

# Prophecy/Relias RN Pharmacology A Practice Test (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 of the following are the four phases of pharmacokinetics?**
  - A. Ingestion, Absorption, Distribution, Elimination**
  - B. Absorption, Distribution, Metabolism, Excretion**
  - C. Administration, Action, Distribution, Elimination**
  - D. Absorption, Metabolism, Action, Clearance**
- 2. For a patient with hyperparathyroidism and a serum calcium level of 13 mg/dL, which medication should the nurse prepare to administer?**
  - A. Calcium carbonate**
  - B. Calcitonin**
  - C. Alendronate**
  - D. Vitamin D**
- 3. Which medication commonly requires dosage adjustment in renal impairment?**
  - A. Ibuprofen**
  - B. Amoxicillin**
  - C. Digoxin**
  - D. Metformin**
- 4. In pharmacology, what does 'contraindication' refer to?**
  - A. A recommendation for drug use in specific conditions**
  - B. A risk associated with all medications**
  - C. A situation where a drug should not be used**
  - D. A situation where a drug is only partially effective**
- 5. When educating a patient taking cyclosporine with a potassium intake restriction, what food should be avoided?**
  - A. Bananas**
  - B. Raisins**
  - C. Carrots**
  - D. Apples**

**6. What condition might be indicated by a patient experiencing redness and itching after IV vancomycin infusion?**

- A. Allergic reaction**
- B. Red man syndrome**
- C. Anaphylaxis**
- D. Thrombophlebitis**

**7. If a 250mg dose of medication is ordered and it is supplied only in 100mg tablets, how many tablets would be administered?**

- A. 1**
- B. 2**
- C. 2.5**
- D. 3**

**8. When administering Lasix ordered at 50 mg IV push with a concentration of 20 mg/mL, how many milliliters should be given?**

- A. 1.5 mL**
- B. 2 mL**
- C. 2.5 mL**
- D. 3 mL**

**9. Which medication is used to treat iron toxicity?**

- A. Digoxin immune fab (Digibind)**
- B. Naloxone (Narcan)**
- C. Mephyton (Vitamin K)**
- D. Deferoxamine**

**10. What should be done if the patient's heart rate is 52 before administering digoxin?**

- A. Administer digoxin and monitor the patient**
- B. Hold digoxin and call the provider**
- C. Increase the digoxin dosage**
- D. Reassess vital signs after 30 minutes**

## **Answers**

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

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## **Explanations**

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**1. Which of the following are the four phases of pharmacokinetics?**

- A. Ingestion, Absorption, Distribution, Elimination**
- B. Absorption, Distribution, Metabolism, Excretion**
- C. Administration, Action, Distribution, Elimination**
- D. Absorption, Metabolism, Action, Clearance**

The four phases of pharmacokinetics are indeed Absorption, Distribution, Metabolism, and Excretion. In the context of pharmacokinetics, Absorption refers to the process by which a drug enters the bloodstream following administration. It is a crucial first step in determining how much of the medication becomes available for therapeutic effect.

Distribution entails how the drug disperses throughout the body and into tissues after it is absorbed. Factors influencing distribution include the drug's properties, such as its solubility and affinity for various tissues, as well as blood flow to the tissues. Metabolism is the phase where the drug is chemically altered, often in the liver, to facilitate elimination and reduce potential toxicity. This process can also convert active drugs into inactive metabolites or, in some cases, may activate prodrugs into their therapeutic forms. Excretion is the final phase of pharmacokinetics, involving the removal of the drug from the body, primarily through the kidneys but also via bile, lungs, and skin.

Understanding these phases helps healthcare professionals determine dosage, frequency, and potential interactions with other medications. The other choices do not accurately represent the established phases of pharmacokinetics, as they incorporate terms or stages that do not fit within the recognized

**2. For a patient with hyperparathyroidism and a serum calcium level of 13 mg/dL, which medication should the nurse prepare to administer?**

- A. Calcium carbonate**
- B. Calcitonin**
- C. Alendronate**
- D. Vitamin D**

In the context of hyperparathyroidism, the condition is characterized by elevated levels of parathyroid hormone (PTH), which leads to increased calcium levels in the blood, known as hypercalcemia. With a serum calcium level of 13 mg/dL, which is significantly above the normal range, it is essential to address this condition promptly. Calcitonin is the appropriate medication in this scenario because it helps to lower serum calcium levels. This hormone, produced naturally in the body by the thyroid gland, works by inhibiting the activity of osteoclasts, the cells responsible for bone resorption, which in turn decreases the release of calcium from the bones into the bloodstream. Besides, calcitonin promotes renal excretion of calcium, further aiding in the reduction of serum calcium levels. In contrast, calcium carbonate and vitamin D would increase calcium levels, which is contraindicated in the setting of hypercalcemia. Alendronate, primarily used for osteoporosis and certain conditions causing bone loss, would not be suitable as it can also contribute to increased calcium release from bone. Therefore, administering calcitonin is the most appropriate intervention to manage the elevated calcium levels in a patient with hyperparathyroidism.

