

Archer Baseline Assessment 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

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- 1. What condition may accompany severe preeclampsia?**
 - A. Gestational diabetes**
 - B. HELLP syndrome**
 - C. Hypothyroidism**
 - D. Placental abruption**
- 2. What management style is demonstrated when a nurse in the ED assigns specific roles to team members in a cardiac arrest situation?**
 - A. Authoritative Leadership**
 - B. Delegative Leadership**
 - C. Participative Leadership**
 - D. Transformational Leadership**
- 3. Which symptom is characteristic of erythema infectiosum (Fifth disease)?**
 - A. Bloating and nausea**
 - B. Erythema on the face**
 - C. Skin peeling**
 - D. Severe itching**
- 4. Which sign of pregnancy is characterized by a bluish appearance of the cervix?**
 - A. Goodell's sign**
 - B. Chadwick's sign**
 - C. Hegar's sign**
 - D. Ballottement**
- 5. Which assessment finding suggests barrel chest in a client?**
 - A. An AP diameter equal to transverse diameter**
 - B. Normal lung inflation**
 - C. Decreased chest size**
 - D. Obstructed airflow**

6. Which finding is not common after an ERCP procedure?

- A. White stools**
- B. Abdominal pain**
- C. Gas and bloating**
- D. Distended abdomen**

7. At what point in pregnancy does gestational hypertension typically occur?

- A. Before 10 weeks**
- B. After 20 weeks**
- C. After 30 weeks**
- D. At the onset of labor**

8. What is a potential long-term consequence of untreated peptic ulcer disease associated with H. pylori?

- A. Increased gastric acidity**
- B. Stomach cancer**
- C. Liver failure**
- D. Chronic fatigue syndrome**

9. What is the first step when performing hand hygiene using soap and water?

- A. Remove wristwatch**
- B. Turn on faucet**
- C. Wet hands**
- D. Dispense soap**

10. Which of the following is a chronic complication of peptic ulcer disease?

- A. Dyspepsia**
- B. Gastrointestinal ulceration**
- C. Gastric outlet obstruction**
- D. Diarrhea**

Answers

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

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Explanations

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1. What condition may accompany severe preeclampsia?

- A. Gestational diabetes
- B. HELLP syndrome**
- C. Hypothyroidism
- D. Placental abruption

Severe preeclampsia can lead to HELLP syndrome, which is a serious condition that affects the liver and blood cells. HELLP stands for Hemolysis, Elevated Liver enzymes, and Low Platelets, and it typically occurs in the later stages of pregnancy or immediately after delivery. The presence of severe preeclampsia creates a heightened risk for complications like HELLP syndrome due to the significant stress it places on the maternal body. Both severe preeclampsia and HELLP syndrome are considered to be part of a spectrum of disorders associated with pregnancy-induced hypertension, and they require careful monitoring and management to safeguard the health of both the mother and the fetus. The development of HELLP syndrome can occur quickly and may escalate the risks associated with preeclampsia, making it crucial to identify and treat it effectively. While gestational diabetes, hypothyroidism, and placental abruption have their own implications during pregnancy, they are not direct complications that accompany severe preeclampsia in the same way that HELLP syndrome does. Understanding the relationship between these conditions helps in recognizing the signs and taking appropriate action to manage them effectively during pregnancy.

2. What management style is demonstrated when a nurse in the ED assigns specific roles to team members in a cardiac arrest situation?

- A. Authoritative Leadership**
- B. Delegative Leadership
- C. Participative Leadership
- D. Transformational Leadership

The management style demonstrated when a nurse in the Emergency Department assigns specific roles to team members during a cardiac arrest situation is authoritative leadership. This style is characterized by a clear direction from the leader, who takes charge of the situation and assigns tasks to team members to ensure efficient and effective responses in critical scenarios. In high-pressure environments like an emergency department during a cardiac arrest, it is vital to have a decisive leader who can quickly assess the situation and delegate roles to streamline the response and ensure everyone knows their responsibilities. This can enhance coordination, responsiveness, and overall team performance under stress. The other management styles differ in their approach to leadership. For example, delegative leadership involves assigning tasks but typically does not include direct oversight, which may not align well with the urgency required in an emergency. Participative leadership encourages input from team members and could slow down decision-making in critical situations. Transformational leadership focuses on inspiring and motivating team members toward a common vision but may not be practical where immediate action is needed, such as during a medical emergency.

