

ASSOCIATE DEGREE IN NURSING (ADN) LEVEL 3 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://adulnursinglvl3.examzify.com>



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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. During a follow-up for an infant with a history of surgery, which assessment finding is significant?**
 - A. Bulging fontanels indicating possible complications.
 - B. Decreased appetite with sporadic weight gain.
 - C. Normal range of motion and muscle tone.
 - D. Presence of infantile reflexes during examination.

- 2. How should a nurse manage insulin for a patient with type 1 diabetes who is scheduled for surgery?**
 - A. Administer half of the client's typical morning insulin dose as ordered.
 - B. Administer an oral antidiabetic agent as ordered.
 - C. Administer an I.V. insulin infusion as ordered.
 - D. Administer the client's normal daily dose of insulin as ordered.

- 3. What are some common signs of anaphylaxis?**
 - A. Nausea, fever, and fatigue
 - B. Difficulty breathing, swelling of the face and throat, rapid heartbeat, and rash
 - C. Headache, dizziness, and muscle aches
 - D. Sneezing, coughing, and runny nose

- 4. What is the normal adult respiratory rate?**
 - A. 10 to 15 breaths per minute
 - B. 12 to 20 breaths per minute
 - C. 16 to 24 breaths per minute
 - D. 20 to 30 breaths per minute

- 5. What is the ideal positioning for a patient experiencing heart failure?**
 - A. Supine position to promote rest
 - B. Upright position to facilitate breathing
 - C. Prone position to increase lung expansion
 - D. Side-lying position for comfort

- 6. What precaution is essential when caring for a client with intracranial pressure?**
- A. Increase physical stimulation
 - B. Administer additional pain medications
 - C. Perform gentle position changes
 - D. Monitor environmental noise
- 7. In pain assessment, what does the acronym PQRST stand for?**
- A. Patient, Quality, Radiation, Severity, Treatment
 - B. Provocation, Quality, Radiation, Severity, Timing
 - C. Pain, Quality, Reactions, Symptoms, Timing
 - D. Provocation, Response, Symptoms, Targets, Time
- 8. Which signs of increased intracranial pressure should the nurse assess in a 1-month-old infant?**
- A. Bulging fontanel
 - B. Increased pulse
 - C. Headache
 - D. High-pitched cry
- 9. Following a nursing procedure, which of the following ensures the prevention of complications?**
- A. Documentation
 - B. Patient education
 - C. Follow-up monitoring
 - D. All of the above
- 10. What is an important consideration when educating patients about medications?**
- A. They should never question their prescribed treatments
 - B. Patients should understand the purpose and side effects of their medications
 - C. Patients do not need to discuss any alternatives with providers
 - D. Educating patients is only necessary when medications are prescribed

Answers

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

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Explanations

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1. During a follow-up for an infant with a history of surgery, which assessment finding is significant?

- A. Bulging fontanel indicating possible complications.**
- B. Decreased appetite with sporadic weight gain.
- C. Normal range of motion and muscle tone.
- D. Presence of infantile reflexes during examination.

The assessment finding of bulging fontanel is significant in an infant, particularly after a history of surgery. Bulging fontanel can indicate increased intracranial pressure, which may arise due to complications such as bleeding, infection, or other issues related to the surgical procedure. The fontanel, or soft spots on an infant's skull, serve as an important indicator of intracranial health; thus, any abnormality such as bulging warrants further investigation and swift medical intervention. In comparison, decreased appetite and sporadic weight gain might suggest feeding issues but do not have the same immediate implications for the child's neurological status. Normal range of motion and muscle tone can indicate adequate physical development, while the presence of infantile reflexes, although part of typical neurological development, does not imply any acute problem and is expected in an infant of that age. Therefore, among the assessment findings presented, bulging fontanel is particularly concerning and signifies the need for immediate evaluation.

2. How should a nurse manage insulin for a patient with type 1 diabetes who is scheduled for surgery?

- A. Administer half of the client's typical morning insulin dose as ordered.**
- B. Administer an oral antidiabetic agent as ordered.
- C. Administer an I.V. insulin infusion as ordered.
- D. Administer the client's normal daily dose of insulin as ordered.

