



**RESPIRATORY**  
THERAPY ZONE

# **PHARMACOLOGY**

# **TMC EXAM TIPS**



**Tips, Tricks, and Insights for the TMC Exam**

## Disclaimer

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# Introduction

You downloaded this eBook, which most likely means that you are preparing to take the **TMC Exam** soon. If that's true then you're definitely in the right place.

That is because, we've created some of the [best tips, tricks, insights, and hacks](#) that students are using to pass the TMC Exam.

And below — we're going to share some of those with you, all on the topic of Pharmacology.

These tips are very important, so please be sure that you truly know and understand this information, especially if you want to pass the TMC Exam on your next attempt.

So if you're ready, let's go ahead and dive right in! 😊

# Pharmacology Tips for the TMC Exam

## 1. Basics of Pharmacology

There will be several questions on the exam that involve pharmacology in some way, shape, or form.

**So plain and simple — you MUST know your medications!**

I realize that you've already covered all of this stuff in Respiratory Therapy School. So the goal of this article isn't to re-teach you all of the medications again.

Instead, the goal to bring the most important topics to your attention so that you can make sure you know it and prepare adequately for the TMC Exam.

So I'm not going to list out every single medication that you need to know.

**But in general, just be sure to remember:**

- **Ultrashort acting medications**
  - Example – Epinephrine
- **Short-acting medications**
  - Example – Albuterol
- **Long-acting medications**
  - Example – Arformoterol (Brovana)
- **Ultralong acting medications**
  - Example – Tiotropium bromide (Spiriva)

Also, it should go without saying, but definitely be sure that you know all of the inhaled beta-agonist and anticholinergic bronchodilators.

- **Short-acting beta agonists** are rescue drugs used to relieve acute bronchospasm.
- **Long-acting beta agonists** are controller or maintenance medications.

Again, we're not going to list them all out for you here. Just be sure to spend some time looking over this information in your study guide. If you don't already have access to a study guide that covers all the information for the exam, you can consider getting access to our [TMC Study Guide](#).

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## 2. Drug Doses

I think you'll be happy to hear this tip.

You do not need to worry about memorizing the specific doses for all the different types of drugs. The NBRC typically doesn't ask for the specific dose in the questions on the exam.

I know, right, hallelujah! 🙏

**However, there is one exception to this rule..**

It may be a good idea to remember that a standard SVN dose for albuterol because it has been seen on a few versions of the exam.

**Albuterol SVN:** 0.5 mL (2.5 mg) given 3–4 times per day.

But other than that, there's no reason to learn or memorize the specific drugs doses for the TMC Exam. So with that said, let's keep moving right along.

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### 3. Anti-Infective Agents

You may see a question about some of the anti-infective medications.

Here are a few things that I want you to remember:

- **TOBI** – Tobramycin is used to treat cystic fibrosis patients.
  - **Ribavirin** – Used to treat RSV in children. It must be administered with a SPAG.
  - **Pentamidine** – Often used for the treatment of AIDS.
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### 4. Diuretics

If you've been reading Respiratory Therapy Zone for any amount of time, then you already know this — but whenever you have a patient with fluid overload, you need to recommend a diuretic (like Lasix).

The signs of fluid overload include:

- Peripheral edema
- Jugular venous distention
- Crackles on auscultation
- Shortness of breath

If the patient is wheezing due to fluid overload, giving a bronchodilator is not going to do any good. You should recommend a diuretic medication instead.

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## 5. Pain Medicine

Analgesics are medications that control or block pain. You should be familiar with the common narcotic drugs that are given for pain — like Morphine.

You will see a question from this section on the exam, so keep reading.

A common problem that we see as Respiratory Therapists is patients with a narcotic overdose. This is a serious situation because a narcotic overdose causes apnea and respiratory depression which may result in the need for intubation and mechanical ventilation.

What should you recommend for a patient with a narcotic overdose? Do you know?

Remember this for the exam:

You can reverse a narcotic overdose with the drug Narcan.

