

Here are 60 sample **NCLEX** questions along with their answers and explanations:

1. A patient is prescribed a diuretic medication for the management of hypertension. Which of the following assessments is most important for the nurse to monitor while the patient is taking the diuretic?
 1. Blood glucose levels
 2. Blood pressure
 3. Body temperature
 4. Respiratory rate

Answer: B) Blood pressure

Explanation: Diuretics are commonly prescribed for hypertension to reduce excess fluid in the body, which helps lower blood pressure. Monitoring blood pressure is crucial to assess the effectiveness of the diuretic and to ensure that the patient's blood pressure is within the target range.

2. A patient with a history of asthma is prescribed albuterol, a beta2-adrenergic agonist. Which of the following instructions should the nurse provide to the patient regarding the use of albuterol inhaler?
 1. "Rinse your mouth with water after using the inhaler."
 2. "Take the medication on an empty stomach for better absorption."
 3. "Use the inhaler only when you experience severe shortness of breath."
 4. "Stop using the inhaler immediately if you experience dizziness."

Answer: A) "Rinse your mouth with water after using the inhaler."

Explanation: Rinsing the mouth after using an inhaler helps prevent oral fungal infections (e.g., thrush) that can be caused by the medication. Beta2-adrenergic agonists like albuterol can have local side effects in the mouth and throat.

3. A patient is receiving morphine sulfate for pain management. The nurse should monitor the patient for which of the following side effects of morphine administration?
 1. Bradycardia
 2. Hypertension
 3. Hypoventilation
 4. Increased urine output

Answer: C) Hypoventilation

Explanation: Morphine sulfate, an opioid analgesic, can depress the respiratory center in the brainstem, leading to hypoventilation. Patients receiving opioids should be closely monitored for respiratory depression, and the nurse should assess respiratory rate and depth regularly.

4. A patient with type 2 diabetes is prescribed metformin. The nurse should instruct the patient to:
1. Take the medication with meals to reduce gastrointestinal upset.
 2. Discontinue the medication if blood glucose levels are normal.
 3. Take the medication only if experiencing symptoms of hyperglycaemia.
 4. Skip the dose if planning to have a high-carbohydrate meal.

Answer: A) Take the medication with meals to reduce gastrointestinal upset.

Explanation: Metformin is an oral antidiabetic medication that can cause gastrointestinal upset. Taking the medication with meals can help reduce these side effects. It is important for the patient to continue taking the medication as prescribed, even if blood glucose levels are normal, to manage diabetes effectively

5. A patient is prescribed a diuretic medication for the management of hypertension. Which of the following assessments is most important for the nurse to monitor while the patient is taking the diuretic?
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 3. Body temperature
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Answer: B) Blood pressure

Explanation: Diuretics are commonly prescribed for hypertension to reduce excess fluid in the body, which helps lower blood pressure. Monitoring blood pressure is crucial to assess the effectiveness of the diuretic and to ensure that the patient's blood pressure is within the target range.

6. A patient is prescribed furosemide, a loop diuretic. The nurse should monitor the patient for signs and symptoms of which electrolyte imbalance commonly associated with this medication?
1. Hypokalaemia

2. Hyponatremia
3. Hyperkalaemia
4. Hypercalcemia

Answer: A) Hypokalaemia

Explanation: Loop diuretics like furosemide can lead to potassium loss, causing hypokalaemia. Patients taking loop diuretics should be monitored for signs such as muscle weakness and cardiac dysrhythmias, which are indicative of low potassium levels.

7. A patient is prescribed digoxin for heart failure. The nurse knows that digoxin toxicity can occur more easily if the patient has:
 1. High potassium levels
 2. Low magnesium levels
 3. Low calcium levels
 4. High sodium levels

Answer: B) Low magnesium levels

Explanation: Low magnesium levels can increase the risk of digoxin toxicity. Adequate magnesium levels are essential for proper digoxin metabolism. Patients on digoxin therapy should have their electrolyte levels, including magnesium, monitored regularly.

8. A patient is prescribed heparin, an anticoagulant. The nurse should monitor the patient for which of the following complications related to heparin therapy?
 1. Hypertension
 2. Hypoglycaemia
 3. Bleeding
 4. Hyperkalaemia

Answer: C) Bleeding

Explanation: Heparin is an anticoagulant that can increase the risk of bleeding. Patients on heparin therapy should be monitored for signs of bleeding, such as easy bruising, nosebleeds, or blood in the stool or urine

9. A patient is prescribed Lisinopril, an angiotensin-converting enzyme (ACE) inhibitor. The nurse should instruct the patient to report which of the following side effects immediately?

