

NCLEX Pharmacology Renal and Urinary Practice Exam (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

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- 1. What monitoring parameter is crucial after initiation of diuretic therapy?**
 - A. Fluid intake only**
 - B. Urine output only**
 - C. Electrolyte levels**
 - D. Both urine output and electrolyte levels**

- 2. What is the role of phenazopyridine in UTI treatment?**
 - A. It acts as an antibiotic**
 - B. It acts as a urinary analgesic to relieve pain and discomfort**
 - C. It prevents the formation of kidney stones**
 - D. It acts as a diuretic**

- 3. If prescribed bethanechol chloride for urinary retention, which condition would contraindicate its use?**
 - A. Urinary strictures**
 - B. Diabetes**
 - C. Heart failure**
 - D. Glaucoma**

- 4. Tamsulosin hydrochloride is often prescribed to relieve which of the following conditions?**
 - A. Urinary tract infection**
 - B. Urinary obstruction**
 - C. Acute renal failure**
 - D. Chronic kidney disease**

- 5. What information should the nurse provide to a client starting nitrofurantoin for a urinary tract infection?**
 - A. Take the medication on an empty stomach.**
 - B. It should be taken before bed.**
 - C. Taking it with meals will help decrease gastrointestinal upset.**
 - D. Do not take it with dairy products.**

- 6. What is the indication for using erythropoietin-stimulating agents (ESAs) in chronic kidney disease?**
- A. To reduce protein excretion**
 - B. To treat anemia associated with chronic kidney disease**
 - C. To lower blood pressure**
 - D. To prevent urinary tract infections**
- 7. A client taking nitrofurantoin for a urinary tract infection should be advised about which common side effect?**
- A. Nausea and vomiting**
 - B. Dry mouth**
 - C. Insomnia**
 - D. Increased appetite**
- 8. What kind of diet might help manage symptoms in patients with chronic kidney disease?**
- A. A balanced diet without restrictions**
 - B. A high-sodium diet**
 - C. A low-sodium and low-protein diet**
 - D. A vegetarian diet**
- 9. What is the appropriate rate for administering Trimethoprim-sulfamethoxazole intravenously for a client with a recurrent urinary tract infection?**
- A. 15 to 30 minutes**
 - B. 30 to 45 minutes**
 - C. 60 to 90 minutes**
 - D. 90 to 120 minutes**
- 10. In what circumstance should a nurse withhold a nephrotoxic medication?**
- A. If the patient's blood pressure is low**
 - B. If the patient's creatinine level is significantly elevated**
 - C. If the patient reports feeling dizzy**
 - D. If the patient has a fever greater than 101°F**

Answers

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

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Explanations

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1. What monitoring parameter is crucial after initiation of diuretic therapy?

- A. Fluid intake only**
- B. Urine output only**
- C. Electrolyte levels**
- D. Both urine output and electrolyte levels**

Monitoring urine output and electrolyte levels is essential after the initiation of diuretic therapy because these parameters provide critical insights into the patient's response to the medication and overall fluid and electrolyte balance. Diuretics increase urine production, and monitoring urine output helps assess the efficacy of treatment and ensures adequate renal perfusion. A sudden increase in urine output can indicate that the diuretic is working; however, excessively high output may lead to dehydration and necessitate adjustments in fluid management. Electrolyte levels, particularly sodium, potassium, magnesium, and calcium, also require close monitoring because diuretics can cause imbalances. For example, some diuretics, especially loop diuretics and thiazides, can lead to hypokalemia (low potassium), while others may cause hyperkalemia (high potassium). Monitoring these levels allows for the early detection of potential complications related to electrolyte disturbances, enabling timely intervention to avert serious health risks. By focusing on both urine output and electrolyte levels, healthcare providers can ensure safe and effective management of patients on diuretics, mitigating the risk of adverse effects related to fluid and electrolyte imbalances. This comprehensive monitoring is necessary for optimal patient care following the initiation of diuretic therapy.

2. What is the role of phenazopyridine in UTI treatment?

- A. It acts as an antibiotic**
- B. It acts as a urinary analgesic to relieve pain and discomfort**
- C. It prevents the formation of kidney stones**
- D. It acts as a diuretic**

Phenazopyridine is primarily used as a urinary analgesic, meaning it provides relief from pain, burning, and discomfort associated with urinary tract infections (UTIs). It works by exerting a local anesthetic effect on the lining of the urinary tract, which helps alleviate the painful symptoms that patients often experience during a UTI. Although phenazopyridine can make a significant difference in a patient's comfort level, it does not have any antibacterial properties and therefore does not treat the underlying infection. Antibiotics are the medications that target and eliminate the bacteria causing the UTI. Additionally, the substance does not play a role in preventing kidney stone formation or acting as a diuretic, making its primary function as an analgesic distinct and essential for symptom relief during UTI treatment.

