RN Basic Medication Administration 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

1. How should you handle a medication where compatibility is in question?

A. Verify order only.

B. Ignore compatibility and proceed.

C. Verify order and compatibility; contact prescriber or pharmacy to resolve.

D. Change to a different drug without approval.

2. Flumazenil is used for reversal of which class of drugs?

A. Opioids

B. Sedative-hypnotics

C. Benzodiazepines

D. Antipsychotics

3. What angle of insertion is used when placing an intravenous cannula?

A. 5-15 degree angle

B. 90 degrees

C. 45-60 degree angle

D. 0 degree

4. Which formula calculates the number of tablets needed to obtain an ordered dose?

A. (Ordered dose ÷ Dose per tablet) × Tablets per package

B. (Dose per tablet ÷ Ordered dose) × Tablets per package

C. (Ordered dose ÷ Dose per tablet) × Quantity

D. Ordered dose × (Dose per tablet ÷ Quantity)

5. When documenting an adverse reaction, which elements should be included?

A. Time, dose given, actions taken, and patient response.

B. Time, dose given, actions taken, and patient response.

C. Weather conditions.

D. The nurse's name.

6. Which lab value is checked in conjunction with insulin therapy?

A. Serum potassium

B. Liver function tests

C. Serum glucose

D. Creatinine

7. Which drop factor value is typical for a macrodrip set?

A. 60 gtt/mL

B. 10 gtt/min

C. 15 gtt/min

D. 120 gtt/min

8. Why should you check for allergies and cross-reference with a med order?

A. To collect allergies for marketing.

B. To check insurance coverage.

C. To prevent allergic reactions or contraindicated administration; ensure safe alternatives and emergency plan.

D. To clutter the chart.

9. Besides serum creatinine and eGFR, which measurement may influence dosing of renally cleared medications?

A. Urine output

B. Blood pressure

C. Heart rate

D. Temperature

10. After addressing a downstream occlusion, what should you do next?

A. Restart the infusion at a higher rate

B. Replace the IV catheter immediately

C. Discontinue the infusion and reinsert the line

D. Restart the infusion and monitor for proper flow

Answers

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

Explanations

1. How should you handle a medication where compatibility is in question?

A. Verify order only.

B. Ignore compatibility and proceed.

C. Verify order and compatibility; contact prescriber or pharmacy to resolve.

D. Change to a different drug without approval.

Safety when compatibility is in question means you don't assume it's safe to mix or administer. The correct approach is to verify the exact order and also check the drug's compatibility with the IV solution or any other meds in the line, then contact the prescriber or pharmacy to resolve any incompatibility. This safeguards the patient from precipitation, chemical reactions, reduced efficacy, or adverse effects that can occur if drugs are mixed inappropriately. If compatibility isn't clear, do not proceed or alter the regimen on your own; pause and get guidance from a pharmacist or the prescriber, using reliable references or the pharmacy's input to determine a safe alternative (such as a different diluent, a separate IV line, or a substitute medication). After deciding, document the rationale and monitor the patient for any reactions.

2. Flumazenil is used for reversal of which class of drugs?

A. Opioids

B. Sedative-hypnotics

C. Benzodiazepines

D. Antipsychotics

Flumazenil specifically targets benzodiazepines. It works as a competitive antagonist at the benzodiazepine binding site on the GABA-A receptor, so it blocks the enhancing effect those drugs have on GABAergic inhibition. By doing this, it reverses the sedation, hypnosis, and potential respiratory depression caused by benzodiazepines after overdose or excessive sedation. It's not a reversal agent for opioids—those effects are reversed with naloxone—or for other non-benzodiazepine sedatives, which act through different mechanisms. A note of caution: in people who are benzodiazepine-dependent, abrupt reversal can trigger withdrawal or seizures, so it must be used with careful monitoring.

3. What angle of insertion is used when placing an intravenous cannula?

A. 5-15 degree angle

B. 90 degrees

C. 45-60 degree angle

D. 0 degree

When placing an intravenous cannula, the goal is to enter the vein with minimal tissue trauma while achieving a secure entry. A shallow insertion angle is used so the needle can pierce the skin and vein gently and still allow the catheter to advance into the lumen. About 5–15 degrees is the typical angle because it provides just enough tilt to access the vein without skimming along the surface or punching too steeply and risking deeper damage. If you tried a perpendicular angle (about 90 degrees), you'd hit the vein more bluntly, miss its entry, or cause more tissue injury. A steeper angle like 45–60 degrees is unnecessarily aggressive for a peripheral IV and increases the chance of going through the vein wall or causing trauma. A zero-degree angle would mean staying flat against the skin and is unlikely to puncture into the vessel properly. Once you see a flash of blood, you advance the catheter into the vein and withdraw the needle while keeping the catheter in place, then slide it forward to secure the line.

4. Which formula calculates the number of tablets needed to obtain an ordered dose?

A. (Ordered dose ÷ Dose per tablet) × Tablets per package

B. (Dose per tablet ÷ Ordered dose) × Tablets per package

C. (Ordered dose ÷ Dose per tablet) × Quantity

D. Ordered dose × (Dose per tablet ÷ Quantity)

The main idea is to convert the ordered dose into an exact number of tablets for each administration, then scale that up for the total number of doses in the order. First, determine how many tablets are needed for one dose: divide the ordered dose by the dose per tablet. Then multiply that result by the quantity, which represents how many administrations (or doses) are required in the order. This gives the total number of tablets to dispense. For example, if the ordered dose is 15 mg and each tablet is 5 mg, you need 3 tablets per dose. If the order calls for 4 doses, you would need 3 × 4 = 12 tablets in total. Other formulas aren't correct because they either try to incorporate tablets per package or flip the ratio, which would not reflect the actual number of tablets required per administration and then scaled to the total number of doses.

