

# 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. Acetaminophen (Tylenol) 120 mg PO stat for a fever of 102.6 F is ordered for an infant weighing 12 lb (5.5 kg). The recommended dose is 10-15 mg/kg. What action should the nurse take?**
  - A. Discuss the order with the physician**
  - B. Give the medication as ordered**
  - C. Administer 2/3 of the prescribed dose**
  - D. Give 1/2 of the dose bid**
  
- 2. Which of the following is a common adverse effect of nifedipine?**
  - A. Peripheral edema**
  - B. Hypertension**
  - C. Tinnitus**
  - D. Diarrhea**
  
- 3. 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**
  
- 4. Which medication should the nurse question in a client with renal failure?**
  - A. Calcitriol (Rocaltrol)**
  - B. Diphenhydramine hydrochloride (Benadryl)**
  - C. Ampicillin sodium (Omnipen-N)**
  - D. Tobramycin sulfate (Nebcin)**
  
- 5. Which statement about naproxen therapy for osteoarthritis is correct?**
  - A. Maximum effectiveness may take two to four weeks of continued therapy**
  - B. The medication may be taken with aspirin to improve pain relief**
  - C. You will need to carefully monitor your blood sugar levels**
  - D. It is important that you avoid sun exposure**

- 6. A nurse should monitor a client who is receiving cefotaxime sodium (Claforan) for side effects, which include**
- A. Diarrhea**
  - B. Vertigo**
  - C. Tinnitus**
  - D. Insomnia**
- 7. Which client would be least appropriate for starting an anti-hyperlipidemic medication?**
- A. A 57-year-old client who has cirrhosis related to alcohol abuse**
  - B. A 30-year-old client who has a history of heart disease**
  - C. A 44-year-old client who has recurrent urinary tract infections**
  - D. A 79-year-old client who has bilateral cataracts**
- 8. A nurse should plan to monitor which of these laboratory tests for a client who is receiving digoxin (Lanoxin)?**
- A. Serum potassium**
  - B. Complete blood count**
  - C. Blood urea nitrogen (BUN)**
  - D. Serum glucose**
- 9. The purpose of Kayexalate is to**
- A. Increase serum sodium level**
  - B. Reduce serum potassium**
  - C. Decrease phosphorus absorption**
  - D. Prevent loss of calcium**
- 10. A medication is available as a 0.5gm/5mL suspension. How many mL should a nurse administer to provide a 200mg dose?**
- A. 0.5**
  - B. 2**
  - C. 4**
  - D. 2.5**

## Answers

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

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## **Explanations**

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1. Acetaminophen (Tylenol) 120 mg PO stat for a fever of 102.6 F is ordered for an infant weighing 12 lb (5.5 kg). The recommended dose is 10-15 mg/kg. What action should the nurse take?

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

Dosing in pediatrics is based on weight, so it's essential to calculate mg/kg to ensure safety. For acetaminophen, the typical dose is 10-15 mg per kilogram every 4-6 hours as needed. This infant weighs 5.5 kg, so the safe per-dose range is 55 mg (5.5 kg × 10 mg/kg) to 82.5 mg (5.5 kg × 15 mg/kg). The ordered 120 mg is about 22 mg/kg, which is well above the safe per-dose maximum and poses a risk of overdose and hepatotoxicity. Because the dose is outside the recommended range, the nurse should discuss the order with the physician to verify or adjust the dose before giving anything. If the physician approves a safe dose, administer within 55-82.5 mg per dose (every 4-6 hours as needed, per guidelines).

2. Which of the following is a common adverse effect of nifedipine?

- A. Peripheral edema**
- B. Hypertension**
- C. Tinnitus**
- D. Diarrhea**

Peripheral edema is the most common adverse effect of nifedipine. This drug is a dihydropyridine calcium channel blocker that preferentially dilates systemic arterioles, lowering vascular resistance. The arteriolar dilation increases capillary hydrostatic pressure, which drives fluid out of the vessels into the interstitial space, often accumulating in dependent areas like the feet and ankles. This edema is dose-related and can be more noticeable with longer-acting formulations. Hypertension is something nifedipine helps treat, so it's not an adverse effect. Tinnitus and diarrhea are not characteristic adverse effects associated with nifedipine.

- 3. 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.

- 4. Which medication should the nurse question in a client with renal failure?**
- A. Calcitriol (Rocaltrol)**
  - B. Diphenhydramine hydrochloride (Benadryl)**
  - C. Ampicillin sodium (Omnipen-N)**
  - D. Tobramycin sulfate (Nebcin)**

In renal failure, drugs cleared by the kidneys can accumulate and cause toxicity, especially those with inherent nephrotoxicity. Tobramycin sulfate is an aminoglycoside that is almost completely eliminated by the kidneys. Its major risks are nephrotoxicity and ototoxicity, so when kidney function is impaired, its clearance drops and drug levels can rise to harmful levels. Because of that, the nurse should question continuing standard dosing or administration of tobramycin in a client with renal failure and coordinate a dose adjustment or an alternative therapy with the prescriber, while monitoring levels if its use is necessary. The other medications are not as critically problematic in this context: calcitriol is used to manage mineral and bone disorders in renal disease and is dosed accordingly; diphenhydramine can be used with caution in renal impairment; ampicillin often requires dose modification but is not inherently nephrotoxic in the same way aminoglycosides are.

