

PRESCRIBING SAFETY ASSESSMENT (PSA) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. How does Ibuprofen cause indigestion?**
 - A. By increasing gastric acid secretion
 - B. By inhibiting prostaglandin synthesis
 - C. By promoting gastric motility
 - D. By reducing acid neutralization
- 2. Which medication class is most likely to interfere with anticoagulant efficacy?**
 - A. Calcium Channel Blockers
 - B. Beta Blockers
 - C. Antiplatelets
 - D. Potassium-Sparing Diuretics
- 3. What are two common side effects of NSAIDs?**
 - A. Gastrointestinal bleeding and renal impairment
 - B. Fatigue and dizziness
 - C. Weight gain and increased appetite
 - D. Headache and high blood pressure
- 4. Which factors are important to consider in drug selection for a patient?**
 - A. Patient gender and cultural background
 - B. Age, weight, renal function, and concurrent medications
 - C. Only age and weight
 - D. Patient income and insurance status
- 5. 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
- 6. Which of the following drugs is contraindicated in asthmatics?**
 - A. Paracetamol
 - B. Ibuprofen
 - C. Amoxicillin
 - D. Ciprofloxacin

- 7. Which of the following best describes the implications of medication reconciliation?**
- A. It is primarily focused on reducing healthcare costs
 - B. It is crucial in managing chronic conditions only
 - C. It is essential to prevent potential drug interactions and errors
 - D. It is not necessary if the patient carries their medication list
- 8. How many weeks before surgery should the COCP pill and HRT be discontinued?**
- A. 1 week
 - B. 2 weeks
 - C. 4 weeks
 - D. 6 weeks
- 9. What is an anticholinergic burden in prescribing?**
- A. The total effect of medications that cause Parkinsonism
 - B. The cumulative effect of multiple medications with anticholinergic properties
 - C. The overall impact of polypharmacy on elderly patients
 - D. The combined impact of long-term use of over-the-counter medications
- 10. Post-renal AKI generally shows which pattern in biochemical disturbances?**
- A. Urea rises more than creatinine
 - B. Urea rises less than creatinine
 - C. Both substances fall
 - D. Only creatinine rises

Answers

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

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Explanations

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1. How does Ibuprofen cause indigestion?

- A. By increasing gastric acid secretion
- B. By inhibiting prostaglandin synthesis**
- C. By promoting gastric motility
- D. By reducing acid neutralization

Ibuprofen causes indigestion primarily by inhibiting prostaglandin synthesis. Prostaglandins play a critical role in the gastrointestinal system, primarily by promoting the production of mucus and bicarbonate, which help protect the gastric lining from acid damage. When ibuprofen inhibits the synthesis of these protective prostaglandins, it reduces the mucosal defense mechanisms in the stomach. This can lead to increased susceptibility to the corrosive effects of gastric acid, resulting in discomfort, irritation, and ultimately indigestion. The other options describe different mechanisms that are not directly related to how ibuprofen induces indigestion. For example, while increased gastric acid secretion and reduced acid neutralization can contribute to gastric discomfort, these processes are not the primary action of ibuprofen. Additionally, promoting gastric motility generally refers to how quickly food moves through the stomach and intestines, which is not a primary effect of ibuprofen. As such, these alternate mechanisms do not accurately capture the way ibuprofen leads to indigestion.

2. Which medication class is most likely to interfere with anticoagulant efficacy?

- A. Calcium Channel Blockers
- B. Beta Blockers
- C. Antiplatelets**
- D. Potassium-Sparing Diuretics

Antiplatelets are the medication class most likely to interfere with anticoagulant efficacy because they directly affect the function of platelets, which play a crucial role in the clotting process. When anticoagulants are used concurrently with antiplatelet medications, there is an enhanced risk of bleeding. This combination can lead to an additive effect on anticoagulation, potentially making it difficult to maintain an appropriate balance between preventing thrombosis and managing the risk of bleeding complications. Understanding the interplay between these medications is critical for patient safety, especially in individuals who may have multiple risk factors for cardiovascular disease. Antiplatelets inhibit platelet aggregation, and while they are beneficial for preventing arterial thromboembolism, their usage alongside anticoagulants needs careful monitoring to avoid excessive anticoagulation. In contrast, the other medication classes, such as calcium channel blockers, beta blockers, and potassium-sparing diuretics, do not have a direct impact on the coagulation cascade or platelet function in the same way and are less likely to interfere with the efficacy of anticoagulants. They may have their own side effects and interactions, but the specific concern about intensifying anticoagulant effects primarily lies with antiplatelets.

