

## LVN-RN Pharm Practice

---

1. A nurse is caring for a client who has heart failure and a prescription for digoxin 125 mcg PO daily. Available is digoxin PO 0.25 mg/tablet. How many tablets should the nurse administer per dose? (Round the answer to the nearest tenth. Use a leading zero if it applies. Do not use a trailing zero.)

\_\_\_\_\_ tablet(s)

---

2. A nurse is planning to apply a transdermal analgesic cream prior to inserting an IV for a preschool-age child. Which of the following actions should the nurse plan to take? (Select all that apply.)

- A. Spread the cream over the lateral surface of both forearms.
  - B. Apply to intact skin.
  - C. Apply the medication an hour before the procedure begins.
  - D. Cleanse the skin prior to procedure.
  - E. Use a visual pain rating scale to evaluate effectiveness of the treatment.
- 

3. A nurse is providing instructions about bowel cleansing with polyethylene glycol-electrolyte solution (PEG) for a client who is going to have a colonoscopy. Which of the following information should the nurse include?

- A. "To prevent dehydration, drink an additional liter of fluid during preparation time."
  - B. "Expect bowel movements to begin 3 hr following completion of solution."
  - C. "Abdominal bloating might occur."
  - D. "Drink 400 mL every hour until bowel movements are clear."
- 

4. A nurse is preparing to administer amoxicillin 30 mg/kg/day divided equally every 12 hr to a toddler who weighs 33 lb. Available is amoxicillin 200 mg/5 mL suspension. How many mL should the nurse administer? (Round the answer to the nearest tenth. Use a leading zero if it applies. Do not use a trailing zero.)

\_\_\_\_\_ mL

---

## LVN-RN Pharm Practice

---

5. A nurse is caring for a 4-year-old child who is resistant to taking medication. Which of the following strategies should the nurse use to elicit the child's cooperation?
- A. Offer the child a choice of taking the medication with juice or water.
  - B. Tell the child it is candy.
  - C. Hide the medication in a large dish of ice cream.
  - D. Tell the child he will have to have a shot instead.
- 
6. A nurse is caring for a client who has active pulmonary tuberculosis (TB) and a new prescription for IV rifampin. The nurse should instruct the client that they should expect to experience which of the following manifestations while taking this medication?
- A. Constipation
  - B. Black-colored stools
  - C. Staining of teeth
  - D. Red-colored urine
- 
7. A nurse is caring for a client who has difficulty swallowing medications and is prescribed enteric-coated aspirin PO once daily. The client asks if the medication can be crushed to make it easier to swallow. Which of the following responses should the nurse provide?
- A. "Crushing the medication might cause you to have a stomachache or indigestion."
  - B. "Crushing the medication is a good idea, and I can mix it in some ice cream for you."
  - C. "Crushing the medication would release all the medication at once, rather than over time."
  - D. "Crushing is unsafe, as it destroys the ingredients in the medication."
- 
8. A nurse is caring for a client who has congestive heart failure and is taking digoxin daily. The client refused breakfast and is complaining of nausea and weakness. Which of the following actions should the nurse take first?
- A. Check the client's vital signs.
  - B. Request a dietitian consult.
  - C. Suggest that the client rests before eating the meal.
  - D. Request an order for an antiemetic.

## LVN-RN Pharm Practice

---

9. A nurse is caring for four clients for whom she has to administer oral medications in the morning. The nurse should administer which of the following medications before breakfast?
- A. Alendronate
  - B. Digoxin
  - C. Mycostatin mouthwash
  - D. Divalproex
- 
10. A nurse is caring for a client who has bipolar disorder and has been taking lithium for 1 year. Before administering the medication, the nurse should check to see that which of the following tests have been completed?
- A. Thyroid hormone assay
  - B. Liver function tests
  - C. Erythrocyte sedimentation rate
  - D. Brain natriuretic peptide
- 
11. A nurse is caring for a client who has thrombophlebitis and is receiving heparin by continuous IV infusion. The client asks the nurse how long it will take for the heparin to dissolve the clot. Which of the following responses should the nurse give?
- A. "It usually takes heparin at least 2 to 3 days to reach a therapeutic blood level."
  - B. "A pharmacist is the person to answer that question."
  - C. "Heparin does not dissolve clots. It stops new clots from forming."
  - D. "The oral medication you will take after this IV will dissolve the clot."
- 
12. A nurse is providing discharge teaching to a client who has asthma and new prescriptions for cromolyn and albuterol, both by nebulizer. Which of the following statements by the client indicates an understanding of the teaching?
- A. "If my breathing begins to feel tight, I will use the cromolyn immediately."
  - B. "I will be sure to take the albuterol before taking the cromolyn."
  - C. "I will use both medications immediately after exercising."
  - D. "I will administer the medications 10 minutes apart."

