

ADULT HEALTH (AH) II EXAM 1 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.

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!

Questions

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1. If HCO_3^- is low, what should you do?

- A. Look for causes (DKA, lactic acidosis, renal failure, severe diarrhea, or shock) and treat; check electrolytes, glucose, lactate, and renal function; assess for hyperventilation
- B. Immediately give bicarbonate without assessing cause
- C. Withhold labs and monitor only
- D. Assume hypoventilation and reduce ventilatory support

2. What is a commonly recommended approach when NG tube feeds are poorly tolerated in critical illness?

- A. Stop feeding completely
- B. Use prokinetics and consider post-pyloric feeding
- C. Switch to parenteral nutrition immediately
- D. Increase feeding rate to meet caloric goals

3. In the initial management of septic shock, what is the time frame and key steps for antibiotic therapy?

- A. Cultures, start broad-spectrum IV antibiotics within 1 hour of recognition, aggressive fluid resuscitation, and initiate vasopressors if hypotension persists after fluids
- B. Antibiotics after 6 hours
- C. No fluids initially
- D. Antibiotics only after cultures

4. Chylothorax involves which of the following?

- A. Accumulation of milky, lipid-rich lymphatic fluid (chyle) in the pleural space due to thoracic duct disruption or obstruction
- B. Accumulation of clear, protein-poor fluid
- C. Accumulation of air in pleural space
- D. Accumulation of blood in pleural space

5. Extrathoracic Damage: What does extrathoracic damage refer to in chest trauma assessment?

- A. Injury to the lungs
- B. Associated injuries to the trunk outside the thoracic cavity
- C. Injury to the heart
- D. Rib fracture

- 6. Pulmonary contusion treatment strategies: Which is a pain control strategy used in management?**
- A. Judicious Fluid Resuscitation
 - B. Pain Control: nerve blocks
 - C. Oxygenation & Supportive Ventilation
 - D. Diuresis to manage fluid accumulation
- 7. PE pathophysiology: Pulmonary embolism causes what physiologic change?**
- A. Occlusion of one or more pulmonary arteries by a clot, fat, air, or amniotic fluid, obstructing alveolar perfusion and producing dead-space ventilation with severe V/Q mismatch
 - B. Increased perfusion to alveoli
 - C. Decreased V/Q mismatch
 - D. Alveolar edema
- 8. How often should endotracheal tube position be checked?**
- A. Only at insertion
 - B. At least once per shift and after every move
 - C. Once per day
 - D. Only if patient shows symptoms
- 9. In BIPAP care, which finding indicates pressure-related skin injury from the mask?**
- A. Nasal swelling
 - B. Deep red marks on the nasal bridge, forehead, or cheeks
 - C. Abdominal bloating
 - D. Frequent sneezing
- 10. Transfusion reaction signs and immediate management?**
- A. Stop the transfusion, maintain IV line with normal saline, notify the blood bank, and treat anaphylaxis if present.
 - B. Continue transfusion with antihistamines.
 - C. Temporarily pause and reassess, but do not notify blood bank.
 - D. Administer IV fluids and antibiotics without stopping transfusion.

Answers

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

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Explanations

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1. If HCO_3^- is low, what should you do?

- A. Look for causes (DKA, lactic acidosis, renal failure, severe diarrhea, or shock) and treat; check electrolytes, glucose, lactate, and renal function; assess for hyperventilation**
- B. Immediately give bicarbonate without assessing cause
- C. Withhold labs and monitor only
- D. Assume hypoventilation and reduce ventilatory support

When bicarbonate is low, the problem is metabolic acidosis, so the first step is to identify and treat the underlying cause rather than reflexively giving bicarbonate. Look for common etiologies such as Diabetic ketoacidosis, lactic acidosis, renal failure, severe diarrhea, or shock, and guide treatment toward correcting those problems. This involves checking key labs: electrolytes to understand the acid-base balance, glucose to screen for DKA, lactate to assess tissue hypoxia, and renal function to evaluate kidney involvement, plus evaluating the patient's ventilation status for appropriate respiratory compensation (hyperventilation should be present if the metabolic acidosis is compensated). Giving bicarbonate right away without assessing the cause can mask issues and may be inappropriate depending on the situation. Withholding labs and simply monitoring misses the critical information needed to treat the true source of the acidosis. Assuming hypoventilation and reducing ventilatory support would worsen acidosis, not correct it.