**3. Which medication commonly requires dosage adjustment in renal impairment?**

- A. Ibuprofen**
- B. Amoxicillin**
- C. Digoxin**
- D. Metformin**

The correct choice, Digoxin, is a medication that requires careful dosage adjustment in patients with renal impairment due to its narrow therapeutic index and renal excretion. Digoxin is primarily eliminated by the kidneys, so any decline in renal function can lead to increased serum levels of the drug, enhancing the risk of toxicity. Therefore, it is crucial to monitor renal function (typically through serum creatinine or estimated glomerular filtration rate) and adjust the dosages accordingly to prevent adverse effects, especially since digoxin can have significant effects on the heart. In comparison, while the other listed medications may have considerations in patients with renal impairment, they do not require the same level of dosage adjustment specificity as digoxin. Ibuprofen is an NSAID that can affect renal function but does not have the same critical need for adjustment based solely on renal impairment. Amoxicillin, an antibiotic, also requires some adjustments but is generally safer and can be used at differing doses depending on severity rather than strict adjustments based on kidney function. Metformin is contraindicated in severe renal impairment due to the risk of lactic acidosis, but it may not require dosage adjustments in mild to moderate impairment as strictly as digoxin. Therefore, digoxin stands out as the medication that significantly hinges

**4. In pharmacology, what does 'contraindication' refer to?**

- A. A recommendation for drug use in specific conditions**
- B. A risk associated with all medications**
- C. A situation where a drug should not be used**
- D. A situation where a drug is only partially effective**

In pharmacology, the term 'contraindication' refers to a specific situation where a particular drug should not be used due to the potential for harmful effects or adverse reactions. This could involve patient conditions, such as certain health issues or allergies, that could make drug use dangerous or ineffective. Understanding contraindications is crucial for healthcare providers to ensure patient safety and effectiveness of treatment plans. Recognizing when a medication could pose a risk allows for better decision-making regarding therapies and helps avoid complications that could arise from inappropriate drug use.

**5. When educating a patient taking cyclosporine with a potassium intake restriction, what food should be avoided?**

- A. Bananas**
- B. Raisins**
- C. Carrots**
- D. Apples**

Cyclosporine is an immunosuppressant that can potentially lead to elevated potassium levels in the body. When a patient is on a potassium-restricted diet, it is crucial to avoid foods that are high in potassium to prevent complications such as hyperkalemia, which can have serious cardiac consequences. Raisins, in particular, are known to have a high potassium content. A handful of raisins can contain a significant amount of potassium compared to other common fruits. Consequently, patients who are monitoring their potassium intake should steer clear of raisins to effectively manage their potassium levels while on cyclosporine therapy. Conversely, foods like carrots and apples are generally lower in potassium content and may be included in moderation in a potassium-restricted diet. While bananas are also high in potassium, they are not the only high-potassium food; here, the focus on raisins is vital due to their density of potassium. This understanding underlines the importance of dietary education for patients on medications like cyclosporine to ensure their overall safety and health.

**6. What condition might be indicated by a patient experiencing redness and itching after IV vancomycin infusion?**

- A. Allergic reaction**
- B. Red man syndrome**
- C. Anaphylaxis**
- D. Thrombophlebitis**

The experience of redness and itching after an intravenous infusion of vancomycin is characteristic of Red Man Syndrome. This condition is not a true allergic reaction but rather a reaction to the rapid infusion of vancomycin. It typically manifests as flushing, itching, and sometimes rash, particularly affecting the upper body. This syndrome occurs due to the release of histamines in response to the medication, particularly if the drug is given too quickly. To differentiate from other potential conditions, while an allergic reaction can also cause similar symptoms, it usually includes other systemic signs such as hives or swelling, and it tends to happen after a previous exposure rather than just rapid infusion. Anaphylaxis, a severe allergic reaction, would present with additional symptoms such as difficulty breathing, swelling of the throat, and a drop in blood pressure, which are more acute and life-threatening compared to Red Man Syndrome. Thrombophlebitis, although it can occur with IV medications, typically presents with localized symptoms such as tenderness, swelling, or redness at the vein site, rather than the widespread flushing associated with Red Man Syndrome. Therefore, when a patient shows these symptoms specifically related to the timing and administration of vancomycin, it strongly points to Red Man Syndrome as

