

# ATI Fundamentals 5 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. A client with vitamin D deficiency should include which food in the diet?**
  - A. Whole milk**
  - B. Chicken**
  - C. Oranges**
  - D. Dried peas**
  
- 2. What is the role of a nursing diagnosis?**
  - A. To identify a client's health problems that nursing care can address.**
  - B. To identify medical conditions requiring physician orders.**
  - C. To determine hospital policy compliance.**
  - D. To prescribe medications.**
  
- 3. What are the seven rights of medication administration?**
  - A. Right patient, right medication, right dose, right route, right time, right reason, and right documentation.**
  - B. Right patient and right medication only.**
  - C. Right dose and right time.**
  - D. Right patient, right dose, right time, and right documentation.**
  
- 4. What is described as the first priority in a medical emergency?**
  - A. Stabilize the equipment.**
  - B. Document the event and inform family.**
  - C. Ensure patient safety and call for help; assess airway, breathing, and circulation.**
  - D. Transport the patient immediately.**
  
- 5. During wound irrigation, which protocol minimizes contamination?**
  - A. Use sterile solution, maintain a sterile field, clean from least contaminated to most contaminated, flush from center of wound outward, avoid touching sterile surfaces.**
  - B. Use tap water, ignore sterile field, clean from most contaminated to least contaminated.**
  - C. Touch sterile surfaces with bare hands.**
  - D. Leave old dressing in place during irrigation.**

- 6. What is a proper precaution when applying heat or cold therapy?**
- A. Apply for extended periods without checks.**
  - B. Assess contraindications, use barrier protection, limit duration, monitor skin, remove if skin becomes red or numb.**
  - C. Use on broken skin always.**
  - D. Use heat and cold interchangeably without assessment.**
- 7. Which EKG finding is commonly associated with hypokalemia?**
- A. Prolonged QT interval**
  - B. Peaked T waves**
  - C. Flat T waves with prominent U waves**
  - D. ST segment elevation**
- 8. To perform adduction of the wrist during ROM, which instruction should the nurse include?**
- A. Move your palm toward the inner part of your forearm**
  - B. With your palm facing down, move your wrist sideways toward your little finger**
  - C. Bring the back of your hand as far back toward the wrist as you can**
  - D. With your palm facing down, move your wrist sideways toward your thumb**
- 9. Which finding would most strongly suggest delirium rather than dementia in a long-term care client?**
- A. Gradual memory loss**
  - B. Reduced level of consciousness**
  - C. Difficulty with abstract thought**
  - D. Verbalized feelings of hopelessness**

- 10. In an adult choking emergency where the patient cannot breathe, what is the recommended action?**
- A. Call for help and begin first aid.**
  - B. Give them a snack to help.**
  - C. Do nothing until symptoms resolve.**
  - D. If able to, perform abdominal thrusts; if the person cannot breathe, call for help and begin first aid; continue until airway is cleared or help arrives.**

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## Answers

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

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## **Explanations**

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**1. A client with vitamin D deficiency should include which food in the diet?**

- A. Whole milk**
- B. Chicken**
- C. Oranges**
- D. Dried peas**

The key idea is that vitamin D comes from limited dietary sources, with fortified foods being the most reliable way to increase intake. Whole milk is commonly fortified with vitamin D, making it a practical and effective dietary source to help correct deficiency. It also provides calcium, which supports bone health. The other options don't supply meaningful vitamin D: chicken is not a significant source of this vitamin, oranges are rich in vitamin C, and dried peas provide protein and fiber rather than vitamin D. If someone needs more vitamin D, other good sources include fatty fish, fortified cereals, eggs, and sun exposure, but fortified dairy like milk is a common and accessible choice.

**2. What is the role of a nursing diagnosis?**

- A. To identify a client's health problems that nursing care can address.**
- B. To identify medical conditions requiring physician orders.**
- C. To determine hospital policy compliance.**
- D. To prescribe medications.**

Nursing diagnoses identify client health problems that nursing care can address. They reflect the patient's responses to illness or to life processes and are used to guide the care plan, prioritize actions, implement appropriate nursing interventions, and evaluate outcomes. By focusing on what nurses can treat directly, a nursing diagnosis helps ensure that the care provided targets the patient's functional problems and needs within the nursing scope. Medical diagnoses label actual diseases or conditions and often require physician orders; they are about the disease itself rather than the patient's response that nursing care can modify. A nursing diagnosis also isn't about hospital policies or procedures, and it doesn't involve prescribing medications—that authority lies with physicians or advanced practice providers.

