

ATI Practical Nurse (PN) Comprehensive Exit Practice Exam (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. What is the primary purpose of preoperative education for clients?**
 - A. To ensure patients are aware of possible complications.**
 - B. To reduce anxiety and enhance recovery.**
 - C. To assist in informed consent process.**
 - D. To provide instructions for post-operative care.**

- 2. Which symptom is commonly associated with iron deficiency anemia?**
 - A. Persistent cough**
 - B. Difficulty breathing**
 - C. Fatigue and weakness**
 - D. Frequent urination**

- 3. For a client admitted with a high risk for suicide, what is the nurse's priority action?**
 - A. Assess the client's mental status**
 - B. Search the client's personal belongings**
 - C. Implement a one-on-one observation**
 - D. Notify the psychiatrist about the admission**

- 4. What primary assessment finding indicates effective management of droplet precautions in a clinic setting?**
 - A. Lack of respiratory infections**
 - B. Clients wearing masks inside the clinic**
 - C. Hand sanitizer available at all stations**
 - D. All healthcare workers wearing gloves**

- 5. Regarding acute diverticulitis, which statement shows the client understands the treatment approach?**
 - A. "I will receive the nutrient I need through my IV fluid"**
 - B. "I can eat solid food as tolerated during this phase"**
 - C. "I should increase my fiber intake during the acute phase"**
 - D. "Pain management is unnecessary for my treatment"**

6. Which client statement should a nurse identify as a possible indication of abuse during a routine physical exam?

- A. "My son took my wallet so he can keep track of what I'm spending."**
- B. "I often forget to take my medications."**
- C. "I feel lonely in my home."**
- D. "My neighbor helps me with my groceries."**

7. In managing a client with pneumonia, which assessment finding is most concerning?

- A. Wheezing upon auscultation**
- B. Fever of 100.4°F (38°C)**
- C. Increased respiratory rate**
- D. New onset of confusion**

8. What should a nurse do when a client scheduled for surgery decides to cancel, despite signing the consent form?

- A. Report the situation to the provider who obtained the informed consent.**
- B. Document the client's decision in the medical record.**
- C. Wait for the client to change their mind.**
- D. Inform the family about the decision.**

9. Which statement indicates that a client with cancer understands the proper disposal of fentanyl transdermal patches?

- A. "I will fold the patch with the adhesive sides inward before discarding it."**
- B. "I can throw the patch in the regular trash without any special precautions."**
- C. "I should flush the patch down the toilet after use."**
- D. "I will reuse the patch until the pain returns."**

10. What should the nurse tell a client scheduled for chemotherapy regarding hair loss?

- A. "You might want to consider cutting your hair short."**
- B. "Your oncologist may prescribe a cold cap to wear during treatment to reduce hair loss."**
- C. "Hair loss is permanent after chemotherapy."**
- D. "All patients will lose their hair during treatment."**

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Answers

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

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Explanations

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1. What is the primary purpose of preoperative education for clients?

- A. To ensure patients are aware of possible complications.**
- B. To reduce anxiety and enhance recovery.**
- C. To assist in informed consent process.**
- D. To provide instructions for post-operative care.**

The primary purpose of preoperative education for clients is to reduce anxiety and enhance recovery. When patients are well-informed about what to expect during and after surgery, they often experience less fear and apprehension. This understanding can significantly improve their emotional and psychological preparedness, leading to a more positive surgical experience. Reducing anxiety is critical as it can influence a patient's physiological responses, such as heart rate and blood pressure, potentially affecting surgical outcomes. Furthermore, informed patients tend to adhere better to preoperative and postoperative instructions, which can facilitate a smoother recovery process. Educating patients about their procedures fosters a sense of control and partnership in their care. This not only helps to mitigate anxiety but also enhances their overall satisfaction with the surgical experience. Additionally, patients who feel supported and informed are more likely to engage actively in their recovery, contributing to better health outcomes. While aspects such as awareness of complications, informed consent, and post-operative care instructions are vital elements of preoperative education, the overarching aim remains to alleviate anxiety and promote a successful recovery, making it a crucial component of preoperative care.

2. Which symptom is commonly associated with iron deficiency anemia?

- A. Persistent cough**
- B. Difficulty breathing**
- C. Fatigue and weakness**
- D. Frequent urination**

Fatigue and weakness are commonly associated symptoms of iron deficiency anemia due to the role of iron in the production of hemoglobin, which is crucial for transporting oxygen in the blood. When iron levels are low, there is insufficient hemoglobin, leading to reduced oxygen delivery to tissues and organs. This lack of adequate oxygen can cause individuals to feel unusually tired and weak, as their bodies are not receiving the energy needed for normal functioning. In contrast, while other symptoms may appear in different conditions, they do not directly relate to the effects of iron deficiency anemia in the same way. A persistent cough may suggest a respiratory issue, difficulty breathing might relate to various cardiovascular or pulmonary conditions, and frequent urination is typically not a direct symptom of anemia but may indicate other renal or metabolic issues. Understanding the specific connection between iron levels and fatigue is key in recognizing the signs of iron deficiency anemia.

