

RN BASIC MEDICATION ADMINISTRATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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. What are key considerations when giving IVIG or other IV meds with the risk of infusion reactions?**
 - A. Monitor for chills, fever, rash, dyspnea; reduce rate or stop infusion if reaction occurs; have emergency equipment ready
 - B. Increase rate to minimize reaction
 - C. Continue infusion regardless of symptoms
 - D. Only check vital signs after infusion completes
- 2. Are a medication error and an adverse drug event (ADE) the same thing?**
 - A. They are the same concept.
 - B. A medication error is a preventable mistake in prescribing, dispensing, or administering; an ADE is harm caused by a drug. They are not the same.
 - C. An ADE is preventable; a medication error is harm caused by a drug.
 - D. A medication error is never preventable.
- 3. When administering a medication via IV push, which steps are essential for safe technique?**
 - A. Use aseptic technique, flush with saline before and after each med, administer slowly per order, monitor for adverse reactions.
 - B. Use clean technique without sterile supplies, administer quickly, monitor for adverse reactions.
 - C. Use aseptic technique, do not flush, administer rapidly, monitor only for bleeding.
 - D. Keep IV line open by using a saline lock and avoid flushing before administration.
- 4. Iodinated contrast media can cause damage to which organ?**
 - A. Kidneys
 - B. Liver
 - C. Lungs
 - D. Heart

- 5. Which monitoring steps are used to detect digoxin toxicity?**
- A. Administer regardless of pulse and recheck in 24 hours.
 - B. Check pulse before administration (hold if too low), monitor renal function and potassium, observe for GI symptoms, vision changes, and arrhythmias; check digoxin level if ordered.
 - C. Only monitor for headaches.
 - D. Take blood pressure alone.
- 6. When mixing insulin, which order should you draw and why?**
- A. It doesn't matter.
 - B. Draw cloudy insulin first, then clear to avoid contaminating the clear solution.
 - C. Draw clear insulin first, then cloudy to avoid contaminating the clear solution.
 - D. Draw insulin from separate vials sequentially but no order matters.
- 7. Which of the following is NOT one of the nine rights of medication administration?**
- A. Right patient
 - B. Right dose
 - C. Right sterile technique
 - D. Right route
- 8. Which information should you warn a patient about when starting an antihypertensive?**
- A. Hair loss
 - B. Dizziness and orthostatic effects
 - C. Increased appetite
 - D. Hives always
- 9. Which of the following best describes typical pharmacist responsibilities in the medication administration process?**
- A. Administer medications directly to patients without physician input.
 - B. Verify orders, provide drug information, check for interactions, counsel on side effects, and assist with formulary and safety concerns.
 - C. Only handle inventory and stocking of meds.
 - D. Document administration and billing, but do not provide patient counseling.

10. Which factors should you check to avoid IV incompatibilities?

- A. Drug-drug compatibility
- B. Drug-IV fluid compatibility
- C. Proper administration sequence and rate
- D. All of the above

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Answers

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

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Explanations

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1. What are key considerations when giving IVIG or other IV meds with the risk of infusion reactions?

- A. Monitor for chills, fever, rash, dyspnea; reduce rate or stop infusion if reaction occurs; have emergency equipment ready**
- B. Increase rate to minimize reaction
- C. Continue infusion regardless of symptoms
- D. Only check vital signs after infusion completes

When IVIG or other IV meds carry a risk of infusion reactions, the priority is early recognition and rapid intervention. Infusion-related symptoms can include chills, fever, rash, and trouble breathing, and these can progress to more serious reactions if not addressed promptly. The best approach is to monitor for those symptoms during the infusion and be ready to intervene by slowing or stopping the infusion at the first sign of a reaction. Have emergency equipment and medications readily available, including someone who can manage airway and circulation and medications such as epinephrine per protocol if anaphylaxis is suspected. After stopping the infusion, assess the patient's airway, breathing, and circulation, treat the symptoms, notify the prescriber, and decide, per protocol, whether it's safe to resume the infusion at a slower rate or discontinue. Increasing the rate, continuing the infusion despite symptoms, or checking vital signs only after the infusion completes do not allow for timely detection and management of a reaction, increasing the risk of harm.

2. Are a medication error and an adverse drug event (ADE) the same thing?

- A. They are the same concept.
- B. A medication error is a preventable mistake in prescribing, dispensing, or administering; an ADE is harm caused by a drug. They are not the same.**
- C. An ADE is preventable; a medication error is harm caused by a drug.
- D. A medication error is never preventable.