3. If prescribed bethanechol chloride for urinary retention, which condition would contraindicate its use?

- A. Urinary strictures**
- B. Diabetes**
- C. Heart failure**
- D. Glaucoma**

Bethanechol chloride is a medication that acts as a cholinergic agonist, stimulating the parasympathetic nervous system to promote bladder contraction and facilitate urination. However, its use is contraindicated in conditions that may exacerbate urinary obstruction. In the case of urinary strictures, the presence of a narrowing in the urethra can impede normal urine flow. Using bethanechol in this situation could worsen urinary retention or cause further complications, such as bladder or urethral distention, leading to pain or potential injury. Therefore, patients with urinary strictures must avoid this medication to prevent worsening their condition. Other conditions, while they may require caution or monitoring when using bethanechol, do not present the same direct contraindication as urinary strictures do. For instance, diabetes, heart failure, or glaucoma might present considerations for careful dosing or monitoring, but they do not inherently obstruct urine flow as urinary strictures do.

4. Tamsulosin hydrochloride is often prescribed to relieve which of the following conditions?

- A. Urinary tract infection**
- B. Urinary obstruction**
- C. Acute renal failure**
- D. Chronic kidney disease**

Tamsulosin hydrochloride is commonly prescribed to relieve urinary obstruction, particularly in the setting of benign prostatic hyperplasia (BPH) in men. BPH can cause an enlargement of the prostate gland, which leads to blockage in the urinary tract and results in difficulties with urination, including increased frequency, urgency, and weak stream. Tamsulosin works as an alpha-1 adrenergic antagonist, which causes relaxation of the muscles in the prostate and bladder neck, thereby improving urine flow and alleviating symptoms associated with urinary obstruction. The other conditions listed, such as urinary tract infection, acute renal failure, and chronic kidney disease, do not directly relate to the mechanism of action or therapeutic use of tamsulosin. For instance, urinary tract infections typically require antibiotics for treatment, while acute renal failure and chronic kidney disease are managed through other specific interventions aimed at addressing kidney function rather than alleviating urinary obstruction.

5. What information should the nurse provide to a client starting nitrofurantoin for a urinary tract infection?

A. Take the medication on an empty stomach.

B. It should be taken before bed.

C. Taking it with meals will help decrease gastrointestinal upset.

D. Do not take it with dairy products.

When advising a client who is starting nitrofurantoin for a urinary tract infection, it's important to note that taking the medication with meals can indeed help decrease gastrointestinal upset. Nitrofurantoin can cause side effects such as nausea and abdominal discomfort, and consuming it with food can enhance its absorption and mitigate these undesirable effects. This is especially relevant because the gastrointestinal side effects are common, and taking the medication with food can make it easier for the patient to adhere to the prescribed treatment regimen. The recommendation to take nitrofurantoin on an empty stomach may lead to increased gastrointestinal irritation and is generally not advised for patient comfort. While taking it before bed could be suitable in some circumstances, it does not provide the same benefit as taking it with meals and may lead to missed doses. Additionally, while dairy products can interact with certain antibiotics, it is not a primary concern with nitrofurantoin; therefore, the focus should be more on taking it with meals to enhance tolerance and effectiveness. This understanding ensures the patient can manage their medication intake more comfortably and effectively.

6. What is the indication for using erythropoietin-stimulating agents (ESAs) in chronic kidney disease?

A. To reduce protein excretion

B. To treat anemia associated with chronic kidney disease

C. To lower blood pressure

D. To prevent urinary tract infections

Erythropoietin-stimulating agents (ESAs) are primarily indicated for the treatment of anemia associated with chronic kidney disease (CKD). In patients with CKD, the kidneys are often unable to produce sufficient erythropoietin, a hormone that stimulates red blood cell production in the bone marrow. As a result, individuals with CKD may develop anemia, characterized by low hemoglobin levels, fatigue, and decreased oxygen delivery to tissues. By administering ESAs, healthcare providers can effectively increase the production of red blood cells, improving hemoglobin levels and alleviating symptoms of anemia. This treatment is critical as anemia in CKD can significantly impact a patient's quality of life and overall health. Hence, the use of ESAs directly addresses the underlying issue of anemia in patients with chronic kidney disease, making this indication vital for their management. The other options do not align with the primary purpose of ESAs. For instance, reducing protein excretion is more related to medications that manage proteinuria rather than ESAs. Similarly, ESAs are not indicated for lowering blood pressure or preventing urinary tract infections, as these conditions require different therapeutic approaches.

