Nursing
NCLEX-Pharma
NCLEX Pharmacology

Latest Version: 6.0

Question: 1

One gallon would equal 128 fluid ounces, 16 cups, _____ pints, and 4 quarts.

A. 16
B. 8
C. 10
D. 6

Answer: B

Explanation:
To answer the question correctly, one must understand the standard measurements used in the United States for volumes of liquids. A gallon is a unit used to measure fluid capacity. It is commonly used in the US to measure volumes of liquids. In the US customary system, one gallon equals 128 fluid ounces, 16 cups, 8 pints, and 4 quarts.
Breaking down one gallon into smaller units: - **Fluid ounces:** There are 128 fluid ounces in a gallon. This is because one cup holds 8 fluid ounces and there are 16 cups in a gallon (8 x 16 = 128). - **Cups:** There are 16 cups in a gallon, which is a straightforward conversion widely used in cooking and baking. - **Pints:** To find the number of pints in a gallon, we need to know that one pint equals 2 cups. Since there are 16 cups in a gallon, dividing by 2 gives us 8 pints (16 / 2 = 8). - **Quarts:** There are 4 quarts in a gallon. This is derived from the fact that each quart consists of 2 pints, and we have already established that there are 8 pints in a gallon (8 / 2 = 4).
Therefore, in the statement "One gallon equals 128 fluid ounces, 16 cups, _____ pints, and 4 quarts," the blank should be filled with the number 8, representing the 8 pints in one gallon. This conversion is part of the standard measurement system in the United States and is essential for various applications, including cooking, automotive fluids, and other liquid measurements.

Question: 2

Which of the following medications should not be prescribed to a patient with congestive heart failure (CHF)?

A. Spironolactone
B. Ibuprofen
C. Atenolol
D. Both A and C

Answer: B

Explanation:

The correct answer to the question of which medication should not be prescribed to a patient with congestive heart failure (CHF) is Ibuprofen. This choice is based on the adverse effects that nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen can have on individuals suffering from CHF.
NSAIDs, including ibuprofen, are known to potentially worsen the condition of patients with CHF for several reasons. Primarily, NSAIDs can lead to peripheral vasoconstriction. This effect increases the resistance against which the heart must pump, thereby increasing the workload on an already compromised heart. Additionally, NSAIDs can cause the retention of sodium and water. This retention can lead to an increase in blood volume, which can exacerbate heart failure by increasing the heart's workload and contributing to fluid overload, a common complication in CHF.
In contrast to ibuprofen, both spironolactone and atenolol are generally beneficial in the management of CHF. Spironolactone is a potassium-sparing diuretic and an aldosterone antagonist. It helps reduce fluid overload—a key issue in CHF—without causing the loss of potassium, which is crucial for cardiac function. It also counteracts the effects of aldosterone, which can cause detrimental changes in the heart and blood vessels.
Atenolol, a beta-blocker, is another standard treatment for CHF. Beta-blockers work by reducing heart rate, decreasing blood pressure, and lessening the force of the heart's contractions. These actions collectively reduce the heart's oxygen demand and help to prevent arrhythmias, improving overall cardiac function and survival in CHF patients.
Therefore, while spironolactone and atenolol are typically used to manage CHF due to their beneficial effects on heart function and fluid regulation, ibuprofen should be avoided due to its potential to worsen the condition by promoting vasoconstriction and fluid retention.

Question: 3

Nursing responsibilities with the patient that is taking Wellbutrin should include which of the following?