1. Persistent dry cough
2. Dizziness when standing up
3. Mild headache
4. Increased appetite

Answer: A) Persistent dry cough

Explanation: ACE inhibitors like Lisinopril can cause a persistent dry cough, which is a common side effect. If the patient experiences this symptom, it should be reported to the healthcare provider immediately, as it may indicate a serious adverse reaction.

10. A patient is prescribed allopurinol for the management of gout. The nurse should instruct the patient to:
1. Take the medication on an empty stomach for better absorption.
 2. Increase fluid intake to prevent kidney stones.
 3. Discontinue the medication if joint pain worsens.
 4. Avoid sun exposure while taking the medication.

Answer: B) Increase fluid intake to prevent kidney stones.

Explanation: Allopurinol can increase the risk of kidney stones. Patients taking this medication should maintain adequate hydration to prevent the formation of kidney stones. Increasing fluid intake can help flush out uric acid and prevent stone formation.

11. A patient is prescribed levothyroxine sodium for hypothyroidism. The nurse should instruct the patient to take the medication:
1. With meals to enhance absorption.
 2. In the morning on an empty stomach.
 3. At bedtime for better effectiveness.
 4. Anytime during the day, regardless of meals.

Answer: B) In the morning on an empty stomach.

Explanation: Levothyroxine should be taken in the morning on an empty stomach to ensure optimal absorption. It is essential for patients to understand the importance of consistent timing and adherence to the prescribed instructions.

12. A patient with a history of peptic ulcer disease is prescribed omeprazole, a proton pump inhibitor. The nurse should educate the patient about the purpose of this medication, which is to:
1. Increase stomach acid production.

2. Prevent gastric ulcers.
3. Decrease stomach acid production.
4. Relieve stomach pain.

Answer: C) Decrease stomach acid production.

Explanation: Omeprazole is a proton pump inhibitor that reduces stomach acid production. It is used to treat conditions such as gastroesophageal reflux disease (GERD) and peptic ulcers by decreasing the acidity in the stomach.

13. A patient is prescribed simvastatin, a statin medication, for high cholesterol. The nurse should monitor the patient for which of the following side effects related to statin therapy?
1. Elevated blood glucose levels
 2. Muscle pain or weakness
 3. Excessive salivation
 4. Increased blood pressure

Answer: B) Muscle pain or weakness

Explanation: Statin medications like simvastatin can cause muscle pain or weakness, which can be a sign of a serious condition called rhabdomyolysis. Patients should be monitored for these symptoms, and if they occur, the healthcare provider should be notified immediately.

14. A patient is prescribed alprazolam, a benzodiazepine, for anxiety. The nurse should educate the patient about potential side effects, including:
1. Increased heart rate
 2. Drowsiness and dizziness
 3. Low blood sugar levels
 4. Respiratory depression

Answer: B) Drowsiness and dizziness

Explanation: Benzodiazepines like alprazolam can cause drowsiness and dizziness. Patients should be cautioned against activities requiring mental alertness, such as driving, while taking this medication.

15. A patient is prescribed aspirin for its antiplatelet effect. The nurse should instruct the patient to:
1. Take the medication with milk to prevent stomach upset.
 2. Avoid other nonsteroidal anti-inflammatory drugs (NSAIDs) while taking aspirin.

3. Crush the tablet for better absorption.
4. Take the medication with a full glass of grapefruit juice.

Answer: B) Avoid other nonsteroidal anti-inflammatory drugs (NSAIDs) while taking aspirin.

Explanation: Aspirin is an NSAID with antiplatelet effects. Patients should avoid other NSAIDs, such as ibuprofen and naproxen, while taking aspirin to prevent potential interactions and adverse effects on platelet function.

16. A patient is prescribed warfarin for anticoagulation therapy. The nurse should instruct the patient to maintain a consistent intake of which nutrient, as it can interfere with the effectiveness of warfarin?
1. Vitamin K
 2. Vitamin C
 3. Vitamin D
 4. Vitamin B12

Answer: A) Vitamin K

Explanation: Warfarin's effectiveness can be affected by vitamin K intake. Patients should maintain a consistent intake of vitamin K-containing foods to prevent fluctuations in their INR (International Normalized Ratio) levels, which are monitored to determine the appropriate dosage of warfarin.