I can almost guarantee that you will see a question about Narcan (naloxone) on the exam, so prepare accordingly.

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## 6. Endotracheal Instillation

There are certain drugs that can be given or distilled directly down the endotracheal tube into the airway.

To make it easier to remember, you can learn the **NAVEL** mnemonic.

Here are the drugs:

- N – Naloxone (Narcan)
- A – Atropine
- V – Vasopressin
- E – Epinephrine
- L – Lidocaine

And of course, don't forget that surfactant can also be directly instilled in neonates with RDS.

Remember that when directly instilling medications down the ET tube, you have to administer 2–2.5 times more of the medication than the normal dose in order for it to be effective.

Also, you must dilute the drug with 10 mL of saline or sterile water.

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## 7. Xanthine Drugs

These are another type of medication that you could possibly see a question about on the exam.

The two types include:

- Theophylline
- Caffeine

This is a short tip. I just wanted to at least mention this here for you. The main thing I want you to remember is that these two drugs is this:

They can be used to treat apnea or prematurity in infants.



Also, theophylline is effective in treating patients with Cheyne-Stokes breathing as well.

# Conclusion

So there you have it! That wraps up this little cheat sheet with some of our best Pharmacology tips for the TMC Exam. I truly hope that you found this information to be helpful.

I'll be honest with you...

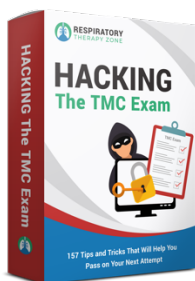
This is only a small sample of what we really want to share with you. We have tips and tricks (similar to the ones you just read) for every single section that will be on the TMC Exam.

That's right — we want to share with you the most important stuff that you **MUST** know in order to pass the exam. And the good news is this:

It can all be found inside of our [Hacking the TMC Exam video course](#).

Inside the course, we reveal our most important tips, tricks, and insights that you absolutely need to know to increase your chances of passing the exam.

And that is why so many students are having success after going through the course. So if you're interested, click on this link below and I can't wait to share this information with you.



[Click Here to Learn More About the Course](#)

Thanks again for reading all the way to the end!

I wish you the best of luck on your journey to becoming and Respiratory Therapist and as always, breathe easy my friend. 😊

## One more thing!

How would you like to get new TMC Practice Questions sent to your inbox every single day?

If this is something that sounds interesting to you, [Click Here](#) to learn more.

As I always say, going through practice questions is one of the most effective strategies when it comes to passing the TMC Exam.

Well now, you can get new practice questions delivered straight to your inbox on a daily basis.

This way, over time, you can master every single topic that you need to know to increase your chances of passing the exam on your first (or next) attempt.

Let's go through an example so that you can see what I'm talking about.

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Here's an example of a TMC Practice Question:

A patient with fluid overload was just given a dose of furosemide via IV. Afterwards, the patient displayed an arrhythmia on the EKG that was not there before the dose was given. Which of the following would you recommend at this time?

- A. Defibrillate the patient
- B. Administer another dose of furosemide
- C. Administer a dose of epinephrine
- D. Check the patient's potassium level

Do you know the answer? Not to worry, let's break it down!

The explanation that you get along with each practice question is the most important part!

First and foremost, you had to know that furosemide is another name for Lasix — which, of course, is a diuretic agent that is given for patients with fluid overload.

In general, you need to know that when Lasix (or any diuretic agent) is given, the patient will excrete a large amount of potassium. And remember, potassium levels are associated with the heart, so this explains why the patient has a new arrhythmia.

There is no indication to give more Lasix, nor is there an indication to give epinephrine. Also, there is no indication to defibrillate the patient.

So by using what we know about the administration of Lasix, as well as the process of elimination, you know that the correct answer has to be D.

**The correct answer is: D. Check the patient's potassium level**

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Well, what did you think? Do you see how valuable this information can be??

Are you ready to start receiving these practice questions and explanations every day?

If so, just click on the link below



[Click Here to Get Daily TMC Practice Questions](#)

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