A. Teach the patient about the side effects of the medication.
B. Teach the patient about the adverse effect of seizures that could potentially occur with higher drug doses of this medication.
C. Teach the patient to take the medication only as prescribed.
D. All of the above

Answer: D

Explanation:
When caring for a patient taking Wellbutrin, a nurse has several key responsibilities to ensure the patient's safety and to optimize the therapeutic effects of the medication. Below is an expanded explanation of these responsibilities:
Teach the patient about the side effects of the medication. Wellbutrin (bupropion) is commonly prescribed for depression and smoking cessation, but like all medications, it can cause side effects. Common side effects include insomnia, dry mouth, headaches, nausea, and constipation. More severe side effects might also occur, such as increased blood pressure or heart rate. It is crucial for nurses to educate patients about these potential side effects so that they know what to expect and can report any severe or unexpected reactions promptly.
Teach the patient about the adverse effect of seizures that could potentially occur with higher drug doses of this medication. One of the serious adverse effects of Wellbutrin is an increased risk of seizures. This risk is dose-related and is higher at doses exceeding the maximum recommended dose. It

is essential for the nurse to instruct the patient on the importance of adhering to the prescribed dosage and to alert them about the signs of a seizure. Educating the patient about this risk is crucial, especially if the patient has a history of seizures or conditions that predispose them to seizures.
Teach the patient to take the medication only as prescribed. It is paramount that patients take Wellbutrin strictly according to the prescription to minimize risks and maximize its effectiveness. Nurses should remind patients of the importance of not altering the dose or frequency of the medication without consulting their healthcare provider. This includes not doubling up on doses if one is missed and not discontinuing the medication abruptly, as it may lead to withdrawal symptoms or worsening of their condition.
Teach the patient to report any signs of sexual dysfunction such as priapism immediately. Sexual dysfunction is a less commonly discussed side effect of many antidepressants, including Wellbutrin. Symptoms can range from changes in libido to erectile dysfunction. In rare cases, it can cause priapism, a prolonged and painful erection that requires immediate medical attention. Nurses should educate patients on these potential issues and stress the importance of reporting them to their healthcare provider promptly.
Summary: All of the above Each of these responsibilities is crucial for the safe and effective use of Wellbutrin. Nurses play a vital role in patient education, monitoring for side effects, and ensuring adherence to prescribed treatments. By covering all these aspects, nurses help manage potential risks associated with Wellbutrin and support the overall treatment plan tailored for the patient.

Question: 4

Which of the following common cell-stimulating medications cannot be administered IV?

A. Proleukin
B. Ontak
C. Kineret
D. None of the above

Answer: C

Explanation:
To address the question regarding which common cell-stimulating medications cannot be administered intravenously (IV), it's important to understand the administration methods for each medication listed: Proleukin, Ontak, and Kineret.
Proleukin, also known as interleukin-2 (IL-2), is a type of immunotherapy drug used primarily to treat kidney cancer and melanoma. It works by stimulating the immune system to attack cancer cells. Proleukin can be administered intravenously, which allows it to act quickly by directly entering the bloodstream.
Ontak (denileukin diftitox) is another immunotherapy medication but is used differently; it targets malignant cells in certain types of lymphoma. It is designed to combine the toxic effects of diphtheria toxin with the targeting capabilities of interleukin-2. Like Proleukin, Ontak is also administered intravenously, ensuring that the drug can circulate throughout the body and reach the cancer cells more effectively.
Kineret (anakinra), on the other hand, is used primarily for rheumatoid arthritis and neonatal-onset multisystem inflammatory disease. It functions by inhibiting interleukin-1 (IL-1), a cytokine that plays a role in inflammation. Unlike Proleukin and Ontak, Kineret is administered subcutaneously, not

intravenously. This route of administration is chosen primarily due to the nature of the drug and its interaction with the immune system, which does not necessitate immediate bloodstream entry and can be gradually absorbed from under the skin.
Therefore, based on the provided information about the administration methods of these drugs, Kineret is the medication among the listed options that cannot be administered intravenously. It must be administered via subcutaneous injection. This is crucial information for healthcare providers and patients alike, ensuring that each medication is used safely and as effectively as possible.

Question: 5

Which of the following categories of medications are used for management of IBS?

