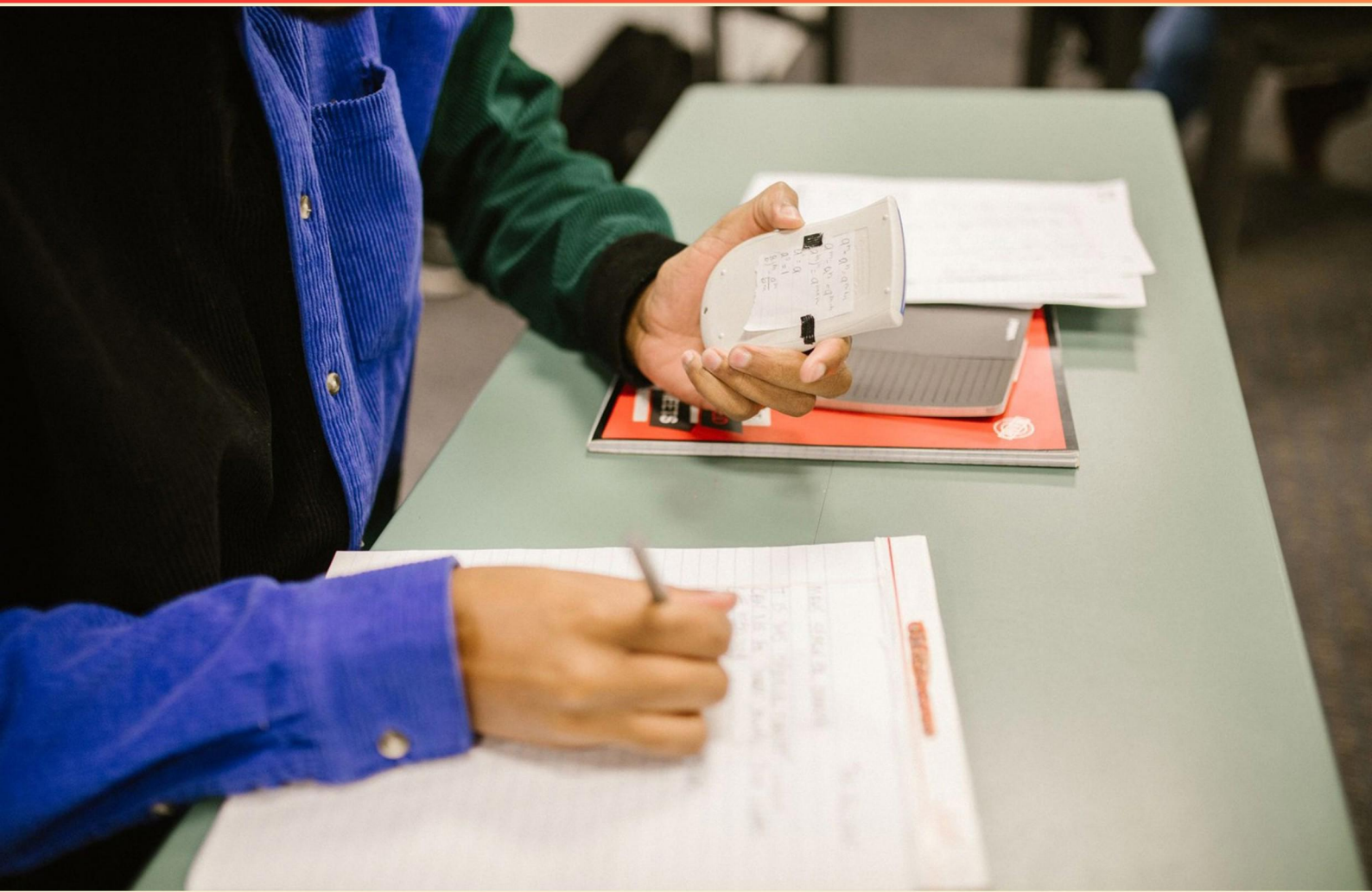


ATI CBC LEVEL 3 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 lab value is listed as a high value in nephrotic syndrome labs?**
 - A. Low platelet count
 - B. Hb WNL
 - C. High platelet count
 - D. Low sodium

- 2. What can cause prerenal azotemia?**
 - A. Obstruction of urinary tract
 - B. Interference of renal perfusion
 - C. Glomerular inflammation
 - D. Acute tubular necrosis

- 3. Which item is not part of the ABCDEs of melanoma?**
 - A. Elevation
 - B. Asymmetry
 - C. Border
 - D. Diameter