3. Which symptom is characteristic of erythema infectiosum (Fifth disease)?

- A. Bloating and nausea**
- B. Erythema on the face**
- C. Skin peeling**
- D. Severe itching**

Erythema infectiosum, commonly known as Fifth disease, is characterized by distinctive facial rashes, particularly a "slapped cheek" appearance. This symptom typically starts with a bright red rash on the cheeks, which can give the impression that the child has been slapped. As the disease progresses, this rash may also develop into a lacy, reticular pattern on the body and limbs. The other options do not specifically relate to the classic presentation of Fifth disease. Bloating and nausea might suggest gastrointestinal issues, skin peeling is more commonly associated with other conditions, and severe itching does not characterize the rash of erythema infectiosum. Thus, the presence of erythema on the face is the defining symptom that aligns with this viral condition.

4. Which sign of pregnancy is characterized by a bluish appearance of the cervix?

- A. Goodell's sign**
- B. Chadwick's sign**
- C. Hegar's sign**
- D. Ballottement**

The sign of pregnancy characterized by a bluish appearance of the cervix is Chadwick's sign. This is a physiological change that occurs due to the increased blood flow and vascularity in the pelvic area, which is associated with hormonal changes during pregnancy. The bluish tint is often more pronounced in the cervix as well as in the vagina and vulva. This sign usually appears around the sixth week of pregnancy and is an early indicator that can be observed during a pelvic examination. Chadwick's sign helps in diagnosing pregnancy before any other more definitive signs or symptoms are present, and it is one of the various physiological changes that healthcare providers monitor in pregnant individuals. Other signs, such as Goodell's sign, refer to the softening of the cervix, while Hegar's sign denotes the softening of the lower uterine segment. Ballottement is a technique used during examination to assess fetal movement, but it does not specifically describe a visible color change in the cervix.

5. Which assessment finding suggests barrel chest in a client?

- A. An AP diameter equal to transverse diameter**
- B. Normal lung inflation**
- C. Decreased chest size**
- D. Obstructed airflow**

The characteristic associated with barrel chest is when the anterior-posterior (AP) diameter of the chest is equal to the transverse diameter. This condition is often indicative of chronic lung diseases, such as emphysema, where the lungs are overinflated. A barrel chest appears rounded, and this change in chest shape reflects a prolonged state of hyperinflation of the lungs. In contrast, normal lung inflation would not indicate any change in chest shape, decreased chest size would suggest a different pathology that does not correlate with barrel chest characteristics, and obstructed airflow, while potentially present in individuals with barrel chest, does not directly describe the physical shape or dimensions of the chest. Therefore, the finding of an AP diameter equal to the transverse diameter is the key indicator of barrel chest.

6. Which finding is not common after an ERCP procedure?

- A. White stools**
- B. Abdominal pain**
- C. Gas and bloating**
- D. Distended abdomen**

After an Endoscopic Retrograde Cholangiopancreatography (ERCP) procedure, white stools can indicate a lack of bile in the digestive system, which is not a common finding associated with this procedure. ERCP is performed to diagnose and treat conditions related to the bile ducts, and while it can occasionally lead to changes in bowel habits, it typically does not cause white stools. The other options reflect more common post-procedure observations. Abdominal pain is a frequent response to the invasive nature of the procedure. Gas and bloating are also typical after ERCP, as the introduction of air into the gastrointestinal tract during the process can lead to these sensations. A distended abdomen can result from a variety of factors related to the procedure, including residual gas or the impact of the sedatives used. Thus, the choice of white stools as a finding is inconsistent with typical results following ERCP, making it the correct answer to the question.

