

ATI BASIC CARE AND COMFORT PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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. How can you encourage a patient to participate in their own basic care?**
 - A. By providing all care without their input
 - B. By offering choices and explaining benefits
 - C. By minimizing their involvement
 - D. By avoiding communication
- 2. What is the primary purpose of basic care and comfort in nursing practice?**
 - A. To enhance patient independence
 - B. To provide foundational support to patients in meeting their physiological and emotional needs
 - C. To minimize healthcare costs
 - D. To prioritize medical interventions
- 3. In a client with anorexia and malnutrition, which laboratory finding is likely to be altered?**
 - A. Hemoglobin
 - B. Albumin
 - C. Glucose
 - D. C-reactive protein
- 4. 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
- 5. What should the nurse assess after removing an indwelling urinary catheter from an older adult client who had it for 2 days?**
 - A. Increased urinary output
 - B. Temporary urinary retention
 - C. Infection signs
 - D. Immediate urge to void

- 6. A nurse working on an orthopedic unit is caring for four clients. Which of the following clients should the nurse identify as being at greatest risk for skin breakdown?**
- A. An older adult who has a hip fracture and is in Buck's traction
 - B. A young adult with a sprained ankle
 - C. A middle-aged client with a broken wrist
 - D. An older adult recovering from a knee replacement
- 7. A nurse instructs a client about bruxism. What is a common recommendation?**
- A. Use a night guard during sleep.
 - B. Avoid all sugars in diet.
 - C. Consume calcium supplements.
 - D. Reduce caffeine intake only.
- 8. What condition might decreased breath sounds in the lower lobes indicate for a client on bedrest after a lacerated spleen?**
- A. Pneumonia
 - B. Asthma
 - C. Atelectasis
 - D. Bronchitis
- 9. What is the role of reflexive nursing in comfort measures?**
- A. To document patient care in records
 - B. To intuitively respond to patient's needs
 - C. To manage medications effectively
 - D. To enforce hospital policies
- 10. What is an effective way to provide emotional support during basic care?**
- A. Offering medical advice to ease concerns
 - B. Offering reassurance and a calm presence during procedures
 - C. Redirecting the patient's attention to other topics
 - D. Providing detailed explanations of procedures

Answers

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

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Explanations

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1. How can you encourage a patient to participate in their own basic care?

- A. By providing all care without their input
- B. By offering choices and explaining benefits**
- C. By minimizing their involvement
- D. By avoiding communication

Encouraging a patient to participate in their own basic care is strongly supported by offering choices and explaining the benefits involved. This approach empowers patients, allowing them to take an active role in their own care. When patients have the opportunity to make choices, they are more likely to feel in control and engaged in the process. Additionally, explaining the benefits of their involvement helps them understand how their participation contributes to their overall health and well-being. This can increase their motivation to comply with care protocols and fosters a collaborative relationship between the healthcare provider and the patient. The other options would inhibit patient involvement. Providing all care without input does not consider the patient's perspective or preferences, which can lead to a sense of helplessness. Minimizing their involvement takes away their autonomy and may negatively impact their motivation and satisfaction with care. Lastly, avoiding communication prevents the establishment of trust and rapport, which are essential components for effective patient engagement.

2. What is the primary purpose of basic care and comfort in nursing practice?

- A. To enhance patient independence
- B. To provide foundational support to patients in meeting their physiological and emotional needs**
- C. To minimize healthcare costs
- D. To prioritize medical interventions

The primary purpose of basic care and comfort in nursing practice is to provide foundational support to patients in meeting their physiological and emotional needs. This aspect of nursing focuses on addressing the essential needs of patients, which are crucial for their well-being and recovery. Basic care and comfort encompass a variety of activities, such as ensuring proper hygiene, nutrition, hydration, and pain management. By meeting these fundamental needs, nurses promote a sense of safety and comfort for the patient, which is vital in fostering healing and enhancing overall quality of life. Additionally, addressing emotional needs through companionship, reassurance, and support plays an important role in patients' mental well-being. While enhancing patient independence, minimizing healthcare costs, and prioritizing medical interventions are important components of healthcare, they are secondary to the foundational support provided through basic care and comfort. A strong emphasis on the physiological and emotional aspects of care creates an environment conducive to recovery and wellness.