- 4. Which condition is a risk factor for postpartum depression?**
 - A. Gestational diabetes
 - B. Infertility treatment
 - C. Pregnancy complications
 - D. Preterm birth

- 5. Which medication is used after opioid detox to maintain abstinence?**
 - A. Methadone
 - B. Naloxone
 - C. Buprenorphine
 - D. Naltrexone

- 6. Normal creatinine clearance is within which range?**
 - A. 87-139
 - B. 60-120
 - C. 20-40
 - D. 140-160

- 7. Which statement best defines the HELLP syndrome triad?**
- A. Hemolysis, Elevated Liver Enzymes, Low Platelets
 - B. Hyperkalemia, Elevated Liver Enzymes, Low Platelets
 - C. Hemorrhage, Elevated Lipids, Low Platelets
 - D. Hemolysis, Elevated Lipids, High Platelets
- 8. Gestational hypertension tends to resolve after delivery within which timeframe?**
- A. Usually relieves within first week postpartum.
 - B. Requires several months of treatment afterward.
 - C. Relieves only after the first postpartum month.
 - D. Never resolves postpartum.
- 9. Which medication is first-line for the management of postpartum hemorrhage to stimulate uterine contractions?**
- A. Oxytocin
 - B. Methylergonovine
 - C. Misoprostol
 - D. Carbopost
- 10. Prior to administering sulfasalazine, which laboratory test should be checked?**
- A. CMP
 - B. A1C
 - C. TSH
 - D. CBC

Answers

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

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Explanations

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1. Which lab value is listed as a high value in nephrotic syndrome labs?

- A. Low platelet count
- B. Hb WNL
- C. High platelet count**
- D. Low sodium

Nephrotic syndrome often sets up a prothrombotic state. Loss of anticoagulant proteins in the urine, like antithrombin III, combined with the liver's increased production of coagulation factors and fibrinogen, makes blood more prone to clotting. In this hypercoagulable milieu, platelets can rise as a reactive change, so a high platelet count is a lab finding you might see. The other options don't typically present as elevated in this context: platelets would not be high if thrombocytopenia were occurring; hemoglobin is usually normal or low rather than high; and sodium is not characteristically elevated in nephrotic labs.

2. What can cause prerenal azotemia?

- A. Obstruction of urinary tract
- B. Interference of renal perfusion**
- C. Glomerular inflammation
- D. Acute tubular necrosis

Reduced renal perfusion lowers the glomerular filtration rate without directly injuring kidney tissue. When the kidneys don't receive enough blood flow, they conserve sodium and water and the filtration drops, causing azotemia that is classified as prerenal. This is why interference with renal perfusion is the correct way to describe prerenal causes. Obstruction of the urinary tract causes postrenal azotemia, not a perfusion problem. Glomerular inflammation is an intrinsic renal issue that damages the filtering units themselves. Acute tubular necrosis is also intrinsic: it involves damage to the tubular cells from ischemia or toxins. Prerenal azotemia, in contrast, centers on decreased blood flow to the kidneys and can, if not corrected, progress to intrinsic injury, but its starting event is reduced perfusion.

3. Which item is not part of the ABCDEs of melanoma?

- A. Elevation**
- B. Asymmetry
- C. Border
- D. Diameter

The ABCDE rule helps identify melanoma by focusing on features that signal a lesion may be malignant: Asymmetry (one half doesn't mirror the other), Border irregularity (edges are uneven or notched), Color variation (multiple colors or uneven color), Diameter (growth beyond about 6 mm), and Evolution (changes over time in size, shape, color, or symptoms). Elevation, while a possible descriptor for how a lesion sits on the skin, isn't part of the classic ABCDE criteria. In this rule, the E stands for Evolution or evolving, not Elevation. So Elevation is the item that isn't included in the standard ABCDE checklist.

4. Which condition is a risk factor for postpartum depression?

- A. Gestational diabetes
- B. Infertility treatment
- C. Pregnancy complications
- D. Preterm birth**

Risk factors for postpartum depression include a mix of personal history and birth-related stressors, and the experience of preterm birth stands out as a notable risk. When a baby is born prematurely, they often require NICU care and face health uncertainties, which heightens maternal stress, sleep disruption, and worry about the infant's well-being. This combination of emotional strain and caregiving challenges after delivery can contribute to depressive symptoms during the postpartum period. While gestational diabetes, infertility treatment, and pregnancy complications can be stressful, they don't show as strong and consistent a link to postpartum depression as preterm birth.

