

AMSA Advanced Nursing 2 Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. The staging system for ulcers is based on describing what aspect of the ulcer?**
 - A. Color and size**
 - B. Smell and drainage**
 - C. Depth and tissue loss**
 - D. Cause and duration**
- 2. Which stage of pressure injury is characterized by deep red crater and possible tunneling?**
 - A. Stage 1**
 - B. Stage 2**
 - C. Stage 3**
 - D. Stage 4**
- 3. What type of drainage is described as clear like plasma?**
 - A. Sanguineous drainage**
 - B. Serous drainage**
 - C. Serosanguineous drainage**
 - D. Purulent drainage**
- 4. Which method can cause discomfort during the dressing change due to its nature?**
 - A. Wet-to-wet dressings**
 - B. Enzymatic debridement**
 - C. Wet-to-dry dressings**
 - D. Moisture retentive dressings**
- 5. What mechanism is responsible for the movement of water across cell membranes?**
 - A. Active transport**
 - B. Diffusion**
 - C. Filtration**
 - D. Osmosis**

- 6. What type of dressing is most suitable for advancing healing in burn wounds?**
- A. Dry gauze**
 - B. Wet dressings that dry quickly**
 - C. Moist burn dressing**
 - D. Absorbent pads**
- 7. What type of wound is characterized by shallow depth with loss of the epidermis and possibly the dermis?**
- A. Full thickness wound**
 - B. Partial thickness wound**
 - C. Superficial wound**
 - D. Complex wound**
- 8. What is the term for the phase of healing characterized by the appearance of new blood vessels?**
- A. Inflammatory phase**
 - B. Proliferative phase**
 - C. Maturation phase**
 - D. Regenerative phase**
- 9. What is the advantage of using a central venous catheter compared to a peripheral catheter?**
- A. Less invasive procedure**
 - B. Extended duration of use for venous access**
 - C. Lower risk of infection**
 - D. Faster drug absorption**
- 10. What indicates a stage 1 pressure injury?**
- A. Partial thickness skin loss involving dermis**
 - B. Full thickness tissue loss with extensive tissue necrosis**
 - C. Skin is intact; area is red and doesn't blanch with fingertip pressure**
 - D. Deep red crater with slough buildup**

Answers

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

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Explanations

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1. The staging system for ulcers is based on describing what aspect of the ulcer?

- A. Color and size**
- B. Smell and drainage**
- C. Depth and tissue loss**
- D. Cause and duration**

The correct answer focuses on the depth and tissue loss associated with ulcers, which are critical factors in staging. Ulcers are categorized into different stages based on how deep the injury extends into the skin and underlying tissues. For instance, a stage one ulcer may present only as a non-blanchable area of redness on intact skin, while a stage four ulcer can involve extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures. Thus, accurately determining the depth and tissue loss is vital for assessing the severity of the ulcer, planning appropriate treatment, and predicting healing potential. The other aspects mentioned, such as color, size, smell, drainage, cause, and duration, are important in the overall assessment of wounds but do not directly relate to the standardized staging system used to evaluate the severity and progression of ulcers. Therefore, focusing on depth and tissue loss is essential for proper classification and management of ulcerative conditions.

2. Which stage of pressure injury is characterized by deep red crater and possible tunneling?

- A. Stage 1**
- B. Stage 2**
- C. Stage 3**
- D. Stage 4**

The stage of pressure injury characterized by a deep red crater and possible tunneling is indeed Stage 3. At this level, the damage extends through the dermis and into the subcutaneous tissue, creating a significant wound. You will notice that the wound bed presents with a deep red color, indicating the depth and severity of tissue damage. The appearance of tunneling can also occur in this stage, meaning that there may be a channel or pathway leading away from the primary area of the wound, which can complicate treatment and healing. Understanding the characteristics of Stage 3 pressure injuries is crucial for proper assessment and management. In contrast, earlier stages, such as Stage 1 and Stage 2, involve much less severity. Stage 1 indicates non-blanchable erythema of intact skin without open wounds, while Stage 2 presents as a partial-thickness loss of skin that may appear as a blister or shallow open sore. Stage 4 involves full-thickness tissue loss with extensive damage to underlying muscle, bone, or supporting structures, which is more severe than Stage 3. Recognizing these distinct stages is essential to provide appropriate care and intervention in patients at risk for pressure injuries.

