

# RN Basic Medication Administration Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

**No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.**

**Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.**

**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

SAMPLE

# 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

SAMPLE

- 1. How do you ensure safe medication administration during shift changes?**
  - A. Use a structured handoff; review MAR; verify pending meds; check allergies; discuss safety concerns.**
  - B. Rely on the next shift to take care of handoff.**
  - C. Skip the handoff if busy.**
  - D. Only discuss emergencies.**
  
- 2. Which of the following is a common drop factor for IV administration?**
  - A. 10 gtt/min**
  - B. 15 gtt/min**
  - C. 60 gtt/mL**
  - D. 120 gtt/min**
  
- 3. Which statement best differentiates infiltration from extravasation?**
  - A. Extravasation involves an agent harmful to tissue**
  - B. Extravasation is less dangerous**
  - C. Infiltration involves tissue damage**
  - D. They are completely different processes**
  
- 4. What documentation is essential when a new medication is given?**
  - A. Time and dose.**
  - B. Route only.**
  - C. Time, dose, and route.**
  - D. Time administered, dose, route, patient response, and any adverse effects.**
  
- 5. What are key considerations when preparing medications for pediatric patients?**
  - A. Weight-based dosing**
  - B. Age-appropriate formulations**
  - C. All of the above**
  - D. Safe administration routes**

- 6. Define enteral vs parenteral routes and give an example of each.**
- A. Enteral uses GI tract; Parenteral bypasses it**
  - B. Enteral uses IV; Parenteral uses oral**
  - C. Enteral includes inhalation; Parenteral includes transdermal**
  - D. Enteral is subcutaneous; Parenteral is rectal**
- 7. Lorazepam has which notable safety consideration?**
- A. Respiratory depression is not a concern**
  - B. It has no respiratory effects**
  - C. Respiratory depression risk especially for those with COPD and CO2 retention**
  - D. It improves respiratory function**
- 8. Which should be monitored after administration of naloxone?**
- A. Renal function.**
  - B. Platelet count.**
  - C. Liver enzymes.**
  - D. Consciousness and withdrawal.**
- 9. What should be included in a handoff regarding safe medication administration?**
- A. Rely on memory to convey information.**
  - B. Skip handoff to save time.**
  - C. Review MAR, pending meds, allergies, and safety concerns; communicate critical information.**
  - D. Only discuss emergencies.**
- 10. What precaution is commonly advised with the first dose of enalapril?**
- A. Increase salt intake**
  - B. Take with a high-fat meal**
  - C. Exercise vigorously after dosing**
  - D. Monitor dizziness with first dose**

## Answers

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. How do you ensure safe medication administration during shift changes?**

**A. Use a structured handoff; review MAR; verify pending meds; check allergies; discuss safety concerns.**

**B. Rely on the next shift to take care of handoff.**

**C. Skip the handoff if busy.**

**D. Only discuss emergencies.**

Safe medication administration during shift changes relies on a structured handoff that ensures complete and accurate transfer of all med information. By reviewing the medication administration record, you confirm what is currently prescribed, the correct doses, routes, and scheduled times. Checking pending meds helps catch what is due, what has been held, or what has recently changed, so nothing is missed or duplicated. Verifying allergies is essential to prevent adverse reactions and to flag any potential incompatibilities with new orders. Discussing safety concerns brings attention to high-risk medications, look-alike/sound-alike medications, recent adverse events, and any patient-specific issues that require extra verification or a second check. This thorough, standardized communication supports continuity of care and reduces the risk of errors as patients move from one team to another. Relying on the next shift, skipping the handoff when busy, or only discussing emergencies can leave important details out, increasing the chance of omissions, dosing mistakes, or unsafe administration.

