

NLN Pharmacology 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. A nurse should instruct a client taking isophane insulin suspension (NPH) to eat a snack at which of these times?**
 - A. One-half hour prior to the dose**
 - B. Immediately after the dose**
 - C. In the mid-afternoon**
 - D. Every two hours during the daytime**

- 2. Which of the following assessments should a nurse make prior to administering terbutaline sodium (Brethine) subcutaneously?**
 - A. Heart rate**
 - B. Urine output**
 - C. Body temperature**
 - D. Pulse oximetry**

- 3. A client is to receive 50 mL of intravenous solution in 45 minutes. The nurse should regulate the infusion pump to deliver approximately how many milliliters per hour?**
 - A. 37**
 - B. 45**
 - C. 52**
 - D. 67**

- 4. A client with renal failure is receiving sodium polystyrene sulfonate (Kayexalate). What is the medication's purpose?**
 - A. Increase the serum sodium level**
 - B. Decrease phosphorus absorption**
 - C. Reduce serum potassium**
 - D. Prevent loss of calcium**

- 5. A client receiving vancomycin should be assessed for which symptom before the next dose?**
 - A. Headache**
 - B. Not had a bowel movement in 2 days**
 - C. Drowsy**
 - D. I can't hear the television**

- 6. A client on spironolactone should avoid which dietary modification to reduce risk of hyperkalemia?**
- A. Limit high potassium foods**
 - B. Increase sodium intake**
 - C. Drink large amounts of water**
 - D. Increase protein intake**
- 7. How many grams are equivalent to 30 mg?**
- A. 0.03**
 - B. 0.3**
 - C. 3**
 - D. 300**
- 8. If a pediatric dose is 10-15 mg/kg and a 5.5 kg infant is ordered 120 mg, what should the nurse do?**
- A. Administer as ordered**
 - B. Discuss the order with the physician**
 - C. Administer 2/3 of the prescribed dose**
 - D. Administer 1/2 of the dose**
- 9. A nurse should observe a client who is taking a calcium channel blocker for side effects, which include**
- A. Hypertension**
 - B. Diplopia**
 - C. Weight loss**
 - D. Urinary retention**
- 10. Which parameter should a nurse monitor in a client taking furosemide (Lasix)?**
- A. Blood pressure**
 - B. Respiratory rate**
 - C. Pulse oximetry**
 - D. Babinski reflex**

Answers

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

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Explanations

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1. A nurse should instruct a client taking isophane insulin suspension (NPH) to eat a snack at which of these times?
- A. One-half hour prior to the dose
 - B. Immediately after the dose
 - C. In the mid-afternoon**
 - D. Every two hours during the daytime

NPH insulin has a delayed but pronounced peak several hours after dosing, which is when the risk of hypoglycemia is highest. If the dose is taken in the morning, the peak typically occurs in the mid to late afternoon. Eating a snack in the mid-afternoon helps prevent low blood glucose during this peak. Snacking half an hour before, immediately after the dose, or every two hours all day does not align with the drug's peak action and is not necessary.

2. Which of the following assessments should a nurse make prior to administering terbutaline sodium (Brethine) subcutaneously?
- A. Heart rate**
 - B. Urine output
 - C. Body temperature
 - D. Pulse oximetry

Terbutaline is a beta-adrenergic agonist used to relax uterine smooth muscle, but it can also stimulate the heart and cause tachycardia. Because of this, obtaining the baseline heart rate before administering the subcutaneous dose is essential to ensure the patient isn't already tachycardic and to establish a reference for detecting any harmful increases after dosing. If the heart rate is elevated, the risk of significant tachycardia and related complications increases, and the dose may need to be withheld or reassessed. Urine output, body temperature, and pulse oximetry are valuable for overall monitoring during therapy, but they do not provide the immediate safety signal needed before giving terbutaline.

3. A client is to receive 50 mL of intravenous solution in 45 minutes. The nurse should regulate the infusion pump to deliver approximately how many milliliters per hour?
- A. 37
 - B. 45
 - C. 52
 - D. 67**

Infusion rate is the amount of fluid delivered per unit time, so you divide the total volume by the time over which it's given. Convert 45 minutes to hours: 45 minutes is 0.75 hours. Then $50 \text{ mL} \div 0.75 \text{ h} \approx 66.7 \text{ mL per hour}$, which rounds to about 67 mL/h. That setting would deliver 50 mL in roughly 45 minutes. The other numbers would change the time: for example, at 37 mL/h it would take about 81 minutes to deliver 50 mL, at 45 mL/h about 67 minutes, and at 52 mL/h about 58 minutes.

4. A client with renal failure is receiving sodium polystyrene sulfonate (Kayexalate). What is the medication's purpose?
- A. Increase the serum sodium level
 - B. Decrease phosphorus absorption
 - C. Reduce serum potassium**
 - D. Prevent loss of calcium

Kayexalate is used to treat hyperkalemia by removing potassium through the gastrointestinal tract. It is a cation-exchange resin that binds potassium in the colon and swaps it for sodium; the resin-K complex is then excreted in the stool. This provides an extra route to eliminate potassium when the kidneys aren't able to excrete it effectively, as in renal failure. The effect lowers serum potassium levels, but it takes several hours to produce a significant change, so it isn't a rapid rescue therapy. It can be given orally or as a rectal enema, and clinicians monitor potassium and electrolyte status while being aware of potential side effects like constipation, GI upset, or, rarely, intestinal necrosis—especially when used with sorbitol. It does not reduce phosphorus or affect calcium directly, since its purpose is specifically to reduce potassium.

