

Pharmacology Antiemetic Agents Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What serious risk is associated with the use of promethazine in children under the age of 2?**
 - A. Cardiac arrest**
 - B. Fatal respiratory depression**
 - C. Severe allergic reaction**
 - D. Intestinal blockage**
- 2. What is a common side effect associated with antihistamines?**
 - A. Urinary retention**
 - B. Hypotension**
 - C. Diarrhea**
 - D. Increased salivation**
- 3. What type of drug is promethazine classified as?**
 - A. Antihistamine**
 - B. Anticholinergic**
 - C. Phenothiazine**
 - D. Serotonin antagonist**
- 4. Ondansetron may interact with which type of drugs?**
 - A. Drugs that cause drowsiness**
 - B. Drugs that prolong the QT interval**
 - C. Drugs that treat high blood pressure**
 - D. Drugs that increase appetite**
- 5. Hydroxyzine is commonly used for which of the following effects?**
 - A. Antitussive**
 - B. Antihistaminic**
 - C. Laxative**
 - D. Stimulant**

- 6. Which cannabinoid is commonly used as an antiemetic?**
- A. Ondansetron**
 - B. Dronabinol**
 - C. Diphenhydramine**
 - D. Zofran**
- 7. What is the priority intervention for an older adult client prescribed a phenothiazine for nausea?**
- A. Encourage family support**
 - B. Provide mobility aids**
 - C. The client is identified as a possible falls risk**
 - D. Increase dietary fiber**
- 8. How could emotional well-being be assessed during antiemetic treatment?**
- A. By monitoring medication levels**
 - B. Through patient feedback and evaluation**
 - C. By measuring physical symptoms**
 - D. Through regular check-ups**
- 9. What is the primary therapeutic effect of promethazine in the management of nausea?**
- A. Increases gastric emptying**
 - B. Blocks serotonin receptors**
 - C. Blocks dopamine from receptor sites**
 - D. Stimulates gastric acid secretion**
- 10. Why is it common to use a combination of antiemetics for chemotherapy-induced nausea?**
- A. To reduce costs**
 - B. To enhance efficacy and target multiple pathways**
 - C. To minimize side effects**
 - D. To increase dosage frequency**

Answers

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

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Explanations

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1. What serious risk is associated with the use of promethazine in children under the age of 2?

- A. Cardiac arrest**
- B. Fatal respiratory depression**
- C. Severe allergic reaction**
- D. Intestinal blockage**

Promethazine is an antihistamine with antiemetic and sedative properties, commonly used to treat nausea and motion sickness. However, its use in children, particularly those under the age of 2, poses a significant risk of respiratory depression. In this age group, the central nervous system effects of promethazine can lead to severe respiratory complications, which may result in fatal outcomes. Young children are particularly vulnerable because their respiratory systems are still developing, and they may not tolerate the sedative effects of anticholinergic medications well. The risk of respiratory depression is heightened due to the potential for increased sensitivity to the drug's effects, which can lead to inadequate ventilation and a life-threatening situation. Other risks associated with promethazine, such as allergic reactions or cardiac issues, are present but are not as directly correlated with its use in this specific population as respiratory depression. Thus, the serious risk of fatal respiratory depression in young children stands out as the most critical concern when considering the safety of promethazine in this age group.

2. What is a common side effect associated with antihistamines?

- A. Urinary retention**
- B. Hypotension**
- C. Diarrhea**
- D. Increased salivation**

Antihistamines are commonly associated with urinary retention due to their anticholinergic properties. These medications block histamine receptors, which are involved in various physiological functions, including the regulation of smooth muscle tone in the bladder. The anticholinergic effects can result in decreased bladder contractions, leading to difficulty in urination or urinary retention. In contrast, hypotension is not a typical side effect of antihistamines, as they are more likely to cause sedation and drowsiness rather than lowering blood pressure. Diarrhea is also not a common side effect; instead, antihistamines may actually cause constipation in some patients. Increased salivation is typically not associated with antihistamines; in fact, their anticholinergic actions can lead to dry mouth in certain individuals. Thus, the side effect of urinary retention stands out as a well-known adverse effect in this class of medications.