3. What type of drainage is described as clear like plasma?

- A. Sanguineous drainage
- B. Serous drainage**
- C. Serosanguineous drainage
- D. Purulent drainage

The type of drainage described as clear like plasma is serous drainage. This type of drainage typically occurs in response to inflammation or injury and is characterized by a thin, watery consistency that resembles serum, which is the clear fluid portion of blood. Serous drainage is often pale yellow or straw-colored, indicating that it is largely composed of fluid and contains minimal cellular material. Understanding this characteristic helps in clinical assessments, as serous drainage usually signifies that the wound is healing properly without significant infection. In contrast, other types of drainage have distinct characteristics: sanguineous drainage is bright red due to the presence of fresh blood, while serosanguineous drainage contains both serum and blood, appearing pink or light red. Purulent drainage is thick and typically yellow, green, or brown, indicating an infection with the presence of pus.

4. Which method can cause discomfort during the dressing change due to its nature?

- A. Wet-to-wet dressings
- B. Enzymatic debridement
- C. Wet-to-dry dressings**
- D. Moisture retentive dressings

Wet-to-dry dressings are designed to adhere to a wound and then be removed during dressing changes. This process can cause discomfort because as the dressing dries, it adheres to the wound bed. When the dressing is pulled away, it may also take some healthy tissue with it, potentially leading to pain and a sensation of tearing. This type of dressing change is not ideal for painful wounds or delicate tissue, as it can exacerbate discomfort and slow the healing process. In contrast, other methods like moisture retentive dressings are designed to maintain a moist environment, which is typically more comfortable for the patient. Enzymatic debridement utilizes enzymes that break down necrotic tissue in a way that tends to be less painful than the physical removal involved with wet-to-dry dressings. Wet-to-wet dressings maintain moisture on the wound and might not elicit the same level of discomfort. Thus, wet-to-dry dressings are indeed the method more likely to cause discomfort during dressing changes due to their adherence and removal properties.

5. What mechanism is responsible for the movement of water across cell membranes?

- A. Active transport**
- B. Diffusion**
- C. Filtration**
- D. Osmosis**

The movement of water across cell membranes is primarily governed by osmosis. Osmosis is the process through which water molecules move from an area of lower solute concentration to an area of higher solute concentration through a semipermeable membrane. This movement continues until there is an equal concentration of solute on both sides of the membrane, or until other forces counterbalance the osmotic gradient. In the context of cell membranes, which are selectively permeable, water freely flows in and out of cells via specialized channels called aquaporins, or through the lipid bilayer itself, allowing for the necessary regulation of hydration and solute balance in the cell's environment. Understanding osmosis is crucial for grasping concepts related to cellular function, fluid balance, and homeostasis in the body.

6. What type of dressing is most suitable for advancing healing in burn wounds?

- A. Dry gauze**
- B. Wet dressings that dry quickly**
- C. Moist burn dressing**
- D. Absorbent pads**

Moist burn dressings are the most suitable choice for advancing healing in burn wounds. This type of dressing promotes a moist wound environment, which is crucial for the healing process. Maintaining moisture helps to prevent the formation of eschar (a dead tissue layer) and facilitates cell migration, thereby accelerating healing. Moreover, moist dressings can reduce pain and minimize the risk of infection by providing a protective barrier against external contaminants while still allowing for gas exchange, which is essential for wound healing. In contrast, dry gauze and wet dressings that dry quickly can potentially disrupt the healing process by adhering to the wound bed and causing pain or trauma when removed. Dry gauze might also not provide the necessary moisture, leading to delayed healing. Absorbent pads primarily focus on managing exudate and do not create an optimal environment for healing burns, which requires a strategy that supports moisture retention rather than absorption. Therefore, the use of a moist burn dressing stands out as the most effective approach for promoting an optimal healing environment in burn wounds.