**2. Which of the following is a common drop factor for IV administration?**

**A. 10 gtt/min**

**B. 15 gtt/min**

**C. 60 gtt/mL**

**D. 120 gtt/min**

Drop factor is the number of drops that make up one milliliter and comes from the IV tubing. It's used to convert a drops-per-minute rate into flow in milliliters per hour. Common tubing types include macrodrip (roughly 10, 15, or 20 drops per mL) and microdrip (about 60 drops per mL). So, 60 gtt/mL is a widely used standard drop factor, making it the typical choice for a common drop factor. The other options describe infusion rates (drops per minute) or use units that reflect a rate rather than the tubing's drop factor, so they don't represent the drop factor itself.

**3. Which statement best differentiates infiltration from extravasation?**

- A. Extravasation involves an agent harmful to tissue**
- B. Extravasation is less dangerous**
- C. Infiltration involves tissue damage**
- D. They are completely different processes**

The main idea here is that extravasation implies a leak of a tissue-damaging or vesicant agent into the surrounding tissue, which can lead to tissue injury or necrosis, whereas infiltration involves leakage of IV fluid that is usually not harmful to tissue and generally causes only swelling or discomfort. That's why the best differentiator is that extravasation involves an agent harmful to tissue. The other options don't fit: extravasation isn't less dangerous; infiltration can cause tissue damage only in unusual cases, but not as a defining feature; and they are not completely different processes—the distinction is specifically the tissue-damaging potential of the leaking agent.

**4. What documentation is essential when a new medication is given?**

- A. Time and dose.**
- B. Route only.**
- C. Time, dose, and route.**
- D. Time administered, dose, route, patient response, and any adverse effects.**

Documenting a medication administration requires a complete and useful record of what happened, not just part of it. The essential notes should include when the medication was given, the dose, and the route used, so the exact order and timing are clear. It's also crucial to record the patient's response to the medication—whether it helped, any changes in symptoms—and any adverse effects seen, so safety is monitored and future care can be adjusted if needed. Together, time, dose, route, patient response, and adverse effects provide a full picture for continuity of care and accountability. If a record only shows time and dose, or only route, or omits patient response and adverse effects, important information is missing and the care team may not recognize how the medication affected the patient or catch potential problems.

**5. What are key considerations when preparing medications for pediatric patients?**

- A. Weight-based dosing**
- B. Age-appropriate formulations**
- C. All of the above**
- D. Safe administration routes**

Tailoring medication preparation for pediatric patients requires attention to dosing, formulation, and route to ensure safety and effectiveness. Because children vary widely in size and organ maturity, dosing is typically calculated based on body weight (mg per kg) to achieve the intended drug exposure without causing toxicity. This means you must accurately obtain the child's weight, convert units correctly, and be aware of any maximum daily limits or adjustments for age, organ function, or illness. Choosing age-appropriate formulations is crucial because many young patients cannot swallow tablets or capsules. Using liquids, suspensions, dispersible or chewable formats, or properly prepared pediatric-ready forms helps ensure accurate dosing, improves acceptability, and reduces administration errors. Pay attention to concentration, dosing devices (like oral syringes), and instructions for shaking or storing a preparation to maintain correct dosing and drug stability. Selecting a safe and feasible administration route is another essential factor. The route should align with the child's age, clinical status, and the chosen formulation, aiming for reliable absorption while minimizing distress or risk of aspiration. Some meds may be better suited to oral, enteral, or parenteral routes depending on the situation and formulation available. By integrating weight-based dosing, age-appropriate formulations, and safe administration routes, you cover the main considerations for preparing medications in pediatric care.

**6. Define enteral vs parenteral routes and give an example of each.**

- A. Enteral uses GI tract; Parenteral bypasses it**
- B. Enteral uses IV; Parenteral uses oral**
- C. Enteral includes inhalation; Parenteral includes transdermal**
- D. Enteral is subcutaneous; Parenteral is rectal**

Enteral routes involve absorption through the gastrointestinal tract. An example is taking a pill by mouth, where the drug dissolves in the stomach or intestines and then enters the bloodstream. Parenteral routes bypass the GI tract, delivering medication directly into systemic circulation or tissues; an IV injection is a classic example. The statement that enteral uses the GI tract and parenteral bypasses it is the best answer because it matches how these routes behave in the body. The other options mix in incorrect pairings, such as IV being enteral or oral being parenteral, and they also misclassify routes like inhalation, transdermal, subcutaneous, and rectal in ways that don't align with the standard definitions.