5. Which medication is used after opioid detox to maintain abstinence?

- A. Methadone
- B. Naloxone
- C. Buprenorphine
- D. Naltrexone**

After detox, the goal is to prevent relapse by blocking the rewarding effects of opioids. Naltrexone does this because it is an opioid receptor antagonist; once receptors are blocked, taking opioids won't produce euphoria, which helps sustain abstinence. It's started only after a clear detox has occurred, since giving it while opioids are still in the system can trigger withdrawal. In contrast, methadone and buprenorphine act as opioid agonist or partial agonist therapies that replace the abused opioid with a controlled substance to ease withdrawal and cravings, which supports ongoing opioid use in a controlled way rather than enforcing complete abstinence. Naloxone is used mainly for emergency overdose reversal, not long-term abstinence maintenance.

6. Normal creatinine clearance is within which range?

- A. 87-139**
- B. 60-120
- C. 20-40
- D. 140-160

Creatinine clearance shows how effectively the kidneys are filtering plasma each minute and serves as an estimate of the glomerular filtration rate (GFR). In healthy adults, a typical reference range for this clearance is about 87 to 139 mL/min (labs may report slight variations like 85–125 or 90–140, often depending on sex). Values within this range indicate normal filtration capacity. If clearance falls well below this range, kidney function is reduced; a value well above it is uncommon and may reflect factors like higher muscle mass or lab variation. Therefore, the range that aligns with the standard reference for normal creatinine clearance is 87–139 mL/min.

7. Which statement best defines the HELLP syndrome triad?

- A. Hemolysis, Elevated Liver Enzymes, Low Platelets**
- B. Hyperkalemia, Elevated Liver Enzymes, Low Platelets
- C. Hemorrhage, Elevated Lipids, Low Platelets
- D. Hemolysis, Elevated Lipids, High Platelets

The statement describes HELLP syndrome, which is defined by a trio of findings in a pregnant patient with preeclampsia: Hemolysis, Elevated Liver enzymes, and Low Platelet count. Hemolysis indicates red blood cell destruction, often with elevated LDH and the presence of red blood cell fragments. Elevated liver enzymes reflect hepatic involvement from the condition. Low platelets come from thrombocytopenia due to platelet consumption. The other options don't fit because hyperkalemia isn't part of the HELLP triad, lipids aren't a defining feature, and having high platelets (or elevated lipids with other features) doesn't match HELLP.

8. Gestational hypertension tends to resolve after delivery within which timeframe?

- A. Usually relieves within first week postpartum.**
- B. Requires several months of treatment afterward.
- C. Relieves only after the first postpartum month.
- D. Never resolves postpartum.

Gestational hypertension typically goes away after delivery because the placenta, which drives the vascular changes causing the elevated blood pressure, is no longer present. Once the placenta is removed, the factors that raised BP quickly diminish, and blood pressure commonly returns to normal within the first week after childbirth. If blood pressure remains elevated beyond that first week, further evaluation is needed to rule out chronic hypertension or superimposed conditions such as persistent preeclampsia, and postpartum follow-up should be pursued to ensure full resolution and ongoing health monitoring.

9. Which medication is first-line for the management of postpartum hemorrhage to stimulate uterine contractions?

- A. Oxytocin**
- B. Methylergonovine
- C. Misoprostol
- D. Carboprost

Stoppage of postpartum hemorrhage hinges on quickly making the uterus contract to compress the bleeding vessels in the placental bed. The best initial choice for this is a uterotonic that directly stimulates the uterus. Oxytocin does that most effectively, binding to oxytocin receptors on the myometrium to trigger rapid, coordinated contractions. Its onset is fast, and it has a short duration, which allows for quick control of bleeding and easy adjustment if needed. This makes it the go-to first-line treatment when uterine atony is suspected or identified. If bleeding persists after adequate oxytocin, other options can be added or used, such as methylergonovine (a vasoconstrictor that strengthens contractions but is not suitable for patients with hypertension or preeclampsia), misoprostol (a prostaglandin useful when IV access is limited or for alternative routes), or carboprost (another prostaglandin that can be effective but may cause bronchospasm in asthma).

10. Prior to administering sulfasalazine, which laboratory test should be checked?

- A. CMP
- B. A1C
- C. TSH
- D. CBC**

Sulfasalazine can affect blood cell production, so checking a complete blood count before starting the drug establishes a baseline and helps detect any existing cytopenias. This hematologic risk—anemia, leukopenia, or thrombocytopenia—is the reason CBC is the most informative pre-treatment test. Other tests listed don't directly address this safety concern: CMP looks at liver and kidney function, A1C reflects long-term glucose control, and TSH assesses thyroid function.

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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://aticbclevel3.examzify.com>

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

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