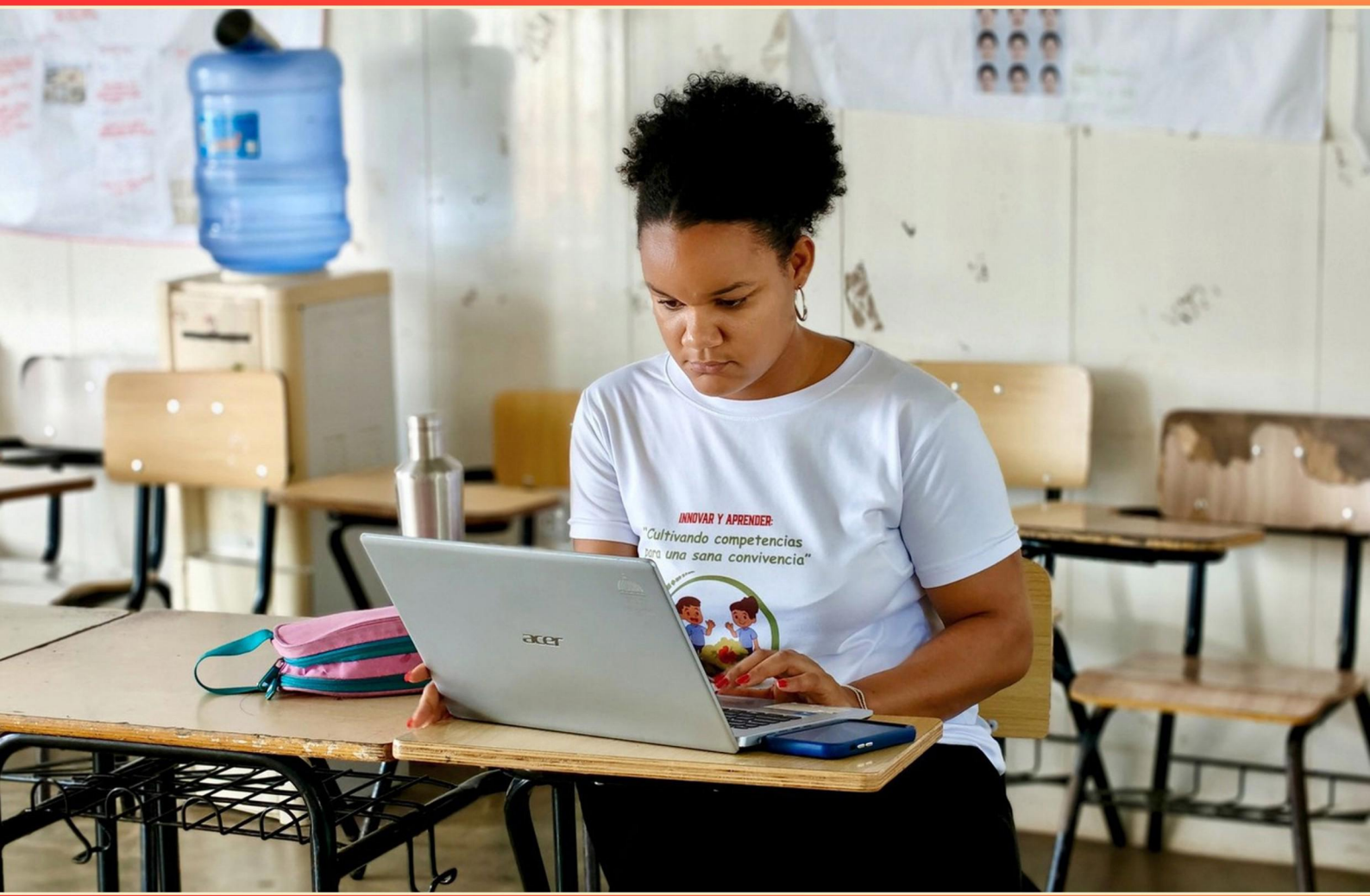
PNN 7-DAY LIVE COURSE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. In heart failure management, what is a safety concern regarding beta-blocker use?

