🫁 NCLEX-STYLE QUESTIONS

Chapter 80: Drugs for Asthma & COPD

QUESTIONS (1–50)

1.

A patient with asthma reports using albuterol every day. What is the nurse's priority interpretation?
A. The patient is noncompliant
B. The asthma is well controlled
C. The asthma is poorly controlled
D. The patient needs a higher SABA dose

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2. (SATA)

Which medications are considered **controller (anti-inflammatory)** therapies for asthma?
☐ Albuterol
☐ Budesonide
☐ Montelukast
☐ Tiotropium
☐ Omalizumab

3.

Which patient statement demonstrates **correct understanding** of inhaled corticosteroids?
A. "I use it only when I feel short of breath."
B. "It prevents swelling in my airways over time."
C. "I should stop it once my breathing improves."
D. "It works immediately like albuterol."

4.

Which patient statement about albuterol is **incorrect**?
A. “It works quickly to open my airways.”
B. “I may feel jittery after using it.”
C. “I should take it every day to prevent asthma.”
D. “It relaxes smooth muscle in the lungs.”

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5. (Delegation)

Which task is appropriate for the nurse to delegate to the UAP?
A. Teaching inhaler technique
B. Assessing lung sounds
C. Obtaining oxygen saturation
D. Evaluating medication effectiveness

6.

Which outcome best indicates that tiotropium therapy is effective in a patient with COPD?
A. Reduced IgE levels
B. Decreased dyspnea with activity
C. Immediate relief of acute symptoms
D. Reduced airway inflammation markers

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7. (SATA)

Which adverse effects should the nurse monitor in a patient taking **systemic corticosteroids**?
☐ Hyperglycemia
☐ Osteoporosis
☐ Oral thrush
☐ Adrenal suppression
☐ Bradycardia

8.

A patient taking prednisone for an asthma exacerbation asks why the dose must be tapered. What is the best response?
A. “To prevent rebound bronchospasm”
B. “To reduce gastric irritation”

C. “To prevent adrenal insufficiency”
D. “To improve medication absorption”

9.

Which medication should **NOT** be used alone in asthma management?
A. Albuterol
B. Budesonide
C. Salmeterol
D. Montelukast

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10. (SATA)

Which teaching points are correct for inhaled corticosteroids?
☐ Rinse mouth after use
☐ Use for acute asthma attacks
☐ Daily use is important
☐ Hoarseness may occur
☐ Stop abruptly if symptoms improve

11.

A patient with asthma and allergic rhinitis is prescribed montelukast. Which assessment finding requires follow-up?
A. Mild headache
B. Improved nasal congestion
C. Reports of depression
D. Decreased need for albuterol

12.

Which medication is most appropriate for **acute asthma exacerbation**?
A. Fluticasone
B. Salmeterol
C. Albuterol
D. Montelukast

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13. (Delegation)

Which task should the nurse **NOT** delegate to the LPN?
A. Administering nebulized albuterol
B. Reinforcing inhaler teaching
C. Initial respiratory assessment
D. Monitoring pulse oximetry

14.

A patient using an MDI has difficulty coordinating inhalation. What is the best nursing intervention?
A. Switch to oral medication
B. Add a spacer
C. Increase medication dose
D. Use the inhaler faster

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15. (SATA)

Which findings suggest **poor asthma control**?
☐ Nighttime awakenings
☐ Frequent SABA use
☐ Normal peak flow readings
☐ Activity limitation
☐ Infrequent symptoms

16.

Which medication is classified as a **long-acting anticholinergic (LAMA)**?
A. Albuterol
B. Ipratropium
C. Tiotropium
D. Theophylline

17.

Which statement by a patient with COPD indicates **correct understanding** of therapy?
A. “These medications will cure my COPD.”
B. “I should stop smoking to slow disease progression.”
C. “Steroids will rebuild my alveoli.”
D. “Oxygen should be used to keep my saturation at 100%.”

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18. (SATA)

Which medications are bronchodilators?
☐ Albuterol
☐ Tiotropium
☐ Budesonide
☐ Theophylline
☐ Montelukast

19.

