

AMSA Advanced Nursing 1 Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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

- 1. What type of route is considered for medications that are administered through the mouth?**
 - A. Intravenous**
 - B. Sublingual**
 - C. Oral**
 - D. Inhalational**
- 2. Which scale is commonly used for assessing pain in non-verbal patients?**
 - A. Wong-Baker Faces scale**
 - B. FLACC scale**
 - C. Numeric Pain Intensity scale**
 - D. Visual Analog Scale**
- 3. What does the process of medication reconciliation involve?**
 - A. Recording new medications prescribed**
 - B. Eliminating unnecessary medications**
 - C. Comparing a patient's medication orders to all current medications**
 - D. Reviewing medication side effects**
- 4. What is the purpose of a suppository?**
 - A. To be taken orally**
 - B. To be injected into the bloodstream**
 - C. To be inserted into the rectum or vagina**
 - D. To be applied topically to the skin**
- 5. How do needles attach to a Non-Luer-Lok syringe?**
 - A. Needles are twisted onto the tip of the syringe**
 - B. Needles slip onto the tip of the syringe**
 - C. Needles are permanently attached**
 - D. Needles require adapters for attachment**

- 6. What does effective time management in nursing involve?**
- A. The ability to multitask efficiently**
 - B. Prioritizing tasks and allocating time efficiently**
 - C. Scheduling breaks every hour**
 - D. Reducing patient interactions**
- 7. Which of the following is a sign of an allergic reaction?**
- A. Dry skin**
 - B. Hives**
 - C. Headache**
 - D. Fatigue**
- 8. How is Schedule 5 defined in terms of potential for abuse?**
- A. Low potential for abuse and less limiting dependence than Schedule 4**
 - B. High potential for abuse**
 - C. No medical use**
 - D. Moderate potential for dependence**
- 9. Which assessment would not typically be included in a neurological assessment?**
- A. Assessing reflexes**
 - B. Checking the patient's level of consciousness**
 - C. Monitoring heart rate**
 - D. Evaluating sensory function**
- 10. What is the process by which nurses analyze patient data and make decisions regarding care?**
- A. Clinical judgment**
 - B. Clinical reasoning**
 - C. Nursing assessment**
 - D. Patient evaluation**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What type of route is considered for medications that are administered through the mouth?

- A. Intravenous**
- B. Sublingual**
- C. Oral**
- D. Inhalational**

The oral route is utilized for medications that are administered through the mouth, making it the most direct method for delivering drugs to the gastrointestinal tract. This method allows for absorption directly from the digestive system into the bloodstream. Medications taken orally can come in various forms such as tablets, capsules, or liquids, making this route versatile and commonly used in clinical practice. The oral route is favored for many medications due to its ease of use, convenience for patients, and generally lower costs compared to other administration methods. In contrast, the intravenous route involves delivering medications directly into the bloodstream via a vein, which is not an oral method. The sublingual route involves placing a substance under the tongue for rapid absorption into the bloodstream, bypassing the gastrointestinal system, thus differing significantly from oral administration. Finally, inhalational medication refers to drugs meant to be absorbed through the respiratory system, typically through the lungs, highlighting another distinct method of medication administration. Therefore, the oral route stands out as the appropriate choice for medications taken through the mouth.

2. Which scale is commonly used for assessing pain in non-verbal patients?

- A. Wong-Baker Faces scale**
- B. FLACC scale**
- C. Numeric Pain Intensity scale**
- D. Visual Analog Scale**

The FLACC scale, which stands for Face, Legs, Activity, Cry, and Consolability, is specifically designed for assessing pain in non-verbal patients, such as infants or those with cognitive impairments. This scale involves observing the patient's physical and behavioral cues to rate their pain on a scale from 0 to 10, based on five criteria: facial expression (Face), leg movement (Legs), overall activity (Activity), presence of crying (Cry), and the ability to be consoled (Consolability). This multi-faceted approach makes the FLACC scale particularly effective in situations where verbal communication is not possible. It allows caregivers to assess pain through observable signs, which can be crucial for providing appropriate pain management in vulnerable populations. The scale is widely recognized and validated for use in clinical settings, which enhances its reliability and utility in the assessment of pain among non-verbal individuals.