A. Can cause peripheral edema

B. Should not be used if CrCl is less than 30

C. Not recommended with a pulse under 50

D. Increases risk of angina

2. For which medication is the frequency of dosing indicated as "daily"?

A. Arcapta Neohaler

B. Symbicort HFA

C. Tiotropium/Olodaterol

D. Brovana

3. What class of medication does Trulicity (dulaglutide) belong to?

A. Insulin

B. Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist

C. Biguanides

D. SGLT2 Inhibitors

4. What is the primary purpose of biometric ID in ADC system security?

A. To enhance medication accessibility

B. To prevent unauthorized access

C. To track medication usage

D. To store patient information

5. What is the recommended use of thrombolytics in the context of unstable angina (UA) or non-ST elevation myocardial infarction (NSTEMI)?

A. They should always be used.

B. They are sometimes used.

C. They should never be used.

D. They are used only in emergencies.

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6. Which of the following medications is indicated for treating OCD?

A. Paroxetine

B. Zoloft

C. Luvox

D. Brisdelle

7. How often should competency assessments for aseptic techniques be executed electronically?

A. Every month

B. Every 6 months

C. Every 12 months

D. Every 3 months

8. Which condition is treated with fluconazole or itraconazole?

A. Coccidioidomycosis

B. Histoplasmosis

C. Both A and B

D. Neither A nor B

9. What is the primary cause of microcytic anemia?

A. Folate deficiency

B. B12 deficiency

C. Iron deficiency

D. Chronic disease

10. What is a potential side effect of Irinotecan and Topotecan?

A. Nausea

B. Liver damage

C. Life-threatening diarrhea

D. Hair loss

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Answers

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1. C
2. C
3. B
4. B
5. C
6. C
7. C
8. C
9. C
10. C

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Explanations

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1. In heart failure management, what is a safety concern regarding beta-blocker use?

A. Can cause peripheral edema

B. Should not be used if CrCl is less than 30

C. Not recommended with a pulse under 50

D. Increases risk of angina

The concern regarding the use of beta-blockers in heart failure management relates to their effect on heart rate. Beta-blockers can lower heart rate, which is beneficial in cases of tachycardia, but if the heart rate drops too low—specifically to a pulse under 50 beats per minute—this can lead to bradycardia. Bradycardia can result in inadequate cardiac output and may exacerbate heart failure or lead to detrimental symptoms such as dizziness or syncope. Therefore, monitoring the pulse rate is critical, and initiating or continuing beta-blocker therapy should be approached with caution when the resting heart rate is below this threshold. While other concerns exist, such as the potential for development of peripheral edema or considerations related to renal function, the most immediate and directly related safety concern for heart failure patients starting or continuing beta-blockers is the risk associated with a low pulse rate.

2. For which medication is the frequency of dosing indicated as "daily"?

A. Arcapta Neohaler

B. Symbicort HFA

C. Tiotropium/Olodaterol

D. Brovana

The correct answer is based on the dosing regimen for the medication Tiotropium/Olodaterol. Tiotropium is a long-acting muscarinic antagonist (LAMA), and Olodaterol is a long-acting beta-agonist (LABA). This combination is indicated for once-daily use, making it convenient for patients who need chronic management of respiratory conditions such as chronic obstructive pulmonary disease (COPD). Once-daily dosing helps improve patient adherence, as simpler regimens are easier for patients to maintain. In contrast, the other medications listed are typically used with more frequent dosing schedules—Symbicort HFA is usually administered twice daily, and Brovana is typically given twice a day, while Arcapta Neohaler is dosed once daily but is a single agent, not in combination. Thus, the dosing frequency of Tiotropium/Olodaterol aligns with the requirement of being taken daily, supporting its role in managing respiratory conditions effectively.