17. A patient is prescribed morphine for pain management. The nurse should monitor the patient for which of the following adverse effects associated with opioid medications?
1. Hypertension
 2. Bradycardia
 3. Respiratory depression
 4. Elevated body temperature

Answer: C) Respiratory depression

Explanation: Respiratory depression is a serious adverse effect of opioid medications like morphine. Nurses should closely monitor the patient's respiratory rate and depth while administering opioids and be prepared to intervene if respiratory depression occurs.

18. A patient is prescribed albuterol and ipratropium inhalers for the management of chronic obstructive pulmonary disease (COPD). The combination of these medications provides:

1. Bronchodilation
2. Mucus thinning
3. Anti-inflammatory effects
4. Antitussive effects

Answer: A) Bronchodilation

Explanation: Albuterol (a beta2-adrenergic agonist) and ipratropium (an anticholinergic) work together to dilate the bronchi, making it easier for the patient to breathe. This combination provides bronchodilation, which is crucial in managing COPD symptoms.

19. A patient with heart failure is prescribed digoxin. The nurse should monitor the patient's:

1. Blood glucose levels
2. Serum potassium levels
3. Serum calcium levels
4. Blood pressure

Answer: B) Serum potassium levels

Explanation: Digoxin toxicity can be potentiated by low potassium levels (hypokalaemia). Nurses should monitor potassium levels regularly in patients taking digoxin to prevent toxicity.

20. A patient is prescribed metoprolol, a beta-blocker, for the management of hypertension. The nurse should assess the patient for which of the following potential side effects of beta-blockers?

1. Hypertension
2. Bradycardia
3. Hyperglycaemia
4. Increased anxiety

Answer: B) Bradycardia

Explanation: Beta-blockers like metoprolol can cause bradycardia (slow heart rate) as a side effect. Nurses should monitor the patient's heart rate regularly and instruct patients to report any significant changes in heart rate or other symptoms promptly.

21. A patient is prescribed clopidogrel, an antiplatelet medication. The nurse should instruct the patient to report which of the following signs indicating potential adverse effects of the medication?

1. Yellowing of the skin
2. Persistent cough
3. Black, tarry stools
4. Increased thirst

Answer: C) Black, tarry stools

Explanation: Black, tarry stools can indicate gastrointestinal bleeding, a potential adverse effect of antiplatelet medications like clopidogrel. Patients should be educated to promptly report such symptoms to their healthcare provider.

22. A patient is taking hydrochlorothiazide, a thiazide diuretic. The nurse should monitor the patient for which of the following potential electrolyte imbalances associated with this medication?

1. Hyperkalaemia
2. Hypocalcaemia
3. Hypokalaemia
4. Hyponatremia

Answer: C) Hypokalaemia

Explanation: Thiazide diuretics can cause potassium loss, leading to hypokalaemia. Patients taking hydrochlorothiazide should be monitored for signs and symptoms of low potassium levels, such as muscle weakness and irregular heartbeats.

23. A patient is prescribed isoniazid for the treatment of tuberculosis. The nurse should instruct the patient to avoid which of the following food items while taking this medication?

1. Cheese
2. Bananas
3. Green leafy vegetables
4. Alcohol

Answer: D) Alcohol

Explanation: Alcohol should be avoided while taking isoniazid, as it can increase the risk of liver toxicity associated with the medication. Patients should be educated about the importance of abstaining from alcohol during the course of treatment.

24. A patient is prescribed prednisone, a corticosteroid, for the management of inflammation. The nurse should educate the patient about the need for:
1. Increasing salt intake
 2. Regular eye examinations
 3. Abrupt discontinuation of the medication
 4. Avoiding vaccinations

Answer: B) Regular eye examinations

Explanation: Corticosteroids like prednisone can cause increased intraocular pressure, leading to potential eye problems such as glaucoma or cataracts. Patients on long-term corticosteroid therapy should have regular eye examinations to monitor for these complications.

