

# Western Governors University (WGU) NURS6800 D116 Advanced Pharmacology for the Advanced Practice Nurse 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

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- 1. To minimize osteoporosis risk during long-term glucocorticoid therapy, which measure is most appropriate?**
  - A. Calcium and vitamin D supplements.**
  - B. Estrogen replacement therapy.**
  - C. High-protein diet only.**
  - D. Routine bone X-rays.**
  
- 2. Which device provides long-term mechanical circulatory support and may be used for patients with severe heart failure?**
  - A. Left ventricular assist device**
  - B. Pacemaker**
  - C. Implantable cardioverter-defibrillator**
  - D. Intra-aortic balloon pump**
  
- 3. An asthma patient with inhaled corticosteroid, montelukast, and a SABA presents with mild expiratory wheezes after assessment. What should the nurse do next?**
  - A. Question the patient about how much albuterol has been used**
  - B. Administer systemic glucocorticoids immediately**
  - C. Increase montelukast dosage**
  - D. Switch to an inhaled corticosteroid**
  
- 4. A patient planning pregnancy asks about nutritional supplements. What is the recommended daily folic acid intake?**
  - A. 400 to 800 mg of folic acid per day**
  - B. 400 to 800 micrograms of folic acid per day**
  - C. 1000 to 1200 mg of folic acid per day**
  - D. 0 mg of folic acid**
  
- 5. Which statement about grapefruit juice and glipizide is true?**
  - A. There is no drug interaction with grapefruit juice.**
  - B. Grapefruit juice markedly increases hypoglycemia risk.**
  - C. Grapefruit juice reduces glipizide absorption.**
  - D. Grapefruit juice is contraindicated with glipizide.**

- 6. A female patient on ACE inhibitors becomes pregnant. What is the recommended counseling?**
- A. Continue the medication and monitor fetal development.**
  - B. Stop taking the medication and contact her provider immediately.**
  - C. Switch to an ARB immediately.**
  - D. Take higher doses to ensure blood pressure control.**
- 7. An adult patient has two office visits with blood pressures of 150/95 mmHg and 148/90 mmHg, and ambulatory reading of 145/92 mmHg. All diagnostic tests are normal. Which treatment is most appropriate to initiate?**
- A. A thiazide diuretic**
  - B. A beta-blocker**
  - C. A loop diuretic**
  - D. A calcium channel blocker**
- 8. In Stage D heart failure, which therapy is generally not indicated because it can worsen symptoms?**
- A. Antidysrhythmic medications**
  - B. ACE inhibitors**
  - C. Diuretics**
  - D. Beta-blockers**
- 9. Which electrolyte abnormality commonly potentiates digoxin toxicity in patients taking digoxin with loop diuretics?**
- A. Hypokalemia**
  - B. Hyperkalemia**
  - C. Hyponatremia**
  - D. Hypomagnesemia**
- 10. Which vaccine should not be administered to an immunocompromised child?**
- A. Varicella vaccine**
  - B. DTaP vaccine**
  - C. Hib vaccine**
  - D. Polio vaccine**

## Answers

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

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## **Explanations**

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**1. To minimize osteoporosis risk during long-term glucocorticoid therapy, which measure is most appropriate?**

**A. Calcium and vitamin D supplements.**

**B. Estrogen replacement therapy.**

**C. High-protein diet only.**

**D. Routine bone X-rays.**

Preventing glucocorticoid-induced bone loss is best addressed by ensuring adequate calcium and vitamin D to support bone mineralization and calcium balance. Calcium and vitamin D supplements help maintain bone density and reduce fracture risk during long-term steroid therapy by supplying the essential nutrients the bone relies on when corticosteroids impair bone formation and increase resorption. Estrogen replacement therapy is not routinely used for this purpose due to significant risks and it does not specifically counter the bone-killing effects of glucocorticoids. A high-protein diet alone does not prevent osteoporosis, as protein without the essential minerals and vitamins doesn't reliably protect bone. Routine bone X-rays are diagnostic tools, not preventive measures, and radiation exposure isn't a preventive strategy. For comprehensive prevention, clinicians may also consider weight-bearing exercise, fall prevention, and, in higher-risk patients, pharmacologic agents like bisphosphonates.

