

Prescribing Safety Assessment (PSA) 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. What is an important factor when considering a patient's medication regimen?**
 - A. Only the healthcare provider's experience**
 - B. The patient's preferences and specific health needs**
 - C. Generalized treatment protocols**
 - D. Common practice without patient input**
- 2. What test should be conducted for a possible triggering factor during a seizure?**
 - A. CT scan of the brain**
 - B. Blood glucose level**
 - C. Intravenous drug test**
 - D. Urine culture**
- 3. Which of the following can steroids lead to in patients over time?**
 - A. Increased muscle mass**
 - B. Stomach ulcers**
 - C. Enhanced immune response**
 - D. Decreased blood pressure**
- 4. Which of the following medications also contains Paracetamol?**
 - A. Ibuprofen**
 - B. Co Codamol**
 - C. Aspirin**
 - D. Diclofenac**
- 5. Which statement is true regarding the management of atrial fibrillation?**
 - A. Rate control is preferred for all cases**
 - B. Rhythm control is only used post 48 hours**
 - C. Anticoagulation is necessary in all patients**
 - D. Management may include the assessment of symptom onset time**

6. What is the primary use of oxybutynin?

- A. To treat chronic pain**
- B. To manage hypertension**
- C. To treat overactive bladder**
- D. To relieve headaches**

7. What is the recommended dose of Hydrocortisone for severe exacerbations of asthma or COPD?

- A. 100mg IV**
- B. 200mg IV**
- C. 40-50mg PO**
- D. 500mcg IM**

8. What is a potential consequence of overprescribing antibiotics?

- A. Improved patient outcomes**
- B. Development of antibiotic-resistant bacteria**
- C. Decreased medication costs**
- D. Increased patient compliance**

9. Which medications should generally be stopped prior to surgery?

- A. Antihistamines and antipyretics**
- B. Insulin, Lithium, ARBs, ACE inhibitors, and Anticoagulants**
- C. Vitamins and herbal supplements**
- D. Analgesics and corticosteroids**

10. What is an indication of potential renal failure in a patient?

- A. Low blood pressure**
- B. Elevated cholesterol levels**
- C. Presence of protein in urine**
- D. Dizziness**

Answers

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

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Explanations

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1. What is an important factor when considering a patient's medication regimen?

- A. Only the healthcare provider's experience
- B. The patient's preferences and specific health needs**
- C. Generalized treatment protocols
- D. Common practice without patient input

Considering a patient's medication regimen involves a comprehensive understanding of their unique circumstances, including their preferences and specific health needs. This individualized approach is crucial for several reasons. Firstly, patient preferences play a significant role in adherence to treatment. When patients are involved in decision-making regarding their medication, they are more likely to follow the prescribed regimen, which can lead to better health outcomes. Secondly, specific health needs encompass a range of factors including the patient's medical history, coexisting health conditions, potential drug interactions, and even psychosocial factors that may affect their ability to manage their medications. A one-size-fits-all approach, such as relying solely on generalized treatment protocols, does not account for these nuances, which are vital for effective patient care. Moreover, considering a patient's context can help in identifying any barriers they may face in accessing or tolerating their medications, thus enabling healthcare providers to make more informed and compassionate prescribing decisions. In summary, prioritizing the patient's preferences and unique health needs creates a foundation for a collaborative healthcare relationship and promotes better adherence and outcomes.

2. What test should be conducted for a possible triggering factor during a seizure?

- A. CT scan of the brain
- B. Blood glucose level**
- C. Intravenous drug test
- D. Urine culture

The appropriate test to conduct for a possible triggering factor during a seizure is a blood glucose level. This test is crucial because hypoglycemia, or low blood sugar, can lead to seizures. When a patient presents with a seizure, it's essential to quickly determine whether their blood glucose levels are within the normal range or if they are excessively low. Blood glucose can be checked rapidly and is vital in the acute management of seizures. Identifying hypoglycemia allows for prompt treatment with glucose administration, which can resolve the seizure if it is the underlying cause. Additionally, recognizing hyperglycemia or ketoacidosis may also provide insight into other metabolic issues. In contrast, while a CT scan of the brain can be valuable in assessing structural causes of seizure, it does not address immediate metabolic issues like blood glucose. Intravenous drug tests can help identify toxicological causes but are not universally applicable as first-line assessments in a seizure situation. A urine culture focuses on detecting infections, which may not necessarily relate to seizure activity. Thus, assessing blood glucose is the most relevant and urgent test when considering possible triggering factors for seizures.