Understanding this distinction helps prioritize safety in the medication-use process. A medication error is a preventable mistake that can occur at prescribing, dispensing, or administering a drug. An adverse drug event (ADE) is harm caused by the drug itself. They are not the same because the error focuses on a mistake in the process that could be avoided, while the ADE focuses on the injury from the drug, which can happen even without an error. Not all ADEs come from errors—some are predictable side effects or reactions despite correct use—and not every medication error results in harm. This relationship means preventing medication errors can reduce some ADEs, but ADEs can still occur even when care is appropriate.

3. When administering a medication via IV push, which steps are essential for safe technique?

- A. Use aseptic technique, flush with saline before and after each med, administer slowly per order, monitor for adverse reactions.**
- B. Use clean technique without sterile supplies, administer quickly, monitor for adverse reactions.
- C. Use aseptic technique, do not flush, administer rapidly, monitor only for bleeding.
- D. Keep IV line open by using a saline lock and avoid flushing before administration.

Safe IV push technique hinges on aseptic practice, maintaining line patency with saline flushes, delivering the medication at the prescribed rate, and watching for reactions. Using aseptic technique prevents introducing infection into the bloodstream during a needle or catheter-based drug delivery. Flushing with saline before and after each med ensures the line remains patent, clears any residual medication from previous doses, and helps prevent drug-drug or line-related interactions. Administering the dose slowly per the order controls the rate to reduce the risk of adverse reactions, extravasation, or venous irritation. Monitoring for adverse reactions during and after the injection allows immediate action if issues arise, such as allergic responses or local/systemic effects. Choosing approaches that skip sterile technique, omit flushing, administer too quickly, or ignore comprehensive monitoring would increase infection risk, line occlusion or incompatibility problems, greater potential for harm from rapid administration, and delayed recognition of adverse effects.

4. Iodinated contrast media can cause damage to which organ?

- A. Kidneys**
- B. Liver
- C. Lungs
- D. Heart

Iodinated contrast media can cause damage to the kidneys. The kidneys are responsible for filtering and excreting the contrast agent, so they are at risk for contrast-induced nephropathy. After administration, kidney injury may show up as a rise in creatinine within about 24 to 72 hours. Those at higher risk—such as people with preexisting kidney disease, dehydration, diabetes, or older adults—are more susceptible. The mechanism involves a combination of reduced renal blood flow due to vasoconstriction in the kidneys and direct tubular toxicity from the contrast material. Preventive steps include ensuring adequate hydration, using the lowest effective dose, and opting for contrast types with lower nephrotoxic potential when possible. While reactions to contrast can affect other systems in rare cases, the organ most commonly damaged by iodinated contrast is the kidneys.

5. Which monitoring steps are used to detect digoxin toxicity?

- A. Administer regardless of pulse and recheck in 24 hours.
- B. Check pulse before administration (hold if too low), monitor renal function and potassium, observe for GI symptoms, vision changes, and arrhythmias; check digoxin level if ordered.**
- C. Only monitor for headaches.
- D. Take blood pressure alone.

Monitoring for digoxin toxicity involves a comprehensive safety check that combines heart rate assessment, kidney function, electrolyte balance, symptom surveillance, and drug level if ordered. The pulse check before administration is essential because digoxin can slow AV conduction and cause dangerous bradycardia; if the pulse is too low, the dose should be held. Because digoxin is cleared by the kidneys, evaluating renal function is crucial—impaired kidneys raise the chance of drug buildup and toxicity. Potassium levels matter too: hypokalemia increases digoxin's effects and risk of toxicity, so potassium is monitored and corrected as needed. Be vigilant for the characteristic signs across systems—GI symptoms like nausea, vomiting, and loss of appetite; vision changes such as blurred vision or yellow-green halos; and cardiac issues including various arrhythmias. If a digoxin level is ordered, obtaining it helps interpret whether the patient is within the therapeutic range and guides management, especially when toxicity is suspected. This broad monitoring approach is necessary because focusing on only one symptom or measurement (like blood pressure or headaches) can miss the key early warning signs of toxicity and puts the patient at risk.

6. When mixing insulin, which order should you draw and why?

- A. It doesn't matter.
- B. Draw cloudy insulin first, then clear to avoid contaminating the clear solution.
- C. Draw clear insulin first, then cloudy to avoid contaminating the clear solution.**
- D. Draw insulin from separate vials sequentially but no order matters.