25. A patient is prescribed levothyroxine for hypothyroidism. The nurse should monitor the patient for signs of:
1. Hypotension
 2. Hypoglycaemia
 3. Hyperthyroidism
 4. Hyperkalaemia

Answer: C) Hyperthyroidism

Explanation: Levothyroxine is a thyroid hormone replacement used to treat hypothyroidism. If the dosage is too high, it can cause symptoms of hyperthyroidism, such as rapid heart rate, weight loss, and anxiety. Nurses should monitor patients for signs of thyroid hormone overdose.

26. A patient is prescribed digoxin for heart failure. The nurse should monitor the patient for which of the following signs, indicative of digoxin toxicity?
1. Diarrhoea
 2. Polyuria
 3. Bradycardia
 4. Hypertension

Answer: A) Diarrhoea

Explanation: Diarrhoea can be a sign of digoxin toxicity. Other symptoms of digoxin toxicity include nausea, vomiting, visual disturbances, and an irregular pulse. Nurses should monitor patients closely for these signs while on digoxin therapy.

27. A patient with chronic kidney disease is prescribed erythropoietin (EPO) to treat anaemia. The nurse should educate the patient about the importance of monitoring:

1. Blood glucose levels
2. Blood pressure
3. Red blood cell count
4. Serum potassium levels

Answer: B) Blood pressure

Explanation: Erythropoietin can cause an increase in blood pressure. Patients receiving EPO therapy should monitor their blood pressure regularly and report any significant changes to their healthcare provider.

28. A patient is prescribed metoclopramide, a prokinetic agent. The nurse should administer this medication:

1. 30 minutes before meals
2. With meals
3. After meals
4. Anytime, regardless of meals

Answer: A) 30 minutes before meals

Explanation: Metoclopramide is a prokinetic agent that enhances gastrointestinal motility. It is usually administered 30 minutes before meals to facilitate emptying of the stomach and improve digestion.

29. A patient is prescribed enoxaparin, a low-molecular-weight heparin, for deep vein thrombosis prophylaxis. The nurse should instruct the patient to administer the injection:

1. In the abdomen, avoiding scars and moles
2. In the thigh, avoiding major blood vessels
3. In the buttocks, alternating sides
4. In the deltoid muscle

Answer: A) In the abdomen, avoiding scars and moles

Explanation: Enoxaparin injections are typically administered in the subcutaneous tissue of the abdomen. Patients should rotate injection sites, avoiding areas with scars, moles, or broken skin to prevent injury and ensure proper absorption.

30. A patient is prescribed alendronate, a bisphosphonate, for osteoporosis. The nurse should instruct the patient to take the medication:

1. With a full glass of water, while sitting upright
2. With orange juice for better absorption
3. With milk and dairy products
4. Crushed and mixed with food for easier swallowing

Answer: A) With a full glass of water, while sitting upright

Explanation: Alendronate should be taken with a full glass of water on an empty stomach in the morning, at least 30 minutes before eating or drinking anything else. Patients should remain upright for at least 30 minutes after taking the medication to prevent oesophageal irritation.

31. A patient is prescribed heparin therapy. The nurse should monitor the patient's international normalized ratio (INR) and activated partial thromboplastin time (aPTT) to assess:
1. Liver function
 2. Coagulation status
 3. Kidney function
 4. Cardiac output

Answer: B) Coagulation status

Explanation: Heparin therapy affects coagulation. Monitoring INR and aPTT helps assess the patient's clotting ability and ensures that the heparin dosage is appropriate to prevent clot formation.

32. A patient is prescribed atorvastatin, a statin medication. The nurse should instruct the patient to report which of the following symptoms, indicating potential adverse effects of the medication?
1. Muscle pain or weakness
 2. Dry mouth
 3. Increased appetite
 4. Fatigue

Answer: A) Muscle pain or weakness

Explanation: Statins, including atorvastatin, can cause muscle pain or weakness, which may indicate a serious condition called rhabdomyolysis. Patients should report these symptoms promptly to their healthcare provider.

33. A patient is taking furosemide, a loop diuretic. The nurse should closely monitor which of the following electrolyte imbalances commonly associated with this medication?

1. Hyperkalaemia
2. Hyponatremia
3. Hypokalaemia
4. Hyponatremia

Answer: C) Hypokalaemia

Explanation: Loop diuretics like furosemide can cause potassium loss, leading to hypokalaemia. Patients taking furosemide should be monitored for signs and symptoms of low potassium levels, such as muscle weakness and irregular heartbeats.