3. What type of drug is promethazine classified as?

- A. Antihistamine**
- B. Anticholinergic**
- C. Phenothiazine**
- D. Serotonin antagonist**

Promethazine is classified primarily as an antihistamine, specifically a first-generation H1 receptor antagonist. Its primary mechanism of action involves blocking histamine receptors, which helps alleviate symptoms associated with allergic reactions, motion sickness, and nausea. This classification explains its effectiveness in reducing vomiting and nausea, especially when related to motion sickness or as an adjunctive treatment in certain medical conditions. The antihistaminic properties also contribute to other effects such as sedation due to its ability to cross the blood-brain barrier, which is more pronounced in first-generation antihistamines compared to second-generation ones. Additionally, while promethazine has multifaceted actions and can display some anticholinergic activity, its core classification as an antihistamine is what primarily defines its therapeutic use in treating nausea and vomiting. Although promethazine falls into the broader category of phenothiazines, its designation as an antihistamine is more critical when considering its primary use in antiemetic therapy. The other classifications, like anticholinergic or serotonin antagonist, do not accurately capture the primary role and action of promethazine in clinical settings.

4. Ondansetron may interact with which type of drugs?

- A. Drugs that cause drowsiness**
- B. Drugs that prolong the QT interval**
- C. Drugs that treat high blood pressure**
- D. Drugs that increase appetite**

Ondansetron, a selective serotonin 5-HT₃ receptor antagonist, is primarily used as an antiemetic to prevent nausea and vomiting, especially related to chemotherapy, surgery, or radiation therapy. One important aspect of ondansetron's pharmacology is its potential to prolong the QT interval on an electrocardiogram, which can lead to serious cardiac arrhythmias such as Torsades de Pointes. When considering drug interactions, it is critical to be aware of any other medications that may also have the potential to prolong the QT interval. Using such drugs in combination with ondansetron can increase the risk of significant cardiac effects. Therefore, monitoring is essential when these medications are prescribed together to ensure patient safety. The other options, while they may include drugs with their own interactions or effects, do not relate directly to ondansetron's pharmacodynamic profile regarding QT interval prolongation. Drugs that cause drowsiness, treat high blood pressure, or increase appetite may have their own risks and interactions but do not specifically interact with ondansetron in a manner that directly raises concerns about QT interval prolongation.

5. Hydroxyzine is commonly used for which of the following effects?

A. Antitussive

B. Antihistaminic

C. Laxative

D. Stimulant

Hydroxyzine is primarily recognized for its antihistaminic properties. It is an antihistamine that works by blocking the action of histamine at H1 receptors, which makes it effective in alleviating allergic symptoms such as itching, rashes, and hay fever. Additionally, hydroxyzine has sedative effects, making it useful for anxiety relief and as a preoperative sedative. While it does have other uses, such as providing mild sedation and helping with nausea, its predominant classification and widely acknowledged therapeutic effect is that of an antihistamine. The sedative effects can be attributed to its ability to cross the blood-brain barrier and its influence on central nervous system receptors, but its primary mechanism of action involves the inhibition of the histamine response. The other options do not align with hydroxyzine's main uses: it is not primarily an antitussive, as its cough-suppressant properties are minimal; it does not function as a laxative; and it is certainly not classified as a stimulant. Therefore, its recognition as an antihistamine stands as the correct and most appropriate classification.

6. Which cannabinoid is commonly used as an antiemetic?

A. Ondansetron

B. Dronabinol

C. Diphenhydramine

D. Zofran

Dronabinol is a cannabinoid that is specifically utilized as an antiemetic agent, particularly for patients undergoing chemotherapy who experience nausea and vomiting. It acts on cannabinoid receptors in the central nervous system, thereby helping to regulate nausea and vomiting signals. Dronabinol is derived from the cannabis plant and can be beneficial in treating nausea and vomiting when conventional medications may not be effective. It is especially important for its role in patients who are resistant to other antiemetic therapies or those who wish to use a more natural alternative in managing their symptoms. The other options listed, such as ondansetron and Zofran, are actually the same medication—ondansetron is the generic name for Zofran. This drug is a serotonin receptor antagonist that is widely used to prevent nausea and vomiting, particularly for chemotherapy-induced emesis, but it is not a cannabinoid. Diphenhydramine, on the other hand, is an antihistamine that can be used to treat motion sickness and nausea but does not have the properties or mechanism of action that would classify it as a cannabinoid. Thus, when discussing cannabinoids specifically, dronabinol is the correct answer as it is the one that directly fits the category and is used therapeutically.

