PLAINWORK

NCLEX-RN Pharmacology Practice App: Side Effects, Interactions and Dosage Questions

Free sample: 10 of 400 questions

NCLEX-RN is a registered trademark of NCSBN, which neither sponsors nor endorses this product. Study material only, not medical advice.

Sample

1. A client with preeclampsia with severe features is receiving a continuous magnesium sulfate infusion. The nurse finds a respiratory rate of 10/min, absent patellar reflexes and a urine output of 20 mL in the last hour. Which action should the nurse take first?

A. A. Recheck the reflexes and respirations in 15 minutes.
B. B. Stop the magnesium sulfate infusion.
C. C. Prepare the calcium gluconate kept at the bedside.
D. D. Call the health care provider to report the findings.

B. Stop the magnesium sulfate infusion. — Respirations below 12/min, loss of deep tendon reflexes and urine output below 30 mL/hr are signs of magnesium toxicity, and low urine output means the drug is accumulating. The first action is to stop the source of harm; the nurse then notifies the provider and gives calcium gluconate, the antidote, as prescribed.

Question and rationale by Plainwork. Reference: ACOG Practice Bulletin No. 222; AWHONN; Davis's Drug Guide for Nurses

2. A nurse is caring for a client whose labor is being augmented with an oxytocin infusion. Which finding requires the nurse to reduce or stop the infusion?

A. A. Fetal heart rate accelerations with fetal movement
B. B. A fetal heart rate baseline of 145/min with moderate variability
C. C. Contractions every 3 minutes, each lasting 60 seconds
D. D. Six contractions in each 10-minute period over the past 30 minutes

D. Six contractions in each 10-minute period over the past 30 minutes — More than five contractions in 10 minutes, averaged over 30 minutes, is uterine tachysystole. The uterus has too little time to relax, which reduces blood flow to the placenta, so the oxytocin is decreased or stopped.

Question and rationale by Plainwork. Reference: ACOG; AWHONN; Davis's Drug Guide for Nurses

3. Fifteen minutes after an epidural block is started, a laboring client lying on her back says she feels dizzy. Her blood pressure has fallen from 124/78 to 86/50 mm Hg and the fetal heart rate has dropped to 100/min. Which action should the nurse take first?

A. A. Recheck the blood pressure in 5 minutes.
B. B. Turn the client onto her side.
C. C. Give the prescribed IV ephedrine.
D. D. Page the anesthesia provider.

B. Turn the client onto her side. — An epidural blocks sympathetic nerves, causing vasodilation and hypotension, and the supine position adds compression of the vena cava. Turning the client to her side takes seconds and immediately improves venous return and placental blood flow; fluids, a vasopressor and the anesthesia provider follow.

Question and rationale by Plainwork. Reference: AWHONN; Maternity and Women's Health Care (Lowdermilk)

4. A nurse in a family planning clinic reviews four clients who are asking for a combined estrogen-progestin oral contraceptive. Which client's request should the nurse discuss with the provider before the medication is supplied?

A. A. A 19-year-old who has moderate acne
B. B. A 38-year-old who smokes one pack of cigarettes a day
C. C. A 24-year-old who has painful menstrual periods
D. D. A 30-year-old who has heavy periods and iron-deficiency anemia

B. A 38-year-old who smokes one pack of cigarettes a day — Estrogen raises the risk of thrombosis, and in a smoker aged 35 or older the risk of myocardial infarction and stroke is high enough that combined hormonal contraceptives are contraindicated. A progestin-only or non-hormonal method is offered instead.

Question and rationale by Plainwork. Reference: CDC, U.S. Medical Eligibility Criteria for Contraceptive Use; ACOG Practice Bulletin No. 206, Use of Hormonal Contraception in Women With Coexisting Medical Conditions

5. A client with heart failure is due for morning doses of lisinopril and spironolactone. The morning laboratory report shows potassium 5.9 mEq/L; yesterday's value was 4.8 mEq/L. Which action should the nurse take?

A. A. Give both medications and recheck the potassium level tomorrow morning.
B. B. Give the lisinopril and hold only the spironolactone.
C. C. Give both medications with a glass of orange juice to protect the stomach.
D. D. Hold both medications and notify the health care provider of the potassium level.

D. Hold both medications and notify the health care provider of the potassium level. — ACE inhibitors reduce aldosterone and spironolactone blocks it, so both cause potassium retention. A potassium of 5.9 mEq/L is above the normal range of 3.5 to 5.0 mEq/L and rising, with a risk of dangerous dysrhythmias; both drugs are held and the provider is informed.