For a patient with type 1 diabetes who is scheduled for surgery, the management of insulin is crucial due to the changes in metabolic demands and the potential impact of surgery on blood glucose levels. Administering half of the client's typical morning insulin dose is a common practice because it helps to balance the need for insulin while acknowledging that the patient may not be eating normally before and after surgery. During periods of fasting, such as prior to surgery, full doses of insulin may not be necessary and could lead to hypoglycemia, especially if food intake is minimized or if the patient experiences stress from surgery, which can cause blood glucose levels to rise. Therefore, giving half of the usual morning dose can help maintain glycemic control without the risk of excessive insulin in the absence of carbohydrate intake. Using an intravenous insulin infusion may be considered in certain scenarios, particularly in cases of more complex medical management, but it's not the standard approach for every surgical case unless specifically ordered based on the patient's condition. Administration of oral antidiabetic agents is inappropriate for a patient with type 1 diabetes as they do not produce insulin. Giving the patient's normal daily dose of insulin without adjustment could result in hypoglycemia given the likely fasting state prior to surgery. Thus, administering

3. What are some common signs of anaphylaxis?

- A. Nausea, fever, and fatigue
- B. Difficulty breathing, swelling of the face and throat, rapid heartbeat, and rash**
- C. Headache, dizziness, and muscle aches
- D. Sneezing, coughing, and runny nose

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly after exposure to an allergen. The signs and symptoms associated with anaphylaxis can manifest rapidly and include difficulty breathing, swelling of the face and throat, rapid heartbeat, and rash. Difficulty breathing is often due to swelling in the throat or airway, making it hard for the person to breathe. This is compounded by the potential for bronchospasm, which constricts air passages further. Swelling of the face and throat is a hallmark of anaphylaxis, as it is indicative of widespread allergic inflammation. A rapid heartbeat, also known as tachycardia, can occur as a physiological response to hypoxia or due to the release of histamines during an allergic reaction. The rash is often a sign of skin involvement, commonly presenting as hives or generalized urticaria, which can accompany other systemic symptoms. In contrast, nausea, fever, and fatigue do not represent typical features of anaphylaxis. While they can occur in various medical conditions, they are not specific to an acute allergic reaction. Headache, dizziness, and muscle aches are also nonspecific symptoms that are generally not associated with anaphylaxis. Sneezing, coughing, and runny nose

4. What is the normal adult respiratory rate?

- A. 10 to 15 breaths per minute
- B. 12 to 20 breaths per minute**
- C. 16 to 24 breaths per minute
- D. 20 to 30 breaths per minute

The normal adult respiratory rate is typically considered to be between 12 to 20 breaths per minute. This range represents the average respiratory function for a healthy adult at rest, allowing for sufficient oxygen exchange without inhalation or exhalation occurring too rapidly or too slowly. Understanding that respiratory rates can vary based on factors such as age, fitness level, and overall health is important, but the established norm for adults is grounded in physiological research and clinical practice. Rates below or above this normal range can indicate possible respiratory problems or other health issues. Thus, the choice of 12 to 20 breaths per minute as the correct answer aligns accurately with the clinical criteria used worldwide for assessing respiratory function in adults.

5. What is the ideal positioning for a patient experiencing heart failure?

- A. Supine position to promote rest
- B. Upright position to facilitate breathing**
- C. Prone position to increase lung expansion
- D. Side-lying position for comfort

For a patient experiencing heart failure, the ideal positioning is upright to facilitate breathing. In this condition, fluid can accumulate in the lungs due to the heart's impaired ability to pump effectively, leading to pulmonary congestion. By positioning patients upright, gravity assists in reducing venous return to the heart and relieving respiratory distress. This position helps decrease the workload on the heart while also allowing for better lung expansion and oxygenation. Patients may find it easier to breathe when seated or propped up, which can alleviate symptoms like shortness of breath and improve overall comfort. This positioning is significant in managing acute or chronic heart failure symptoms and is often employed in clinical practice to provide immediate relief for affected patients. The other positions may not effectively address the underlying issues associated with heart failure, particularly in enhancing the patient's respiratory status and overall well-being.

6. What precaution is essential when caring for a client with intracranial pressure?

- A. Increase physical stimulation
- B. Administer additional pain medications
- C. Perform gentle position changes**
- D. Monitor environmental noise

When caring for a client with increased intracranial pressure (ICP), performing gentle position changes is crucial to help maintain optimal cerebral perfusion and prevent further increases in ICP. Rapid or abrupt movements can lead to complications such as additional pressure on the brain or potential injury. Gentle position changes allow for better management of the patient's condition and can help in stabilizing ICP levels. Maintaining the patient's head in a midline position and avoiding neck flexion can help facilitate venous drainage from the head and reduce ICP. This approach emphasizes the importance of handling the patient with care, as their neurological status can be sensitive to changes in position. While managing environmental factors and medication are considerations in overall patient care, they do not directly address the physical handling of the patient in a way that impacts ICP management as effectively as gentle position changes do.

