

# PHARMACOLOGY LPN PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://pharmlpn.examzify.com>



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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 is a key education point for patients taking antiplatelet therapy?**
  - A. Increased bleeding risk; avoid NSAIDs unless directed; report signs of bleeding; hold med before procedures.
  - B. Decreased bleeding risk; NSAIDs are safe; ignore signs of bleeding; continue therapy before procedures.
  - C. No effect on bleeding risk; NSAIDs can be used freely; signs of bleeding are irrelevant.
  - D. Bleeding risk only during surgery; no need to report signs of bleeding.
- 2. Why are fluoroquinolones limited in use in certain populations, and what counseling should be provided?**
  - A. Risk of hyperglycemia; counsel on sugar intake.
  - B. Risk of tendinopathy/rupture and QT prolongation; avoid use in children, pregnant women; separate from antacids and supplements; monitor phototoxicity and avoid excessive sun exposure.
  - C. They cause liver failure; avoid in elderly; take with large meals.
  - D. They cause anemia; ensure iron intake.
- 3. Who typically assigns the brand name of a medication?**
  - A. The manufacturer
  - B. The FDA
  - C. The prescribing clinician
  - D. The patient
- 4. Which antibiotic class is commonly associated with photosensitivity, requiring sun protection advice?**
  - A. Macrolides
  - B. Fluoroquinolones
  - C. Aminoglycosides
  - D. Glycopeptides
- 5. What is the antidote for opioid overdose and what is a key nursing priority during administration?**
  - A. Activated charcoal; monitor GI symptoms.
  - B. Naloxone; monitor for withdrawal symptoms and reversal of analgesia; monitor respirations and BP; titrate.
  - C. Flumazenil; monitor for seizures.
  - D. Naltrexone; monitor hepatic function.

- 6. ACE inhibitors adverse effect and safety considerations include which of the following?**
- A. Cough and potential angioedema; monitor swelling; contraindicated in pregnancy and bilateral renal artery stenosis; monitor BP.
  - B. Drowsiness and hair loss; monitor weight gain; not contraindicated in pregnancy.
  - C. Nausea and weight gain; no contraindications.
  - D. Increased appetite and improved renal function.
- 7. Which term describes the process of grouping medications by their uses such as curative, prophylactic, diagnostic, palliative, replacement, and destructive?**
- A. Categorizing medications
  - B. Pharmacokinetics
  - C. Therapeutic index
  - D. Pharmacodynamics
- 8. Geriatric patients typically experience which combination of pharmacokinetic changes?**
- A. Increased absorption, faster distribution
  - B. No change in absorption
  - C. Accelerated metabolism and increased lean body mass
  - D. Decreased absorption, slower distribution, and altered liver and kidney function
- 9. 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

**10. Loop diuretics commonly cause which electrolyte disturbances, and what monitoring is essential?**

- A. Hyperkalemia, hypernatremia; monitor potassium, sodium, creatinine.
- B. Hypocalcemia; monitor calcium.
- C. Hypokalemia, hyponatremia, dehydration; monitor potassium, magnesium, creatinine, BP, I&O.
- D. Hypermagnesemia; monitor magnesium.

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## **Answers**

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

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## **Explanations**

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## 1. What is a key education point for patients taking antiplatelet therapy?

- A. Increased bleeding risk; avoid NSAIDs unless directed; report signs of bleeding; hold med before procedures.**
- B. Decreased bleeding risk; NSAIDs are safe; ignore signs of bleeding; continue therapy before procedures.
- C. No effect on bleeding risk; NSAIDs can be used freely; signs of bleeding are irrelevant.
- D. Bleeding risk only during surgery; no need to report signs of bleeding.

*Antiplatelet therapy reduces the ability of platelets to clump together, which lowers the risk of clots but increases the likelihood of bleeding in everyday life and during procedures. Therefore, a key education point is to avoid NSAIDs unless a clinician specifically directs you to take them, since NSAIDs can further impair platelet function and raise bleeding risk. Patients should be advised to report any signs of bleeding promptly, such as unusual bruising, prolonged bleeding from cuts, frequent nosebleeds, blood in stool or urine, or unusually heavy menstrual bleeding. They should also hold the antiplatelet medication before scheduled procedures or dental work as advised by their healthcare provider to minimize bleeding during invasive events. Always inform healthcare providers about this therapy before starting new medications or procedures to prevent interactions.*

## 2. Why are fluoroquinolones limited in use in certain populations, and what counseling should be provided?

- A. Risk of hyperglycemia; counsel on sugar intake.
- B. Risk of tendinopathy/rupture and QT prolongation; avoid use in children, pregnant women; separate from antacids and supplements; monitor phototoxicity and avoid excessive sun exposure.**
- C. They cause liver failure; avoid in elderly; take with large meals.
- D. They cause anemia; ensure iron intake.