Question and rationale by Plainwork. Reference: AHA/ACC/HFSA Heart Failure Guideline; Lehne's Pharmacology for Nursing Care

6. A client has taken warfarin for atrial fibrillation for 2 months. During a clinic visit, which statement by the client requires the nurse to follow up?

A. A. 'I take ibuprofen most days for the arthritis in my knees.'
B. B. 'I eat about the same amount of green vegetables every week.'
C. C. 'I tell my dentist about the warfarin before any work is done.'
D. D. 'I shave with an electric razor and use a soft toothbrush.'

A. 'I take ibuprofen most days for the arthritis in my knees.' — Ibuprofen and other NSAIDs impair platelet function and irritate the stomach lining, so taken with warfarin they greatly raise the risk of bleeding, especially from the gastrointestinal tract. The client needs an alternative for the arthritis pain and review by the provider.

Question and rationale by Plainwork. Reference: Lewis's Medical-Surgical Nursing; Lehne's Pharmacology for Nursing Care

7. A client with a history of narrow-angle (angle-closure) glaucoma is admitted for abdominal surgery. Which new prescription does the nurse question?

A. A. Acetaminophen by mouth every 6 hours as needed
B. B. Pilocarpine eye drops
C. C. Scopolamine transdermal patch for prevention of nausea
D. D. Latanoprost eye drops at bedtime

C. Scopolamine transdermal patch for prevention of nausea — Scopolamine is an anticholinergic. Anticholinergic drugs dilate the pupil, which pushes the iris into the drainage angle and can bring on an acute rise in eye pressure in a client with narrow angles. The nurse asks the provider for a different antiemetic.

Question and rationale by Plainwork. Reference: Lehne's Pharmacology for Nursing Care; Lewis's Medical-Surgical Nursing

8. A client who had a total knee replacement under spinal anesthesia is receiving enoxaparin once daily. Which new finding does the nurse report to the provider immediately?

A. A. A bruise at the abdominal injection site
B. B. Mild nausea after the evening meal
C. C. New low back pain with numbness and weakness in both legs
D. D. A platelet count slightly lower than the preoperative value

C. New low back pain with numbness and weakness in both legs — Low-molecular-weight heparin given after spinal or epidural anesthesia can cause a spinal epidural hematoma that compresses the cord. New back pain with leg numbness or weakness is an emergency that needs urgent imaging and surgical decompression to prevent permanent paralysis.

Question and rationale by Plainwork. Reference: FDA boxed warning for low-molecular-weight heparins: spinal/epidural hematoma; Lewis's Medical-Surgical Nursing

9. A client had hydromorphone given intravenously 30 minutes ago and now is drowsy but wakes to voice, with a respiratory rate of 12 breaths/min and oxygen saturation of 94%. The client asks for the lorazepam ordered as needed for anxiety. What does the nurse do?

A. A. Give the lorazepam, since it is ordered and the client is anxious
B. B. Give half the lorazepam dose and recheck in an hour
C. C. Give naloxone first, then the lorazepam
D. D. Hold the lorazepam, reassess, and notify the prescriber

D. Hold the lorazepam, reassess, and notify the prescriber — Opioids and benzodiazepines together add to sedation and respiratory depression, which is why combining them carries a boxed warning. A client who is already drowsy with a lowered respiratory rate should not receive another sedative until the prescriber has been told and a plan agreed.

Question and rationale by Plainwork. Reference: FDA Drug Safety Communication on opioids combined with benzodiazepines; Lilley, Pharmacology and the Nursing Process

10. A client who has taken amiodarone for 8 months reports a new dry cough and shortness of breath on climbing stairs. What does the nurse do?

A. A. Report them to the provider as possible lung toxicity
B. B. Offer cough lozenges and encourage fluids
C. C. Explain that a dry cough is an expected and harmless effect
D. D. Suggest an over-the-counter antihistamine for the cough

> **A.** Report them to the provider as possible lung toxicity — Amiodarone can cause pulmonary toxicity, including fibrosis, which may be fatal if the drug is continued. A new cough or dyspnea needs prompt provider evaluation, usually with a chest x-ray and pulmonary function tests, and the drug may be stopped.
>
> Question and rationale by Plainwork. Reference: FDA boxed warning for amiodarone; Lilley, Pharmacology and the Nursing Process

NCLEX-RN is a registered trademark of NCSBN, which neither sponsors nor endorses this product. Study material only, not medical advice.