2. What is a commonly recommended approach when NG tube feeds are poorly tolerated in critical illness?

- A. Stop feeding completely
- B. Use prokinetics and consider post-pyloric feeding**
- C. Switch to parenteral nutrition immediately
- D. Increase feeding rate to meet caloric goals

When NG tube feeds are poorly tolerated during critical illness, the best approach is to optimize gut motility with prokinetic drugs and, if needed, switch to post-pyloric feeding to bypass the stomach. Prokinetics such as metoclopramide or erythromycin help stimulate coordinated stomach and small-bowel movement, reducing gastric residuals and improving tolerance of enteral nutrition. If gastric feeds remain problematic, advancing the tube past the pylorus into the duodenum or jejunum reduces the risk of aspiration and can allow continued delivery of calories and nutrients through the enteral route. Stopping feeds completely is not ideal because it deprives the patient of essential nutrition and gut integrity. Immediate parenteral nutrition is not typically started as the first step, since enteral feeding is preferred when feasible. Increasing the feeding rate during intolerance would worsen symptoms and residuals.

3. In the initial management of septic shock, what is the time frame and key steps for antibiotic therapy?

- A. Cultures, start broad-spectrum IV antibiotics within 1 hour of recognition, aggressive fluid resuscitation, and initiate vasopressors if hypotension persists after fluids**
- B. Antibiotics after 6 hours
- C. No fluids initially
- D. Antibiotics only after cultures

In septic shock, the priority is rapid, life-saving treatment within the first hour: obtain cultures and start broad-spectrum IV antibiotics as soon as the condition is recognized, while simultaneously starting aggressive fluid resuscitation. Cultures (blood and other sites as indicated) should be drawn promptly, ideally before antibiotics, but treatment should not be delayed waiting for culture results. The key is to initiate broad-spectrum antibiotics within one hour to curb the infection and limit progression, since delays are linked to higher mortality. At the same time, begin fluids to restore perfusion—crystalloids are first-line—and, if hypotension persists after adequate fluid resuscitation, start vasopressors (typically norepinephrine) to maintain a mean arterial pressure of at least 65 mmHg. This combination embodies the urgent approach: rapid antibiotic therapy, early culture collection, prompt fluid resuscitation, and timely vasopressor support if needed. The other options misstate the timing or sequence—waiting 6 hours, withholding fluids initially, or delaying antibiotics for cultures alone—leading to worse outcomes.

4. Chylothorax involves which of the following?

- A. Accumulation of milky, lipid-rich lymphatic fluid (chyle) in the pleural space due to thoracic duct disruption or obstruction**
- B. Accumulation of clear, protein-poor fluid
- C. Accumulation of air in pleural space
- D. Accumulation of blood in pleural space

Chylothorax occurs when chyle, the lipid-rich lymph that normally travels through the thoracic duct from the gut, leaks into the pleural space due to disruption or obstruction of the thoracic duct. This causes the pleural fluid to be milky and rich in triglycerides and chylomicrons. The disruption can happen after chest or esophageal surgery, trauma, or from malignancies such as lymphoma that block lymphatic flow. Clinically, this is distinguished from other pleural effusions by the fluid's appearance and composition: milky, lipid-rich fluid with high triglycerides (often >110 mg/dL) and sometimes chylomicrons, rather than clear or protein-poor fluid, air (pneumothorax), or blood (hemothorax).

5. Extrathoracic Damage: What does extrathoracic damage refer to in chest trauma assessment?

- A. Injury to the lungs
- B. Associated injuries to the trunk outside the thoracic cavity**
- C. Injury to the heart
- D. Rib fracture

In chest trauma assessment, extrathoracic damage means injuries that occur outside the thoracic cavity. It refers to associated injuries to parts of the trunk that are not within the chest, such as abdominal or pelvic injuries, or injuries to areas like the neck or spine that accompany the chest trauma. This is why the best choice describes injuries to the trunk outside the thoracic cavity. In contrast, injuries to the lungs, the heart, or a rib fracture are all inside the thoracic region, so they represent intrathoracic injury rather than extrathoracic damage.

6. Pulmonary contusion treatment strategies: Which is a pain control strategy used in management?

- A. Judicious Fluid Resuscitation
- B. Pain Control: nerve blocks**
- C. Oxygenation & Supportive Ventilation
- D. Diuresis to manage fluid accumulation

Pain control is essential in pulmonary contusion because chest wall pain makes patients breathe shallowly and hold coughing, which worsens atelectasis and gas exchange. Using regional nerve blocks for the chest wall—like intercostal, paravertebral, or epidural blocks—provides targeted analgesia that allows deeper breaths, better coughing, and improved clearing of secretions without heavy systemic sedation. This directly reduces respiratory complications and supports weaning from ventilatory assist as needed. Other options touch on managing circulation, gas exchange, or fluid balance, but they do not address pain control. Judicious fluids help perfusion and edema risk, oxygenation and supportive ventilation treat gas exchange, and diuresis manages fluid, but none are primarily about analgesia.