*Fluoroquinolones have safety concerns that limit their use in certain people and require specific counseling. They can cause tendinopathy and tendon rupture, especially in older adults and when combined with steroids, so patients should be told to report tendon pain or swelling and to discontinue the drug if this occurs. They can prolong the QT interval, which raises the risk of serious arrhythmias in people with baseline QT prolongation, electrolyte disturbances, or those taking other QT-prolonging drugs; this means assess heart rhythm risk and be cautious in those individuals. They are generally avoided in pregnancy and in children because of potential effects on developing cartilage and joints. They interact with multivalent cations—antacids, iron, calcium, magnesium, zinc, and sucralfate—which can bind the drug and reduce absorption, so dosing should be separated by several hours around these products. They also can cause phototoxicity, so patients should minimize sun exposure and use protective clothing or sunscreen. For counseling, review risk factors, instruct on separating administration from antacids/minerals, warn about tendon symptoms and sunlight sensitivity, and monitor for signs of QT-related issues or other adverse effects, with alternatives considered if these risks outweigh benefits.*

### 3. Who typically assigns the brand name of a medication?

- A. The manufacturer
- B. The FDA
- C. The prescribing clinician
- D. The patient

Brand names are marketing identifiers created by the company that develops and sells the drug. They are typically trademarked names chosen to be memorable and marketable, helping clinicians and patients recognize the product. Regulatory bodies don't assign these brand names; they review the drug for safety and efficacy and may approve the generic (nonproprietary) name, but the actual brand name is a business decision made by the manufacturer. The clinician or patient may use the brand name in conversation, but neither dictates the brand name's creation. For example, a drug with the generic name acetaminophen might be sold under the brand name Tylenol by the manufacturer, while ibuprofen might appear under a different brand name like Advil. The same medication can have multiple brand names across different companies and regions, all tied to the manufacturer's branding rather than a regulatory assignment.

### 4. Which antibiotic class is commonly associated with photosensitivity, requiring sun protection advice?

- A. Macrolides
- B. Fluoroquinolones
- C. Aminoglycosides
- D. Glycopeptides

Photosensitivity from antibiotics occurs when a drug makes the skin more reactive to UV light, leading to sunburn-like reactions after sun exposure. This effect is most commonly seen with fluoroquinolones. Meds in this class, such as ciprofloxacin and levofloxacin, can cause redness, itching, and even blistering on sun-exposed skin after only brief exposure. Because of this risk, patients taking these antibiotics should take sun-protection steps: use broad-spectrum sunscreen, wear protective clothing and hats, seek shade, and avoid tanning beds. If a severe skin reaction develops, contact a clinician promptly. Other antibiotic classes listed are less likely to cause photosensitivity, so the sun-protection emphasis is specifically important with fluoroquinolones.

**5. What is the antidote for opioid overdose and what is a key nursing priority during administration?**

- A. Activated charcoal; monitor GI symptoms.
- B. Naloxone; monitor for withdrawal symptoms and reversal of analgesia; monitor respirations and BP; titrate.**
- C. Flumazenil; monitor for seizures.
- D. Naltrexone; monitor hepatic function.

*Naloxone is used because opioids depress respiration by activating mu receptors, and naloxone acts as a competitive antagonist at those same receptors, rapidly displacing the opioid and reversing the respiratory depression and sedation. The key nursing priority during administration is to monitor breathing and vital signs closely and to titrate naloxone to restore adequate respiration while avoiding overshoot that could cause withdrawal or agitation. Watch blood pressure and heart rate, since naloxone can provoke autonomic changes. Be prepared for re-dosing or an infusion because the opioid's effects may outlast the antidote, leading to return of respiratory depression or pain. Ensure airway support and have resuscitation equipment ready, and monitor for withdrawal symptoms in opioid-dependent patients, which can include agitation, tachycardia, hypertension, nausea, and vomiting. Other options don't fit as the acute antidote: activated charcoal doesn't reverse opioid effects, flumazenil targets benzodiazepines and can trigger seizures, and naltrexone is used for long-term opioid dependence or prevention, not for acute overdose and can affect hepatic function.*

**6. ACE inhibitors adverse effect and safety considerations include which of the following?**

- A. Cough and potential angioedema; monitor swelling; contraindicated in pregnancy and bilateral renal artery stenosis; monitor BP.**
- B. Drowsiness and hair loss; monitor weight gain; not contraindicated in pregnancy.
- C. Nausea and weight gain; no contraindications.
- D. Increased appetite and improved renal function.