## LVN-RN Pharm Practice

---

13. A nurse is completing a medication history for a client who reports using over-the-counter calcium carbonate antacid. Which of the following recommendations should the nurse make about taking this medication?
- A. Decrease bulk in the diet to counteract the adverse effect of diarrhea.
  - B. Take the medication with dairy products to increase absorption.
  - C. Reduce sodium intake.
  - D. Drink a glass of water after taking the medication.
- 
14. A nurse is caring for a client who has deep vein thrombosis and has been on heparin continuous infusion for 5 days. The provider prescribes warfarin PO without discontinuing the heparin. The client asks the nurse why both anticoagulants are necessary. Which of the following statements should the nurse make?
- A. "Warfarin takes several days to work, so the IV heparin will be used until the warfarin reaches a therapeutic level."
  - B. "I will call the provider to get a prescription for discontinuing the IV heparin today."
  - C. "Both heparin and warfarin work together to dissolve the clots."
  - D. "The IV heparin increases the effects of the warfarin and decreases the length of your hospital stay."
- 
15. A nurse is providing teaching to a client who has asthma and a new prescription for inhaled beclomethasone. Which of the following instructions should the nurse provide?
- A. Check the pulse after medication administration.
  - B. Take the medication with meals.
  - C. Rinse the mouth after administration.
  - D. Limit caffeine intake.
- 
16. A nurse is caring for a 2-year-old child who has seizures and is receiving phenytoin in suspension form. Which of the following actions should the nurse take before administering each dose?
- A. Shake the container vigorously.
  - B. Be sure the child has not eaten within the hour.
  - C. Perform mouth care.
  - D. Check the child's blood pressure.

## LVN-RN Pharm Practice

---

17. A nurse caring for a client who has hypertension and asks the nurse about a prescription for propranolol. The nurse should inform the client that this medication is contraindicated in clients who have a history of which of the following conditions?
- A. Asthma
  - B. Glaucoma
  - C. Depression
  - D. Migraines
- 
18. A nurse is teaching a client who has a new prescription for colchicine to treat gout. Which of the following instructions should the nurse include?
- A. "Take this medication with food if nausea develops."
  - B. "Monitor for muscle pain."
  - C. "Expect to have increased bruising."
  - D. "Increase your intake of grapefruit juice."
- 
19. A nurse is teaching a client who has chronic kidney disease and a new prescription for epoetin alfa. The nurse should instruct the client to increase dietary intake of which of the following substances?
- A. Iron
  - B. Protein
  - C. Potassium
  - D. Sodium
- 
20. A hospice nurse is caring for a client who has terminal cancer and takes PO morphine for pain relief. The client reports that he had to increase the dose of morphine this week to obtain pain relief. Which of the following scenarios should the nurse document as the explanation for this situation?
- A. The client not been taking the medication properly.
  - B. The client is experiencing episodes of confusion.
  - C. The client has become addicted to the medication.
  - D. The client developed a tolerance to the medication.

## LVN-RN Pharm Practice

---

21. A nurse is assessing a client who is receiving IV vancomycin. The nurse notes a flushing of the neck and tachycardia. Which of the following actions should the nurse take?

- A. Document that the client experienced an anaphylactic reaction to the medication.
  - B. Change the IV infusion site.
  - C. Decrease the infusion rate on the IV.
  - D. Apply cold compresses to the neck area.
- 

22. A nurse is teaching a client who has a urinary tract infection (UTI) and is taking ciprofloxacin. Which of the following instructions should the nurse give to the client?

- A. "If the medicine causes an upset stomach, take an antacid at the same time."
  - B. "Limit your daily fluid intake while taking this medication."
  - C. "This medication can cause photophobia, so be sure to wear sunglasses outdoors."
  - D. "You should report any tendon discomfort you experience while taking this medication."
- 

23. A nurse is caring for a client who has cancer and a new prescription for ondansetron to treat chemotherapy-induced nausea. For which of the following adverse effects should the nurse monitor?

- A. Headache
  - B. Dependent edema
  - C. Polyuria
  - D. Photosensitivity
- 

24. A nurse is preparing to administer verapamil by IV bolus to a client who is having cardiac dysrhythmias. For which of the following adverse effects should the nurse monitor when giving this medication?

- A. Hyperthermia
  - B. Hypotension
  - C. Ototoxicity
  - D. Muscle pain
-

## LVN-RN Pharm Practice

---

25. A nurse is caring for a client who has a fungal infection and has a new prescription for amphotericin B. Which of the following laboratory values should the nurse report to the provider before initiating the medication?

- A. Sodium 140 mEq/L
  - B. Potassium 4.5 mEq/L
  - C. BUN 55 mg/dL
  - D. Glucose 120 mg/dL
- 

26. A nurse is providing teaching to a client who has renal failure and an elevated phosphorous level. The provider instructed the client to take aluminum hydroxide 300 mg PO three times daily. For which of the following adverse effects should the nurse inform the client?

