

NCLEX PHARMACOLOGY CARDIOVASCULAR DRUGS PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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

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- 1. The beta blocker should not be abruptly stopped; the dose should be tapered down.**
 - A. Abruptly stop.
 - B. Should NOT abruptly stopped; dose tapered.
 - C. The beta blocker dose should be maintained while taking another antianginal drug.
 - D. Half the beta blocker dose should be taken for the next several weeks.
- 2. A client is taking rosuvastatin (Crestor). What severe skeletal muscle adverse reaction should the nurse watch for?**
 - A. Myasthenia gravis
 - B. Dyskinesia
 - C. Agranulocytosis
 - D. Rhabdomyolysis
- 3. 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.
- 4. A client is being changed from an injectable anticoagulant to an oral anticoagulant. Which anticoagulant is administered orally?**
 - A. Enoxaparin
 - B. Warfarin
 - C. Bivalirudin
 - D. Lepirudin
- 5. Mannitol should be avoided in which patient group?**
 - A. Head injury
 - B. Diabetes mellitus
 - C. Anuria
 - D. Cisplatin chemotherapy

- 6. A client is prescribed nitroglycerin ointment. Where should the ointment be applied?**
- A. On the fingertips.
 - B. On a nonhairy part of the upper torso.
 - C. Over the sternum region.
 - D. On the scalp.
- 7. A client on hydrochlorothiazide 50 mg daily and digoxin 0.25 mg daily is at risk for which electrolyte imbalance?**
- A. Hypocalcemia
 - B. Hyperkalemia
 - C. Hypermagnesemia
 - D. Hypokalemia
- 8. The nurse would question an order for cholestyramine (Questran) if the client has which condition?**
- A. Impaction
 - B. Glaucoma
 - C. Hepatic disease
 - D. Renal disease
- 9. Which of the following is the antidote for heparin?**
- A. Protamine sulfate
 - B. Vitamin K
 - C. Aminocaproic acid
 - D. Vitamin C
- 10. The client asks the nurse how nitroglycerin should be stored while traveling. What is the best response?**
- A. You can protect it from heat by placing the bottle in an ice chest.
 - B. It's best to keep it in its original container away from heat and light.
 - C. You can put a few tablets in a resealable bag and carry it in your pocket.
 - D. It's best to lock them in the glove compartment to keep them away from heat and light.

Answers

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

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Explanations

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1. The beta blocker should not be abruptly stopped; the dose should be tapered down.

A. Abruptly stop.

B. Should NOT abruptly stopped; dose tapered.

C. The beta blocker dose should be maintained while taking another antianginal drug.

D. Half the beta blocker dose should be taken for the next several weeks.

Stopping a beta blocker abruptly can trigger rebound sympathetic stimulation, leading to rapid increases in heart rate, blood pressure, and ischemia or arrhythmias, especially in patients with coronary artery disease or heart failure. Tapering the dose gradually allows the body to adjust to less beta-adrenergic blockade, reducing the risk of chest pain, tachycardia, or other withdrawal effects. A clinician typically reduces the dose step by step over days to weeks and then stops when the patient remains stable. While starting another antianginal agent may be appropriate in some cases, it does not remove the risk associated with abrupt withdrawal of a beta blocker, and fixed halving for several weeks is not a standard, universally safe taper.

2. A client is taking rosuvastatin (Crestor). What severe skeletal muscle adverse reaction should the nurse watch for?

A. Myasthenia gravis

B. Dyskinesia

C. Agranulocytosis

D. Rhabdomyolysis

Rosuvastatin can cause muscle injury, and the severe skeletal muscle reaction to watch for is rhabdomyolysis. This condition involves breakdown of muscle tissue releasing substances like myoglobin into the bloodstream, which can damage the kidneys and lead to kidney failure. Nurses should be alert for new or worsening muscle pain, tenderness, or weakness, especially if it's accompanied by dark or cola-colored urine. If rhabdomyolysis is suspected, the statin should be held and creatine kinase levels checked promptly; aggressive hydration is often needed to protect the kidneys. Risk factors include high-dose therapy, drug interactions (such as with fibrates or certain antibiotics), older age, renal or hepatic impairment, and hypothyroidism. Educate the patient to report muscle symptoms right away and to stay well-hydrated. The other conditions listed—myasthenia gravis, dyskinesia, and agranulocytosis—are not typical adverse effects of statins.

3. 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.

4. A client is being changed from an injectable anticoagulant to an oral anticoagulant. Which anticoagulant is administered orally?