3. What does the process of medication reconciliation involve?

- A. Recording new medications prescribed
- B. Eliminating unnecessary medications
- C. Comparing a patient's medication orders to all current medications**
- D. Reviewing medication side effects

The process of medication reconciliation primarily involves the comparison of a patient's medication orders to all current medications they are taking. This is a critical step in ensuring patient safety, as it helps to identify any discrepancies that may arise when a patient transitions between different healthcare settings, such as from hospitalization to home or to another facility. By thoroughly reviewing what medications the patient has been prescribed, along with what they are currently taking, healthcare providers can detect potential conflicts, duplications, or omissions. This promotes optimal therapeutic outcomes and reduces the risk of adverse drug events. Recording new medications, eliminating unnecessary medications, and reviewing medication side effects are important aspects of medication management, but they do not encompass the full scope of medication reconciliation. The focus is specifically on the accurate comparison and verification of all medications to ensure continuity of care and patient safety.

4. What is the purpose of a suppository?

- A. To be taken orally
- B. To be injected into the bloodstream
- C. To be inserted into the rectum or vagina**
- D. To be applied topically to the skin

The purpose of a suppository is specifically to be inserted into the rectum or vagina. Suppositories are designed to dissolve in these locations, allowing their active ingredients to be absorbed through the mucous membranes into the bloodstream or to provide local effects on the tissues. This method of administration is particularly useful when a patient cannot take medication orally due to conditions such as vomiting, difficulty swallowing, or gastrointestinal issues. It can also be used for local treatment of conditions affecting the rectal or vaginal areas. Other forms of medication, such as those taken orally, injected, or applied topically, do not utilize the unique absorption characteristics and local effects that suppositories offer. This underscores the specific role that rectal or vaginal administration plays in pharmacology, making suppositories a unique and valuable form of medication delivery.

5. How do needles attach to a Non-Luer-Lok syringe?

- A. Needles are twisted onto the tip of the syringe
- B. Needles slip onto the tip of the syringe**
- C. Needles are permanently attached
- D. Needles require adapters for attachment

In a Non-Luer-Lok syringe, the needle is designed to slip onto the tip of the syringe. This attachment method provides a straightforward and quick way to change needles or administer medications. The Non-Luer-Lok design does not utilize a locking mechanism; instead, it relies on friction to keep the needle securely in place during use. This allows for ease of use in various clinical scenarios, especially when rapid access to medication is needed. Other attachment methods, such as twisting the needle onto the syringe or requiring adapters, are characteristics of different syringe types. Permanent attachments would hinder the usability of the syringe for various procedures, as needle changes may be necessary for different applications. Thus, the simplicity and efficiency of the slip-on mechanism in Non-Luer-Lok syringes make it the correct answer.

6. What does effective time management in nursing involve?

- A. The ability to multitask efficiently
- B. Prioritizing tasks and allocating time efficiently**
- C. Scheduling breaks every hour
- D. Reducing patient interactions

Effective time management in nursing involves prioritizing tasks and allocating time efficiently. This means that nurses must assess which tasks are most critical to patient care and address those first, ensuring that they meet the immediate needs of their patients. By organizing their workload according to priority, nurses can enhance patient safety and outcomes. This approach requires a comprehensive understanding of the clinical environment and demands, allowing nurses to navigate their responsibilities effectively. It encourages them to use their time wisely, which can include delegating tasks appropriately and recognizing when to seek assistance or adjust schedules based on changing patient needs. While multitasking can be a component of time management, it may not always be the most effective strategy in the clinical setting, where the quality of patient care must be at the forefront. Regular breaks can contribute to overall well-being but do not directly address the core of time management. Lastly, reducing patient interactions would be contrary to the goals of nursing, which is centered around providing holistic and attentive care. In practice, effective time management is about optimizing workflow while ensuring high standards of patient care are maintained.

