

# Pharmacology Survival Card

Bonus · know the family, know the drug.

NCLEX  
BOOTCAMP

## Drug-class suffixes

-olol	<b>Beta blockers</b>
-pril	<b>ACE inhibitors</b>
-sartan	<b>ARBs</b>
-dipine	<b>Ca channel blockers</b>
-statin	<b>Antilipemics</b>
-osin	<b>Alpha blockers</b>
-pam / -lam	<b>Benzodiazepines</b>
-barbital	<b>Barbiturates</b>
-prazole	<b>PPIs</b>
-tidine	<b>H2 blockers</b>
-cillin	<b>Penicillins</b>
-cycline	<b>Tetracyclines</b>
-floxacin	<b>Fluoroquinolones</b>
-mycin	<b>Aminoglyc./macrolides</b>
-parin	<b>Anticoagulants</b>
-ase	<b>Thrombolytics</b>

## Must-know antidotes

Heparin	<b>Protamine sulfate</b>
Warfarin	<b>Vitamin K</b>
Opioids	<b>Naloxone</b>
Benzodiazepines	<b>Flumazenil</b>
Acetaminophen	<b>Acetylcysteine</b>
Digoxin	<b>Digoxin immune Fab</b>
Mag sulfate	<b>Calcium gluconate</b>
Beta blocker	<b>Glucagon</b>
Iron	<b>Deferoxamine</b>
Methotrexate	<b>Leucovorin</b>
Insulin/hypoglycemia	<b>D50 / glucagon</b>

## High-alert reminders

**Digoxin:** hold if apical HR < 60; watch for toxicity (N/V, yellow vision); hypokalemia worsens it.

**Insulin:** only regular insulin IV; peak times = hypoglycemia risk.

**Anticoagulants:** monitor aPTT (heparin), INR (warfarin); bleeding precautions.

**Potassium:** never IV push; always dilute and infuse.

## "-statin / ACE" teaching

**ACE (-pril):** watch dry cough & angioedema; monitor K<sup>+</sup>.

**Statins:** take at night; report muscle pain (rhabdo); check LFTs.

**Beta blockers:** don't stop abruptly; mask hypoglycemia.

**This is one bonus card** from the 51-page **NCLEX Bootcamp** white paper — the full method, 30 worked questions & NGN cases. Get it for \$9, or free when you book a 1:1 session.