3. What class of medication does Trulicity (dulaglutide) belong to?

A. Insulin

B. Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist

C. Biguanides

D. SGLT2 Inhibitors

Trulicity (dulaglutide) is classified as a Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist. This class of medication mimics the action of the GLP-1 hormone, which plays a key role in glucose metabolism. By stimulating GLP-1 receptors, Trulicity enhances insulin secretion in response to elevated blood glucose levels, decreases glucagon secretion (which reduces glucose production by the liver), and slows gastric emptying. These actions help regulate blood sugar levels effectively in individuals with type 2 diabetes. GLP-1 receptor agonists, like Trulicity, not only improve blood sugar control but can also promote weight loss and reduce the risk of cardiovascular events in patients with diabetes, making them an integral part of the treatment regimen for many individuals with this condition.

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4. What is the primary purpose of biometric ID in ADC system security?

A. To enhance medication accessibility

B. To prevent unauthorized access

C. To track medication usage

D. To store patient information

The primary purpose of biometric ID in an ADC (Automated Drug Dispensing) system security is to prevent unauthorized access. This security measure utilizes unique biological characteristics, such as fingerprints, facial recognition, or iris scans, to ensure that only authorized personnel can access the system and the medications it contains. By implementing biometric identification, ADC systems enhance security by providing a strong verification process that is difficult to replicate compared to traditional password or key systems. This helps to safeguard sensitive medication and patient data, preventing theft, misuse, or errors that could arise from unauthenticated access. While enhancing medication accessibility, tracking medication usage, and storing patient information are important aspects of ADC systems, these functions do not directly relate to the security role that biometric identification plays in preventing unauthorized access.

5. What is the recommended use of thrombolytics in the context of unstable angina (UA) or non-ST elevation myocardial infarction (NSTEMI)?

A. They should always be used.

B. They are sometimes used.

C. They should never be used.

D. They are used only in emergencies.

Thrombolytics are agents used to dissolve blood clots that obstruct blood flow, particularly in conditions like ST-elevation myocardial infarction (STEMI). However, in the context of unstable angina (UA) or non-ST elevation myocardial infarction (NSTEMI), the use of thrombolytics is contraindicated. This is primarily due to the nature of UA and NSTEMI, where the primary issue is typically partial or transient obstructive lesions rather than complete occlusion by a clot—in cases where thrombolytic therapy could pose a risk of hemorrhage without significant benefit. Instead, these conditions are generally managed with antiplatelet therapies, anticoagulants, and other medical management strategies that help stabilize the plaque and prevent further ischemic events without the inherent risks associated with thrombolytics. Thus, stating that thrombolytics should never be used reflects the established clinical practice and guidelines regarding the treatment of these acute coronary syndromes, reinforcing the importance of appropriate and evidence-based management for patients experiencing UA or NSTEMI.

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6. Which of the following medications is indicated for treating OCD?

A. Paroxetine

B. Zoloft

C. Luvox

D. Brisdelle

The medication indicated for treating obsessive-compulsive disorder (OCD) among the given options is Luvox, also known as fluvoxamine. Luvox is classified as a selective serotonin reuptake inhibitor (SSRI), which is a class of medications commonly prescribed for OCD due to their effectiveness in managing symptoms associated with the disorder. SSRIs work by increasing the level of serotonin in the brain, which can help regulate mood and anxiety. Clinical studies have demonstrated that Luvox is effective in reducing the frequency and intensity of obsessive thoughts and compulsive behaviors in individuals with OCD. Because of these properties, Luvox is a first-line treatment option for patients diagnosed with this condition. While both Paroxetine and Zoloft are also SSRIs that can be effective in treating OCD, the question specifically asks for the medication most commonly associated with the treatment of this disorder in a direct manner. Brisdelle, on the other hand, is primarily indicated for hot flashes associated with menopause and is not used for OCD treatment. Thus, among the options provided, Luvox is the most appropriate choice for treating OCD.