7. PE pathophysiology: Pulmonary embolism causes what physiologic change?

- A. Occlusion of one or more pulmonary arteries by a clot, fat, air, or amniotic fluid, obstructing alveolar perfusion and producing dead-space ventilation with severe V/Q mismatch**
- B. Increased perfusion to alveoli
- C. Decreased V/Q mismatch
- D. Alveolar edema

Blockage of pulmonary arteries by a clot or other embolus stops blood flow to parts of the lung. Ventilation in those regions continues, so air reaches the alveoli without being matched by perfusion. This creates physiologic dead space and a high ventilation-perfusion ratio, meaning gas exchange is inefficient and hypoxemia results. The body often responds with rapid breathing to compensate. Alveolar edema is not a direct consequence of PE, and increased perfusion to alveoli or a decreased V/Q mismatch would not fit the primary effect of an embolus blocking blood flow to portions of the lung.

8. How often should endotracheal tube position be checked?

- A. Only at insertion
- B. At least once per shift and after every move**
- C. Once per day
- D. Only if patient shows symptoms

Regularly confirming endotracheal tube position is essential because even small movements can shift the tube, risking inadequate ventilation or accidental extubation. After placement, and throughout care, the tube should be checked at least once per shift and after every patient move because repositioning, turning, suctioning, or transport are common times for displacement. If the tube slides deeper, you may hear unequal breath sounds, see asymmetrical chest movement, or notice sudden changes in oxygenation or ventilator pressures; if it withdraws, there's a real risk of accidental extubation. Verification involves checking the external depth marker at the teeth or lips, ensuring bilateral breath sounds and symmetric chest rise, and monitoring capnography, with chest X-ray or other confirmatory imaging as needed.

9. In BIPAP care, which finding indicates pressure-related skin injury from the mask?

- A. Nasal swelling
- B. Deep red marks on the nasal bridge, forehead, or cheeks**
- C. Abdominal bloating
- D. Frequent sneezing

The main idea here is recognizing skin injury from the mask interface during BIPAP. When a noninvasive ventilation mask fits tightly, continuous pressure and friction at contact points can compress underlying tissue, leading to pressure-related skin injury. A key early sign is deep red marks at the areas where the mask contacts the face—typically the nasal bridge, forehead, and cheeks. These marks indicate tissue that's being squeezed and stressed by the mask seal and warrant action to prevent more serious skin breakdown. Why this is the best choice: those persistent red marks precisely reflect localized pressure from the mask seal, which is exactly what pressure-related skin injury from NIV masks looks like. They appear at common contact sites and signal that the interface is too tight or improperly fitted, and skin needs relief and protective care right away. Why the other options don't fit: nasal swelling might occur from congestion or infection, not from mask-induced pressure. Abdominal bloating is unrelated to facial skin injury. Frequent sneezing is typically an airway or allergen issue, not a sign of pressure injury from the mask. If you observe red marks, adjust the mask fit, relieve pressure (and consider padding or a different mask), and regularly inspect the skin to prevent progression of injury.

10. Transfusion reaction signs and immediate management?

- A. Stop the transfusion, maintain IV line with normal saline, notify the blood bank, and treat anaphylaxis if present.
- B. Continue transfusion with antihistamines.
- C. Temporarily pause and reassess, but do not notify blood bank.
- D. Administer IV fluids and antibiotics without stopping transfusion.

When a transfusion reaction is suspected, the most critical steps are to stop the transfusion immediately, keep the IV line open with normal saline to support circulation, and notify the blood bank right away so the implicated unit can be identified and tested. This rapid halt prevents ongoing exposure to the offending antigen or allergen, while IV fluids help maintain blood pressure and perfusion. Treating the patient depends on the reaction type. If signs point to anaphylaxis, administer appropriate emergency care (epinephrine, aggressive IV fluids, airway support) because anaphylaxis can progress rapidly and requires prompt intervention. Throughout, obtain samples for post-reaction testing and document the event. Continuing the transfusion, giving antibiotics or antihistamines without stopping the transfusion, or delaying notifying the blood bank would miss the fundamental first step and risk worsening the patient's condition.

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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://ah2exam1.examzify.com>

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

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