7. What is the priority intervention for an older adult client prescribed a phenothiazine for nausea?

- A. Encourage family support**
- B. Provide mobility aids**
- C. The client is identified as a possible falls risk**
- D. Increase dietary fiber**

The priority intervention for an older adult client prescribed a phenothiazine for nausea is to identify the client as a possible falls risk. Phenothiazines, which are often used as antiemetics, can cause sedation and dizziness as common side effects. In older adults, these effects can significantly increase the risk of falls, which is a major concern due to potential fractures or other injuries that can arise from such incidents. Identifying a client as a falls risk allows healthcare providers to implement appropriate fall prevention strategies, such as ensuring a safe environment, providing assistance with ambulation, and educating the client on the importance of calling for help when moving around. Recognizing this risk is essential to ensure the client's safety while they are receiving treatment for nausea, particularly when using medications that can impair their balance or cognitive function.

8. How could emotional well-being be assessed during antiemetic treatment?

- A. By monitoring medication levels**
- B. Through patient feedback and evaluation**
- C. By measuring physical symptoms**
- D. Through regular check-ups**

Emotional well-being is a crucial aspect of patient care, especially when undergoing treatment with antiemetic agents. Assessing this emotional component during treatment can provide insights into how the patient is coping with illness, the side effects of medication, and the overall impact on their quality of life. Gathering patient feedback and evaluations directly addresses their feelings, thoughts, and experiences throughout the treatment process. This qualitative information can include details about their anxiety levels regarding nausea, their mood changes, or any distress related to their condition or the effects of the antiemetic. Engaging with patients in conversations about their experiences can foster a therapeutic alliance, enabling healthcare providers to tailor interventions that not only alleviate physical symptoms like nausea but also support emotional health. In contrast, monitoring medication levels, measuring physical symptoms, or conducting regular check-ups primarily focus on objective indicators of treatment efficacy and patient health status. While these methods are important, they may not fully capture the complexities of a patient's emotional state, where self-reported assessments can reveal crucial information necessary for holistic care.

9. What is the primary therapeutic effect of promethazine in the management of nausea?

- A. Increases gastric emptying**
- B. Blocks serotonin receptors**
- C. Blocks dopamine from receptor sites**
- D. Stimulates gastric acid secretion**

Promethazine primarily exerts its therapeutic effect in the management of nausea by blocking dopamine from receptor sites. This action is significant because dopamine is a neurotransmitter that, when activated in certain areas of the brain such as the chemoreceptor trigger zone (CTZ), can induce nausea and vomiting. By antagonizing dopamine receptors, particularly the D2 subtype, promethazine effectively reduces the signals that trigger these emetic responses. In clinical practice, blocking dopamine receptors is essential for mitigating chemotherapy-induced nausea, motion sickness, and nausea resulting from various medical conditions. While some antiemetic agents may act on serotonin receptors or influence gastric motility, promethazine's primary mechanism remains the antagonism of dopamine, distinguishing it from other antiemetic drugs.

10. Why is it common to use a combination of antiemetics for chemotherapy-induced nausea?

- A. To reduce costs**
- B. To enhance efficacy and target multiple pathways**
- C. To minimize side effects**
- D. To increase dosage frequency**

The use of a combination of antiemetics for chemotherapy-induced nausea is primarily aimed at enhancing efficacy and targeting multiple pathways involved in the emetic response. Chemotherapy can trigger nausea and vomiting through various mechanisms, including stimulation of the central nervous system and peripheral pathways. Different antiemetic agents, each with distinct mechanisms of action, can effectively block these pathways. For instance, certain agents may target serotonin receptors, while others may act on neurokinin-1 receptors or dopamine receptors. By using a combination, healthcare providers can maximize the potential for controlling nausea and vomiting, as it allows for a more comprehensive approach to managing the complex physiological responses triggered by chemotherapy. This multi-faceted strategy increases the overall effectiveness of the treatment regimen, thereby improving patient outcomes and quality of life during cancer therapy.