

# Pharmacology LPN 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. Which term is a local anesthetic?**
  - A. Caine**
  - B. Mycin**
  - C. Ide**
  - D. Zide**
  
- 2. The chemical name of a drug refers to which aspect?**
  - A. The brand name used commercially**
  - B. The chemical composition of the drug**
  - C. The generic name recognized by healthcare providers**
  - D. The therapeutic use of the drug**
  
- 3. Which term describes the routes of administration such as oral, topical, mucosal, and parenteral?**
  - A. Dosing**
  - B. Formulations**
  - C. Interactions**
  - D. Routes**
  
- 4. When monitoring a patient on levothyroxine therapy, which test is most relevant to assess dosing adequacy?**
  - A. Monitor TSH levels to assess dosing; ensure consistent taking in the morning on an empty stomach.**
  - B. Monitor lipid profile.**
  - C. Monitor hepatic enzymes.**
  - D. Monitor blood glucose.**
  
- 5. The third safety check in medication administration includes verifying which of the following?**
  - A. The patient identity only**
  - B. The medication label only**
  - C. The patient, the medication, and the order against the seven rights**
  - D. The pharmacy supplier and lot number**

- 6. Key safety concern with acetaminophen and maximum daily dose for adults?**
- A. Nephrotoxicity; 2000 mg per day.**
  - B. Cardiovascular risk; 6000 mg per day.**
  - C. Hypersensitivity; 1000 mg per day.**
  - D. Hepatotoxicity; 4000 mg per day.**
- 7. Which agency oversees FDA pregnancy ratings for medications?**
- A. OSHA**
  - B. DEA**
  - C. Generic name**
  - D. FDA**
- 8. Which suffix is found in alprazolam, an antianxiety medication?**
- A. Pam**
  - B. Lam**
  - C. Done**
  - D. Vir**
- 9. Which suffix is commonly used in the names of beta-blocker medications?**
- A. -pril**
  - B. -olol**
  - C. -artan**
  - D. -cycline**
- 10. Which DEA schedule is used for drugs with moderate abuse potential and accepted medical use?**
- A. Schedule I**
  - B. Schedule II**
  - C. Schedule III**
  - D. Schedule IV**

## Answers

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

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## **Explanations**

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## 1. Which term is a local anesthetic?

- A. Caine**
- B. Mycin**
- C. Ide**
- D. Zide**

Endings in drug names often hint at the class. Local anesthetics typically end with -caine, a naming cue that signals their ability to block voltage-gated sodium channels and stop nerve impulses. This suffix appears in familiar agents like lidocaine, procaine, tetracaine, and benzocaine, making -caine the marker for a local anesthetic. The other endings point to different drug categories—for example, -mycin is common for antibiotics—so they don't indicate local anesthetics.

## 2. The chemical name of a drug refers to which aspect?

- A. The brand name used commercially**
- B. The chemical composition of the drug**
- C. The generic name recognized by healthcare providers**
- D. The therapeutic use of the drug**

The chemical name describes the drug's actual chemical structure and composition. It specifies how the atoms are arranged, what bonds exist, and often includes stereochemistry, giving a precise, if often lengthy, descriptor of exactly what molecule is present. This contrasts with brand names, which are marketing labels; the nonproprietary or generic name, which is a standardized, easier-to-use label for clinicians; and the therapeutic use or indication, which describes what the drug does in the body rather than what the molecule looks like. So the chemical name is all about the molecular makeup of the drug.

## 3. Which term describes the routes of administration such as oral, topical, mucosal, and parenteral?

- A. Dosing**
- B. Formulations**
- C. Interactions**
- D. Routes**

Routes of administration describe how a drug enters the body, shaping how quickly and where it acts. The examples oral, topical, mucosal, and parenteral are all routes because they specify the path from outside the body to the site of action or into systemic circulation. Dosing is about how much and how often the drug is given, not the entry path. Formulations refer to the physical form (tablet, cream, solution) and can influence absorption but don't name the entry route itself. Interactions concern how drugs affect each other or with foods, not how they enter the body. Knowing the route helps predict absorption and effect: oral involves the digestive tract and first-pass metabolism, parenteral bypasses the GI tract to often produce a rapid effect, and topical or mucosal routes can yield local action or systemic absorption depending on the drug and site.

**4. When monitoring a patient on levothyroxine therapy, which test is most relevant to assess dosing adequacy?**

**A. Monitor TSH levels to assess dosing; ensure consistent taking in the morning on an empty stomach.**

**B. Monitor lipid profile.**

**C. Monitor hepatic enzymes.**

**D. Monitor blood glucose.**

The main idea is that dosing adequacy for levothyroxine is best judged by the body's thyroid-stimulating hormone level. TSH directly reflects thyroid status because the pituitary gland increases TSH when thyroid hormone is low and suppresses it when hormone is high. After adjusting the levothyroxine dose, you look for a TSH in the normal reference range to confirm the dose is appropriate. Typically, TSH is checked about 4-6 weeks after a dose change to allow stabilization, then monitored less frequently once stable. Consistency in taking the medication—each morning, with water, on an empty stomach—helps ensure predictable absorption and accurate TSH results. Other tests like lipid profile, hepatic enzymes, or blood glucose aren't direct measures of whether the thyroid dose is right, though they may be affected by thyroid status over time.