7. A client taking nitrofurantoin for a urinary tract infection should be advised about which common side effect?

- A. Nausea and vomiting**
- B. Dry mouth**
- C. Insomnia**
- D. Increased appetite**

Clients taking nitrofurantoin for urinary tract infections often experience gastrointestinal side effects, with nausea and vomiting being among the most common. This medication can irritate the stomach lining, contributing to feelings of nausea and resulting in vomiting in some patients. It's important for patients to be aware of this potential side effect so they can take measures, such as taking the medication with food, to help minimize discomfort. While dry mouth, insomnia, and increased appetite might be experienced by some individuals on different medications, they are not typical or common side effects associated with nitrofurantoin. Recognizing the more prevalent side effects, like nausea and vomiting, helps in managing expectations and improving adherence to the medication regimen.

8. What kind of diet might help manage symptoms in patients with chronic kidney disease?

- A. A balanced diet without restrictions**
- B. A high-sodium diet**
- C. A low-sodium and low-protein diet**
- D. A vegetarian diet**

In managing symptoms in patients with chronic kidney disease (CKD), a low-sodium and low-protein diet is often recommended to help preserve kidney function and reduce the workload on the kidneys. A low-sodium diet is crucial because excess sodium can lead to fluid retention, which can exacerbate hypertension and cause additional strain on the kidneys. Reducing sodium intake helps control blood pressure and can minimize swelling and other cardiovascular risks associated with CKD. A low-protein diet is also advised, particularly in patients with advanced CKD. Protein metabolism produces nitrogenous waste products that the kidneys must filter out; hence a lower protein intake can reduce the accumulation of these waste products, which can lead to uremia and other complications associated with CKD. In contrast to the correct dietary approach, a balanced diet without restrictions may not account for the specific needs and limitations of patients with CKD and could lead to the burden of excessive sodium and protein intake. A high-sodium diet could significantly worsen a patient's condition by increasing blood pressure and water retention. While a vegetarian diet might provide some benefits, it does not inherently guarantee low sodium or low protein unless specifically planned and tailored for CKD management. Thus, the combination of low-sodium and low-pro

9. What is the appropriate rate for administering Trimethoprim-sulfamethoxazole intravenously for a client with a recurrent urinary tract infection?

- A. 15 to 30 minutes
- B. 30 to 45 minutes
- C. 60 to 90 minutes**
- D. 90 to 120 minutes

The appropriate rate for administering Trimethoprim-sulfamethoxazole intravenously is indeed 60 to 90 minutes. This timing allows the medication to be infused at a rate that minimizes the risk of adverse reactions and ensures adequate therapeutic levels are achieved in the bloodstream for effective treatment of a urinary tract infection. The extended infusion time compared to shorter options helps to reduce the risk of potential side effects associated with rapid administration, such as hypotension or local irritation at the IV site. This is particularly important in clinical scenarios where the client may already be vulnerable due to recurrent infections. In regulating the infusion process within the recommended timeframe, healthcare providers can enhance patient comfort and optimize drug efficacy.

10. In what circumstance should a nurse withhold a nephrotoxic medication?

- A. If the patient's blood pressure is low
- B. If the patient's creatinine level is significantly elevated**
- C. If the patient reports feeling dizzy
- D. If the patient has a fever greater than 101°F

Withholding a nephrotoxic medication is most appropriate when the patient's creatinine level is significantly elevated. Elevated creatinine levels indicate impaired kidney function, which can lead to decreased clearance of medications and increased risk of toxicity. Nephrotoxic medications can further exacerbate these issues, leading to potential acute kidney injury. Therefore, in the presence of elevated creatinine, continuing nephrotoxic therapy could be harmful to the patient and should be reassessed. In contrast, low blood pressure, dizziness, or fever could suggest a need for further assessment or intervention, but they do not directly indicate the compromised functionality of the kidneys in the same way that elevated creatinine does. While these conditions may warrant clinical attention, they do not specifically necessitate withholding a nephrotoxic medication unless they are accompanied by signs of renal impairment.

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://nclexpharmrenalurinary.examzify.com>

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

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