NR 293 ATI PHARMACOLOGY FINAL REVIEW 2020-CHAMBERLAIN COLLEGE OF NURSING QUESTIONS AND ANSWERS A+GRADE .

- A nurse is assessing a client who is taking levothyroxine. The nurse should recognize which of the following findings is a manifestation of levothyroxine overdose.
  - **Insomnia**
    - ***Rationale:*** **Levothyroxine overdose will result in manifestations of hyperthyroidism, which include Insomnia, tachycardia, and hyperthermia.**
  - Constipation
    - ***Rationale:*** Constipation is a manifestation of hypothyroidism and indicates an inadequate dose of levothyroxine.
  - Drowsiness
    - ***Rationale:*** Drowsiness is a manifestation of hypothyroidism and indicates an inadequate dose of levothyroxine.
  - Hypoactive deep-tendon reflexes
    - ***Rationale:*** Hypoactive deep-tendon reflexes are manifestations of hypothyroidism and indicate an inadequate dose of levothyroxine.

- 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?

- Decrease in level of thyroxine (T4)
  - ***Rationale:*** If the dose of this medication has been adequate, the nurse should see an increase in the T4.

- Increase in weight
  - ***Rationale:*** If the dose of this medication has been adequate, the nurse should see a decrease in weight, as hypothyroidism causes a decrease in metabolism with weight gain.
- Increase in hr of sleep per night
  - ***Rationale:*** If the dose of this medication has been adequate, the nurse should see a decrease in the hr of sleep per night, as hypothyroidism causes sluggishness with increased hr of sleep.
- **Decrease in level of thyroid stimulating hormone (TSH).**
  - ***Rationale:*** **In hypothyroidism, the nonfunctioning thyroid gland is unable to respond to the TSH, and no endogenous thyroid hormones are released. This results in an elevation of the TSH level as the anterior pituitary continues to release the TSH to stimulate the thyroid gland. Administration of exogenous thyroid hormones, such as levothyroxine, turns off this feedback loop, which results in a decreased level of TSH.**

- A nurse is reviewing the medication list for a client who has a new diagnosis of type 2 diabetes mellitus. The nurse should recognize which of the following medications can cause glucose intolerance.

- Ranitidine
    - Serum creatinine levels
- Guaifenesin
    - Drowsiness and dizziness
- **Prednisone**
    - **With glucose intolerance and hyperglycemia, the patient might require an increaseddosage of hypoglycemic med.**
- Atorvastatin
    - Thyroid function tests.

- A nurse is caring for a client receiving mydriatic eye drops. Which of the following clinical manifestations indicates to the nurse that the client has developed a systemic anticholinergic effect?
    - Seizures
    - Tachypnea
    - **Constipation**
        - **Mydriatic eye drops can cause systemic anticholinergic effects such as constipation, dry mouth, photophobia, and tachycardia.**
    - Hypothermia

- A nurse is caring for a client who has heart failure and is receiving IV furosemide. The nurse should monitor the client for which of the following electrolyte imbalances?
    - Hypernatremia

    - ***Rationale:*** The nurse should monitor the client who is receiving IV furosemide for hyponatremia.
  - Hyperuricemia
    - ***Rationale:*** The nurse should monitor the client who is receiving IV furosemide for hyperuricemia. The nurse should instruct the client to notify the provider of any tenderness or swelling of the joints.
  - Hypercalcemia
    - ***Rationale:*** The nurse should monitor the client who is receiving IV furosemide for hypocalcemia.
  - Hyperchloremia
    - ***Rationale:*** The nurse should monitor the client who is receiving IV furosemide for hypochloremia.

- A nurse is talking to a client who is taking a calcium supplement for osteoporosis. The client tells the nurse she is experiencing flank pain. Which of the following adverse effects should the nurse suspect?
  - Renal stones

- 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?
  - Hemoglobin
  - **Prothrombin time (PT)**

    - ***Rationale:*** **This test is used to monitor warfarin therapy. For a client receiving full anticoagulant therapy, should typically be approximatelytwo to three times the normal value, depending on the indication for therapeutic anticoagulation.**
  - Bleeding time
  - Activated partial thromboplastin time (aPTT)