A. Serotonin 5-HT receptor antagonists or agonists
B. Anticholinergics
C. Chloride-channel activators
D. All of the above

Answer: D

Explanation:
The management of Irritable Bowel Syndrome (IBS) involves various therapeutic strategies, including the use of specific types of medications designed to target the underlying symptoms of the disorder. IBS, a common gastrointestinal condition, is characterized by symptoms such as abdominal pain, bloating, and altered bowel habits (constipation, diarrhea, or both). Effective management often requires a multifaceted approach, including dietary changes, lifestyle modifications, and medication.
Among the medications used, three primary categories are particularly notable: 1. **Serotonin 5-HT Receptor Antagonists or Agonists:** These drugs target serotonin receptors in the gut. Serotonin is a key neurotransmitter involved in the modulation of gut motility, secretion, and sensation. Depending on the type of IBS (IBS-D for diarrhea predominant, IBS-C for constipation predominant), either antagonists or agonists are used. For instance, alosetron (a 5-HT3 receptor antagonist) is used for IBS-D to slow transit time and reduce diarrhea, while prucalopride (a 5-HT4 receptor agonist) can be used in IBS-C to enhance motility and relieve constipation. 2. **Anticholinergics:** These medications help to reduce bowel spasms, which can alleviate abdominal pain and cramping associated with IBS. They work by blocking the action of acetylcholine, a neurotransmitter that stimulates muscle contractions in the gut. This action helps to relax the muscles in the intestines and slow the movement of food through the digestive tract. 3. **Chloride-Channel Activators:** These drugs, such as lubiprostone, are used primarily for treating IBS-C. They work by increasing fluid secretion in the intestine, which softens stools and promotes bowel movements. This mechanism helps to counteract the difficulty with bowel movements experienced by patients with constipation-predominant IBS.
In addition to these specific categories, treatment for IBS may also include the use of antidiarrheal agents and laxatives as necessary to manage acute symptoms. These are generally used as adjunct therapies depending on whether the IBS presentation is more toward diarrhea or constipation.
Finally, it's important to note that managing IBS often extends beyond medication. Patients are usually advised to undergo lifestyle and dietary changes. This can include dietary adjustments to avoid trigger foods, increasing fiber intake (for those with constipation), or possibly following a low FODMAP diet (a diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols). Stress

management techniques such as cognitive-behavioral therapy, yoga, or meditation may also be beneficial, as stress can significantly exacerbate IBS symptoms.
Thus, when considering the question of which categories of medications are used for the management of IBS, the answer would be "All of the above." This includes serotonin 5-HT receptor antagonists or agonists, anticholinergics, and chloride-channel activators, each playing a role in addressing different aspects of the disorder.

Question: 6

The role of the nurses in helping to meet the challenges of a potential bioterrorist event in the community could include which of the following?

A. Resources
B. Education
C. Planning
D. All of the above

Answer: D

Explanation:
In the event of a bioterrorist attack, the role of nurses is crucial due to their position in the healthcare system and their skills in providing care, education, and support in community settings. Their involvement can significantly impact the management and mitigation of such crises. Here's an expanded explanation of the roles that nurses might play in this context:
Education: Nurses play a vital role in educating the community about bioterrorism, including the identification of symptoms of bioterrorism-related diseases, preventive measures, and the necessary steps to take in the event of an attack. They can organize and lead public education sessions, prepare educational materials, and work in schools and community centers to ensure that accurate and accessible information is widely disseminated. This role also includes educating themselves and their colleagues on the latest protocols and information regarding bioterrorism threats and response strategies.
Resources: Nurses can help in identifying and organizing the necessary resources needed to respond to a bioterrorist event. This includes medical and non-medical supplies, such as vaccines, antibiotics, protective equipment, and potentially life-saving information. They can coordinate with local health departments, hospitals, and emergency response teams to ensure that these resources are available and can be deployed efficiently.
Diagnosis and Treatment: Nurses are often on the front lines in hospitals and clinics, where they may be the first to assess and recognize symptoms that could be indicative of a bioterrorist attack. They play a key role in the prompt diagnosis and treatment of affected individuals. By recognizing unusual patterns or clusters of symptoms, nurses can trigger faster public health responses and treatment measures, potentially saving numerous lives.
Planning: Strategic planning is essential for an effective response to any bioterrorism event. Nurses contribute to the development of emergency response plans through their detailed understanding of community health needs and healthcare infrastructure. They can participate in simulation exercises and drills, provide insights into the logistical aspects of emergency response, and help formulate strategies for mass casualty management, communication, and recovery.