**2. Which device provides long-term mechanical circulatory support and may be used for patients with severe heart failure?**

**A. Left ventricular assist device**

**B. Pacemaker**

**C. Implantable cardioverter-defibrillator**

**D. Intra-aortic balloon pump**

Long-term mechanical circulatory support for advanced heart failure is provided by a left ventricular assist device. An LVAD is surgically implanted to take over part of the pumping workload, unloading the failing left ventricle and maintaining systemic circulation with an external power source. It's designed for extended use and can serve as a bridge to heart transplantation or as destination therapy for patients who aren't transplant candidates. By contrast, a pacemaker mainly tunes the heart's rhythm, an implantable cardioverter-defibrillator prevents dangerous arrhythmias, and an intra-aortic balloon pump offers temporary circulatory support for acute situations, not long-term management.

**3. An asthma patient with inhaled corticosteroid, montelukast, and a SABA presents with mild expiratory wheezes after assessment. What should the nurse do next?**

- A. Question the patient about how much albuterol has been used**
- B. Administer systemic glucocorticoids immediately**
- C. Increase montelukast dosage**
- D. Switch to an inhaled corticosteroid**

Assessing how much rescue inhaler the patient has used is the key step. The frequency of albuterol use is the most informative clue about current asthma control, because a patient should only need a reliever inhaler for intermittent symptoms. If the patient is relying on albuterol frequently, it suggests inadequate control despite existing controller therapy (inhaled corticosteroid and montelukast) and raises concern for a potential exacerbation or ongoing airway inflammation. By asking about albuterol use, you gauge severity, adherence, and inhaler technique, and you can determine whether to reinforce correct use and adherence or consider stepping up maintenance therapy. Systemic glucocorticoids would be reserved for a more significant or escalating exacerbation rather than mild wheezes. Increasing montelukast or switching to more ICS isn't the immediate move without first assessing rescue inhaler use and overall control, since the patient already has a controller regimen in place. If concern persists after evaluating albuterol use, you can then address potential dose adjustments, technique, and triggers as part of a broader plan.

**4. A patient planning pregnancy asks about nutritional supplements. What is the recommended daily folic acid intake?**

- A. 400 to 800 mg of folic acid per day**
- B. 400 to 800 micrograms of folic acid per day**
- C. 1000 to 1200 mg of folic acid per day**
- D. 0 mg of folic acid**

Folic acid before conception helps prevent neural tube defects by supporting early fetal neural development, which occurs very early in pregnancy. For someone planning pregnancy, the recommended daily intake is about 400 to 800 micrograms (0.4-0.8 mg) of folic acid. It's important to use the microgram unit here—400-800 mg would be far more than needed and could cause problems. Most women meet this need with a prenatal vitamin containing 400 mcg of folic acid daily, and the amount is typically increased to about 600 mcg per day during pregnancy. Higher doses, such as 4 mg daily, are reserved for specific risk factors or a prior neural tube defect pregnancy under clinician guidance.

5. Which statement about grapefruit juice and glipizide is true?

- A. There is no drug interaction with grapefruit juice.**
- B. Grapefruit juice markedly increases hypoglycemia risk.**
- C. Grapefruit juice reduces glipizide absorption.**
- D. Grapefruit juice is contraindicated with glipizide.**

Grapefruit juice affects many drugs by inhibiting intestinal CYP3A4, which can raise the levels of drugs that rely on that enzyme. Glipizide, however, is mainly metabolized in the liver by CYP2C9, with little reliance on intestinal CYP3A4. Because grapefruit juice doesn't meaningfully alter glipizide's metabolism or absorption, there's no clinically relevant interaction and no added risk of hypoglycemia from grapefruit juice alone. The other statements assume an interaction that isn't supported by how glipizide is processed in the body.

6. A female patient on ACE inhibitors becomes pregnant. What is the recommended counseling?

- A. Continue the medication and monitor fetal development.**
- B. Stop taking the medication and contact her provider immediately.**
- C. Switch to an ARB immediately.**
- D. Take higher doses to ensure blood pressure control.**

Exposure to ACE inhibitors during pregnancy can cause significant fetal harm, especially to kidney development and amniotic fluid. When pregnancy occurs, the safest and most important step is to discontinue the ACE inhibitor immediately and contact the provider to adjust therapy. The clinician will switch to a pregnancy-safe antihypertensive (such as labetalol, nifedipine, or methyldopa) and closely monitor both blood pressure and fetal well-being. Switching to an ARB wouldn't lower risk, as ARBs carry similar teratogenic effects, and continuing or increasing the ACE inhibitor would increase fetal risk. The key is stopping the drug now and getting guidance for a safe alternative regimen.