### 3. What are the seven rights of medication administration?

- A. Right patient, right medication, right dose, right route, right time, right reason, and right documentation.**
- B. Right patient and right medication only.**
- C. Right dose and right time.**
- D. Right patient, right dose, right time, and right documentation.**

The seven rights of medication administration provide a safety checklist you use before giving any drug. Each right helps ensure the patient receives the medication as intended and reduces the chance of errors. Right patient means confirming who the medication is for, typically by checking two identifiers (like name and date of birth) and cross-checking with the chart or MAR. Right medication is about verifying the drug name, formulation, and strength on the label matches the order, while watching for look-alike or sound-alike drugs. Right dose involves confirming the prescribed amount is correct and appropriate for the patient, including any needed calculations or unit conversions. Right route ensures the medication is given by the prescribed method (oral, IV, inhaled, etc.) and that the route is suitable for the drug and patient. Right time means administering within the scheduled window and understanding any timing nuances, such as PRN doses or time-sensitive schedules. Right reason asks you to validate that there is a legitimate, appropriate purpose for giving the medication to this patient for this condition. Right documentation requires recording the administration promptly and accurately, including time, dose, route, and any patient response or adverse effects, and updating the chart if circumstances change. These elements together create a complete safety net; leaving out any one of them can lead to errors or questions about whether the right care was provided. The other options omit one or more of these elements—without all seven, you lose important checks that protect the patient and support clear, accountable practice.

### 4. What is described as the first priority in a medical emergency?

- A. Stabilize the equipment.**
- B. Document the event and inform family.**
- C. Ensure patient safety and call for help; assess airway, breathing, and circulation.**
- D. Transport the patient immediately.**

In a medical emergency, the first priority is to secure the patient's life by addressing immediate threats to survival. This centers on the ABCs: make sure the airway is open and clear, assess whether the patient is breathing, and determine circulation. If the person isn't breathing or there's no detectable pulse, start life-saving support right away and call for help so trained responders can arrive quickly. While you check and manage airway, breathing, and circulation, you should also activate the emergency response system. Stabilizing equipment or setting up devices comes after you've addressed the patient's immediate needs, not before. Documenting what happened, informing family, or deciding on transport are important steps but they're not the urgent actions required during the initial, life-saving phase. The emphasis in an emergency is to ensure airway, breathing, and circulation, and to summon assistance as soon as possible.

**5. During wound irrigation, which protocol minimizes contamination?**

- A. Use sterile solution, maintain a sterile field, clean from least contaminated to most contaminated, flush from center of wound outward, avoid touching sterile surfaces.**
- B. Use tap water, ignore sterile field, clean from most contaminated to least contaminated.**
- C. Touch sterile surfaces with bare hands.**
- D. Leave old dressing in place during irrigation.**

The key idea is preserving a sterile environment and directing the cleaning in a way that prevents introducing or spreading bacteria. Using sterile solution and maintaining a sterile field create a barrier against microbes. Cleaning from the least contaminated area to the most contaminated helps keep contaminants from being dragged into the wound. Flushing from the center of the wound outward pushes debris away toward the periphery, reducing the chance that contaminants re-enter the wound bed. Avoid touching sterile surfaces with bare hands because that breaks sterility and can transfer organisms. This approach minimizes contamination compared with methods that use nonsterile fluids, disregard sterile technique, or involve touching or bypassing sterile barriers.