3. What are two common side effects of NSAIDs?

- A. Gastrointestinal bleeding and renal impairment
- B. Fatigue and dizziness
- C. Weight gain and increased appetite
- D. Headache and high blood pressure

Nonsteroidal anti-inflammatory drugs (NSAIDs) are widely used for pain relief, inflammation reduction, and fever management. Among the various side effects associated with NSAID use, gastrointestinal bleeding and renal impairment are particularly prominent and concerning. Gastrointestinal bleeding can occur because NSAIDs inhibit the production of protective prostaglandins in the stomach lining. These prostaglandins play a critical role in maintaining the mucosal barrier that protects the stomach from harsh gastric acids. When this barrier is compromised, it can lead to ulcers and bleeding. Renal impairment is another significant side effect, as NSAIDs can affect kidney function by inhibiting prostaglandins that regulate renal blood flow and glomerular filtration. This can lead to decreased kidney perfusion, especially in patients who are dehydrated or have pre-existing renal issues. Both of these side effects highlight the importance of monitoring patients taking NSAIDs, ensuring that their use is appropriate in the context of their overall health and individual risk factors.

4. Which factors are important to consider in drug selection for a patient?

- A. Patient gender and cultural background
- B. Age, weight, renal function, and concurrent medications
- C. Only age and weight
- D. Patient income and insurance status

In drug selection for a patient, age, weight, renal function, and concurrent medications are crucial factors to consider. Age and weight help determine the appropriate dosage and formulation, as these parameters can influence how a drug is metabolized and excreted in the body. Renal function is particularly significant because it affects drug clearance; impaired kidney function can lead to the accumulation of medications and increased risk of adverse effects. Additionally, understanding a patient's concurrent medications is vital to avoid potential drug interactions that could compromise safety or efficacy. Overall, taking these factors into account ensures that prescribing decisions are personalized, safe, and effective, aligning with the principles of evidence-based medicine and pharmacotherapy. These considerations help minimize the risk of adverse effects and promote therapeutic effectiveness for each individual patient.

5. 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.

6. Which of the following drugs is contraindicated in asthmatics?

- A. Paracetamol
- B. Ibuprofen**
- C. Amoxicillin
- D. Ciprofloxacin

The correct choice pertains to ibuprofen, which is a nonsteroidal anti-inflammatory drug (NSAID). In patients with asthma, especially those who have a history of aspirin sensitivity or asthma exacerbations triggered by NSAIDs, the use of ibuprofen can lead to bronchospasm and an increase in asthma symptoms. In general practice, while paracetamol is often considered safer for pain relief in asthmatic patients, it does not pose the same risk of inducing bronchospasm. Amoxicillin, a commonly prescribed antibiotic, is not contraindicated in asthma and can be used when necessary. Similarly, ciprofloxacin, which is part of the fluoroquinolone class of antibiotics, does not have a direct contraindication in asthmatic patients. Therefore, among the options provided, ibuprofen is the drug that poses a risk and is contraindicated for asthmatics due to its potential to exacerbate respiratory issues.