- A. Constipation
  - B. Metallic taste
  - C. Headache
  - D. Muscle spasms
- 

27. A nurse is assessing a client who is taking levothyroxine. The nurse should recognize that which of the following findings is a manifestation of levothyroxine overdose?

- A. Insomnia
  - B. Constipation
  - C. Drowsiness
  - D. Hypoactive deep-tendon reflexes
- 

28. A nurse is teaching a client who has been taking prednisone to treat asthma and has a new prescription to discontinue the medication. The nurse should explain to the client to reduce the dose gradually to prevent which of the following adverse effects?

- A. Hyperglycemia
  - B. Adrenocortical insufficiency
  - C. Severe dehydration
  - D. Rebound pulmonary congestion
-

## LVN-RN Pharm Practice

---

29. A nurse is preparing a client for surgery. Prior to administering the prescribed hydroxyzine, the nurse should explain to the client that the medication is for which of the following indications? (Select all that apply.)

- A. Controlling emesis
  - B. Diminishing anxiety
  - C. Reducing the amount of narcotics needed for pain relief
  - D. Preventing thrombus formation
  - F. Drying secretions
- 

30. A nurse is caring for a client who has streptococcal pneumonia and a prescription for penicillin G by intermittent IV bolus. 10 minutes into the infusion of the third dose, the client reports that the IV site itches and that he feels dizzy and short of breath. Which of the following actions should the nurse take first?

- A. Stop the infusion.
  - B. Call the client's provider.
  - C. Elevate the head of the bed.
  - D. Auscultate the client's breath sounds.
- 

31. A nurse is caring for a client who has acute respiratory distress syndrome (ARDS), and requires mechanical ventilation. The client receives a prescription for pancuronium. The nurse recognizes that this medication is for which of the following purposes?

- A. Decrease chest wall compliance
- B. Suppress respiratory effort
- C. Induce sedation
- D. Decrease respiratory secretions

## LVN-RN Pharm Practice

---

32. A nurse is caring for a client who is taking lisinopril. Which of the following outcomes indicates a therapeutic effect of the medication?
- A. Decreased blood pressure
  - B. Increase of HDL cholesterol
  - C. Prevention of bipolar manic episodes
  - D. Improved sexual function
- 
33. A nurse is caring for a client who has poison ivy and is prescribed diphenhydramine. Which of the following instructions should the nurse give regarding the adverse effect of dry mouth associated with diphenhydramine?
- A. "Administer the medication with food."
  - B. "Chew on sugarless gum or suck on hard, sour candies."
  - C. "Place a humidifier at your bedside every evening."
  - D. "Discontinue the medication and notify your provider."
- 
34. A nurse is caring for a client who has an infection and a prescription for gentamicin intermittent IV bolus every 8 hr. A peak and trough is required with the next dose. Which of the following actions should the nurse take to obtain an accurate gentamicin serum level?
- A. Draw a trough level at 0900 and a peak level at 2100.
  - B. Draw a peak level 90 min prior to administering the medication and a trough level 90 min after the dose.
  - C. Draw a trough level immediately prior to administering the medication and a peak level 30 min after the dose.
  - D. Draw a peak level at 0900 and a trough level at 2100.
- 
35. A nurse in a substance abuse clinic is assessing a client who recently started taking disulfiram. The client reports having discontinued the medication after experiencing severe nausea and vomiting. Which of the following reasons should the nurse suspect to be a likely cause of the client's distress?
- A. The client demonstrated an allergic response to the medication.
  - B. The client experienced a common side effect to the medication.
  - C. The client consumed alcohol while taking the medication.
  - D. The client took an overdose of the medication.

## LVN-RN Pharm Practice

---

36. A nurse is reviewing the medical record of a client who has been on levothyroxine for several months. Which of the following findings indicates a therapeutic response to the medication?

- A. Decrease in level of thyroxine (T4)
  - B. Increase in weight
  - C. Increase in hr of sleep per night
  - D. Decrease in level of thyroid stimulating hormone (TSH).
- 

37. A nurse on an oncology unit is preparing to administer doxorubicin to a client who has breast cancer. Prior to beginning the infusion, the nurse verifies the client's current cumulative lifetime dose of the medication. For which of the following reasons is this verification necessary?

- A. An excess amount of doxorubicin can lead to myelosuppression.
  - B. Exceeding the lifetime cumulative dose limit of doxorubicin might cause extravasation.
  - C. An excess amount of doxorubicin can lead to cardiomyopathy.
  - D. Exceeding the lifetime cumulative dose limit of doxorubicin might produce red tinged urine and sweat.
- 

38. A nurse at an ophthalmology clinic is providing teaching to a client who has open angle glaucoma and a new prescription for timolol eye drops. Which of the following instructions should the nurse provide?