7. At what point in pregnancy does gestational hypertension typically occur?

- A. Before 10 weeks**
- B. After 20 weeks**
- C. After 30 weeks**
- D. At the onset of labor**

Gestational hypertension is generally characterized by high blood pressure that develops after the 20th week of pregnancy. This condition is specifically noted to arise during pregnancy and is not typically seen before this period, marking the second trimester as the critical timeframe for its onset. When considering the typical progression of pregnancy, the placenta and other physiological changes begin to play a significant role in a woman's cardiovascular system around the 20-week mark. This includes increased blood volume and changes in vascular resistance, which can contribute to the development of hypertension in some women. Conditions prior to this period (such as pre-existing hypertension) are not classified as gestational hypertension since they are not directly related to the pregnancy itself. Thus, the correct answer identifies the standard timeframe after which gestational hypertension is expected to occur, aligning with clinical definitions and observations in obstetric care.

8. What is a potential long-term consequence of untreated peptic ulcer disease associated with *H. pylori*?

- A. Increased gastric acidity**
- B. Stomach cancer**
- C. Liver failure**
- D. Chronic fatigue syndrome**

The association between untreated peptic ulcer disease caused by *H. pylori* infection and stomach cancer is well-documented. Individuals who suffer from chronic peptic ulcers that are not treated effectively may experience changes in the stomach lining over time, leading to conditions such as gastric atrophy and intestinal metaplasia. These alterations can increase the risk of developing gastric cancer, making it a significant long-term consequence associated with untreated *H. pylori* infections. In contrast, while increased gastric acidity can be a symptom of peptic ulcer disease, it is not a long-term consequence directly linked to *H. pylori*. Liver failure is unrelated to peptic ulcers and involves different risk factors and pathologies. Chronic fatigue syndrome does not have a direct correlation with *H. pylori* infection or peptic ulcers and is a complex condition that can stem from various causes, including viral infections, psychological factors, or other chronic conditions.

9. What is the first step when performing hand hygiene using soap and water?

- A. Remove wristwatch**
- B. Turn on faucet**
- C. Wet hands**
- D. Dispense soap**

The correct first step when performing hand hygiene using soap and water is to wet hands. Wetting the hands is essential because it prepares the skin for effective cleaning. When hands are wet, the soap can emulsify with dirt, bacteria, and other contaminants, facilitating their removal during the handwashing process. Starting the process by wetting the hands also ensures that the soap can spread evenly across all surfaces of the hands, which is crucial for thorough disinfection. After the hands are wet, the next steps would typically involve applying soap, lathering the hands, and scrubbing for the appropriate duration to ensure optimum hygiene. While removing a wristwatch or other jewelry is good practice for hand hygiene, it is not part of the initial steps needed when beginning the handwashing process. Turning on the faucet comes next after ensuring the hands are clean and free of any items that may impede washing, while dispensing soap occurs after the hands are wet. Thus, it is clear that wetting the hands is the logical first step in proper hand hygiene.

10. Which of the following is a chronic complication of peptic ulcer disease?

- A. Dyspepsia**
- B. Gastrointestinal ulceration**
- C. Gastric outlet obstruction**
- D. Diarrhea**

Gastric outlet obstruction is indeed a chronic complication of peptic ulcer disease. This condition occurs when an ulcer located in the stomach or the upper part of the small intestine (the duodenum) creates swelling or scarring that narrows the passage through which food exits the stomach. As a result, this obstruction can lead to symptoms such as nausea, vomiting, and a feeling of fullness after eating only a small amount of food. In contrast, dyspepsia is more of a symptom associated with peptic ulcers rather than a chronic complication. Gastrointestinal ulceration refers to the condition of having ulcers but is not a complication itself; it describes the condition resulting from the disease. Diarrhea may occur with various gastrointestinal issues but is not commonly associated as a chronic complication of peptic ulcer disease. By understanding that gastric outlet obstruction results from the long-term effects of ulcers, one can better appreciate the serious nature of peptic ulcer disease and its potential complications.

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://archerbaselineassmt.examzify.com>

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

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