The main idea is that you must preserve the purity of the clear insulin when you mix two types from separate vials. Draw the clear insulin first, then the cloudy insulin. This minimizes the chance that any cloudy insulin contaminates the clear dose in the syringe, which could alter the amount of clear insulin you're administering and affect how quickly it acts. In practice, you typically inject air into the cloudy vial first, then into the clear vial, withdraw the clear insulin first, and finally the cloudy insulin. Saying the order doesn't matter or starting with the cloudy insulin increases the risk of cross-contamination and dose inaccuracy.

7. Which of the following is NOT one of the nine rights of medication administration?

- A. Right patient
- B. Right dose
- C. Right sterile technique**
- D. Right route

The checklists used in medication administration focus on matching the right person with the right drug, dose, route, time, and the accompanying factors like justification, documentation, and patient education or consent. Among these, sterile technique is essential for safety and infection prevention, but it is not one of the nine rights you verify before giving a medication. So while making the med, you still practice sterile technique, but the item that isn't a "right" in the standard list is sterile technique. The other options—ensuring you give the medication to the correct patient, in the correct dose, and by the correct route—are all core parts of the rights.

8. Which information should you warn a patient about when starting an antihypertensive?

- A. Hair loss
- B. Dizziness and orthostatic effects**
- C. Increased appetite
- D. Hives always

Starting antihypertensive therapy typically lowers blood pressure, so the most important warning for a patient to understand is that dizziness and lightheadedness can occur, especially when standing up. This orthostatic effect happens because the medication lowers blood pressure and the body needs time to adjust to the new level. To stay safe, rise slowly from sitting or lying down, sit back down if you feel dizzy, and avoid driving or operating heavy machinery until you know how you respond. Older adults or those taking diuretics may be more susceptible, so monitor symptoms and blood pressure as advised and contact a clinician if dizziness persists, you faint, have chest pain, or notice sudden or severe changes. Hair loss, increased appetite, or hives are not the typical warnings when starting these drugs. Hair loss is not a common early side effect for most antihypertensives, increased appetite isn't typical, and hives would indicate an allergic reaction requiring different attention.

9. Which of the following best describes typical pharmacist responsibilities in the medication administration process?

- A. Administer medications directly to patients without physician input.
- B. Verify orders, provide drug information, check for interactions, counsel on side effects, and assist with formulary and safety concerns.**
- C. Only handle inventory and stocking of meds.
- D. Document administration and billing, but do not provide patient counseling.

Pharmacists play a safety-focused, collaborative role in the medication-use process. Their duties go beyond dispensing to actively ensuring the right drug, dose, and plan, and helping both the care team and the patient understand and safely use medications. The best choice reflects this full scope: verifying orders to catch potential errors, providing current drug information, checking for interactions and contraindications, counseling patients about possible side effects and how to use the medication, and assisting with formulary decisions and safety concerns to optimize therapy and minimize risk. This combination captures the typical responsibilities you'd expect in most practice settings, where the pharmacist serves as a critical source of drug knowledge and a partner in safe medication management. Other options fall short because they describe only a narrow slice of the pharmacist's role. Direct administration to patients without physician input isn't the standard pharmacist duty in most settings; administration is usually performed by other clinicians. Focusing solely on inventory and stocking omits the clinical, counseling, and safety duties. Likewise, documenting administration and billing without any patient counseling ignores the pharmacist's key role in patient education and drug safety.

10. Which factors should you check to avoid IV incompatibilities?

- A. Drug-drug compatibility
- B. Drug-IV fluid compatibility
- C. Proper administration sequence and rate
- D. All of the above**

Prevent IV incompatibilities by checking three areas: drug-drug compatibility, drug-IV fluid compatibility, and the administration sequence and rate. Drug-drug compatibility ensures that two meds given through the same IV line won't react, form precipitates, or reduce each other's effectiveness. Drug-IV fluid compatibility confirms the medication is safe to mix with the chosen IV solution (such as normal saline or dextrose) and won't precipitate or degrade. Administration sequence and rate cover how you deliver each medicine—using separate lines or proper flushing when needed and giving drugs at the correct speeds to prevent interactions or reactions in the line. Together, these checks address the different ways an incompatibility can occur, helping maintain safety and drug effectiveness.

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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!

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