

ATI Basic Care and Comfort Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	10
Explanations	12
Next Steps	18

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. Which action is important for a nurse to take when providing hygiene care to prevent skin integrity issues?**
 - A. Position the client in various positions throughout the day**
 - B. Limit bath frequency to conserve skin oils**
 - C. Apply antiseptic creams after bathing**
 - D. Encourage the client to dress in warm, layered clothing**
- 2. A nurse is talking with a client who is about to start using transcutaneous electrical nerve stimulation (TENS) to manage chronic pain. Which of the following statements should the nurse identify as an indication that the client needs further teaching?**
 - A. It's unfortunate that I have to be in the hospital for this treatment**
 - B. I believe this will help me manage my pain better**
 - C. I'm hopeful I can reduce my medication usage with this**
 - D. I read about TENS before and I think it will work for me**
- 3. Which of the following is an integral part of providing effective wound care?**
 - A. Using antiseptics on all wounds**
 - B. Educating the patient on care techniques**
 - C. Ensuring proper documentation**
 - D. Regularly changing the dressing**
- 4. Which assessment should a nurse use to evaluate the effectiveness of a cold compress applied to a client's sutured laceration?**
 - A. Asking the client to rate the pain**
 - B. Measuring the temperature of the area**
 - C. Checking for changes in swelling**
 - D. Monitoring the client's overall comfort level**

5. After calculating a client's intake for an 8-hour shift, how much total fluid should be documented if the client's intake included various liquids and IV bolus?

- A. 1,620 mL**
- B. 1,720 mL**
- C. 800 mL**
- D. 900 mL**

6. Which manifestation indicates a nurse should discontinue cold therapy application?

- A. Redness of the skin**
- B. Shivering**
- C. Decrease in swelling**
- D. Increase in pain**

7. When might a nurse implement heat therapy?

- A. To reduce patient anxiety**
- B. For muscle tension and pain relief**
- C. As a method for hydration**
- D. To enhance activity levels**

8. When teaching family members about repositioning a client recovering from a cerebrovascular accident, what should the nurse advise?

- A. Leave pillows under the client's head when repositioning**
- B. Elevate the bed to waist height**
- C. Pull the client by their arms to turn them**
- D. Face the wall while repositioning the client**

9. What is the nurse's priority action when caring for a client with abdominal distention and an NG tube?

- A. Check to see if the suction equipment is working**
- B. Assess the client's pain level**
- C. Provide emotional support to the client**
- D. Administer prescribed medications**

10. Why is hydration important in basic care?

- A. It is only necessary during hot weather**
- B. Hydration prevents complications such as dehydration and supports overall health**
- C. Hydration is not a primary focus in care standards**
- D. It helps patients feel full**

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Answers

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

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Explanations

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1. Which action is important for a nurse to take when providing hygiene care to prevent skin integrity issues?

- A. Position the client in various positions throughout the day**
- B. Limit bath frequency to conserve skin oils**
- C. Apply antiseptic creams after bathing**
- D. Encourage the client to dress in warm, layered clothing**

Positioning the client in various positions throughout the day is vital for preventing skin integrity issues, particularly in individuals who may be immobile or have limited mobility. Frequent repositioning helps alleviate pressure on various skin areas, reducing the risk of developing pressure ulcers or wounds. By changing positions, the nurse can promote blood circulation and ensure that pressure is not consistently applied to one area of the skin, which can lead to ischemia and subsequent skin breakdown. This practice is especially crucial for patients who are bedridden or spend extended periods in a wheelchair. It's a standard protocol in nursing care to implement a repositioning schedule, often every two hours for those at higher risk, to maintain healthy skin and prevent complications associated with immobility. Thus, this action directly addresses the need to maintain skin integrity and health through careful attention to positioning.

2. A nurse is talking with a client who is about to start using transcutaneous electrical nerve stimulation (TENS) to manage chronic pain. Which of the following statements should the nurse identify as an indication that the client needs further teaching?