Which adverse effect is most concerning in a patient taking theophylline?
A. Dry mouth
B. Tachycardia and seizures
C. Mild nausea
D. Hoarseness

20.

Which patient is at highest risk for LABA-related complications?
A. COPD patient using salmeterol alone
B. Asthma patient using salmeterol without an ICS
C. COPD patient using tiotropium
D. Asthma patient using albuterol PRN

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21. (Delegation)

Which action must be performed by the **RN**?
A. Measuring respiratory rate
B. Teaching steroid taper instructions

C. Setting up nebulizer equipment
D. Recording intake and output

22.

Which medication requires **monitoring for anaphylaxis**?
A. Budesonide
B. Montelukast
C. Omalizumab
D. Ipratropium

23.

Which patient statement indicates a need for **additional teaching**?
A. “I rinse my mouth after my steroid inhaler.”
B. “I use albuterol before exercise.”
C. “I stopped my prednisone once I felt better.”
D. “I use my controller inhaler daily.”

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24. (SATA)

Which medications are used primarily in **COPD management**?
☐ Tiotropium
☐ Roflumilast
☐ Albuterol
☐ Omalizumab
☐ Montelukast

25.

Which assessment finding indicates **effective asthma management**?
A. Daily rescue inhaler use
B. Nighttime symptoms twice a week
C. No activity limitations
D. Frequent exacerbations

26.

Which medication decreases airway inflammation by blocking leukotrienes?
A. Albuterol
B. Montelukast
C. Tiotropium
D. Salmeterol

27.

A COPD patient is receiving oxygen therapy. What oxygen saturation should the nurse target?
A. 100%
B. 95–100%
C. 88–92%
D. 85–90%

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28. (SATA)

Which are common adverse effects of **beta-2 agonists**?
☐ Tremor
☐ Tachycardia
☐ Hypoglycemia
☐ Nervousness
☐ Bradycardia

29.

Which medication is used for **severe eosinophilic asthma**?
A. Ipratropium
B. Mepolizumab
C. Roflumilast
D. Theophylline

30.

Which patient should the nurse monitor closely when prescribing roflumilast?
A. Patient with seasonal allergies

B. Patient with depression
C. Patient with hypertension
D. Patient with GERD

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31. (Delegation)

Which task is appropriate to assign to the UAP for a stable COPD patient?
A. Assessing response to bronchodilator
B. Teaching pursed-lip breathing
C. Obtaining vital signs
D. Adjusting oxygen delivery

32.

Which medication is considered a **rescue inhaler**?
A. Fluticasone
B. Salmeterol
C. Albuterol
D. Tiotropium

33.

A patient reports oral soreness while using an inhaled corticosteroid. What is the likely cause?
A. GERD
B. Oral candidiasis
C. Viral infection
D. Allergic reaction

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34. (SATA)

Which statements about LABAs are correct?
☐ Used for long-term control
☐ Safe as monotherapy in asthma
☐ Used in COPD
☐ Not used for acute relief
☐ Reduce airway inflammation

35.

Which action should the nurse take FIRST for a patient in acute asthma distress?
A. Administer inhaled corticosteroid
B. Give nebulized albuterol
C. Provide oral montelukast
D. Obtain sputum culture

36.

Which medication is a **mast cell stabilizer**?
A. Montelukast
B. Cromolyn
C. Budesonide
D. Tiotropium

37.

Which patient is most appropriate for cromolyn therapy?
A. Acute asthma attack
B. Severe COPD exacerbation
C. Exercise-induced asthma prevention
D. Uncontrolled severe asthma

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38. (SATA)

Which instructions should the nurse include when teaching inhaler use?
☐ Exhale fully before inhalation
☐ Inhale quickly with MDI
☐ Hold breath after inhalation
☐ Wait between puffs
☐ Skip spacer use

39.

Which finding indicates **theophylline toxicity**?
A. Dry mouth
B. Bradycardia
C. Seizures
D. Constipation

40.

Which patient statement reflects understanding of asthma step therapy?
A. “I will stay on the highest dose forever.”
B. “My medication may change based on control.”
C. “Rescue inhalers replace daily medications.”
D. “Controller meds are optional.”