7. How often should competency assessments for aseptic techniques be executed electronically?

A. Every month

B. Every 6 months

C. Every 12 months

D. Every 3 months

Competency assessments for aseptic techniques should be executed every 12 months to ensure that healthcare professionals remain proficient in these critical procedures. This annual evaluation period is standard practice in many healthcare facilities, reflecting a balance between maintaining high standards of aseptic techniques and allowing sufficient time for healthcare professionals to demonstrate their skills. Regular assessments help to reinforce knowledge, identify areas needing improvement, and ensure compliance with current guidelines and best practices. By conducting these assessments annually, facilities can monitor the ongoing competency of their staff while providing opportunities for skill refreshers and additional training as needed. This frequency helps to minimize the risk of errors and infections related to aseptic procedures. Additionally, while more frequent assessments might be beneficial in certain high-risk environments, the annual schedule captures the necessary competency checks without overwhelming the staff or compromising patient care.

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8. Which condition is treated with fluconazole or itraconazole?

A. Coccidioidomycosis

B. Histoplasmosis

C. Both A and B

D. Neither A nor B

Fluconazole and itraconazole are both antifungal medications that are effective in treating various fungal infections, including coccidioidomycosis and histoplasmosis. Coccidioidomycosis, caused by the fungus Coccidioides immitis, can lead to serious respiratory issues and systemic manifestations. Fluconazole is often utilized for its efficacy in treating mild to moderate cases, while itraconazole is another option that can be effective for both primary pulmonary infection and disseminated disease. Similarly, histoplasmosis is triggered by the fungus Histoplasma capsulatum, which can also result in significant respiratory illness and systemic disease. Itraconazole is considered a first-line treatment for chronic and disseminated histoplasmosis, while fluconazole can be used in some instances as well, particularly when isoniazid is contraindicated, as fluconazole has better central nervous system penetration. Both antifungal agents target the cellular membranes of the fungi, making them suitable for managing these infections. The correct answer reflects that both conditions respond to treatment with fluconazole or itraconazole, emphasizing the versatility and importance of these medications in clinical practice.

9. What is the primary cause of microcytic anemia?

A. Folate deficiency

B. B12 deficiency

C. Iron deficiency

D. Chronic disease

Microcytic anemia is characterized by the presence of smaller than normal red blood cells, a condition primarily caused by iron deficiency. Iron is an essential component of hemoglobin, the protein in red blood cells that carries oxygen. When the body does not have enough iron, it cannot produce sufficient hemoglobin, leading to the formation of microcytic, hypochromic red blood cells. This results in decreased oxygen delivery to tissues and can manifest as fatigue and weakness in patients. While folate deficiency and vitamin B12 deficiency can lead to anemia, they typically cause macrocytic (larger than normal) red blood cells rather than microcytic. Chronic disease can also cause anemia but is more commonly associated with normocytic anemia. Iron deficiency remains the hallmark cause of microcytic anemia, making it the correct answer.

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10. What is a potential side effect of Irinotecan and Topotecan?

A. Nausea

B. Liver damage

C. Life-threatening diarrhea

D. Hair loss

Irinotecan and Topotecan are both chemotherapy medications commonly used in the treatment of certain cancers. A significant and potentially life-threatening side effect of these drugs is severe diarrhea, which can occur due to the drugs' effect on the gastrointestinal tract. This condition stems from the inhibition of DNA topoisomerase I, an enzyme critical for DNA replication and repair. When this enzyme is blocked, cell death can occur in rapidly dividing cells, such as those in the intestinal lining. The result is a disruption in normal gut flora and function, leading to excessive watery stools. This side effect requires careful monitoring and management because it can lead to dehydration and electrolyte imbalances, which can be dangerous if not treated promptly. While nausea, liver damage, and hair loss can occur with various chemotherapy agents, they are not as specifically associated with the use of Irinotecan and Topotecan as life-threatening diarrhea is. This distinction highlights the importance of understanding the specific risks associated with different chemotherapeutic agents for effective patient management.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://pnn7daylivecourse.examzify.com

We wish you the very best on your exam journey. You've got this!

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