**5. Which statement about naproxen therapy for osteoarthritis is correct?**

- A. Maximum effectiveness may take two to four weeks of continued therapy**
- B. The medication may be taken with aspirin to improve pain relief**
- C. You will need to carefully monitor your blood sugar levels**
- D. It is important that you avoid sun exposure**

Naproxen for osteoarthritis often needs time to build its full effect. While you may notice some pain relief early, the maximum anti-inflammatory benefit typically takes two to four weeks of continued therapy. This gradual improvement happens because reducing joint inflammation and stiffness is a process that unfolds over time, not something that peaks immediately. So the statement that best fits is that maximum effectiveness may take two to four weeks of continued therapy. If you don't see meaningful improvement after a couple of weeks, talk with a clinician rather than assuming it won't work. Regarding the other points: taking naproxen with aspirin to boost pain relief isn't advised because it increases the risk of gastrointestinal side effects and bleeding and doesn't reliably enhance benefit. Naproxen doesn't require routine blood sugar monitoring just for OA treatment. Sun exposure isn't a standard concern with naproxen therapy, so avoiding sun exposure isn't a typical instruction.

**6. A nurse should monitor a client who is receiving cefotaxime sodium (Claforan) for side effects, which include**

- A. Diarrhea**
- B. Vertigo**
- C. Tinnitus**
- D. Insomnia**

The main idea here is that broad-spectrum cephalosporins like cefotaxime commonly disrupt the normal intestinal bacteria, which can lead to diarrhea and, in some cases, antibiotic-associated colitis or *C. difficile* infection. So the side effect you'd monitor most closely is diarrhea—watch for increased stool frequency, watery stools, abdominal cramping, fever, or blood in the stool, and assess hydration and severity, reporting any severe or persistent symptoms. Vertigo, tinnitus, and insomnia are not typical adverse effects of cefotaxime. If those symptoms occur, they're not expected from this antibiotic and would prompt evaluation for other causes or drugs.

7. Which client would be least appropriate for starting an anti-hyperlipidemic medication?

- A. A 57-year-old client who has cirrhosis related to alcohol abuse**
- B. A 30-year-old client who has a history of heart disease
- C. A 44-year-old client who has recurrent urinary tract infections
- D. A 79-year-old client who has bilateral cataracts

The key idea is safety of lipid-lowering therapy in the context of liver disease. These drugs, especially statins, are metabolized by the liver and can cause liver enzyme elevations or hepatotoxicity. In a client with cirrhosis, the liver's capacity to process the medication is compromised, increasing the risk of drug-induced liver injury. Because of that, starting an anti-hyperlipidemic medication is least appropriate in this case. The other scenarios don't present a hepatic contraindication: a patient with known heart disease is typically a strong candidate for statin therapy to reduce recurrent cardiovascular events; a younger patient without liver disease is not contraindicated; and cataracts are not a reason to avoid lipid-lowering therapy.

8. A nurse should plan to monitor which of these laboratory tests for a client who is receiving digoxin (Lanoxin)?

- A. Serum potassium
- B. Complete blood count**
- C. Blood urea nitrogen (BUN)
- D. Serum glucose

Potassium level directly influences digoxin's effect on the heart. Digoxin works by inhibiting the Na<sup>+</sup>/K<sup>+</sup> ATPase pump in cardiac cells, which raises intracellular calcium and strengthens contractions. The amount of digoxin that can bind to that pump depends on the outside potassium level: when potassium is low, more binding sites are available, so the same digoxin dose can produce a stronger effect and a higher risk of toxicity. Maintaining serum potassium in the normal range helps prevent digoxin toxicity and ensures a safer, predictable response. Therefore, monitoring serum potassium is the most relevant lab test for a client on digoxin. While kidney function and digoxin levels are also important in overall management, the electrolyte status most directly affects the safety and effectiveness of digoxin. A complete blood count assesses cellular components and isn't directly tied to digoxin action, and other tests like BUN or serum glucose don't reflect the immediate risk factors associated with digoxin therapy.

9. The purpose of Kayexalate is to

- A. Increase serum sodium level
- B. Reduce serum potassium**
- C. Decrease phosphorus absorption
- D. Prevent loss of calcium

Kayexalate lowers elevated potassium by binding potassium in the gut and promoting its excretion in the stool through a sodium-potassium exchange in the colon. This intestinal binding and removal of potassium reduces serum potassium levels, addressing hyperkalemia. It does not raise serum sodium as the primary goal, and it does not affect phosphorus absorption or calcium balance.

**10. A medication is available as a 0.5gm/5mL suspension. How many mL should a nurse administer to provide a 200mg dose?**

**A. 0.5**

**B. 2**

**C. 4**

**D. 2.5**

Start by converting the suspension's strength to an amount per milliliter. 0.5 g equals 500 mg, and that 500 mg is in 5 mL, so the concentration is  $500 \text{ mg} / 5 \text{ mL} = 100 \text{ mg per mL}$ . To deliver a 200 mg dose, calculate the volume needed:  $200 \text{ mg} \div 100 \text{ mg/mL} = 2 \text{ mL}$ . Therefore, administering 2 mL provides 200 mg ( $2 \text{ mL} \times 100 \text{ mg/mL} = 200 \text{ mg}$ ). A quick check confirms the calculation and keeps units consistent (mg and mL).

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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](mailto: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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