7. Which of the following best describes the implications of medication reconciliation?

- A. It is primarily focused on reducing healthcare costs
- B. It is crucial in managing chronic conditions only
- C. It is essential to prevent potential drug interactions and errors**
- D. It is not necessary if the patient carries their medication list

Medication reconciliation plays a vital role in ensuring patient safety and promoting optimal drug therapy. It involves a detailed process where healthcare providers compare a patient's current medication list with the medications they should be taking. This process helps to identify discrepancies such as omissions, duplications, or incorrect dosages that could lead to adverse drug interactions and errors. By systematically reviewing and confirming the accuracy of medications at transitions of care—such as admissions, transfers, and discharges—healthcare providers can significantly reduce the risk of medication errors, enhance patient outcomes, and improve overall safety in medication management. Focusing on the other options helps clarify why they do not adequately capture the essence of medication reconciliation. For instance, while reducing healthcare costs might be a beneficial outcome, it is not the primary aim of medication reconciliation. Similarly, although managing chronic conditions is important, medication reconciliation is applicable to all patients, not just those with chronic diseases. Lastly, the assertion that reconciliation is unnecessary if a patient carries their medication list overlooks the fact that patients may not always have an up-to-date or accurate list, making reconciliation essential to verify and cross-check their medication regimen.

8. How many weeks before surgery should the COCP pill and HRT be discontinued?

- A. 1 week
- B. 2 weeks
- C. 4 weeks**
- D. 6 weeks

Discontinuation of combined oral contraceptive pills (COCP) and hormone replacement therapy (HRT) prior to surgery is generally advised for the reduction of thromboembolic risk. The recommendation to stop these medications at least 4 weeks before surgery is based on evidence suggesting that the increased risk of venous thromboembolism (VTE) associated with the use of estrogen-containing medications persists even after stopping the pills. By allowing a clear window of 4 weeks, the body has time to return to its baseline coagulation state, thereby lowering the risk of complications during the surgical procedure. This practice is especially important for surgeries associated with a higher risk of VTE, such as orthopedic or major abdominal surgeries. Shorter discontinuation periods may not provide sufficient time for the effects of the medication to diminish, therefore maintaining an elevated risk for potential thrombotic events during and after surgery.

9. What is an anticholinergic burden in prescribing?

- A. The total effect of medications that cause Parkinsonism
- B. The cumulative effect of multiple medications with anticholinergic properties**
- C. The overall impact of polypharmacy on elderly patients
- D. The combined impact of long-term use of over-the-counter medications

Anticholinergic burden refers specifically to the cumulative effect of multiple medications that possess anticholinergic properties. This is important to understand, particularly in the context of prescribing for elderly patients, who may be more susceptible to the side effects associated with anticholinergic medications. These effects can include cognitive impairment, increased risk of falls, constipation, and urinary retention. When patients are prescribed several medications, each with anticholinergic activity, the total burden can lead to adverse outcomes that may negatively affect their overall health and functioning. Recognizing and managing this burden is a critical aspect of safe prescribing practices, especially in populations at greater risk of complications. While other options reference various aspects of medication effects, they do not accurately capture the specific concept of anticholinergic burden as it pertains to the cumulative effects of medications with anticholinergic properties. This distinction highlights the importance of evaluating all prescribed medications for their anticholinergic potential, thereby minimizing the risks associated with their combined effects.

10. Post-renal AKI generally shows which pattern in biochemical disturbances?

- A. Urea rises more than creatinine
- B. Urea rises less than creatinine**
- C. Both substances fall
- D. Only creatinine rises

In post-renal acute kidney injury (AKI), the pattern of biochemical disturbances typically shows that urea rises more than creatinine. This occurs due to the body's response to an obstruction in the urinary tract that hinders the excretion of waste products. When there is a blockage, the renal tubules are less able to excrete urea, leading to a more pronounced accumulation of urea in the blood compared to creatinine. The kidneys continue to filter creatinine, albeit at a reduced rate, so its rise in the serum is not as significant as that of urea. This distinction is primarily due to how these substances are processed in the kidneys; urea is subject to more active reabsorption in the renal tubules during times of stress or injury, especially in the presence of obstruction. A pattern in which urea rises less than creatinine would not typically be observed in post-renal AKI. In scenarios where both substances fall, it indicates kidney dysfunction but not specifically the post-renal type. Lastly, a situation where only creatinine rises does not align with the common biochemical behaviors observed in post-renal AKI, as both substances generally reflect the renal handling of waste under obstructive circumstances.

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:

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

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