**5. The third safety check in medication administration includes verifying which of the following?**

**A. The patient identity only**

**B. The medication label only**

**C. The patient, the medication, and the order against the seven rights**

**D. The pharmacy supplier and lot number**

The main idea is three-way verification at the bedside to prevent errors by checking the patient, the drug, and the order against the seven rights. At this final check, you confirm the patient's identity (usually with two identifiers), verify that the medication label matches the order, and ensure the drug, dose, route, time, and reason align with the physician's order and the documentation. This comprehensive cross-check helps catch mismatches such as giving the wrong drug or an incorrect dose, and it supports safe administration. The other options are incomplete because focusing on only the patient identity or only the medication label misses critical parts of the safety process. Pharmacy supplier and lot number are for inventory and traceability, not the bedside safety check for the patient's care.

**6. Key safety concern with acetaminophen and maximum daily dose for adults?**

- A. Nephrotoxicity; 2000 mg per day.
- B. Cardiovascular risk; 6000 mg per day.
- C. Hypersensitivity; 1000 mg per day.**
- D. Hepatotoxicity; 4000 mg per day.

The main safety concern with acetaminophen is liver injury (hepatotoxicity) that can occur when the total daily dose becomes too high. The liver normally metabolizes most of the drug safely, but a portion is converted to a toxic metabolite (NAPQI). When taken within the therapeutic range, glutathione neutralizes this metabolite. If intake is excessive, glutathione stores are overwhelmed, allowing NAPQI to damage liver cells and potentially cause acute liver failure. This is why hepatotoxicity is the key risk to monitor, especially with concurrent alcohol use, liver disease, malnutrition, or when multiple products containing acetaminophen are used. The recommended maximum daily dose for adults is 4000 mg (4 grams) per day from all sources combined. Staying at or below this limit helps prevent liver injury, and it's important to check labels on all medicines because many OTC and prescription products include acetaminophen. If an overdose occurs, N-acetylcysteine is the antidote that can replenish glutathione and mitigate liver damage.

**7. Which agency oversees FDA pregnancy ratings for medications?**

- A. OSHA
- B. DEA
- C. Generic name
- D. FDA**

The agency that oversees pregnancy safety ratings for medications is the FDA. This federal body regulates drug approval and labeling, ensuring that information about risks to pregnancy and lactation is clearly communicated to prescribers and patients. The old pregnancy letter categories were part of the FDA labeling system, and in recent years the FDA has moved to more detailed, narrative labeling under updated rules to better convey actual risk data. Other options aren't responsible for drug pregnancy classifications: OSHA handles workplace safety, not drug risk labeling; the DEA regulates controlled substances; and a generic name is simply a naming convention, not a regulatory body.

**8. Which suffix is found in alprazolam, an antianxiety medication?**

- A. Pam
- B. Lam**
- C. Done
- D. Vir

In this type of pharmacology question, recognizing name endings helps you spot the drug class. Alprazolam is a benzodiazepine, and its name ends with the letters -zolam, which contains the suffix lam. So the suffix present is lam. The other endings shown don't appear in this drug's name (pam, done, vir), so they don't fit. This pattern—benzodiazepines often having -zepam or -zolam endings—helps you quickly categorize antianxiety medications.

**9. Which suffix is commonly used in the names of beta-blocker medications?**

- A. -pril
- B. -olol**
- C. -artan
- D. -cycline

Suffix -olol is the giveaway for beta-blocker names. This ending flags drugs that block beta-adrenergic receptors, which dampens signals that raise heart rate and contractility. That effect lowers heart rate, reduces contractile strength, and lowers blood pressure, making these meds useful for hypertension, angina, certain arrhythmias, and some cases of heart failure. Examples include propranolol, metoprolol, atenolol, and labetalol. Other endings point to different drug classes (-pril for ACE inhibitors, -artan for ARBs, -cycline for tetracycline antibiotics), so -olol specifically signals beta-blockers.

**10. Which DEA schedule is used for drugs with moderate abuse potential and accepted medical use?**

- A. Schedule I
- B. Schedule II
- C. Schedule III**
- D. Schedule IV

Drugs are classified by how likely they are to be abused and whether they have an accepted medical use. The category for substances with a moderate potential for abuse and a currently accepted medical use is Schedule III. This means they can be prescribed and used medically, but carry a lower risk of dependence than substances with higher schedules. Examples include certain analgesics that combine limited amounts of codeine with acetaminophen and other medications like buprenorphine or testosterone. In contrast, substances in Schedule I have no accepted medical use and the highest abuse potential, while Schedule IV has even lower abuse potential than Schedule III.

# 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://pharmlpn.examzify.com>**

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

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