3. In a client with anorexia and malnutrition, which laboratory finding is likely to be altered?

- A. Hemoglobin
- B. Albumin**
- C. Glucose
- D. C-reactive protein

In the context of anorexia and malnutrition, albumin levels are likely to be altered. Albumin is a protein made by the liver that is crucial for maintaining oncotic pressure in the blood vessels, which helps keep fluid in the circulation. It also plays an essential role in transporting substances throughout the body. In cases of malnutrition, particularly when there is inadequate protein intake, the synthesis of albumin can decrease, leading to lower serum levels. Low albumin can serve as an indicator of protein deficiency, reflecting the overall nutritional status of the individual. Therefore, measuring albumin levels can provide valuable insight into the severity of malnutrition and help guide nutritional interventions. While hemoglobin can also be impacted by malnutrition due to iron deficiency or B vitamin deficiencies, it is not as directly correlated with protein in the diet as albumin. Glucose levels may vary based on various factors but aren't specifically indicative of nutritional status. C-reactive protein primarily reflects inflammation rather than nutritional state, making albumin the most relevant choice in this scenario.

4. 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.

5. What should the nurse assess after removing an indwelling urinary catheter from an older adult client who had it for 2 days?

- A. Increased urinary output
- B. Temporary urinary retention**
- C. Infection signs
- D. Immediate urge to void

After the removal of an indwelling urinary catheter, it is important for the nurse to assess for temporary urinary retention, especially in older adult clients. The presence of a catheter can lead to changes in the normal mechanics of bladder function, and once the catheter is removed, the bladder may not automatically resume its normal function immediately. This could result in the inability to void despite having the urge to do so. Older adults are particularly at risk for retention due to factors like reduced bladder elasticity, decreased bladder muscle tone, and a higher likelihood of comorbidities that can affect bladder function. Monitoring for urinary retention ensures that any potential complications can be identified and managed promptly, thus reducing the risk of discomfort, potential bladder distension, or further complications. While increased urinary output, signs of infection, and an immediate urge to void may also be monitored, the primary concern right after catheter removal is assessing for the presence of retention, as this can indicate how well the bladder is functioning post-catheterization.

6. A nurse working on an orthopedic unit is caring for four clients. Which of the following clients should the nurse identify as being at greatest risk for skin breakdown?

- A. An older adult who has a hip fracture and is in Buck's traction**
- B. A young adult with a sprained ankle
- C. A middle-aged client with a broken wrist
- D. An older adult recovering from a knee replacement

The client identified as being at the greatest risk for skin breakdown is the older adult who has a hip fracture and is in Buck's traction. This situation poses several factors that increase the risk of skin integrity issues. Firstly, older adults often have thinner, more fragile skin, which can be more susceptible to pressure injuries. The application of Buck's traction, which is used to immobilize the hip and promote healing, places the patient in a position that can create pressure points, especially on bony prominences, such as the sacrum and heels. This pressure, combined with the immobility associated with traction, limits blood flow to the skin, further increasing the likelihood of developing skin breakdown or pressure ulcers. In contrast, the other clients—such as the young adult with a sprained ankle, the middle-aged client with a broken wrist, and the older adult recovering from a knee replacement—are less likely to experience significant immobility or pressure-related injuries. These clients typically have more mobility due to either their condition or post-surgical recovery protocols, which helps promote circulation and skin integrity. Therefore, the orthopedic unit nurse must prioritize the care of the client in Buck's traction to prevent complications related to skin breakdown.

7. A nurse instructs a client about bruxism. What is a common recommendation?

- A. Use a night guard during sleep.**
- B. Avoid all sugars in diet.
- C. Consume calcium supplements.
- D. Reduce caffeine intake only.