5. A client receiving vancomycin should be assessed for which symptom before the next dose?
- A. Headache
 - B. Not had a bowel movement in 2 days
 - C. Drowsy
 - D. I can't hear the television**

Ototoxicity is a known risk with vancomycin, meaning it can damage the inner ear and cause hearing changes, tinnitus, or balance problems. Because this toxicity can progress with continued exposure, it's important to assess auditory function before giving the next dose. A symptom like not being able to hear the television signals potential ototoxicity and requires prompt evaluation, possible hold of the next dose, and a check of trough levels and renal function. Other symptoms such as headache, constipation, or drowsiness are less specific to vancomycin's serious toxic effects and don't prompt the same urgent assessment. Early detection of hearing changes helps prevent progression and guides management, including dose adjustments or alternative therapy if needed.

6. A client on spironolactone should avoid which dietary modification to reduce risk of hyperkalemia?
- A. Limit high potassium foods**
 - B. Increase sodium intake
 - C. Drink large amounts of water
 - D. Increase protein intake

Spironolactone is a potassium-sparing diuretic that blocks aldosterone, which reduces potassium excretion in the distal nephron. Because this preserves more potassium in the body, the risk of hyperkalemia rises, especially if potassium intake is high or kidney function is not normal. To lower that risk, limiting foods rich in potassium is the most direct and effective approach. The other dietary changes don't address the mechanism driving potassium retention and won't prevent hyperkalemia; they can even create other issues, such as fluid or electrolyte imbalances. Monitoring potassium levels and watching for symptoms like muscle weakness or irregular heartbeat are important as well.

7. How many grams are equivalent to 30 mg?

- A. 0.03**
- B. 0.3
- C. 3
- D. 300

Understanding mass unit conversions: 1 gram equals 1000 milligrams. To express 30 milligrams in grams, divide by 1000. $30 \div 1000 = 0.03$, so 30 mg is 0.03 g. This direct division by 1000 is the standard method and keeps the decimal in the correct position. If you look at the other numbers, they represent larger amounts in grams: 0.3 g would be 300 mg, 3 g would be 3000 mg, and 300 g would be 300,000 mg. They're not equivalent to 30 mg because the decimal place is shifted too far.

8. If a pediatric dose is 10-15 mg/kg and a 5.5 kg infant is ordered 120 mg, what should the nurse do?

- A. Administer as ordered
- B. Discuss the order with the physician**
- C. Administer 2/3 of the prescribed dose
- D. Administer 1/2 of the dose

In pediatric dosing, you calculate the amount based on the child's weight and compare it to the safe mg/kg range. For a 5.5 kg infant, the recommended per-dose range is 55 mg to 82.5 mg (10-15 mg/kg). An order for 120 mg exceeds that safe range, signaling a probable dosing error or miscommunication. The correct course is to discuss and verify the order with the physician (and, if needed, consult the pharmacist) to confirm the intended dose or concentration and adjust to a safe amount before administration. Until the order is clarified, do not administer the medication. This safeguards the child from potential overdose and ensures the dose aligns with weight-based safety standards.

9. A nurse should observe a client who is taking a calcium channel blocker for side effects, which include

- A. Hypertension
- B. Diplopia**
- C. Weight loss
- D. Urinary retention

Calcium channel blockers can cause a range of adverse effects from their vasodilating and cardiac depressant actions. While dizziness, headache, flushing, edema, and bradycardia are common, occasional visual disturbances can occur, including diplopia (double vision). This symptom matters to monitor because it may reflect changes in ocular perfusion or drug effects on conduction and perfusion that warrant clinical attention, dose adjustment, or a change in therapy. The other options don't fit typical side effects: hypertension would be unlikely since these drugs lower blood pressure; weight loss is not characteristic (these agents can cause edema and sometimes weight gain); urinary retention is not a typical effect of calcium channel blockers.

10. Which parameter should a nurse monitor in a client taking furosemide (Lasix)?

- A. Blood pressure**
- B. Respiratory rate**
- C. Pulse oximetry**
- D. Babinski reflex**

Loop diuretics like furosemide cause rapid fluid loss, which can lower intravascular volume and lead to hypotension. The most important parameter to monitor is blood pressure because a drop in BP signals volume depletion and potential risk of dizziness, fainting, or reduced organ perfusion. While monitoring weight, intake/output, and electrolytes (especially potassium) is also important in management, blood pressure directly reflects the immediate safety concern with furosemide therapy. Respiratory rate and pulse oximetry aren't the primary concerns for this drug unless there's a specific respiratory issue, and the Babinski reflex is not related to diuretic effects.

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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://nlpharmacology.examzify.com>

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

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