All of the Above: The comprehensive involvement of nurses in education, resource management, diagnosis and treatment, and planning underscores their integral role in addressing the challenges posed by a potential bioterrorist event. Nurses' expertise and their proximity to the community equip them to be one of the first lines of defense in safeguarding public health and ensuring community resilience against bioterrorism. In summary, the multifaceted roles of nurses in a bioterrorism scenario are vital. They not only provide direct patient care but also enhance community preparedness through education, resource management, and strategic planning. Their active participation in all these areas is critical to managing and mitigating the effects of bioterrorism effectively.

Question: 7

Infants with a cold can be treated with a saline solution via bulb syringe prior to eating. This solution would be prepared in which of the following ways?

A. 1/2 tsp salt to 8 oz water
B. 1/4 tsp salt to 4 oz water
C. 1/2 tsp salt to 4 oz water
D. 1/4 tsp salt to 8 oz water

Answer: D

Explanation:
When preparing a saline solution for infants to alleviate symptoms of a cold, it is essential to ensure that the solution is not overly concentrated, as this can irritate the delicate nasal passages of babies. The correct concentration for a homemade saline solution is typically 1/4 teaspoon of non-iodized salt dissolved in 8 ounces of water. This concentration closely mimics the salt content of the body's own fluids, making it gentle enough for infant use.
To prepare the solution, start by measuring 1/4 teaspoon of non-iodized salt. It's important to use non-iodized salt because iodized salt can irritate the nasal lining. Next, measure 8 ounces of distilled or previously boiled water to ensure that it is sterile. Mix the salt into the water until it is completely dissolved.
Once the saline solution is prepared, it can be administered with a bulb syringe, a small device used to suction fluids. Before feeding, using the bulb syringe gently introduces the saline into the infant's nasal passages. This helps to thin and loosen mucus, making it easier for the infant to breathe and feed. It is important to use the saline solution gently and to avoid excessive force, which could cause discomfort or injury to the infant's nasal passages.
This method of clearing the nasal passages is particularly useful before feeding because it can help the infant breathe more easily during meals. An infant who can breathe freely is more likely to feed efficiently and be comfortable during and after feeding. In summary, the correct way to prepare a saline solution for infants with a cold is by dissolving 1/4 teaspoon of non-iodized salt in 8 ounces of sterile water. This solution can be administered safely with a bulb syringe to help clear the nasal passages, especially useful before meals.

Question: 8

In which of the following years was APAP (acetaminophen) first used?

A. 1963
B. 1893
C. 1887
D. 1933

Answer: B

Explanation:
The correct answer to the question regarding when acetaminophen (APAP), also known as Tylenol, was first used is 1893. APAP is a widely used analgesic (pain reliever) and antipyretic (fever reducer). Despite its widespread use today, understanding its history and impact on health is crucial for safe consumption.
Acetaminophen was first synthesized by Harmon Northrop Morse in 1878. However, it was not until 1893 that its clinical application began when it was introduced as an analgesic and fever reducer. The introduction marked a significant advancement in over-the-counter medication, offering a safer alternative to the then-commonly used pain relievers such as aspirin and opioids, which had higher toxicity levels and more severe side effects.
The popularity of acetaminophen significantly increased in 1949 when it was marketed under the brand name Tylenol. It was promoted as a pain reliever that was safer for children, and people allergic to aspirin, and became a common household item. Its ease of access and perceived safety contributed to its widespread use.
However, despite its benefits, acetaminophen is not without risks. If taken in excessive amounts, it can lead to severe liver damage and acute liver failure. This condition, often referred to as acetaminophen-induced hepatotoxicity, is a critical concern and the leading cause of acute liver failure in the United States. Additionally, there is a risk of nephropathy (kidney damage), particularly when consumed in large doses or in chronic overuse.
It's essential for users to adhere to recommended dosages and be aware of the acetaminophen content in combined medications to avoid overdose. Public education campaigns and labeling requirements have been enhanced over the years to increase public awareness of these risks.
In conclusion, while acetaminophen was first used in 1893 and has become one of the most commonly used pain relievers globally, it must be used judiciously and with awareness of its potential risks to prevent serious health complications.