- A. It's unfortunate that I have to be in the hospital for this treatment**
- B. I believe this will help me manage my pain better**
- C. I'm hopeful I can reduce my medication usage with this**
- D. I read about TENS before and I think it will work for me**

The correct choice indicates that the client may have misconceptions about the use of transcutaneous electrical nerve stimulation (TENS) and its application. By expressing regret about needing to be in the hospital for TENS treatment, the client suggests a lack of understanding that TENS is often a home-based or outpatient therapy. This misunderstanding could lead to anxiety or resistance to the treatment. In contrast, the other statements reflect positive attitudes or expectations about the use of TENS, indicating the client is engaged and has a hopeful perspective on pain management. Believing that TENS will help manage pain, expressing hope for reduced medication use, and having prior knowledge about TENS all show a readiness to participate in the treatment process. These attitudes are supportive in the context of therapy, suggesting the client is likely to be an active participant in their care. Therefore, the statement about being in the hospital signifies a need for further clarification and support from the nurse regarding the treatment setting and process.

3. Which of the following is an integral part of providing effective wound care?

- A. Using antiseptics on all wounds**
- B. Educating the patient on care techniques**
- C. Ensuring proper documentation**
- D. Regularly changing the dressing**

Regularly changing the dressing is essential in providing effective wound care because it helps maintain a clean and moist environment conducive to healing. Proper dressing changes prevent infection, minimize the risk of irritation, and allow for assessment of the wound's progress. By removing old dressings, providers can also evaluate the wound for any changes, such as signs of infection or the overall healing process. In many cases, the frequency of dressing changes may depend on the type of wound, the amount of drainage, and the provider's assessment. It is also important to use sterile techniques during these changes to further reduce the risk of introducing pathogens into the wound. Other components of wound care, such as educating the patient and ensuring documentation, are important but do not directly impact the immediate care of the wound as significantly as the regular changing of dressings does.

4. Which assessment should a nurse use to evaluate the effectiveness of a cold compress applied to a client's sutured laceration?

- A. Asking the client to rate the pain**
- B. Measuring the temperature of the area**
- C. Checking for changes in swelling**
- D. Monitoring the client's overall comfort level**

Evaluating the effectiveness of a cold compress for managing a client's sutured laceration primarily involves assessing the impact of the cold therapy on pain relief. By asking the client to rate their pain, the nurse gathers subjective data that directly reflects the body's response to the cold application. Cold compresses are often employed to alleviate pain and swelling by numbing the area and reducing blood flow. Thus, the client's feedback on their pain level is crucial in determining whether the cold compress is achieving its intended therapeutic effect. While monitoring temperature, changes in swelling, and overall comfort level are important aspects of a comprehensive assessment, they do not specifically target the primary purpose of applying a cold compress, which is to relieve pain. Furthermore, while swelling can indicate a response to treatment, the immediate concern with a newly sutured laceration is often the pain associated with the injury. Therefore, the most direct and relevant method to evaluate the effectiveness in this context is by asking the client to rate their pain.

5. After calculating a client's intake for an 8-hour shift, how much total fluid should be documented if the client's intake included various liquids and IV bolus?

- A. 1,620 mL**
- B. 1,720 mL**
- C. 800 mL**
- D. 900 mL**

To determine the total fluid intake that should be documented, it is essential to accurately account for all sources of intake, including both oral liquids and intravenous (IV) fluids. The value of 1,720 mL reflects the comprehensive total of all fluids consumed over the specified 8-hour shift. In practice, this total fluid calculation would include the measured amounts of various liquids the client ingested, such as water, juice, and any other beverages, alongside any IV boluses administered during that period. IV fluids supplement fluid through a different route, thus their volume must also contribute to the total intake figure. An accurate fluid intake record is vital for managing a client's hydration status and can influence further care decisions, medication administration, and overall treatment plans. Therefore, documenting the total as 1,720 mL encapsulates a complete and precise account of the client's fluid ingestion, aligning with clinical guidelines for tracking and assessing fluid balance.

6. Which manifestation indicates a nurse should discontinue cold therapy application?

- A. Redness of the skin**
- B. Shivering**
- C. Decrease in swelling**
- D. Increase in pain**

Discontinuing cold therapy is essential when shivering occurs because it indicates that the body is attempting to generate heat in response to feeling cold. Shivering is a physiological response that can lead to increased muscle activity, raising the body's core temperature and, in turn, counteracting the effects of the cold therapy. It signals that the cooling effect is too intense or prolonged, which could potentially be causing harm or discomfort to the patient. In contrast, redness of the skin may be a normal response to cold therapy as blood vessels undergo constriction and then dilate after removal of the cold source. A decrease in swelling is a desired outcome of cold therapy, indicating its effectiveness in managing inflammation. An increase in pain can also be a sign to reassess cold application; however, shivering is the more immediate physiological response that suggests the cold therapy should be stopped to prevent further complications.

