

AMSA ADVANCED NURSING 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Which solution is described as more concentrated than normal body fluid?**
 - A. Hypotonic solution
 - B. Isotonic solution
 - C. Hypertonic solution
 - D. Diluted solution
- 2. What type of tissue formation occurs during the maturation phase?**
 - A. Granulation tissue
 - B. Fibrotic tissue
 - C. Epithelial tissue
 - D. Necrotic tissue
- 3. What is a common effect of moist wound healing?**
 - A. Decreased cell migration
 - B. Increased pain during dressing changes
 - C. Enhanced granulation tissue formation
 - D. Higher risk of infection
- 4. 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
- 5. Which wound healing method is applied for severe lacerations or burns with significant tissue loss?**
 - A. Primary intention
 - B. Secondary intention
 - C. Tertiary intention
 - D. Immediate closure

- 6. What is a key characteristic of intracellular fluid?**
- A. It is found outside the cells
 - B. It makes up one-third of body fluid
 - C. It contains dissolved substances like proteins
 - D. It is located between blood vessels
- 7. What does EKG stand for?**
- A. Electrocardiogram
 - B. Electromyogram
 - C. Electrophysiogram
 - D. Electroencephalogram
- 8. Which type of solution is characterized by having diluted interstitial fluid that decreases the pulling force?**
- A. Isotonic solution
 - B. Hypertonic solution
 - C. Hypotonic solution
 - D. Concentrated solution
- 9. What does thick and yellow, tan, green, or white drainage indicate?**
- A. Serous drainage
 - B. Purulent drainage
 - C. Sanguineous drainage
 - D. Serosanguineous drainage
- 10. What intervention is typically used for clean surgical incisions?**
- A. Secondary intention
 - B. Tertiary intention
 - C. Primary intention
 - D. Absolute immobilization

Answers

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

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Explanations

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1. Which solution is described as more concentrated than normal body fluid?

- A. Hypotonic solution
- B. Isotonic solution
- C. Hypertonic solution**
- D. Diluted solution

The solution described as more concentrated than normal body fluid is indeed a hypertonic solution. In the context of osmolarity, a hypertonic solution has a higher solute concentration compared to the fluid within the cells. This means that when cells are placed in a hypertonic solution, water will move out of the cells to the area of higher solute concentration in an attempt to achieve equilibrium. As a result, the cells may shrink or crenate due to the loss of water. In contrast, a hypotonic solution has a lower solute concentration than the cells, causing water to enter the cells, which can lead to cell swelling or bursting. An isotonic solution has the same solute concentration as the inside of the cells, ensuring that there is no net movement of water into or out of the cells. A diluted solution is not a standard term in this context and cannot be reliably defined in terms of concentration relative to normal body fluids. Understanding the distinctions among these types of solutions is crucial in clinical settings, particularly for purposes such as IV fluid management and understanding cellular responses to different osmotic environments.

2. What type of tissue formation occurs during the maturation phase?

- A. Granulation tissue
- B. Fibrotic tissue**
- C. Epithelial tissue
- D. Necrotic tissue

During the maturation phase of wound healing, the formation of fibrotic tissue is a key process. This phase typically occurs after the inflammation and proliferation stages, where the wound begins to strengthen and remodeling occurs. Fibrotic tissue, primarily made up of collagen, replaces granulation tissue and helps restore the integrity of the skin or tissue. This type of tissue is crucial for providing strength to the healed area and enables it to withstand stress. During this phase, the collagen fibers reorganize, cross-link, and increase in tensile strength, which is important for the long-term durability of the repaired area. The maturation phase may last for several months, and the presence of fibrotic tissue is vital as it signifies that the healing process is moving toward completion and stabilization of the wound. Granulation tissue forms in the earlier phases of healing and is not primarily associated with the maturation phase. Epithelial tissue is involved in the re-epithelialization process that occurs during the proliferation phase, while necrotic tissue signifies dead tissue that needs to be removed rather than being part of the healing process.

3. What is a common effect of moist wound healing?

- A. Decreased cell migration
- B. Increased pain during dressing changes
- C. Enhanced granulation tissue formation**
- D. Higher risk of infection

Moist wound healing is a beneficial approach that has been shown to significantly enhance the process of tissue repair. One of the common effects of maintaining a moist environment at the wound site is the promotion of granulation tissue formation. This is crucial in the healing process as granulation tissue is composed of new connective tissue and microscopic blood vessels that develop on the surfaces of a wound during the healing process. The formation of this granulation tissue not only provides a foundation for further healing but also supports the regrowth of new skin cells. By keeping the wound moist, the healing environment reduces the formation of scabs, which can impede cell migration and create a barrier to healing. It also minimizes tissue desiccation and supports the activity of growth factors and other healing mediators. Therefore, enhanced granulation tissue formation is a key outcome of moist wound healing strategies, leading to faster and more effective wound closure.

4. 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.