Using a night guard during sleep is a common recommendation for individuals experiencing bruxism, which is the involuntary grinding or clenching of teeth, often occurring during sleep. A night guard acts as a protective barrier between the upper and lower teeth, preventing damage to the enamel and reducing the risk of complications such as temporomandibular joint disorders (TMJ). This approach not only helps in safeguarding the teeth but also can minimize the muscle strain often associated with bruxism. The other options, while potentially beneficial for overall dental health or general well-being, do not specifically address the mechanical aspect of bruxism as effectively as a night guard. Avoiding all sugars might support dental health, but it does not prevent the grinding behavior. Consuming calcium supplements could be beneficial for bone health but doesn't specifically alleviate bruxism symptoms. Reducing caffeine intake may help some individuals due to its stimulating effects, which can contribute to muscle tension, yet it alone is insufficient as a primary measure in managing bruxism. Therefore, the most targeted and effective recommendation is the use of a night guard during sleep.

8. What condition might decreased breath sounds in the lower lobes indicate for a client on bedrest after a lacerated spleen?

- A. Pneumonia
- B. Asthma
- C. Atelectasis**
- D. Bronchitis

Decreased breath sounds in the lower lobes for a client on bedrest after a lacerated spleen can indicate atelectasis, which is the collapse or incomplete expansion of lung tissue. This condition is commonly associated with prolonged immobility, which can lead to the accumulation of secretions or reduced airflow in the lungs, especially in the lower lobes. In a patient on bedrest, the natural distribution of gravity affects the breathing process, potentially leading to shallow breathing or retention of secretions. These factors contribute to decreased lung expansion, which can subsequently cause areas of the lung to collapse or not fully inflate, resulting in diminished breath sounds upon auscultation. While pneumonia or bronchitis may also cause changes in breath sounds, they typically come with additional symptoms such as fever, productive cough, or wheezing that are not specifically associated with the decreased sounds in the context of immobility. Asthma is characterized by wheezing due to airway constriction, which is not indicated by the presence of decreased breath sounds. Thus, the most relevant condition aligned with decreased breath sounds in this scenario is atelectasis.

9. What is the role of reflexive nursing in comfort measures?

- A. To document patient care in records
- B. To intuitively respond to patient's needs**
- C. To manage medications effectively
- D. To enforce hospital policies

The role of reflexive nursing in comfort measures is centered on the ability of the nurse to intuitively respond to the needs of the patient. This approach emphasizes an instinctive understanding of what patients may require to enhance their comfort and well-being. Reflexive nursing involves not just assessing the patient's visible signs and symptoms but also being attuned to their emotional and psychological needs, which can often require quick and intuitive responses. When nurses are reflexive, they can recognize subtleties in patient behavior or expressions that indicate discomfort, fear, or pain, allowing them to act promptly and appropriately to provide relief or support. This responsiveness fosters a more holistic care environment, prioritizing patient comfort and satisfaction, which is crucial in nursing practice. In contrast, while documenting patient care, managing medications, and enforcing hospital policies are important aspects of nursing, they do not capture the essence of reflexive nursing focused specifically on comfort. These tasks are more procedural and less about the intuitive, empathetic approach to addressing immediate patient needs.

10. What is an effective way to provide emotional support during basic care?

- A. Offering medical advice to ease concerns
- B. Offering reassurance and a calm presence during procedures**
- C. Redirecting the patient's attention to other topics
- D. Providing detailed explanations of procedures

Providing reassurance and maintaining a calm presence during procedures is a powerful way to offer emotional support to patients. This approach helps to create a sense of safety and security, which can significantly reduce anxiety and fear. Patients often feel vulnerable during medical procedures, so having someone who exudes calmness can help them feel more at ease. When caregivers provide reassurance, it instills confidence in the patient that they are in capable hands, promoting a positive therapeutic relationship. Empathy and understanding through a calm demeanor can also facilitate open communication, allowing patients to express their concerns and feel validated in their feelings. This emotional support is crucial not only for patient comfort but also for enhancing cooperation during care. On the other hand, offering medical advice may lead to confusion or anxiety if patients do not fully understand the information provided. Redirecting attention to other topics can minimize emotional concerns but might not address the patient's immediate fears or anxieties. Providing detailed explanations, while sometimes helpful, may overwhelm a patient who is already anxious, leading to increased stress rather than support. Thus, the correct answer emphasizes the importance of emotional presence and reassurance over other methods that might miss the mark in effectively addressing a patient's emotional needs.

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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