- A nurse is preparing to administer a dose of lactulose to a client who has cirrhosis. The client states, "I don't need this medication. I am not constipated." The nurse should explain that in clients who have cirrhosis, lactulose is used to decrease levels of which of the following components in the bloodstream?
  - Glucose
  - **Ammonia**
    - ***Rationale:*** **Lactulose, a disaccharide, is a sugar that works as an osmotic diuretic. It prevents the absorption of ammonia in the colon. Accumulation of ammonia in the bloodstream, which occurs in pathologic conditions ofthe liver, such as cirrhosis, may affect the central nervous system, causing hepatic encephalopathy or coma.**
  - Potassium
  - Bicarbonate

- A nurse is educating a group of clients about the contraindications of warfarin therapy. Which of the following statements should the nurse include in the teaching?
  - "Clients who have glaucoma should not take warfarin."
  - "Clients who have rheumatoid arthritis should not take warfarin."
  - **"Clients who are pregnant should not take warfarin."**
    - ***Rationale:* Warfarin therapy is contraindicated in the pregnant client because it crosses the placenta and places the fetus at risk for bleeding.**
  - "Clients who have hyperthyroidism should not take warfarin."
- A nurse is teaching a client who takes warfarin daily. Which of the following statements by the client indicates a need for further teaching?
  - **"I have started taking ginger root to treat my joint stiffness."**
    - ***Rationale:* Ginger root can interfere with the blood clotting effect of warfarin and place the client at risk for bleeding. This statement indicates the client needs further teaching.**
  - "I take this medication at the same time each day."
    - ***Rationale:*** The client should take warfarin at the same time each day to maintain a stable blood level.
  - "I eat a green salad every night with dinner."
    - ***Rationale:*** Green leafy vegetables are a good source of vitamin K, which can interfere with the clotting effects of warfarin. Clients who are taking warfarin do not need to restrict dietary vitamin K intake but rather should maintain a

consistent intake of vitamin K to control the therapeutic effect of the medication.

- "I had my INR checked three weeks ago.
  - " ***Rationale:*** Clients who have been taking warfarin for more than 3 months should have their INR level checked every 2 to 4 weeks.

- A patient is starting warfarin (Coumadin) therapy as part of treatment for atrial fibrillation.

  The nurse will follow which principles of warfarin therapy? (Select all that apply.)

  - Teach proper subcutaneous administration
  - **Administer the oral dose at the same time every day**
  - **Assess carefully for excessive bruising or unusual bleeding**
  - **Monitor laboratory results for a target INR of 2 to 3**
  - Monitor laboratory results for a therapeutic aPTT value of 1.5 to 2.5 times the control value

- Atorvastatin can elevate LFT
  - Baseline total cholesterol, LDL and HDL levels, triglycerides, and liver and renal functiontests were obtained and then monitored periodically throughout the treatment
- The nurse teaches a client who is recovering from acute kidney disease to avoid which type of medication.
  - **NSAIDS**

    - **NSAIDs may be nephrotoxic to a client with acute kidney disease and should be avoided. ACE inhibitors are used for the treatment of hypertensionand to protect the kidneys, especially in diabetic clients, from the progression of kidney disease. Opiates may be used by clients with kidneydisease if severe pain is present; however, excretion may be delayed. Calcium channel blockers can improve the glomerular filtration rate and blood flow within the kidney.**
  - ACE inhibitors
  - Opiates
  - Calcium channel blockers
- Which of the following are adverse reactions related to the use of CELECOXIB? Select all that apply
  - **Rhinitis**
  - **Neutropenia**
  - **Oliguria**
  - **Stomatitis**

- A nurse is caring for a client who has active pulmonary tuberculosis (TB) and is to be started on intravenous rifampin therapy. The nurse should instruct the client that this medication can cause which of the following adverse effects?
  - Constipation
  - Black colored stools
  - Staining of teeth
  - **Body secretions turning a red-orange color**

    - ***Rationale:*** **Rifampin is used in combination with other medicines to treat TB. Rifampin will cause the urine, stool, saliva**

- 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.**
        - ***Rationale:*** **The client's nausea may be secondary to digoxin toxicity. Assess for bradycardia, a symptom of digoxin toxicity. The nurseshould withhold the medication and call the provider if the client's heart rate is less than 60 bpm.**
    - Request a dietitian consult.
    - Suggest that the client rests before eating the meal.
    - Request an order for an antiemetic.