34. A patient is prescribed isosorbide dinitrate, a nitrate medication. The nurse should instruct the patient about the potential side effect of this medication, which is:
1. Bradycardia
 2. Hypertension
 3. Headache
 4. Excessive salivation

Answer: C) Headache

Explanation: Nitrate medications like isosorbide dinitrate can cause headaches due to vasodilation. Patients should be informed about this common side effect and that it often subsides with continued use.

35. A patient is prescribed cyclosporine, an immunosuppressant. The nurse should educate the patient about the importance of:
1. Avoiding vaccines and live attenuated viruses
 2. Increasing exposure to sunlight for vitamin D synthesis
 3. Consuming a diet high in vitamin K
 4. Discontinuing the medication during illness

Answer: A) Avoiding vaccines and live attenuated viruses

Explanation: Patients taking immunosuppressants like cyclosporine should avoid vaccines and live attenuated viruses to prevent serious infections. Their immune response is compromised, making them more susceptible to infections.

36. A patient is prescribed prednisone, a corticosteroid, for an allergic reaction. The nurse should instruct the patient to take the medication:
1. With meals to reduce gastrointestinal upset
 2. On an empty stomach for better absorption

3. With antacids to prevent acid reflux
4. In the evening to minimize adrenal suppression

Answer: A) With meals to reduce gastrointestinal upset

Explanation: Prednisone can cause gastrointestinal upset, so it is often recommended to take it with meals or a snack to minimize stomach discomfort.

37. A patient with asthma is prescribed a metered-dose inhaler containing albuterol. The nurse should instruct the patient about the proper technique for inhaler use, including:

1. Inhaling slowly and deeply while pressing the canister
2. Exhaling fully, then inhaling rapidly while pressing the canister
3. Using the inhaler only during asthma attacks
4. Spraying the medication directly onto the back of the throat

Answer: B) Exhaling fully, then inhaling rapidly while pressing the canister

Explanation: The correct technique for using a metered-dose inhaler includes exhaling fully, then inhaling rapidly and deeply while pressing the canister to ensure proper delivery of the medication to the lungs.

38. A patient is prescribed metformin for type 2 diabetes. The nurse should instruct the patient to:

1. Take the medication only when blood sugar levels are high
2. Discontinue the medication during illness
3. Avoid alcohol consumption while taking metformin
4. Skip the dose if a meal is skipped

Answer: C) Avoid alcohol consumption while taking metformin

Explanation: Alcohol can potentiate the side effects of metformin, including the risk of lactic acidosis. Patients taking metformin should avoid excessive alcohol consumption.

39. A patient is prescribed clozapine, an antipsychotic medication. The nurse should monitor the patient for signs and symptoms of:

1. Hyperthyroidism
2. Hypertension
3. Agranulocytosis
4. Hyperglycaemia

Answer: C) Agranulocytosis

Explanation: Clozapine can cause agranulocytosis, a potentially life-threatening condition characterized by a severe reduction in white blood cell count. Patients taking clozapine should have regular blood tests to monitor their white blood cell count.

40. A patient is prescribed alendronate for osteoporosis. The nurse should instruct the patient to take the medication:

1. At bedtime with a glass of milk
2. Upon waking, followed by a full glass of water
3. With meals for better absorption
4. With orange juice for improved effectiveness

Answer: B) Upon waking, followed by a full glass of water

Explanation: Alendronate should be taken upon waking, on an empty stomach, with a full glass of water. Patients should remain upright for at least 30 minutes after taking the medication to prevent oesophageal irritation.

41. A patient is prescribed enalapril, an angiotensin-converting enzyme (ACE) inhibitor, for hypertension. The nurse should monitor the patient for which of the following potential side effects?

1. Persistent dry cough
2. Bradycardia
3. Increased appetite
4. Hypertension

Answer: A) Persistent dry cough

Explanation: ACE inhibitors, such as enalapril, can cause a persistent dry cough as a side effect. Patients should report this symptom to their healthcare provider, as it may necessitate a change in medication.

42. A patient is prescribed levothyroxine for hypothyroidism. The nurse should educate the patient about the importance of:

1. Taking the medication with calcium supplements
2. Taking the medication on an empty stomach in the morning
3. Discontinuing the medication if feeling anxious
4. Taking the medication with grapefruit juice for better absorption

Answer: B) Taking the medication on an empty stomach in the morning

Explanation: Levothyroxine should be taken on an empty stomach in the morning to ensure optimal absorption. Patients should wait at least 30 minutes to 1 hour before consuming food or other medications.