7. What type of wound is characterized by shallow depth with loss of the epidermis and possibly the dermis?

- A. Full thickness wound**
- B. Partial thickness wound**
- C. Superficial wound**
- D. Complex wound**

The characterization of a wound that has shallow depth with loss of the epidermis and potentially the dermis aligns with the definition of a partial thickness wound. This type of wound involves the epidermis being lost entirely and may extend into the upper layers of the dermis, but does not penetrate through the entire dermal layer. Partial thickness wounds are often associated with abrasions, blisters, or superficial burns. They are distinguished from full thickness wounds, which penetrate through all layers of skin and potentially involve underlying structures such as fat, muscle, or bone. In contrast, superficial wounds affect only the outermost layer of skin without involving deeper structures. Complex wounds often involve multiple layers of tissue and complications, making them a different category that does not apply here. Understanding these definitions helps in the assessment and appropriate management of wounds, ensuring the right interventions are applied based on the depth and extent of tissue injury.

8. What is the term for the phase of healing characterized by the appearance of new blood vessels?

- A. Inflammatory phase**
- B. Proliferative phase**
- C. Maturation phase**
- D. Regenerative phase**

The phase of healing characterized by the appearance of new blood vessels is known as the proliferative phase. This phase typically follows the inflammatory phase and plays a crucial role in wound healing. During the proliferative phase, various cellular and molecular processes occur, including angiogenesis, which is the formation of new blood vessels that supply oxygen and nutrients to the healing tissue. This process is vital for the regeneration of tissue and the closure of wounds. In addition to angiogenesis, other key processes in this phase include the proliferation of fibroblasts, which are key cells that synthesize collagen and form the extracellular matrix. These activities lead to granulation tissue formation, which is essential for filling and covering the wound. The inflammatory phase, which precedes the proliferative phase, primarily focuses on controlling bleeding and preventing infection through the actions of inflammatory cells. The maturation phase, which follows the proliferative phase, involves remodeling and strengthening of the newly formed tissue, which may take weeks to months, depending on the wound severity and location. Understanding these phases is critical for nurses and healthcare providers as they manage and assess wound healing in patients, tailoring interventions to support optimal recovery.

9. What is the advantage of using a central venous catheter compared to a peripheral catheter?

- A. Less invasive procedure**
- B. Extended duration of use for venous access**
- C. Lower risk of infection**
- D. Faster drug absorption**

Using a central venous catheter offers the significant advantage of extended duration of use for venous access. Central venous catheters are designed for long-term use in patients who require ongoing intravenous therapy, such as those undergoing chemotherapy, long-term antibiotic treatment, or needing frequent blood draws. This durability allows healthcare providers to maintain venous access without the need for repeated venipunctures, which can cause discomfort and potential complications like phlebitis. In contrast, peripheral catheters can only remain in place safely for a limited time due to risks associated with phlebitis and infiltration. As a result, they often require frequent replacements, making them less favorable for long-term treatment options. Additionally, the central line's position in a larger vein allows for better flow and dilution of medications, which can be critical for certain treatments. This feature underscores the importance of extended access for patients who require reliable and efficient venous access over weeks or months.

10. What indicates a stage 1 pressure injury?

- A. Partial thickness skin loss involving dermis**
- B. Full thickness tissue loss with extensive tissue necrosis**
- C. Skin is intact; area is red and doesn't blanch with fingertip pressure**
- D. Deep red crater with slough buildup**

A stage 1 pressure injury is characterized by intact skin that demonstrates signs of non-blanchable erythema. This means that while the skin remains unbroken, it displays a reddish discoloration that does not fade when pressure is applied. The pressure injury at this stage is an early signal of tissue damage, indicating that the underlying tissue may be affected, but the skin surface has not yet broken down. Recognizing this stage is crucial for early intervention to prevent progression to more severe stages of pressure injuries. In the context of the other options, partial thickness skin loss involving the dermis refers to a stage 2 injury, where there is damage to the epidermis and potentially into the dermis, but there is still some skin integrity. Full thickness tissue loss with extensive tissue necrosis describes a stage 4 injury, where the damage extends through the skin and subcutaneous tissue, potentially exposing muscle or bone. A deep red crater with slough buildup suggests that there is necrotic tissue present, which would indicate a more advanced stage, likely stage 3 or 4. Each of these other descriptions reflects differing severity and nature of pressure injuries, differentiating them clearly from the characteristics of a stage 1 injury.

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://amsaadvnursing2.examzify.com>

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