**6. What is a proper precaution when applying heat or cold therapy?**

- A. Apply for extended periods without checks.**
- B. Assess contraindications, use barrier protection, limit duration, monitor skin, remove if skin becomes red or numb.**
- C. Use on broken skin always.**
- D. Use heat and cold interchangeably without assessment.**

Applying heat or cold therapy safely hinges on evaluating safety before applying. The best precaution is to assess contraindications, protect the skin with a barrier, limit how long you apply it, monitor the skin, and remove the therapy if the skin becomes red or numb. This approach helps prevent burns, frostbite, or other tissue damage while still giving the patient the therapeutic benefit. Using a barrier between the skin and the device minimizes direct heat or cold contact, which reduces injury risk. Limiting duration keeps tissues from overheating or freezing—typical guidance is around 15-20 minutes for heat and 10-15 minutes for cold, with checks every few minutes. Monitoring the skin for changes like redness, paleness, numbness, or altered sensation lets you stop promptly if any adverse reaction occurs. If the skin shows redness, numbness, or other distress, remove the therapy immediately and wait before reconsidering. Avoid procedures that extend the exposure or apply therapy to broken skin, as these increase risk. Also, don't use heat and cold interchangeably without assessment, since the chosen modality should fit the patient's condition and safety status.

**7. Which EKG finding is commonly associated with hypokalemia?**

- A. Prolonged QT interval**
- B. Peaked T waves**
- C. Flat T waves with prominent U waves**
- D. ST segment elevation**

Low potassium slows ventricular repolarization, which changes the T wave and can reveal a distinct U wave. The most characteristic pattern with hypokalemia is flat or flattened T waves combined with a prominent U wave after the T wave. This reflects altered repolarization due to potassium deficiency. By contrast, peaked T waves point to hyperkalemia, ST-segment elevation signals acute injury such as myocardial infarction, and a prolonged QT can occur in various contexts but is not the hallmark finding of hypokalemia. So the flat T waves with a prominent U wave best identify hypokalemia on an ECG.

**8. To perform adduction of the wrist during ROM, which instruction should the nurse include?**

- A. Move your palm toward the inner part of your forearm**
- B. With your palm facing down, move your wrist sideways toward your little finger**
- C. Bring the back of your hand as far back toward the wrist as you can**
- D. With your palm facing down, move your wrist sideways toward your thumb**

Adduction of the wrist means moving the hand toward the ulna, the pinky-side of the forearm. In practical terms, when the palm is facing down, adduction is performed by sliding the wrist toward the little finger side. So the instruction should be: move your wrist sideways toward your little finger. Why this direction is correct: it matches the ulna-side (pinky) movement of the wrist, which is known as ulnar deviation or wrist adduction. The other instructions describe different movements: moving the palm toward the inner forearm isn't the same directional cue for adduction, bringing the back of the hand toward the wrist is extension rather than deviation, and moving toward the thumb side with the palm down is radial deviation (abduction), not adduction.

**9. Which finding would most strongly suggest delirium rather than dementia in a long-term care client?**

- A. Gradual memory loss
- B. Reduced level of consciousness**
- C. Difficulty with abstract thought
- D. Verbalized feelings of hopelessness

Delirium shows up as an acute, sudden change in mental status with fluctuations in attention and an altered level of consciousness. In a long-term care resident, a reduced level of consciousness—being unusually sleepy, sluggish, or hard to arouse—points most strongly to delirium, especially if the change came on quickly or varies from moment to moment. Dementia, by contrast, is a gradual, chronic decline in memory and thinking that develops over months to years, with consciousness typically preserved early on. So the most telling sign that distinguishes delirium from dementia is an altered, reduced level of consciousness. Gradual memory loss aligns with dementia, not the acute, fluctuating state of delirium. Difficulty with abstract thought can occur as dementia progresses and isn't as specific to delirium. Verbalized feelings of hopelessness reflect mood concerns and are not the hallmark of an acute cognitive disturbance like delirium.

**10. In an adult choking emergency where the patient cannot breathe, what is the recommended action?**

- A. Call for help and begin first aid.
- B. Give them a snack to help.
- C. Do nothing until symptoms resolve.
- D. If able to, perform abdominal thrusts; if the person cannot breathe, call for help and begin first aid; continue until airway is cleared or help arrives.**

When someone is choking and cannot breathe, act immediately to relieve the obstruction. The best approach is to perform abdominal thrusts (the Heimlich maneuver) to generate enough pressure to expel the object from the airway. At the same time, call for emergency help and begin first aid, continuing the thrusts until the airway is cleared or responders arrive. This direct intervention is essential because waiting or doing nothing allows oxygen deprivation to continue, which can cause serious harm. Giving snacks or delaying action won't help, and doing the maneuver is the crucial step to restore airflow. If the person becomes unconscious, switch to emergency response and CPR as you call for help.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://atifunds5.examzify.com>**

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

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