**7. Lorazepam has which notable safety consideration?**

- A. Respiratory depression is not a concern**
- B. It has no respiratory effects**
- C. Respiratory depression risk especially for those with COPD and CO2 retention**
- D. It improves respiratory function**

The main safety point is that lorazepam can depress respiration, and this risk is especially important in people with COPD and chronic CO2 retention. Benzodiazepines like lorazepam enhance GABA activity in the brain, producing sedation and relaxation, but they also slow the brain's control of breathing. In COPD with CO2 retention, patients already rely more on hypoxic drive and have limited ventilatory reserve; adding a CNS depressant can blunt the respiratory response to low oxygen or high carbon dioxide, increasing the chances of hypoventilation, hypoxemia, and even respiratory failure. For this reason, clinicians use the lowest effective dose, monitor breathing, avoid combining with other sedatives or opioids, and carefully assess respiratory status before giving this medication. It isn't correct to say it has no respiratory effects or that it improves respiration—the depressant effect on the breathing center is real and clinically important, especially in those with COPD and CO2 retention.

**8. Which should be monitored after administration of naloxone?**

- A. Renal function.**
- B. Platelet count.**
- C. Liver enzymes.**
- D. Consciousness and withdrawal.**

Naloxone reverses opioid-induced CNS and respiratory depression, so the main focus after its administration is watching how the patient's level of consciousness changes and whether withdrawal symptoms emerge. In people dependent on opioids, reversing the opioid effects can precipitate withdrawal, causing agitation, tachycardia, hypertension, nausea, and tremors. Because the reversal effect can wear off before the opioid does, ongoing monitoring of mental status and signs of withdrawal (and readiness to provide additional dosing if symptoms recur) is essential. Lab values like renal function, platelets, or liver enzymes aren't the immediate concerns in this acute setting.

**9. What should be included in a handoff regarding safe medication administration?**

- A. Rely on memory to convey information.**
- B. Skip handoff to save time.**
- C. Review MAR, pending meds, allergies, and safety concerns; communicate critical information.**
- D. Only discuss emergencies.**

Delivering safe medication during a handoff hinges on transferring complete, accurate medication information so the next nurse can continue care without gaps. Start with the MAR, the formal record of what was given and what's due, and review it to confirm dosing accuracy, ensure orders align with what was administered, and catch omissions or changes. Note any pending medications so the schedule isn't missed or duplicative dosing occurs, and identify allergies to prevent unsafe drug exposures. Highlight safety concerns such as dosing adjustments based on labs or organ function, potential drug interactions, routes or special administration instructions, and any orders on hold or recent changes. Communicate all of this clearly and confirm understanding with the receiving nurse so they can plan and act safely. Relying on memory or skipping handoffs, or focusing only on emergencies, leaves important routine medications and safety checks unaddressed.

**10. What precaution is commonly advised with the first dose of enalapril?**

- A. Increase salt intake**
- B. Take with a high-fat meal**
- C. Exercise vigorously after dosing**
- D. Monitor dizziness with first dose**

The first dose of enalapril can cause a rapid drop in blood pressure, leading to dizziness or lightheadedness. This immediate effect, known as the first-dose phenomenon, is why the precaution is to monitor for dizziness after taking the first dose. To minimize risk, take the first dose in a safe setting (such as at bedtime or with someone nearby) and sit or lie down if you feel faint. If dizziness is severe or persistent, contact a clinician. Other options don't specifically address this rapid BP change, and exercising after dosing could worsen symptoms.

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

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

SAMPLE