7. When might a nurse implement heat therapy?

- A. To reduce patient anxiety**
- B. For muscle tension and pain relief**
- C. As a method for hydration**
- D. To enhance activity levels**

Heat therapy is commonly implemented to relieve muscle tension and pain. The application of heat increases blood flow to the targeted area, which promotes healing, reduces stiffness, and alleviates discomfort associated with muscle soreness, spasms, and chronic pain conditions. This form of therapy relaxes muscles through vasodilation, which eases tension and can improve the range of motion in affected muscles. Heat therapy is particularly useful in cases of muscle strains, arthritis, and other conditions where increased circulation can aid recovery and comfort. While warmth can have calming effects that might indirectly reduce anxiety, its primary role is centered around physical therapeutic benefits related to pain and muscle tension. The other options focus on aspects that are not the primary uses of heat therapy, such as hydration or directly enhancing activity levels, which can be better supported through other interventions.

8. When teaching family members about repositioning a client recovering from a cerebrovascular accident, what should the nurse advise?

- A. Leave pillows under the client's head when repositioning**
- B. Elevate the bed to waist height**
- C. Pull the client by their arms to turn them**
- D. Face the wall while repositioning the client**

Advising family members to elevate the bed to waist height is appropriate because it promotes safe and effective body mechanics during repositioning. When the bed is at the right height, caregivers can maintain a neutral spine and avoid straining their backs, which minimizes the risk of injury for both the caregiver and the client. This adjustment not only facilitates a smoother and safer repositioning process but also allows for better access to the client, improving comfort and support while caring for them. In contrast, leaving pillows under the client's head during repositioning may create a risk of misalignment of the spine or discomfort. Pulling the client by their arms can lead to injury for both the client and the caregiver, as it places undue stress on the shoulder joints and does not provide proper support. Facing the wall while repositioning is not a standard practice and does not allow for the optimal visualization and ability to navigate the space effectively, which could hinder safety during the procedure. Overall, positioning the bed at waist height is a fundamental practice that ensures safety and efficiency in client care.

9. What is the nurse's priority action when caring for a client with abdominal distention and an NG tube?

- A. Check to see if the suction equipment is working**
- B. Assess the client's pain level**
- C. Provide emotional support to the client**
- D. Administer prescribed medications**

In the context of a client with abdominal distention and an NG (nasogastric) tube, the nurse's priority action should indeed be to check the suction equipment to ensure it is functioning properly. The presence of abdominal distention can indicate that the gastrointestinal tract is not effectively decompressed, which is often a primary function of the NG tube. If the suction is not working, accumulated air and fluid can lead to further complications such as increased discomfort, delayed recovery, or even risk of aspiration. Proper function of the NG tube is crucial in managing conditions that require gastric decompression, such as bowel obstruction, post-operative recovery, or severe nausea and vomiting. Ensuring that the suction is active can help alleviate the distention by drawing out excess air and fluid from the stomach, thereby addressing the immediate concern for the client. In contrast, assessing pain levels, providing emotional support, or administering medications are also important nursing actions, but they take secondary priority. While pain assessment is crucial to understanding the client's comfort status, it does not directly address the potentially urgent situation of unmanaged abdominal distention. Emotional support can help alleviate anxiety but does not resolve the physiological issue at hand. Administering medications may be necessary, but the immediate need is to ensure that

10. Why is hydration important in basic care?

- A. It is only necessary during hot weather**
- B. Hydration prevents complications such as dehydration and supports overall health**
- C. Hydration is not a primary focus in care standards**
- D. It helps patients feel full**

Hydration plays a crucial role in basic care because it prevents complications like dehydration and supports overall health. Adequate fluid intake is essential for maintaining bodily functions, including temperature regulation, nutrient transport, waste elimination, and joint lubrication. Dehydration can lead to a range of health issues, such as kidney stones, urinary tract infections, and decreased cognitive function, which can significantly impact a person's overall well-being. Furthermore, hydration supports the body's physiological processes, including digestion, metabolism, and maintaining skin integrity. In various healthcare settings, ensuring that patients remain properly hydrated is a fundamental aspect of nursing care, emphasizing its importance regardless of external conditions like weather. It's essential for healthcare providers to assess a patient's hydration status regularly and encourage fluid intake appropriately, catering to individual needs and circumstances. This holistic approach to hydration underscores its significance in basic care and promotes healthier outcomes for patients.

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://atibasiccarecomfort.examzify.com>

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

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