- 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?
    - **"Crushing the medication might cause you to have a stomachache or indigestion.**

        - ***Rationale:*** **The pill is enteric-coated to prevent a breakdown in the stomach and decrease the**

possibility of GI distress. Crushing destroys protection.

- "Crushing the medication is a good idea, and I can mix it in some ice cream for you."
- "Crushing the medication would release all the medication at once, rather than over time."
- "Crushing is unsafe, as it destroys the ingredients in the medication."

- A nurse is caring for a client who has thrombophlebitis and is receiving heparin by continuous IV infusions. The client asks the nurse how long it will take for the heparin todissolve the clot. Which of the following responses should the nurse give?
  - "It usually takes heparin at least 2 to 3 days to reach a therapeutic blood level."
  - "A pharmacist is the person to answer that question."
  - **"Heparin does not dissolve clots. It stops new clots from forming."**
    - ***Rationale:*** **This statement accurately answers the client's question.**
  - "The oral medication you will take after this IV will dissolve the clot.

- 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 which of the following tests have been completed.
  - **Thyroid hormone assay**
    - ***Rationale:*** **Thyroid testing is important because long-term use of lithium may lead to thyroid dysfunction.**

- Liver function tests:
  - *Rationale:* LFTs must be monitored before and during valproic acid therapy
- Erythrocyte sedimentation rate
  - *Rationale:* This is not a necessary test related to lithium therapy.
- Brain natriuretic peptide

- A nurse caring for a client who has hypertension asks the nurse about a prescriptionfor propranolol. The nurse should inform the client that this medication is contraindicated in clients who have a history of which of the following conditions?

  - **Asthma**
    - ***Rationale:* Propranolol, a beta-blocker, is contraindicated in clients who have asthma because it can cause bronchospasms. Propranolol blocks sympathetic stimulation, which prevents smooth muscle relaxation.**
  - Glaucoma
  - Depression
  - Migraines

- 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?
  - "Take this medication with food if nausea develops."
  - **B. "Monitor for muscle pain."**

    - ***Rationale:*** **This medication can cause rhabdomyolysis. The client should monitor and report muscle pain.**
  - "Expect to have increased bruising."
  - "Increase your intake of grapefruit juice"

- 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?
  - "If the medicine causes an upset stomach, take an antacid at the same time."
  - "Limit your daily fluid intake while taking this medication."
  - "This medication can cause photophobia, so be sure to wear sunglasses outdoors."
  - **"You should report any tendon discomfort you experience while taking this medication."**
    - ***Rationale:*** **The nurse should instruct the client to report any tendon discomfort as well as swelling or inflammation of the tendons due to the risk of tendon rupture.**

- 17. 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?
  - **Headache**
    Rationale: **Headache is a common adverse effect of ondansetron. Analgesic relief is often required.**

- Dependent edema
- Polyuria.
- Photosensitivity

- 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?
  - Hyperthermia
  - **Hypotension**
    - **Rationale: Verapamil, a calcium channel blocker, can be used to control supraventricular tachyarrhythmias. It also decreases blood pressure and acts as a coronary vasodilator and antianginal agent. A major adverse effect of verapamil is hypotension; therefore, blood pressure and pulse must be monitored before and during parenteral administration.**
  - Ototoxicity
  - Muscle pain

- 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?
  - **Constipation**

    - ***Rationale:*** **Constipation is a common side effect of aluminum-based antacids. The nurse should instruct the client to increase fiber intake and that stool softeners or laxatives may be needed**
  - B. Metallic taste
  - Headache
  - Muscle spasms

- 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?
  - Hyperglycemia
  - **Adrenocortical insufficiency**
    - ***Rationale:*** **Prednisone, a corticosteroid, is similar to cortisol, the glucocorticoid hormone produced by the adrenal glands. It relieves inflammation and is used to treat certain forms of arthritis, severe allergies, autoimmune disorders, and asthma. Administration of glucocorticoids can suppress the production of glucocorticoids, and anabrupt withdrawal of the drug can lead to a syndrome of adrenal insufficiency.**
  - Severe dehydration
  - Rebound pulmonary congestion

- A nurse is preparing a client for surgery. Before 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.)
  - **Controlling emesis**
  - **Diminishing anxiety**
  - **Reducing the number of narcotics needed for pain relief**
  - Preventing thrombus formation
  - **Drying secretions**