7. In pain assessment, what does the acronym PQRST stand for?

- A. Patient, Quality, Radiation, Severity, Treatment
- B. Provocation, Quality, Radiation, Severity, Timing**
- C. Pain, Quality, Reactions, Symptoms, Timing
- D. Provocation, Response, Symptoms, Targets, Time

The acronym PQRST is a well-established framework used in pain assessment to provide a comprehensive overview of a patient's pain experience. The components of the acronym are crucial for understanding the nature of the pain and how it affects the patient. - Provocation refers to what causes or exacerbates the pain. It's essential for identifying triggers or activities that make the pain worse, which can inform treatment decisions. - Quality describes the characteristics of the pain, such as whether it is sharp, dull, throbbing, or burning. This information helps in differentiating among types of pain and understanding the underlying causes. - Radiation indicates whether the pain spreads from one area to another or stays localized. Understanding the pain's radiation can help in diagnosing the condition. - Severity is a measure of how intense the pain is, often rated on a scale from 0 to 10. This helps gauge the impact of pain on the patient's daily life and guides effective pain management strategies. - Timing involves determining when the pain occurs, its duration, and any patterns associated with it. Knowing when the pain presents itself can aid in identifying potential causes and establishing a treatment plan. This framework facilitates a structured approach to pain assessment, allowing healthcare professionals to gather relevant information efficiently and effectively. It enhances communication

8. Which signs of increased intracranial pressure should the nurse assess in a 1-month-old infant?

- A. Bulging fontanel**
- B. Increased pulse
- C. Headache
- D. High-pitched cry

Bulging fontanel is a key indicator of increased intracranial pressure (ICP) in infants. The fontanel is soft spots on an infant's skull where the bones have not yet fused together. In a healthy infant, these areas can be slightly soft and may even pulsate with the heartbeat. However, when ICP increases, it can cause the fontanel to bulge outward due to the pressure inside the skull. This physical change is observable and serves as a crucial clinical sign for healthcare providers monitoring an infant for potential neurological issues. Increased pulse, headache, and high-pitched cry may be associated with altered neurological status in infants but are not specific or as easily assessed as bulging fontanel. An increased heart rate might occur for various reasons not directly related to ICP, and it can be challenging to ascertain whether an infant is experiencing a headache since they cannot verbalize discomfort. A high-pitched cry may indicate distress or pain but is not a definitive sign of increased ICP. Thus, among the options provided, bulging fontanel stands out as the most direct and observable sign.

9. Following a nursing procedure, which of the following ensures the prevention of complications?

- A. Documentation
- B. Patient education
- C. Follow-up monitoring
- D. All of the above**

The selection of all of the above is significant because each of the components—documentation, patient education, and follow-up monitoring—plays a vital role in preventing complications after a nursing procedure. Documentation is crucial because it provides a detailed account of the procedure performed, including the patient's condition, the interventions implemented, and any observations made. This clarity is essential for continuity of care, allowing other healthcare providers to understand what has occurred and to assess any potential issues promptly. Patient education is equally important in preventing complications. When patients are well-informed about their procedure, including what to expect during recovery and how to recognize signs of complications, they are better equipped to take an active role in their own care. This understanding can lead to timely reporting of concerns, which can prevent minor issues from escalating. Follow-up monitoring ensures that the patient's progress is tracked after the procedure. This proactive approach allows healthcare providers to identify any deviations from expected recovery patterns and to intervene early, thereby avoiding potential complications. The combination of documentation, patient education, and follow-up monitoring creates a comprehensive framework for preventing complications, making it clear why the selection of all of the above is the most effective choice in this context.

10. What is an important consideration when educating patients about medications?

- A. They should never question their prescribed treatments
- B. Patients should understand the purpose and side effects of their medications**
- C. Patients do not need to discuss any alternatives with providers
- D. Educating patients is only necessary when medications are prescribed

When educating patients about medications, it is vital for them to understand the purpose and side effects of their medications. This knowledge empowers patients to make informed decisions about their health and promotes adherence to the treatment plan. When patients comprehend why a medication is prescribed, they are more likely to take it as directed, recognize the expected effects, and identify potential side effects that may arise. Understanding side effects is particularly important for managing expectations and ensuring that patients feel comfortable contacting their healthcare provider if they experience any adverse reactions. This two-way communication fosters a collaborative relationship where patients feel valued and involved in their own care. It also encourages patients to ask questions or express concerns, which can lead to better health outcomes. In contrast, suggesting that patients should never question their prescribed treatments can discourage dialogue between patients and providers, ultimately compromising safety and efficacy. Likewise, implying that patients do not need to discuss alternatives or that education is only necessary when medications are prescribed limits the broader conversation about patient-centered care and informed decision-making throughout the treatment process.

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://adultnursinglvl3.examzify.com>

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

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