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41. (Delegation)

Which assessment finding must be reported to the RN immediately by the LPN?
A. O_2 saturation 91% in COPD patient
B. New wheezing after bronchodilator
C. Mild tremor after albuterol
D. Dry mouth from tiotropium

42.

Which medication combination is most appropriate for **moderate persistent asthma**?
A. SABA only
B. ICS + LABA
C. LABA alone
D. Anticholinergic only

43.

Which adverse effect is most associated with anticholinergic inhalers?
A. Hypotension
B. Dry mouth
C. Hypoglycemia
D. Sedation

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44. (SATA)

Which patients should receive **inhaled corticosteroids**?

☐ Mild persistent asthma
☐ Moderate persistent asthma
☐ Acute asthma attack only
☐ Severe persistent asthma
☐ COPD cure

45.

Which statement by a COPD patient indicates **misunderstanding**?

A. “Smoking cessation is important.”
B. “My disease cannot be reversed.”
C. “These medications will cure my lungs.”
D. “Bronchodilators help my breathing.”

46.

Which drug is used to reduce COPD exacerbations but is **not a bronchodilator**?

A. Albuterol
B. Tiotropium
C. Roflumilast
D. Ipratropium

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47. (SATA)

Which findings require immediate follow-up in a patient receiving monoclonal antibody therapy?

☐ Wheezing
☐ Urticaria
☐ Hypotension
☐ Mild headache
☐ Throat tightness

48.

Which medication improves beta-2 receptor responsiveness?
A. Albuterol
B. Corticosteroids
C. Anticholinergics
D. Leukotriene modifiers

49.

Which teaching is most important for patients using combination inhalers?
A. Use only when symptomatic
B. Rinse mouth after each use
C. Avoid daily use
D. Use as rescue therapy

50.

Which assessment best indicates effective COPD management?
A. No need for oxygen therapy
B. Improved exercise tolerance
C. Normal lung structure
D. Decreased smoking history

✅ ANSWER KEY WITH RATIONALES

1. **C** – Daily SABA use = poor control
2. **Budesonide, Montelukast, Omalizumab** – Anti-inflammatory
3. **B** – ICS prevent inflammation
4. **C** – Albuterol is rescue only
5. **C** – UAP can collect data
6. **B** – Improved symptoms = effectiveness
7. **Hyperglycemia, Osteoporosis, Thrush, Adrenal suppression**
8. **C** – Prevent adrenal crisis
9. **C** – LABA alone unsafe in asthma
10. **Rinse mouth, Daily use, Hoarseness**
11. **C** – Neuropsychiatric risk
12. **C** – Rescue medication
13. **C** – Initial assessment = RN
14. **B** – Spacer improves delivery
15. **Night awakenings, Frequent SABA, Activity limitation**
16. **C** – Long-acting anticholinergic
17. **B** – Smoking cessation key
18. **Albuterol, Tiotropium, Theophylline**
19. **B** – Life-threatening toxicity
20. **B** – LABA monotherapy risk
21. **B** – Teaching requires RN
22. **C** – Anaphylaxis risk
23. **C** – Steroids must be tapered
24. **Tiotropium, Roflumilast, Albuterol**
25. **C** – No limitations = control
26. **B** – Leukotriene blocker
27. **C** – Avoid oxygen-induced hypoventilation
28. **Tremor, Tachycardia, Nervousness**
29. **B** – Anti-IL-5
30. **B** – Depression risk
31. **C** – Vital signs collection
32. **C** – Rescue inhaler
33. **B** – Thrush
34. **Used long-term, Used in COPD, Not for acute relief**
35. **B** – Airway first
36. **B** – Mast cell stabilizer
37. **C** – Prophylaxis use
38. **Exhale fully, Hold breath, Wait between puffs**
39. **C** – Seizure = toxicity
40. **B** – Step up/down
41. **B** – Unexpected response

42. B – Controller + bronchodilator
43. B – Anticholinergic effect
44. Mild, Moderate, Severe persistent asthma
45. C – COPD not curable
46. C – PDE-4 inhibitor
47. Wheezing, Urticaria, Hypotension, Throat tightness
48. B – Steroids ↑ receptor sensitivity
49. B – Prevent thrush
50. B – Functional improvement