3. Which of the following can steroids lead to in patients over time?

- A. Increased muscle mass**
- B. Stomach ulcers**
- C. Enhanced immune response**
- D. Decreased blood pressure**

Steroids, particularly corticosteroids, can lead to the development of stomach ulcers over time due to their influence on the gastrointestinal tract. These medications can impair the mucosal defense mechanisms in the stomach, reducing the production of protective mucus and bicarbonate, and increasing gastric acid secretion. This change can cause damage to the stomach lining, making it more susceptible to irritation and ulceration, especially when used over long periods or in higher doses. The other options highlight potential effects or benefits associated with steroid use, but they do not align with the most significant risks associated with long-term steroid treatment. For example, while anabolic steroids might lead to increased muscle mass, this is not typically the primary concern with corticosteroids, which are primarily associated with anti-inflammatory effects. Additionally, steroids generally suppress the immune response rather than enhance it, which can lead to increased susceptibility to infections. Lastly, corticosteroids are known to raise blood pressure rather than lower it, as they can lead to fluid retention and alterations in electrolyte balance.

4. Which of the following medications also contains Paracetamol?

- A. Ibuprofen**
- B. Co Codamol**
- C. Aspirin**
- D. Diclofenac**

Co Codamol is a combination medication that contains both paracetamol (also known as acetaminophen) and codeine. This medication is used to provide effective pain relief, especially for moderate pain where standard over-the-counter pain relievers aren't sufficient. The presence of paracetamol in Co Codamol contributes to its analgesic effect, making it an appealing option for managing pain. The other medications mentioned—ibuprofen, aspirin, and diclofenac—are non-steroidal anti-inflammatory drugs (NSAIDs) but do not contain paracetamol in their formulations. While these drugs may also provide pain relief, they work through different mechanisms than Co Codamol and are not combined with paracetamol. This distinction highlights the specific formulation of Co Codamol as a unique therapeutic option.

5. Which statement is true regarding the management of atrial fibrillation?

- A. Rate control is preferred for all cases**
- B. Rhythm control is only used post 48 hours**
- C. Anticoagulation is necessary in all patients**
- D. Management may include the assessment of symptom onset time**

The statement about the management of atrial fibrillation that highlights the assessment of symptom onset time is crucial because it directly influences treatment decisions. In atrial fibrillation, understanding how long a patient has experienced symptoms is essential, particularly regarding anticoagulation and rhythm control strategies. If a patient presents with atrial fibrillation that has been ongoing for less than 48 hours, there may be an option for cardioversion, as the risk of thromboembolic events is generally lower during this timeframe. Conversely, if the onset is longer than 48 hours, anticoagulation is typically recommended before attempting cardioversion to mitigate the risk of stroke due to possible blood clots that may have formed in the left atrium. Management strategies need to be tailored based on the symptom onset time to optimize the safety and efficacy of treatment, making the careful assessment of this time a critical step in the management of the condition. This factor is especially pertinent during the initial assessment and influences the urgency and type of therapy to initiate.

6. What is the primary use of oxybutynin?

- A. To treat chronic pain**
- B. To manage hypertension**
- C. To treat overactive bladder**
- D. To relieve headaches**

Oxybutynin is primarily used to treat overactive bladder, which is characterized by symptoms such as frequent urination, urgency, and incontinence. It is an anticholinergic medication that works by relaxing the bladder muscle, thereby reducing the involuntary contractions that lead to these symptoms. This makes it effective in managing conditions where there is excessive bladder activity, providing significant relief for patients suffering from this issue. The other options are associated with conditions that oxybutynin does not treat. Chronic pain may be managed with different classes of medications, hypertension is addressed with antihypertensive drugs, and headaches are typically treated using analgesics or specific migraine medications. Understanding the specific indications for oxybutynin highlights its role in urinary tract management rather than in pain relief, hypertension, or headache treatment.

