



Top 5 Meds to know for NCLEX

Drug Name	Class	Mechanism of Action (MOA)	NCLEX Nursing Tips	Key Side Effects	Black Box Warnings / Alerts	Mnemonic
Digoxin	Cardiac glycoside	Increases myocardial contractility; slows AV node conduction → improves cardiac output	- Check apical pulse for 1 full min (hold if <60 bpm)- Monitor K⁺ levels : low K ⁺ ↑ toxicity- Therapeutic level: 0.5–2.0 ng/mL - Toxic signs : N/V, vision changes, bradycardia	Bradycardia, visual disturbances ("yellow halos"), N/V, fatigue	Narrow therapeutic index → toxicity risk increases with hypokalemia and renal failure	APICAL pulse, Potassium, TOXIC signs
Potassium	Electrolyte	Replaces intracellular potassium; vital for nerve and muscle function	- Administer with food and full glass of water - NEVER IV push → can be fatal- Use central line for >10 mEq/hr IV - Monitor ECG for peaked T waves , muscle cramps	GI upset, hyperkalemia (muscle weakness, ECG changes), phlebitis (IV)	IV K ⁺ can cause cardiac arrest if administered too rapidly	No PUSH, no CRUSH for K ⁺



Lisinopril	ACE inhibitor	Inhibits angiotensin-converting enzyme → ↓ BP by preventing vasoconstriction	- Monitor BP before giving- Hold if BP <100 systolic- Monitor K⁺ (risk of hyperkalemia)- Watch for dry cough, angioedema , and renal function	Cough, hyperkalemia, hypotension, angioedema	Angioedema is life-threatening; caution in renal impairment	A.C.E. = Angioedema, Cough, Elevated K ⁺
Furosemide	Loop diuretic	Inhibits sodium & water reabsorption in Loop of Henle → promotes diuresis	- Monitor electrolytes (esp. K⁺)- Risk of ototoxicity if given too fast IV- Give in AM to avoid nocturia- Monitor daily weights and BP	Hypokalemia, dehydration, hypotension, ototoxicity (IV)	Electrolyte depletion & dehydration risks; IV route may cause hearing loss	LOOP = Lose K



Metoprolol	Beta-blocker	Blocks beta-1 receptors → ↓ HR, ↓ BP, ↓ myocardial workload	- Check HR and BP before giving (hold if HR <60 or BP <100 systolic)- Watch for bradycardia, fatigue, and hypoglycemia masking - Avoid sudden withdrawal	Bradycardia, fatigue, hypotension, masks hypoglycemia	Can mask signs of hypoglycemia in diabetics; rebound HTN or angina if stopped suddenly	BETA: Bradycardia, BP ↓, Blood sugar masking, Bronchospasm (in asthma)
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NCLEX TIP:







 **Always link the mechanism of action with side effects and nursing interventions**
— this is a common strategy in NCLEX questions.

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NCLEX Must-KnowMeds!

 Digoxin Cardiac glycoside <ul style="list-style-type: none">• Check apical pulse if less \leq 60 bpm• Monitor N/V• Observe  NV v vision changes APICAL	 Potassium Electrolyte <ul style="list-style-type: none">• Take with food• Never IV push• Monitor for peaked T waves No PUSH for K⁺	 Lisinopril ACE inhibitor <ul style="list-style-type: none">• Hold if BP <10• Monitor dry cough• Hyperkalemia A. C. E.	 Metoprolol Beta-blocker <ul style="list-style-type: none">• Hold if HR ≤ 60 or BP ≤ 100• Bradycardia• Bradycardi LOOP
 Furosemide Loop diuretic <ul style="list-style-type: none">• Give in AM• Monitor dail weights• Monitor daily weights• Hypokalemia LOOP	Want to Pass NCLEX on Your First Try? Join our NCLEX Coaching Classes with Live Zoom Sessions & Expert Support Buy Full NCLEX Notes Pack at www.acenursing.ca Follow @acenursing on TikTok & Instagram for daily tips!		

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