*ACE inhibitors work by blocking the enzyme that converts angiotensin I to angiotensin II, which increases bradykinin levels and can lead to the two hallmark adverse effects: a persistent dry cough and, more seriously, angioedema. Because angioedema can progress to airway compromise, monitoring for swelling is essential. These drugs are also contraindicated in pregnancy due to risk to the fetus, and they require caution in patients with bilateral renal artery stenosis because the kidney relies on angiotensin II to maintain filtration; blocking it in this scenario can precipitate renal failure. Blood pressure monitoring is important because hypotension can occur, especially with volume depletion or concurrent antihypertensive therapy. In short, recognizing cough and potential angioedema, ensuring pregnancy safety, assessing renal risk with bilateral stenosis, and watching blood pressure are the key safety considerations. Other options don't fit the known adverse effects and safety profile: drowsiness, hair loss, or weight changes aren't typical main adverse effects; pregnancy safety is misstated in some; and increased appetite or claimed renal function improvements don't align with how ACE inhibitors behave.*

7. Which term describes the process of grouping medications by their uses such as curative, prophylactic, diagnostic, palliative, replacement, and destructive?

**A. Categorizing medications**

B. Pharmacokinetics

C. Therapeutic index

D. Pharmacodynamics

*Grouping medications by their uses into curative, prophylactic, diagnostic, palliative, replacement, and destructive is a form of categorizing medications by therapeutic use. This approach organizes drugs based on the goal of therapy—what the treatment aims to achieve for the patient—so clinicians can select an agent that aligns with the desired outcome and communicate its purpose clearly. The other terms describe different concepts: pharmacokinetics is about how the body processes a drug, pharmacodynamics is about how the drug affects the body, and the therapeutic index relates to the drug's safety margin.*

8. Geriatric patients typically experience which combination of pharmacokinetic changes?

A. Increased absorption, faster distribution

B. No change in absorption

C. Accelerated metabolism and increased lean body mass

**D. Decreased absorption, slower distribution, and altered liver and kidney function**

*Aging changes how drugs move through the body in several ways. Absorption can become slower or less complete because gastric emptying slows and GI blood flow may decrease. Distribution slows as well due to lower cardiac output, less lean body mass, reduced total body water, and relatively more body fat, which alters how quickly a drug reaches its tissues. Metabolism tends to decline because the liver loses mass and blood flow with age, and Phase I reactions often diminish more than Phase II. Excretion is reduced as kidney function declines, with a lower glomerular filtration rate slowing the elimination of many drugs. Putting these together, the combination of decreased absorption, slower distribution, and altered liver and kidney function best describes the pharmacokinetic changes commonly seen in geriatric patients, which helps explain why older adults often require careful dose selection and monitoring to avoid drug accumulation and adverse effects.*

9. 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.*

**10. Loop diuretics commonly cause which electrolyte disturbances, and what monitoring is essential?**

- A. Hyperkalemia, hyponatremia; monitor potassium, sodium, creatinine.
- B. Hypocalcemia; monitor calcium.
- C. Hypokalemia, hyponatremia, dehydration; monitor potassium, magnesium, creatinine, BP, I&O.**
- D. Hypermagnesemia; monitor magnesium.

*Loop diuretics increase the excretion of sodium, chloride, and water in the kidney, which also drives potassium and magnesium loss. This typically leads to low potassium (hypokalemia), low sodium (hyponatremia) with volume depletion (dehydration). Because these changes can affect heart rhythm and fluid balance, careful monitoring is essential: watch potassium and magnesium levels, since their losses raise arrhythmia risk; monitor creatinine to assess kidney function and the impact of diuresis on renal perfusion; and keep an eye on blood pressure and intake/output to gauge hydration and hemodynamic status.*

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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://pharmlpn.examzify.com>

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

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