7. What is the recommended dose of Hydrocortisone for severe exacerbations of asthma or COPD?

- A. 100mg IV**
- B. 200mg IV**
- C. 40-50mg PO**
- D. 500mcg IM**

The recommended dose of hydrocortisone for severe exacerbations of asthma or chronic obstructive pulmonary disease (COPD) is typically 100 mg intravenously. This higher intravenous dose is indicated in acute situations where rapid response is necessary, such as in severe exacerbations. The use of hydrocortisone in these scenarios helps to reduce inflammation, improve airflow, and stabilize the patient's condition. In contrast, the alternative options provided may not align with the current clinical guidelines for the treatment of severe exacerbations. For example, while 200 mg IV may seem plausible for severe cases, it usually exceeds the recommended dosing in clinical practice. Oral doses like 40-50 mg are more commonly used for chronic management rather than acute exacerbations. Intramuscular dosing at 500 mcg is insufficient for addressing the high demands of an acute exacerbation and is not recognized as a standard practice for this situation. Using 100 mg IV allows for effective, rapid management of severe exacerbations, reflecting the standard practices supported by clinical evidence and guidelines for treating these urgent respiratory conditions.

8. What is a potential consequence of overprescribing antibiotics?

- A. Improved patient outcomes**
- B. Development of antibiotic-resistant bacteria**
- C. Decreased medication costs**
- D. Increased patient compliance**

The potential consequence of overprescribing antibiotics is the development of antibiotic-resistant bacteria. This occurs when antibiotics are used excessively or inappropriately, leading to certain bacteria adapting and evolving mechanisms to withstand the effects of these medications. As a result, these resistant strains can proliferate, making infections more difficult to treat and leading to higher medical costs, prolonged hospital stays, and increased mortality. Antibiotic resistance poses a significant public health challenge globally, as it limits treatment options for common infections. The more antibiotics are used, the greater the selective pressure on bacteria to evolve. This concept underscores the importance of prescribing antibiotics judiciously, using them only when necessary, and ensuring that patients complete their prescribed courses to minimize the risk of resistance development.

9. Which medications should generally be stopped prior to surgery?

- A. Antihistamines and antipyretics**
- B. Insulin, Lithium, ARBs, ACE inhibitors, and Anticoagulants**
- C. Vitamins and herbal supplements**
- D. Analgesics and corticosteroids**

The medications that should generally be stopped prior to surgery include insulin, lithium, angiotensin receptor blockers (ARBs), angiotensin-converting enzyme (ACE) inhibitors, and anticoagulants. This is because these drugs can pose significant risks during surgical procedures. Insulin needs special consideration due to the potential for hypoglycemia during fasting periods that often precede surgery. Managing blood glucose levels is crucial, so the timing of insulin administration may require adjustments.

Lithium is used to treat mood disorders but can lead to complications during surgery, such as fluctuations in electrolyte balance and potential interactions with anesthetics. Both ARBs and ACE inhibitors can affect blood pressure regulation. Their continuation may lead to intraoperative hypotension or decreased renal perfusion, especially under anesthesia. Anticoagulants significantly increase the risk of bleeding during surgery, which is why they are typically stopped to minimize this risk. Careful management is required for patients on anticoagulation to ensure they are safely off the medication for an appropriate period prior to their procedure and to manage their anticoagulation thereafter. In contrast, although antihistamines, antipyretics, vitamins, herbal supplements, analgesics, and corticosteroids may require some attention, they do not universally pose the same

10. What is an indication of potential renal failure in a patient?

- A. Low blood pressure**
- B. Elevated cholesterol levels**
- C. Presence of protein in urine**
- D. Dizziness**

The presence of protein in urine is a significant indicator of potential renal failure, as it suggests that the kidneys are not functioning properly. Normally, healthy kidneys filter waste and excess substances from the blood while retaining larger molecules like proteins. When the kidneys are damaged or diseased, they may allow protein to leak into the urine, a condition known as proteinuria. In the context of renal failure, the detection of protein in the urine can indicate that there is ongoing kidney injury or a decline in renal function, prompting further investigation and management to mitigate potential progression to more severe renal impairment. Although low blood pressure, elevated cholesterol levels, and dizziness can provide important clinical insights, they are not specific indicators of renal failure. Low blood pressure may be related to various issues, including dehydration or shock, while elevated cholesterol levels can be caused by numerous factors unrelated to renal function. Dizziness can also result from many other conditions, such as orthostatic hypotension or inner ear problems. Thus, the presence of protein in urine stands out as a direct marker for evaluating kidney health.

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://prescribingsafetyassessment-psa.examzify.com>

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

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