce intracranial pressure, so it's appropriate there. In diabetes mellitus, the drug can still be used with caution, though it requires monitoring for fluid and electrolyte balance. In cisplatin chemotherapy, mannitol is sometimes used to promote diuresis and mitigate nephrotoxicity, so it isn't contraindicated.

7. During assessment of a client with pheochromocytoma, the nurse records 210/110 mm Hg. What is the nurse's best action?

- A. To ask the client to lie down and rest.**
- B. To assess the client's dietary intake of sodium and fluid**
- C. To administer phentolamine (Regitine).**
- D. To administer nitroprusside (Nipride)**

In a pheochromocytoma crisis, the body is dumping large amounts of catecholamines, causing severe vasoconstriction and dangerously high blood pressure. The immediate priority is to block those alpha-adrenergic effects to rapidly reduce systemic vascular resistance and bring the BP under control. Administering an alpha-adrenergic blocker like phentolamine provides quick, direct reversal of the vasoconstrictive effects. It acts fast when given IV and lowers blood pressure by preventing catecholamines from constricting the vessels. This approach addresses the root cause of the crisis in this scenario and helps prevent end-organ damage. Options that involve simply lying the patient down or assessing sodium and fluid intake don't address the acute, life-threatening rise in blood pressure. A direct vasodilator like nitroprusside can lower blood pressure, but in pheochromocytoma you want alpha blockade first to avoid unpredictable swings in hemodynamics and potential reflex responses driven by the ongoing catecholamine excess. After adequate alpha blockade, beta-blockers may be added if tachycardia persists.

8. A client with peripheral arterial disease is prescribed isoxsuprine (Vasodilan). Which primary effect does isoxsuprine have?

- A. Increases the stiffness of arteriosclerotic blood vessels.**
- B. Decreases blood flow to the lower extremities.**
- C. Relaxes the arterial walls within the skeletal muscles.**
- D. Causes persistent hypertension.**

Isoxsuprine acts as a vasodilator by relaxing smooth muscle in arterial walls, which lowers peripheral vascular resistance and increases blood flow to skeletal muscles. In peripheral arterial disease, this enhanced arterial dilation improves perfusion to the legs, helping relieve symptoms like claudication. The other options describe effects that are opposite to what a vasodilator does (stiffening arteries, reduced leg blood flow, or sustained high blood pressure), so they don't fit the primary action of isoxsuprine.

9. If a patient on statin therapy develops signs of liver injury, what action should the nurse take?

- A. Continue therapy and monitor liver enzymes**
- B. Increase the statin dose**
- C. Hold statin therapy and notify the provider**
- D. Treat with acetaminophen and continue the statin**

Statins can cause hepatotoxicity, so when a patient on this therapy shows signs of liver injury—such as fatigue, right upper quadrant discomfort, jaundice, dark urine, or abnormal liver enzyme tests—the immediate action is to hold the statin and notify the provider. Stopping the drug promptly helps prevent further liver damage while the clinician assesses the extent of injury and decides the next steps, which may include permanently stopping the statin or restarting at a lower dose after recovery. Continuing therapy or increasing the dose would risk worsening liver injury, and using acetaminophen to treat the symptoms is inappropriate because acetaminophen itself can damage the liver and it does not address the underlying injury from the statin. The right course is to suspend the medication and initiate medical evaluation with liver function testing.

10. The nurse is teaching a client about clopidogrel (Plavix). What is important information to include?

- A. Constipation may occur.**
- B. Hypotension may occur.**
- C. Bleeding may increase when taken with aspirin.**
- D. Normal dose is 25 mg tablet per day.**

Bleeding risk with antiplatelet therapy is what this item emphasizes. Clopidogrel blocks the P2Y₁₂ ADP receptor on platelets, preventing platelet aggregation. When it's used with aspirin, two drugs that impair platelet function, the chance of unexpected or prolonged bleeding increases. That's why patient teaching should highlight signs of bleeding (easy bruising, gum or nosebleeds, blood in stool or urine) and the importance of avoiding or limiting other bleeding-promoting medications unless directed by a clinician. It's also useful to know the usual dosing context: the common maintenance dose is 75 mg daily, so a 25 mg daily dose is not standard. Constipation or hypotension are not typical concerns with clopidogrel therapy.

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://nclexpharmacardiovasculardrugs.examzify.com>

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