

01	☐ A	☐ B	☐ C	☐ D	☐ E
02	☐ A	☐ B	☒ C	☐ D	☐ E
03	☐ A	☐ B	☒ C	☐ D	☐ E
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31	☒ A	☐ B	☐ C	☐ D	☐ E
32	☐ A	☐ B	☐ C	☒ D	☐ E
33	☐ A	☐ B	☐ C	☒ D	☐ E
34	☐ A	☒ B	☐ C	☐ D	☐ E
35	☐ A	☐ B	☐ C	☒ D	☐ E
36	☐ A	☒ B	☐ C	☐ D	☐ E
37	☐ A	☐ B	☐ C	☒ D	☐ E
38	☐ A	☐ B	☒ C	☐ D	☐ E
39	☐ A	☒ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

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Registered Nursing Pharmacology

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

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9 practice questions for Elsevier Remotely Proctored Exams **RNPHR**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

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Send us three things and we will check it:

- the exam code, **RNPHR**
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Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A nurse is teaching a patient about a newly prescribed medication. The nurse explains that the drug undergoes extensive first-pass hepatic metabolism, which significantly reduces its bioavailability when taken orally. Which pharmacokinetic process is the nurse describing?

- ☐ A Distribution
- ☐ B Enterohepatic recirculation
- ☒ C Biotransformation
- ☐ D Glomerular filtration

ANSWER C

WHY First-pass hepatic metabolism refers to biotransformation of a drug by the liver before it reaches systemic circulation, which reduces oral bioavailability. Distribution refers to drug movement into tissues, enterohepatic recirculation is the cycling of drug between liver and gut, and glomerular filtration is a renal excretory process.

QUESTION 2

SINGLE CHOICE

A patient receiving gentamicin develops tinnitus, vertigo, and a decrease in high-frequency hearing. The nurse recognizes these findings as an adverse effect involving which cranial nerve?

- ☐ A Cranial nerve I (olfactory)
- ☐ B Cranial nerve II (optic)
- ☒ C Cranial nerve VIII (vestibulocochlear)
- ☐ D Cranial nerve X (vagus)

ANSWER C

WHY Aminoglycosides such as gentamicin are well known for ototoxicity, which damages cranial nerve VIII (vestibulocochlear), producing hearing loss, tinnitus, and vestibular disturbances. CN I is olfactory, CN II is optic, and CN X is vagus; none are associated with this toxicity.

QUESTION 3 SINGLE CHOICE

A nurse must administer a medication that is only available in a parenteral formulation ordered as 1 mL intramuscularly. Which site is most appropriate for an adult patient with adequate muscle mass?

- ☒ **A Deltoid muscle**
- ☐ B Subcutaneous tissue of the abdomen
- ☐ C Intracardiac route
- ☐ D Intrathecal space

ANSWER A

WHY The deltoid is an acceptable intramuscular (IM) site in adults when the volume (1 mL) is within the site's limit and muscle mass is adequate. Subcutaneous tissue is used for SQ injections, and intracardiac and intrathecal routes are reserved for specific emergencies or anesthesia and are not appropriate for routine IM administration.

QUESTION 4 SINGLE CHOICE

A patient taking warfarin is started on a course of trimethoprim-sulfamethoxazole. Which effect is most likely to occur from this combination?

- ☐ A Decreased anticoagulant effect and increased clotting risk
- ☒ **B Increased anticoagulant effect and increased bleeding risk**
- ☐ C No clinically significant interaction
- ☐ D Reduced antibiotic efficacy

ANSWER B

WHY Trimethoprim-sulfamethoxazole displaces warfarin from plasma protein binding sites and inhibits hepatic metabolism, leading to elevated INR and increased bleeding risk. Antibiotic efficacy is not reduced, and the interaction is clinically significant.

QUESTION 5

SINGLE CHOICE

A patient taking lisinopril develops a persistent dry, nonproductive cough. The nurse anticipates that the prescriber will most likely substitute which class of medication to manage hypertension without this adverse effect?

- ☐ A Beta-adrenergic blockers
- ☒ B Angiotensin II receptor blockers (ARBs)
- ☐ C Calcium channel blockers
- ☐ D Loop diuretics

ANSWER B

WHY The dry cough associated with ACE inhibitors like lisinopril is caused by bradykinin accumulation. ARBs block the angiotensin II receptor directly and do not affect bradykinin, so they are the typical substitute for patients who cannot tolerate ACE inhibitors. The other classes do not specifically address this mechanism.

QUESTION 6

SINGLE CHOICE

A postoperative patient receiving morphine sulfate via patient-controlled analgesia (PCA) has a respiratory rate of 8 breaths per minute and a sedation level of unresponsive to stimulation. Which medication should the nurse anticipate administering first?

- ☒ A Naloxone
- ☐ B Flumazenil
- ☐ C Diphenhydramine
- ☐ D Acetylcysteine

ANSWER A

WHY Severe respiratory depression and unresponsiveness in a patient receiving an opioid indicates opioid toxicity. Naloxone is a pure opioid antagonist used to reverse these effects. Flumazenil reverses benzodiazepines, diphenhydramine is an antihistamine, and acetylcysteine is the antidote for acetaminophen toxicity.

QUESTION 7 SINGLE CHOICE

A patient with type 2 diabetes is prescribed metformin. Which statement by the patient indicates a correct understanding of this medication?

- ☐ A I should take this medication only when my blood glucose is high.
- ☐ B This medication works by stimulating my pancreas to release more insulin.
- ☒ C I should report any persistent muscle pain, weakness, or unusual fatigue to my provider.
- ☐ D I need to eat a high-carbohydrate snack before each dose to prevent hypoglycemia.

ANSWER C

WHY Metformin is associated with a rare risk of lactic acidosis, and patients should be taught to report symptoms such as myalgia, weakness, fatigue, and dyspnea. Metformin does not stimulate insulin release, is taken on a scheduled basis (not prn), and does not typically cause hypoglycemia when used alone.

QUESTION 8 SINGLE CHOICE

A patient is receiving vancomycin and the nurse reviews a peak and trough level. Which laboratory value most places the patient at risk for nephrotoxicity?

- ☐ A Peak level of 20 mcg/mL
- ☒ B Trough level of 25 mcg/mL
- ☐ C Peak level of 30 mcg/mL
- ☐ D Trough level of 5 mcg/mL

ANSWER B

WHY Vancomycin trough levels above 15–20 mcg/mL have been associated with increased risk of nephrotoxicity. A trough of 25 mcg/mL is significantly elevated and warrants holding the dose and notifying the prescriber. Therapeutic peak concentrations (drawn 1 hour after infusion) are typically 25–40 mcg/mL depending on indication.

QUESTION 9

MULTIPLE CHOICE

A nurse is preparing to administer scheduled medications using the rights of medication administration. Which items are included as established rights of safe medication administration? (Choose two.)

- ☒ **A** Right patient
- ☐ **B** Right cost
- ☒ **C** Right dose
- ☐ **D** Right pharmacy distributor

ANSWER A • C

WHY The established rights of medication administration include the right patient, right drug, right dose, right route, right time, and right documentation, among others. Cost and pharmacy distributor are not considered rights of administration and do not ensure safe delivery of the medication to the patient.