Question: 9

The adverse effects of progestins could include all of the following except?

A. Dysmenorrhea
B. Depression
C. Gallbladder disease
D. Amenorrhea

Answer: C

Explanation:

Progestins are synthetic hormones used in various hormonal contraceptives and hormone replacement therapies. They mimic the effects of the naturally occurring hormone progesterone in the body. While progestins are beneficial for numerous therapeutic reasons, such as preventing pregnancy, treating endometriosis, and managing menopausal symptoms, they are also associated with several potential adverse effects. Understanding these effects is crucial for assessing the overall impact of progestin use on health.

Among the known adverse effects of progestins are dysmenorrhea and amenorrhea. Dysmenorrhea refers to painful menstruation, which can be exacerbated by hormonal imbalances caused by progestins. Amenorrhea, the absence of menstruation, can also occur as progestins may alter the normal menstrual cycle, either as a therapeutic effect or a side effect depending on the context of use.

Depression is another documented side effect associated with progestin use. Hormonal changes induced by progestins can affect mood and emotional state, potentially leading to depression in some individuals. It is essential for patients and healthcare providers to monitor mental health when using progestin-containing therapies.

Thromboembolic disorders, which include conditions like deep vein thrombosis and pulmonary embolism, are serious potential side effects of progestins. These disorders occur due to the formation of blood clots that can block veins or arteries. Progestins can increase the risk of clotting, making it a significant concern, particularly for individuals with other risk factors for thromboembolic events.

Gallbladder disease, however, is not typically listed as a direct adverse effect of progestins. While hormonal fluctuations and changes can impact various aspects of health, including liver and gallbladder function, the direct linkage between progestins and gallbladder disease is not as clearly established as it is with other side effects like thromboembolic disorders or mood changes.

In conclusion, when evaluating the adverse effects of progestin, dysmenorrhea, depression, amenorrhea, and thromboembolic disorders are all recognized concerns. However, gallbladder disease is not commonly included in this list, making it the correct answer to the question of which effect is not typically associated with progestins. This underscores the importance of comprehensive patient assessment and monitoring when prescribing and using progestin-based therapies to mitigate potential adverse outcomes effectively.

Question: 10

1 ml would equal how many drops (gtt)?

A. 10 gtts
B. 15-16 gtts
C. 5 gtts
D. 30-35 gtts

Answer: B

Explanation:

The conversion of milliliters (ml) to drops (gtt) can vary depending on the device or method used for dispensing the liquid and the viscosity of the fluid itself. Generally, the standard value often used in calculations is that 1 ml equals approximately 15-20 drops. This is a commonly accepted range in many medical and informal settings.

However, the specific number of drops per milliliter can differ based on the dropper or the drop forming device used. For example, droppers in a medical setting like a hospital or a laboratory might be

calibrated differently compared to those used at home. In the pharmaceutical practice, especially using the apothecary system, it is often standardized that 1 ml is approximately 15-16 drops. This standardization helps in maintaining consistency in medication dosing.

When considering household droppers, the size of the drop can be less precise due to the variability in the manufacturing of these droppers. Despite this variability, the approximation of 15-16 drops per ml is still commonly used for simplicity unless a specific dropper is known to deviate significantly from this norm.

It's important to note that these conversions are approximations and should not be used for the precise dosing of critical medications where exact dosing is crucial. In such cases, specific calibrated droppers or dispensing tools that provide more exact measurements should be used. Always consult with a healthcare provider or follow the specific instructions provided with the medication or the dropper when accuracy is critical.

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