7. An adult patient has two office visits with blood pressures of 150/95 mmHg and 148/90 mmHg, and ambulatory reading of 145/92 mmHg. All diagnostic tests are normal. Which treatment is most appropriate to initiate?

- A. A thiazide diuretic**
- B. A beta-blocker**
- C. A loop diuretic**
- D. A calcium channel blocker**

When managing uncomplicated essential hypertension, a thiazide diuretic is the most appropriate first-line starting therapy. These agents have robust evidence showing they reduce major cardiovascular events and are cost-effective, well tolerated in many patients, and reliably lower blood pressure with once-daily dosing. In a patient with persistently elevated blood pressure across multiple visits and a normal workup, there are no compelling indications for a beta-blocker, loop diuretic, or calcium channel blocker that would trump starting a thiazide. Beta-blockers are generally reserved for compelling indications such as coronary artery disease, arrhythmias, or heart failure, and they're not the preferred initial choice for uncomplicated hypertension. Loop diuretics are powerful diuretics that are excellent for edema or volume overload (and certain kidney diseases) but they don't offer the same long-term cardiovascular risk reduction seen with thiazides in primary hypertension. Calcium channel blockers are effective and can be used as first-line in some patients, but thiazides have the broadest support for initial management of uncomplicated HTN due to strong outcome data and cost considerations. Starting a thiazide now, with plans to monitor blood pressure and electrolytes, aligns with best practice for initial therapy in this scenario.

8. In Stage D heart failure, which therapy is generally not indicated because it can worsen symptoms?

- A. Antidysrhythmic medications**
- B. ACE inhibitors**
- C. Diuretics**
- D. Beta-blockers**

In end-stage heart failure, the focus is on relieving symptoms and avoiding medications that can further depress the heart's function. Antidysrhythmic medications often have negative inotropic effects and can prolong the QT interval, increasing the risk of dangerous arrhythmias. In Stage D, where the heart already struggles to maintain adequate output, these risks mean antiarrhythmic drugs can worsen symptoms and overall stability, making them generally not indicated. Other therapies like diuretics to reduce congestion and agents that support remodeling and afterload (when feasible) are favored to improve quality of life.

**9. Which electrolyte abnormality commonly potentiates digoxin toxicity in patients taking digoxin with loop diuretics?**

- A. Hypokalemia**
- B. Hyperkalemia**
- C. Hyponatremia**
- D. Hypomagnesemia**

Digoxin toxicity risk rises when potassium is low because digoxin binds more strongly to the Na<sup>+</sup>/K<sup>+</sup>-ATPase pump when extracellular potassium is decreased. Loop diuretics cause potassium loss, leading to hypokalemia. With less K<sup>+</sup> around, digoxin's inhibition of the pump is enhanced, raising intracellular calcium via the Na<sup>+</sup>/Ca<sup>2+</sup> exchanger and making the myocardium more irritable. This combination increases the chances of dangerous arrhythmias and toxicity. Hyperkalemia wouldn't have this effect; it actually reduces digoxin binding. Hyponatremia isn't the main driver here, and while low magnesium can predispose to digoxin toxicity, the classic and most relevant interaction with loop diuretics is hypokalemia.

**10. Which vaccine should not be administered to an immunocompromised child?**

- A. Varicella vaccine**
- B. DTaP vaccine**
- C. Hib vaccine**
- D. Polio vaccine**

Live vaccines should be avoided in immunocompromised individuals because their weakened immune systems may not control replication of the attenuated pathogens, risking infection with the vaccine strain. Varicella vaccine is a live attenuated vaccine, containing a weakened varicella-zoster virus. In an immunocompromised child, this can lead to varicella illness or more severe complications from disseminated infection, so it should not be given. The other vaccines listed are inactivated or toxoid-based and do not contain replicating organisms, so they are generally safe to administer to patients with compromised immunity, depending on their specific immune status and clinician judgment. DTaP and Hib are inactivated formulations, and polio is typically given as the inactivated polio vaccine in modern practice; these do not pose the same risk as a live vaccine in this context.

## 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://wgu-nurs6800d116.examzify.com>**

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

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