- A. The medication is to be applied when the client is experiencing eye pain.
  - B. The medication will be used until the client's intraocular pressure returns to normal.
  - C. The medication should be applied on a regular schedule for the rest of the client's life.
  - D. The medication is to be used for approximately 10 days, followed by a gradual tapering off.
- 

39. A nurse is taking a health history of a client who reports occasionally taking several over-the-counter medications, including an H2 receptor antagonist (H2RA). Which of the following outcomes indicates the H2RA is therapeutic?

- A. Relief of heartburn
  - B. Cessation of diarrhea
  - C. Passage of flatus
  - D. Absence of constipation
-

## LVN-RN Pharm Practice

---

40. A nurse is caring for a client who is taking naproxen following an exacerbation of rheumatoid arthritis. Which of the following statements by the client requires further discussion by the nurse?
- A. "I signed up for a swimming class."
  - B. "I've been taking an antacid to help with indigestion."
  - C. "I've lost 2 pounds since my appointment 2 weeks ago."
  - D. "The naproxen is easier to take when I crush it and put it in applesauce."
- 
41. A nurse is performing discharge teaching for a client who has seizures and a new prescription for phenytoin. Which of the following statements by the client indicates a need for further teaching?
- A. "I will notify my doctor before taking any other medications."
  - B. "I have made an appointment to see my dentist next week."
  - C. "I know that I cannot switch brands of this medication."
  - D. "I'll be glad when I can stop taking this medicine."
- 
42. A nurse is teaching a client who has asthma about how to use an albuterol inhaler. Which of the following actions by the client indicates an understanding of the teaching?
- A. The client holds his breath for 10 seconds after inhaling the medication.
  - B. The client takes a quick inhalation while releasing the medication from the inhaler.
  - C. The client exhales as the medication is released from the inhaler.
  - D. The client waits 10 min between inhalations.
- 
43. A nurse is caring for a client who has heart failure and a prescription for digoxin. Which of the following statements by the client indicates an adverse effect of the medication?
- A. "I can walk a mile a day."
  - B. "I've had a backache for several days."
  - C. "I am urinating more frequently."
  - D. "I feel nauseated and have no appetite."

## LVN-RN Pharm Practice

---

44. A nurse is providing teaching to a client who has oral candidiasis and a new prescription for nystatin suspension. Which of the following statements by the client indicates an understanding of the teaching?

- A. "I will store the medication at room temperature."
  - B. "I will take the medicine every morning on an empty stomach."
  - C. "I will spit the medication out after swishing it around my mouth."
  - D. "I will only need to take this medication for a few days."
- 

45. A nurse is caring for a client who has chronic renal disease and is receiving therapy with epoetin alfa. Which of the following laboratory results should the nurse review for an indication of a therapeutic effect of the medication?

- A. The leukocyte count
  - B. The platelet count
  - C. The hematocrit (Hct)
  - D. The erythrocyte sedimentation rate (ESR)
- 

46. A nurse is caring for a client who is prescribed warfarin therapy for an artificial heart valve. Which of the following laboratory values should the nurse monitor for a therapeutic effect of warfarin?

- A. Hemoglobin (Hgb)
  - B. Prothrombin time (PT)
  - C. Bleeding time
  - D. Activated partial thromboplastin time (aPTT)
- 

47. A nurse in a provider's clinic is assessing a client who has cancer and a prescription for methotrexate PO. Which of the following actions should the nurse take when the client reports bleeding gums?

- A. Explain to the client that this is an expected adverse effect.
- B. Check the value of the client's current platelet count.
- C. Instruct the client to use an electric toothbrush.
- D. Have the client make an appointment to see the dentist.

## LVN-RN Pharm Practice

---

48. A nurse is caring for a client who has diabetes insipidus and is receiving vasopressin. The nurse should identify which of the following findings as an indication that the medication is effective?

- A. A decrease in blood sugar
  - B. A decrease in blood pressure
  - C. A decrease in urine output
  - D. A decrease in specific gravity
- 

49. A nurse is assessing a client prior to administering a seasonal influenza vaccine. The client says he read about an influenza vaccine that is given as a nasal spray and wants to receive it. The nurse should recognize that which of the following findings is a contraindication for the client receiving the live attenuated influenza vaccine (LAIV)?

- A. The client's age is 62.
  - B. The client smokes one pack of cigarettes a day
  - C. The client has a history of myocardial infarction.
  - D. The client has recently traveled to Europe.
- 

50. A nurse is assessing a client prior to the administration of morphine. The nurse should recognize that which of the following assessments is the priority?

- A. Pupil reaction
  - B. Urine output
  - C. Bowel sounds
  - D. Respiratory rate
-