- 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?
  - Decrease chest wall compliance
  - **Suppress respiratory effort**
    - ***Rationale:*** **Neuromuscular blocking agents, such as pancuronium, induce paralysis and suppress the client's respiratory efforts to the point of apnea, allowing the mechanical ventilator to take over the work of breathing for the client. This therapy is especially helpful for a client who has ARDS and poor lung compliance.**
  - Induce sedation
  - Decrease respiratory secretions

- A nurse is caring for a client who is taking lisinopril. Which of the following outcomes indicates a therapeutic effect of the medication?
  - **Decreased blood pressure**
    - ***Rationale:*** **Lisinopril, an ACE inhibitor, may be used alone or in combination with other antihypertensives in the management of hypertension and congestive heart failure. A therapeutic effect of the medication is a decrease in blood pressure.**
  - Increase in HDL cholesterol
    - ***Rationale:*** This is not an intended effect of lisinopril.
  - Prevention of bipolar manic episodes
    - ***Rationale:*** This is not an intended effect of lisinopril.
  - Improved sexual function
    - ***Rationale:*** This is not an intended effect of lisinopril. Lisinopril may causesexual dysfunction and impotence.

- 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?
  - Administer the medication with food
  - **Chew on sugarless gum or suck on hard, sour candies**
    - ***Rationale:*** **Clients who report dry mouth can get the most effective relief by sucking on hard candies**

(especially the sour varieties that stimulate salivation), chewing gum, or rinsing the mouth frequently. It is the local effect of these actions that provides comfort to the client.

- Place a humidifier at your bedside every evening
- Discontinue the medication and notify your provider

- A nurse on an oncology unit is preparing to administer doxorubicin to a client who has breast cancer. Before 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?
  - An excess amount of doxorubicin can lead to myelosuppression.
  - Exceeding the lifetime cumulative dose limit of doxorubicin might cause extravasation.
  - An excess amount of doxorubicin can lead to cardiomyopathy.
    - *Rationale:* Doxorubicin is an antineoplastic antibiotic used in the treatment of various cancers. Irreversible cardiomyopathy with congestive heart failure can result from repeated doses of doxorubicin, and prolonged use can also cause severe heart damage, even years after the client has stopped taking it. The maximum cumulative dose a client should receive is 550 mg/m or 450
      mg/m with a history of radiation to the mediastinum.
  - Exceeding the lifetime cumulative dose limit of doxorubicin might produce red-tinged urine and sweat.

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- 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?

- The medication is to be applied when the client is experiencing eye pain.
- The medication will be used until the client's intraocular pressure returns to normal.
- **The medication should be applied on a regular schedule for the rest of the client's life.**
  - ***Rationale:*** **Medications prescribed for open-angle glaucoma are intendedto enhance aqueous outflow, decrease its production, or both. The client must continue the eye drops on an uninterrupted basis for life to maintain intraocular pressure at an acceptable level.**
- The medication is to be used for approximately 10 days, followed by a gradual tapering off.

- A nurse is providing teaching to a client who has emphysema and a new prescription for theophylline. Which of the following instructions should the nurse provide?
  - Consume a high-protein diet.
    - ***Rationale:*** The nurse should instruct the client that a high-protein diet should be avoided, as it decreases theophylline's duration of action.
  - Administer the medication with food.
    - ***Rationale:*** The nurse should instruct the client that theophylline should be administered with 8 oz of water if GI upset occurs. It should not be administered with food.
  - **Avoid caffeine while taking this medication.**

- ***Rationale:*** **The nurse should instruct the client that caffeine should be avoided while taking theophylline, as it can increase central nervous system stimulation.**
- Increase fluids to 1L/per day.
  - ***Rationale:*** The nurse should instruct the client to increase fluid intake to 2L/day while taking theophylline to decrease the thickness of mucous secretions related to emphysema.

- 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?
  - "I signed up for a swimming class."
  - **"I've been taking an antacid to help with indigestion."**
    - **NSAIDs, like naproxen, can cause serious adverse gastrointestinal reactions such as ulceration, bleeding, and perforation. Warning manifestations such as nausea or vomiting, gastrointestinal burning, and blood in the stool reported by the client require further investigation by**

      the nurse. The client might be taking an antacid because he is experiencing one or more of these manifestations.
  - "I've lost 2 pounds since my appointment 2 weeks ago."