7. Which of the following is a sign of an allergic reaction?

- A. Dry skin**
- B. Hives**
- C. Headache**
- D. Fatigue**

A sign of an allergic reaction includes the presence of hives, which are raised, itchy welts on the skin that can appear in response to allergens. Hives, also known as urticaria, arise due to the release of histamine and other chemicals from mast cells in the skin, often as part of the body's immune response to a perceived harmful substance. While dry skin, headache, and fatigue can be symptoms associated with various conditions, they are not specific indicators of an allergic reaction. Dry skin is typically related to environmental factors or skin conditions, a headache may stem from numerous non-allergic causes such as stress or dehydration, and fatigue can result from multiple underlying health issues or lifestyle factors. Therefore, the presence of hives clearly identifies an allergic response, making it the correct answer.

8. How is Schedule 5 defined in terms of potential for abuse?

- A. Low potential for abuse and less limiting dependence than Schedule 4**
- B. High potential for abuse**
- C. No medical use**
- D. Moderate potential for dependence**

Schedule 5 substances are characterized by their low potential for abuse relative to higher schedules, making them less likely to result in dependence compared to Schedule 4 substances. This classification reflects a regulatory understanding that while Schedule 5 drugs can still pose some risk, the likelihood of misuse or addiction is significantly lower. These substances typically have accepted medical uses, and their abuse potential is considered minimal. Consequently, the regulations surrounding their prescription and control are more lenient compared to those of higher schedule drugs. This classification is an important aspect for healthcare providers to understand when assessing medications and their implications for patient care.

9. Which assessment would not typically be included in a neurological assessment?

- A. Assessing reflexes**
- B. Checking the patient's level of consciousness**
- C. Monitoring heart rate**
- D. Evaluating sensory function**

Monitoring heart rate is not typically considered part of a neurological assessment because it primarily pertains to cardiovascular function rather than neurological status. A neurological assessment focuses on components that directly assess the brain and nervous system's functioning. Assessing reflexes, for instance, is integral to evaluating the integrity of the nervous system, as it provides information on spinal cord function and certain aspects of brain function. Checking the patient's level of consciousness is crucial because it helps identify any impairment in cerebral function or responsiveness, which can indicate various neurological conditions. Evaluating sensory function is also a key part of the neurological assessment, as it helps determine the reliability of sensory pathways and can aid in identifying specific neurological deficits. In contrast, heart rate assessment falls within the realm of cardiovascular monitoring and does not provide direct insights into neurological health.

10. What is the process by which nurses analyze patient data and make decisions regarding care?

- A. Clinical judgment**
- B. Clinical reasoning**
- C. Nursing assessment**
- D. Patient evaluation**

The correct answer is clinical reasoning, which refers to the cognitive process that nurses use to observe, interpret, and synthesize patient data in order to make informed decisions about patient care. This process encompasses critical thinking and integrates clinical knowledge with patient data, allowing nurses to identify problems, evaluate potential interventions, and determine the best course of action for their patients. Clinical reasoning involves several steps, including assessment, diagnosis, planning, implementation, and evaluation, all of which are essential components of the nursing process. Through effective clinical reasoning, nurses can prioritize care tasks, anticipate patient needs, and adjust interventions as necessary, thereby enhancing patient outcomes. In contrast, while clinical judgment, nursing assessment, and patient evaluation are all important elements of nursing practice, they represent different aspects of patient care decision-making. Clinical judgment pertains more broadly to the ability to make sound decisions based on clinical knowledge and experience. Nursing assessment specifically focuses on the systematic collection and analysis of patient data, while patient evaluation typically relates to the assessment of patient responses and outcomes after care has been implemented. Each of these components plays a role in comprehensive nursing practice, but clinical reasoning is the overarching process that ties them together to ensure optimal decision-making.

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://amsaadvnursing1.examzify.com>

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