43. A patient is prescribed alprazolam, a benzodiazepine, for anxiety. The nurse should instruct the patient to:

1. Take the medication with alcohol for better effectiveness
2. Discontinue the medication abruptly if feeling drowsy
3. Avoid activities requiring mental alertness
4. Increase the dosage if experiencing restlessness

Answer: C) Avoid activities requiring mental alertness

Explanation: Benzodiazepines can cause drowsiness and impair mental alertness. Patients should avoid activities such as driving or operating heavy machinery while taking alprazolam.

44. A patient is prescribed phenytoin, an antiepileptic medication. The nurse should monitor the patient for which of the following side effects of phenytoin therapy?

1. Hypertension
2. Bradycardia
3. Gingival hyperplasia
4. Increased appetite

Answer: C) Gingival hyperplasia

Explanation: Phenytoin can cause gingival hyperplasia, an overgrowth of gum tissue. Patients taking phenytoin should practice good oral hygiene and have regular dental check-ups.

45. A patient is prescribed metoprolol, a beta-blocker, for angina. The nurse should assess the patient for which of the following potential adverse effects of beta-blockers?

1. Tachycardia
2. Hypertension
3. Bradycardia
4. Increased appetite

Answer: C) Bradycardia

Explanation: Beta-blockers like metoprolol can cause bradycardia (slow heart rate) as a side effect. Patients should be monitored for changes in heart rate and blood pressure while on beta-blocker therapy.

46. A patient is prescribed warfarin for anticoagulation therapy. The nurse should educate the patient about the importance of maintaining a consistent intake of which nutrient, as it can interfere with the effectiveness of warfarin?
1. Vitamin D
 2. Vitamin C
 3. Vitamin K
 4. Vitamin B12

Answer: C) Vitamin K

Explanation: Warfarin's effectiveness can be affected by vitamin K intake. Patients should maintain a consistent intake of vitamin K-containing foods to prevent fluctuations in their INR levels.

47. A patient is prescribed isosorbide mononitrate, a nitrate medication. The nurse should instruct the patient about the potential side effect of this medication, which is:
1. Dry mouth
 2. Headache
 3. Constipation
 4. Blurred vision

Answer: B) Headache

Explanation: Nitrate medications like isosorbide mononitrate can cause headaches due to vasodilation. Patients should be informed about this common side effect.

48. A patient is prescribed heparin and enoxaparin for deep vein thrombosis prophylaxis. The nurse should administer these medications by which route?
1. Intramuscular injection
 2. Subcutaneous injection
 3. Intravenous infusion
 4. Oral administration

Answer: B) Subcutaneous injection

Explanation: Heparin and enoxaparin are administered via subcutaneous injection to prevent blood clots. Proper injection technique and rotation of injection sites are crucial to prevent complications.

49. A patient is prescribed allopurinol for the treatment of gout. The nurse should educate the patient about the purpose of this medication, which is to:

1. Reduce pain and inflammation
2. Lower blood pressure
3. Lower uric acid levels
4. Increase joint mobility

Answer: C) Lower uric acid levels

Explanation: Allopurinol is used to lower uric acid levels in the blood, reducing the risk of gout attacks. It does not provide immediate relief from pain and inflammation during an acute gout attack.

50. A patient is prescribed metronidazole for the treatment of a bacterial infection. The nurse should instruct the patient to avoid which of the following substances while taking this medication?

1. Alcohol
2. Caffeine
3. Dairy products
4. Citrus fruits

Answer: A) Alcohol

Explanation: Alcohol should be avoided while taking metronidazole, as it can cause a disulfiram-like reaction, leading to symptoms such as nausea, vomiting, and flushing.

51. A patient is prescribed lisinopril, an angiotensin-converting enzyme (ACE) inhibitor. The nurse should monitor the patient for which of the following potential complications related to ACE inhibitor therapy?

1. Hypokalaemia
2. Hyperkalaemia
3. Hypertension
4. Hyperglycaemia

Answer: B) Hyperkalaemia

Explanation: ACE inhibitors can cause hyperkalaemia (high potassium levels) as a side effect. Patients should be monitored for signs of elevated potassium levels, such as muscle weakness and irregular heartbeats.