**7. If a 250mg dose of medication is ordered and it is supplied only in 100mg tablets, how many tablets would be administered?**

- A. 1**
- B. 2**
- C. 2.5**
- D. 3**

To determine the number of tablets required for a 250mg dose when the medication is supplied in 100mg tablets, you can calculate it by dividing the total dose needed (250mg) by the strength of each tablet (100mg). When you perform the division:  $250\text{mg} \div 100\text{mg/tablet} = 2.5 \text{ tablets}$ . This means that to achieve the prescribed dose of 250mg, you would need to administer 2.5 tablets. In a clinical setting, 2.5 tablets would require careful consideration. Since medications should not typically be divided unless they are scored or specifically designed for that purpose, it's important for nurses and healthcare providers to follow medication guidelines and policies concerning dosing and tablet administration. This calculation illustrates the importance of accurate dosing in medication administration to ensure patient safety and effective treatment.

**8. When administering Lasix ordered at 50 mg IV push with a concentration of 20 mg/mL, how many milliliters should be given?**

- A. 1.5 mL**
- B. 2 mL**
- C. 2.5 mL**
- D. 3 mL**

To determine how many milliliters of Lasix (furosemide) should be administered, you start by knowing the ordered dose and the concentration of the medication. The order specifies 50 mg of Lasix, and the concentration is 20 mg/mL. To find the volume to administer, you use the formula:  $\text{Volume (mL)} = \text{Dose (mg)} / \text{Concentration (mg/mL)}$ . Substituting the known values into this formula gives:  $\text{Volume (mL)} = 50 \text{ mg} / 20 \text{ mg/mL}$ . When you perform the calculation:  $\text{Volume (mL)} = 50 / 20 = 2.5 \text{ mL}$ . This indicates that to achieve the required dose of 50 mg with a concentration of 20 mg/mL, you should administer 2.5 mL. Thus, the correct response reflects this calculated volume, confirming that administering 2.5 mL will deliver the ordered 50 mg of Lasix.

## 9. Which medication is used to treat iron toxicity?

- A. Digoxin immune fab (Digibind)**
- B. Naloxone (Narcan)**
- C. Mephyton (Vitamin K)**
- D. Deferoxamine**

To address iron toxicity, the appropriate treatment is deferoxamine. This medication is a chelating agent specifically designed to bind free iron in the bloodstream, facilitating its excretion from the body through the urine. When iron levels become dangerously high, as can occur in cases of overdose or certain medical conditions, deferoxamine effectively helps to reduce the toxic effects of excess iron, thereby preventing serious complications. While other options are useful in their specific contexts—such as Digoxin immune fab for digoxin toxicity, naloxone for opioid overdose, and vitamin K for anticoagulant reversal—they do not have a role in treating iron toxicity. In cases of iron overdose, it is crucial to use a drug that directly addresses the presence of excess iron, making deferoxamine the correct choice for this situation.

## 10. What should be done if the patient's heart rate is 52 before administering digoxin?

- A. Administer digoxin and monitor the patient**
- B. Hold digoxin and call the provider**
- C. Increase the digoxin dosage**
- D. Reassess vital signs after 30 minutes**

Holding digoxin and calling the provider is the appropriate course of action when a patient presents with a heart rate of 52 beats per minute. Digoxin is a medication that increases the force of heart contractions and slows down the heart rate, particularly in conditions like atrial fibrillation. A heart rate below 60 beats per minute typically indicates bradycardia, which can pose risks, especially when administering cardiotropic drugs like digoxin. Before administering digoxin, it is crucial to assess the patient's heart rate thoroughly. If the heart rate is below the accepted threshold (usually 60 for adults), it raises concerns about the potential for digoxin toxicity or exacerbation of bradycardia. In such cases, the nurse should hold the medication and notify the healthcare provider for further instructions. This decision ensures patient safety and enables the provider to evaluate the necessity for digoxin therapy or to consider alternative treatments.

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

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

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