5. Which wound healing method is applied for severe lacerations or burns with significant tissue loss?

- A. Primary intention
- B. Secondary intention**
- C. Tertiary intention
- D. Immediate closure

The method of wound healing applied for severe lacerations or burns with significant tissue loss is secondary intention. This healing process involves the wound being left open and healing from the bottom up through granulation tissue and re-epithelialization. In cases where there is considerable tissue loss, the wound cannot be closed directly because this could lead to complications such as infection or improper healing. Instead, the body is allowed to fill the wound with new tissue over time. This method offers the benefit of allowing the natural healing process to occur, allowing for optimal tissue formation without the risks associated with closing a large defect immediately. Secondary intention is particularly effective in managing wounds that have a high risk for adverse outcomes if closed directly, such as those that are heavily contaminated or have necrotic tissue. It is also utilized when the surrounding skin cannot be pulled together easily to close the wound, which is often the case with severe injuries. While primary intention refers to the healing of clean, surgical wounds that can be sutured or stapled together, and tertiary intention involves leaving the wound open for a period of time before closing, secondary intention is specifically designed to manage wounds with significant tissue loss, making it the appropriate choice in this scenario. Immediate closure is not a recognized method

6. What is a key characteristic of intracellular fluid?

- A. It is found outside the cells
- B. It makes up one-third of body fluid
- C. It contains dissolved substances like proteins**
- D. It is located between blood vessels

Intracellular fluid is primarily found within the cells of the body, and one of its key characteristics is that it contains a variety of dissolved substances, including proteins, electrolytes, and other metabolites. This fluid is crucial for cellular function, as it plays a role in maintaining cell shape, facilitating biochemical reactions, and helping to transport nutrients and waste products within the cell. The presence of proteins in intracellular fluid is significant because these proteins can serve multiple functions, including acting as enzymes, structural components, and signaling molecules. Therefore, the high concentration of these dissolved substances is essential for the different physiological processes occurring within the cell. In contrast, the other options can be clarified: the fluid outside the cells represents extracellular fluid, which is not the focus when discussing intracellular fluid. The proportion mentioned regarding body fluid does not accurately reflect the proportions, as intracellular fluid typically comprises about two-thirds of total body water, while extracellular fluid comprises the remaining one-third. Lastly, fluid located between blood vessels refers to interstitial fluid, which is also part of the extracellular fluid rather than the intracellular fluid.

7. What does EKG stand for?

- A. Electrocardiogram**
- B. Electromyogram
- C. Electrophysiogram
- D. Electroencephalogram

EKG stands for Electrocardiogram, which is a medical test that measures the electrical activity of the heart over a period of time. It produces a graphical representation of the heart's rhythm and is essential for diagnosing a variety of cardiac conditions, such as arrhythmias, heart attacks, and other heart abnormalities. The electrocardiogram captures the timing and duration of each electrical phase in the heartbeat, offering vital information about heart health. In contrast, an electromyogram assesses the electrical activity of muscles, an electrophysiogram is used for studying electrical properties of tissues, particularly in the context of arrhythmias, and an electroencephalogram measures brain wave patterns. While all of these tests share a focus on electrical activity, each serves a different purpose and pertains to different organ systems within the body.

8. Which type of solution is characterized by having diluted interstitial fluid that decreases the pulling force?

- A. Isotonic solution
- B. Hypertonic solution
- C. Hypotonic solution**
- D. Concentrated solution

A hypotonic solution is characterized by having a lower concentration of solutes compared to the fluid inside the cells. This results in diluted interstitial fluid, which leads to a decrease in the osmotic pulling force that would typically draw water out of the cells. In hypotonic solutions, water moves from the solution into the cells in an attempt to balance solute concentrations, which can cause cells to swell and potentially burst if the difference in concentration is significant enough. In contrast, isotonic solutions have equal concentrations of solutes both inside and outside of the cells, leading to no net movement of water. Hypertonic solutions, on the other hand, have a higher concentration of solutes than the fluid inside cells, which increases the pulling force and causes water to move out of the cells. Concentrated solutions are those with high concentrations of solutes, often resulting in an increase in osmotic pressure, further pulling water from cells. Therefore, the key characteristic of a hypotonic solution—having diluted interstitial fluid—effectively explains why it results in a decrease in the osmotic pulling force.

9. What does thick and yellow, tan, green, or white drainage indicate?

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

Thick and yellow, tan, green, or white drainage indicates purulent drainage. This type of drainage is typically a result of infection and is characterized by its viscous consistency and coloration, which often comes from the accumulation of dead white blood cells, bacteria, and cellular debris in the affected area. The presence of such drainage is a signal for healthcare providers to assess for signs of infection and may require further intervention, such as wound care, cultures, or antibiotic therapy depending on the situation. In contrast, serous drainage is clear, pale yellow fluid that is usually seen in non-infected wounds, while sanguineous drainage contains red blood and is observed in cases of fresh bleeding. Serosanguineous drainage is a combination of serous and sanguineous, appearing light pink to red and often found in healing wounds. Understanding the characteristics of different types of drainage helps clinicians in determining the appropriate care and treatment needed for the patient's condition.

10. What intervention is typically used for clean surgical incisions?

- A. Secondary intention
- B. Tertiary intention
- C. Primary intention
- D. Absolute immobilization

The intervention typically used for clean surgical incisions is primary intention. This method involves the direct approximation of wound edges, promoting rapid healing and minimizing scar formation. Primary intention is the preferred approach for clean, linear surgical wounds where there is minimal tissue loss, as the edges of the incision can be easily brought together, allowing for faster closure and recovery. In primary intention healing, healthy tissue cells migrate across the wound surface, leading to quicker re-epithelialization. This method is associated with a lower risk of infection and generally results in a thin, less noticeable scar. Other healing methods, such as secondary intention, involve leaving the wound open to heal naturally from the inside out, which can lead to more significant scarring and longer healing times. Tertiary intention, or delayed primary closure, is typically reserved for wounds at higher risk of infection where the wound is initially left open and closed later once the infection risk is reduced. Absolute immobilization is not a recognized intervention for wound management but may be useful for supporting a specific area post-surgery.

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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://amsaadvnursing2.examzify.com>

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

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