52. A patient is prescribed fluoxetine, a selective serotonin reuptake inhibitor (SSRI), for depression. The nurse should educate the patient about potential side effects, including:

1. Weight loss
2. Insomnia
3. Increased appetite
4. Low blood pressure

Answer: B) Insomnia

Explanation: Insomnia is a common side effect of SSRIs like fluoxetine. Patients should be advised to take the medication in the morning to minimize sleep disturbances.

53. A patient is prescribed digoxin. The nurse should monitor the patient for which of the following signs of digoxin toxicity?

1. Hypertension
2. Bradycardia
3. Hyperactivity
4. Increased appetite

Answer: B) Bradycardia

Explanation: Digoxin toxicity can cause bradycardia (slow heart rate). Patients should be monitored for signs of digoxin toxicity, including changes in heart rate, visual disturbances, nausea, and vomiting.

54. A patient is prescribed isoniazid for the treatment of tuberculosis. The nurse should educate the patient to avoid which of the following food items while taking this medication?

1. Citrus fruits
2. Tyramine-containing foods
3. Aged cheese and cured meats
4. Green leafy vegetables

Answer: C) Aged cheese and cured meats

Explanation: Isoniazid can interact with tyramine-containing foods such as aged cheese and cured meats, leading to hypertensive crisis. Patients should avoid these foods while on isoniazid therapy.

55. A patient is prescribed carbamazepine for the management of seizures. The nurse should instruct the patient to report which of the following symptoms, indicating potential adverse effects of the medication?

1. Frequent urination
2. Persistent sore throat
3. Increased appetite
4. Unusual bruising or bleeding

Answer: D) Unusual bruising or bleeding

Explanation: Carbamazepine can cause bone marrow suppression, leading to a decreased production of blood cells. Patients should be educated to report signs of bleeding or bruising to their healthcare provider.

56. A patient is prescribed ranitidine, an H₂ receptor antagonist. The nurse should educate the patient about the purpose of this medication, which is to:

1. Reduce stomach acid production
2. Increase stomach acid production
3. Prevent constipation
4. Stimulate appetite

Answer: A) Reduce stomach acid production

Explanation: Ranitidine is an H₂ receptor antagonist that reduces stomach acid production. It is used to treat conditions such as gastroesophageal reflux disease (GERD) and peptic ulcers by decreasing the acidity in the stomach.

57. A patient is prescribed tamsulosin, an alpha-adrenergic blocker. The nurse should educate the patient about potential side effects, including:

- A) Bradycardia
- B) Orthostatic hypotension
- C) Increased appetite
- D) Blurred vision

Answer: B) Orthostatic hypotension

Explanation: Alpha-adrenergic blockers like tamsulosin can cause orthostatic hypotension, a sudden drop in blood pressure upon standing. Patients should be cautious when changing positions to avoid dizziness and falls.

58. A patient is prescribed albuterol inhaler for asthma. The nurse should instruct the patient on the correct technique for using the inhaler, which includes:

- A) Inhaling slowly and deeply while pressing the canister
- B) Exhaling into the inhaler before inhaling the medication
- C) Administering the medication only when wheezing is severe
- D) Using the inhaler immediately after a meal

Answer: A) Inhaling slowly and deeply while pressing the canister

Explanation: The correct technique for using an albuterol inhaler involves inhaling slowly and deeply while pressing the canister to release the medication. This ensures optimal delivery of the medication to the lungs.

59. A patient is prescribed simvastatin, a statin medication. The nurse should instruct the patient to avoid which of the following substances while taking this medication?

- A) Grapefruit juice
- B) Orange juice
- C) Green tea
- D) Milk

Answer: A) Grapefruit juice

Explanation: Grapefruit juice can interact with statin medications, including simvastatin, leading to increased drug levels in the blood. Patients should avoid consuming grapefruit juice while taking statins.

60. A patient is prescribed levothyroxine for hypothyroidism. The nurse should instruct the patient to report which of the following symptoms, indicating potential overmedication with levothyroxine?

- A) Weight gain
- B) Fatigue
- C) Rapid heart rate
- D) Dry skin

Answer: C) Rapid heart rate

Explanation: Rapid heart rate (tachycardia) can be a sign of hyperthyroidism, which might occur if a patient is overmedicated with levothyroxine. Patients should be educated to report symptoms of hyperthyroidism to their healthcare provider, such as rapid heart rate, excessive sweating, and unexplained weight loss.