- A. Enoxaparin
- B. Warfarin**
- C. Bivalirudin
- D. Lepirudin

Oral versus injectable anticoagulants. Warfarin is the anticoagulant given by mouth. It works by inhibiting vitamin K-dependent production of clotting factors II, VII, IX, and X, which makes it suitable for long-term oral anticoagulation. Because warfarin takes several days to reach full effect, patients are often bridged with a parenteral anticoagulant until the INR is in the therapeutic range. The other agents listed are not oral: enoxaparin is given by subcutaneous injection; bivalirudin and lepirudin are direct thrombin inhibitors administered intravenously. So, when switching from an injectable anticoagulant to an oral one, warfarin is the correct oral option.

5. 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 osmolality 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.

6. A client is prescribed nitroglycerin ointment. Where should the ointment be applied?

- A. On the fingertips.
- B. On a nonhairy part of the upper torso.**
- C. Over the sternum region.
- D. On the scalp.

Topical nitroglycerin should be absorbed through clean, dry, hairless skin on a flat, well-perfused area to deliver a steady dose. A nonhairy part of the upper torso provides a large, smooth surface with good blood flow, allowing uniform absorption and minimizing skin irritation. Applying to fingertips places the medication on a small, uneven area and increases the chance of transferring the drug to others or causing local irritation; the scalp has hair and inconsistent absorption; the sternum region is a chest area but not as ideal as the broad upper-torso site for reliable dosing. Therefore, the nonhairy part of the upper torso is the best site.

7. A client on hydrochlorothiazide 50 mg daily and digoxin 0.25 mg daily is at risk for which electrolyte imbalance?

- A. Hypocalcemia
- B. Hyperkalemia
- C. Hypermagnesemia
- D. Hypokalemia**

Thiazide diuretics promote potassium loss in the distal tubule, leading to hypokalemia. Low potassium increases digoxin binding to the Na⁺/K⁺-ATPase pump, which enhances digoxin's effects and raises the risk of digoxin toxicity, including serious arrhythmias. So, the electrolyte imbalance to watch for with this combination is low potassium. Hyperkalemia would be unlikely with hydrochlorothiazide, and calcium or magnesium changes are not the primary concern here.

8. The nurse would question an order for cholestyramine (Questran) if the client has which condition?

- A. Impaction**
- B. Glaucoma
- C. Hepatic disease
- D. Renal disease

Cholestyramine works in the gut by binding bile acids and preventing their reabsorption, which helps lower cholesterol. Because it is a resin that stays in the intestines, constipation and even bowel impaction can occur or worsen. If a patient already has impaction, giving this medication could exacerbate the blockage and cause serious GI problems, so the nurse would question the order in that case. The other conditions listed don't pose the same immediate GI obstruction risk, though cholestyramine can affect absorption of other drugs and fat-soluble vitamins, so timing of doses with other meds may need adjustment.

9. Which of the following is the antidote for heparin?

- A. Protamine sulfate**
- B. Vitamin K
- C. Aminocaproic acid
- D. Vitamin C

Protamine sulfate is the antidote for heparin. Heparin works by enhancing antithrombin III to inactivate thrombin and factor Xa, stopping clot formation. Protamine sulfate, a positively charged molecule, binds to the negatively charged heparin and neutralizes its anticoagulant effect, allowing normal clotting to resume. This reversal is most effective when given promptly after heparin exposure; dosing is typically about 1 mg of protamine per 100 units of heparin given, with adjustments based on timing and amount of heparin received. In practice, low-molecular-weight heparin may be partially reversed by protamine but not completely. Watch for potential adverse effects like hypotension, bradycardia, or rare anaphylactoid reactions, so administer IV slowly and monitor closely. Vitamin K reverses warfarin, not heparin; aminocaproic acid is used in different bleeding scenarios, and vitamin C has no role in reversing heparin's effects.

10. The client asks the nurse how nitroglycerin should be stored while traveling. What is the best response?

- A. You can protect it from heat by placing the bottle in an ice chest.
- B. It's best to keep it in its original container away from heat and light.**
- C. You can put a few tablets in a resealable bag and carry it in your pocket.
- D. It's best to lock them in the glove compartment to keep them away from heat and light.

Nitroglycerin is highly sensitive to heat, light, and moisture, and its potency can quickly diminish if these factors aren't controlled. To preserve effectiveness during travel, the medication should be stored in its original amber-colored container with the cap tightly closed, kept at room temperature, and kept away from heat and light. This setup protects the tablets from damaging light exposure and from temperature fluctuations that can accelerate degradation, while also maintaining the labeling and expiration information. Carrying a few tablets loose in a bag exposes them to body heat and humidity, increasing the chance of potency loss and dosing errors. Storing in an ice chest subjects the medication to moisture and potential condensation and isn't necessary for stability. Keeping them in the glove compartment can expose them to extreme heat inside a car, which also degrades potency. So the best practice is the original container, away from heat and light.

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!

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