5. When documenting an adverse reaction, which elements should be included?

A. Time, dose given, actions taken, and patient response.

B. Time, dose given, actions taken, and patient response.

C. Weather conditions.

D. The nurse's name.

The key idea here is that a complete adverse reaction record centers on what happened, when it happened, how much was given, and how the patient reacted. Recording the time of the event establishes the sequence and helps link the reaction to a specific dose or medication, other therapies, or timing factors. Documenting the dose given ties the reaction to a particular amount, which is crucial for assessing dose–response and for guiding future treatment decisions or potential dose adjustments. Noting the actions taken shows what immediate steps were performed to protect the patient and manage the situation—such as stopping the drug, notifying the provider, administering any antidotes or supportive care, and monitoring the patient. The patient's response is the outcome after those actions, indicating whether the reaction improved, worsened, or resolved, and it informs ongoing care and safety reporting. Weather conditions don't inform the clinical management of an adverse reaction, so they aren't part of the essential documentation. The nurse's name may appear in the record for accountability, but the critical clinical data are the time, dose, actions, and patient response.

6. Which lab value is checked in conjunction with insulin therapy?

A. Serum potassium

B. Liver function tests

C. Serum glucose

D. Creatinine

Insulin therapy is used to lower blood glucose, so the most important lab to monitor is serum glucose. Tracking glucose shows how the patient responds to insulin, helps you hit the target range, and detects hypoglycemia early. In hospital settings, you measure glucose before starting the infusion and at regular intervals (often hourly with IV insulin) to adjust the dose as needed. The other labs provide broader safety information about organ function but don't guide the immediate insulin dosing. Potassium shifts can occur with insulin, so potassium may be monitored as well, but glucose is the lab that directly guides insulin therapy decisions.

7. Which drop factor value is typical for a macrodrip set?

A. 60 gtt/mL

B. 10 gtt/min

C. 15 gtt/min

D. 120 gtt/min

Drop factor is the number of drops required to make 1 milliliter of IV fluid, expressed as gtt per mL. Macrodrip sets deliver larger drops to reduce the number of drops counted, and their typical values are in the low tens per milliliter—commonly 10, 15, or 20 gtt/mL. Microdrip sets use smaller drops, usually 60 gtt/mL. So for a macrodrip, you'd expect a drop factor around 10–20 gtt/mL. The option given as 60 gtt/mL is a microdrip value, not macro. The other options describe flow rates (gtt/min) rather than a drop factor per milliliter. When calculating flow in gtt/min, you'd use the formula gtt/min = (mL/hr × drop factor) / 60.

8. Why should you check for allergies and cross-reference with a med order?

A. To collect allergies for marketing.

B. To check insurance coverage.

C. To prevent allergic reactions or contraindicated administration; ensure safe alternatives and emergency plan.

D. To clutter the chart.

Checking allergies and cross-referencing with the medication order centers on keeping the patient safe during administration. Knowing a patient's allergies helps prevent giving a drug that could trigger an allergic reaction, which can range from mild symptoms to life-threatening anaphylaxis. Cross-referencing the order confirms you're giving the right drug at the correct dose and route and helps identify any contraindications based on the patient's current conditions or other medications. If a potential allergy or contraindication is found, you can select a safe alternative and implement the emergency plan if needed, such as having access to emergency meds and knowing the steps to take. This practice reduces medication errors and patient harm. The other choices don't relate to safety in drug administration.

9. Besides serum creatinine and eGFR, which measurement may influence dosing of renally cleared medications?

A. Urine output

B. Blood pressure

C. Heart rate

D. Temperature

Renal drug clearance depends on how the kidneys are actually excreting substances at the moment, not just on their filtration capability. Serum creatinine and eGFR give a snapshot of filtration function, but urine output provides direct, real-time information about how much drug is being eliminated. If urine production drops (oliguria), clearance falls, drug levels can accumulate, and dosing often needs to be reduced or dosing intervals lengthened. When urine output is adequate, dosing can be guided more confidently by filtration estimates. Other measurements like blood pressure, heart rate, or temperature don't directly reflect the kidney's current excretion of a drug and are less informative for adjusting doses of renally cleared medications.

10. After addressing a downstream occlusion, what should you do next?

A. Restart the infusion at a higher rate

B. Replace the IV catheter immediately

C. Discontinue the infusion and reinsert the line

D. Restart the infusion and monitor for proper flow

The key idea is to verify that the IV line is truly patent and delivering as ordered after clearing an occlusion. Once the blockage is resolved, you re-establish the infusion and closely monitor to ensure smooth flow at the prescribed rate. Restarting at a higher rate isn't appropriate because the line may not be able to sustain it and another occlusion or infiltration could occur. Replacing the catheter immediately isn't necessary if patency has returned, and discontinuing the infusion with reinsertion adds unnecessary invasiveness and risk when the line is already functioning. So, re-start the infusion and watch the flow to confirm proper delivery and continue to monitor for any signs of trouble.

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://rnbasicmedadmin.examzify.com

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