3. For a client admitted with a high risk for suicide, what is the nurse's priority action?

- A. Assess the client's mental status**
- B. Search the client's personal belongings**
- C. Implement a one-on-one observation**
- D. Notify the psychiatrist about the admission**

The priority action for a client admitted with a high risk for suicide is to implement a one-on-one observation. This action is crucial because it directly addresses the immediate safety needs of the client. One-on-one observation helps ensure that the individual is monitored closely, which can significantly reduce the risk of self-harm or suicide attempts while assessments and treatment plans are being developed. While assessing the client's mental status is important and helps inform the overall care and intervention strategies, it does not act as an immediate preventive measure against the risk of suicide. Searching the client's personal belongings can be useful for identifying potentially harmful items but doesn't provide direct support or safety in the moment. Notifying the psychiatrist about the admission is necessary for ongoing care but does not immediately address the critical need for close observation and safety for a client in this vulnerable state. Therefore, ensuring the client has constant supervision takes precedence as it creates a safety net during the initial assessment and stabilization phase.

4. What primary assessment finding indicates effective management of droplet precautions in a clinic setting?

- A. Lack of respiratory infections**
- B. Clients wearing masks inside the clinic**
- C. Hand sanitizer available at all stations**
- D. All healthcare workers wearing gloves**

The most appropriate choice regarding effective management of droplet precautions is that clients wearing masks inside the clinic signifies proper adherence to protocols designed to prevent the transmission of infections via respiratory droplets. Masks serve as a physical barrier that helps reduce the spread of germs from coughing, sneezing, or talking, thereby protecting both clients and healthcare providers within the clinic environment. The effectiveness of droplet precautions largely hinges on the participation and cooperation of patients in following these precautions, as well as the implementation of appropriate strategies by the healthcare facility. While it is important to also consider other measures, such as the availability of hand sanitizer and the use of gloves by healthcare workers, neither of these options directly pertains to the primary assessment of droplet precaution effectiveness in terms of client behavior. The presence of hand sanitizers and the use of gloves are complementary practices, but they do not specifically indicate client adherence to droplet precautions, which primarily focuses on minimizing droplet transmission through effective use of masks. Thus, when clients wear masks, it clearly demonstrates the implementation of droplet precautions and fosters a safer clinic environment for everyone involved.

5. Regarding acute diverticulitis, which statement shows the client understands the treatment approach?

- A. "I will receive the nutrient I need through my IV fluid"**
- B. "I can eat solid food as tolerated during this phase"**
- C. "I should increase my fiber intake during the acute phase"**
- D. "Pain management is unnecessary for my treatment"**

The focus of the treatment approach for acute diverticulitis typically involves rest for the digestive system and providing hydration and nutrition through intravenous (IV) fluids, especially during the initial phase of treatment when the patient may be experiencing significant symptoms such as pain, nausea, and potentially not tolerating oral intake. Receiving nutrients through IV fluids ensures that the patient remains hydrated and receives necessary electrolytes while minimizing the stress on the gastrointestinal tract. In contrast, solid food is often not recommended during the acute phase when a patient is experiencing diverticulitis, as introducing solid foods too soon can aggravate the condition. Increasing fiber intake is generally advised in the long-term management of diverticulosis but can exacerbate symptoms during an acute flare-up. Pain management is indeed an essential aspect of treatment for diverticulitis, as managing discomfort can aid in recovery, making it a vital part of the care plan rather than unnecessary.

6. Which client statement should a nurse identify as a possible indication of abuse during a routine physical exam?

- A. "My son took my wallet so he can keep track of what I'm spending."**
- B. "I often forget to take my medications."**
- C. "I feel lonely in my home."**
- D. "My neighbor helps me with my groceries."**

The statement expressing concern about a family member taking the client's wallet to monitor spending can raise red flags regarding potential financial abuse. This suggests a lack of autonomy and respect for the client's personal belongings, which can be indicative of controlling behavior. In the context of elder abuse or abuse in vulnerable populations, it is crucial to identify situations where someone is exerting power or control over another individual, particularly regarding their finances. In contrast, the other statements do not imply abuse. Forgetting to take medications could indicate a cognitive issue or simply a forgetful nature, feeling lonely at home points to social isolation but doesn't directly indicate abuse, and having a neighbor assist with groceries suggests a supportive relationship rather than abusive dynamics. Therefore, the first statement is the one that aligns most closely with potential indicators of abuse, highlighting the importance of recognizing and addressing signs of financial exploitation during assessments.

7. In managing a client with pneumonia, which assessment finding is most concerning?

- A. Wheezing upon auscultation**
- B. Fever of 100.4°F (38°C)**
- C. Increased respiratory rate**
- D. New onset of confusion**

The new onset of confusion is the most concerning assessment finding in a client with pneumonia because it can indicate a deterioration in the client's overall condition, potentially suggesting complications such as hypoxia or sepsis. In older adults, changes in mental status can signal that the body is not adequately perfusing, or that the infection has progressed to a more severe state. Confusion may also reflect an imbalance in oxygen and carbon dioxide levels, making it an urgent sign that requires immediate attention. While wheezing, fever, and increased respiratory rate are important findings and indicate the presence of respiratory distress and infection, they do not carry the same level of immediate risk to the client's neurological status. Therefore, the onset of confusion should prompt a higher level of scrutiny and intervention. Recognizing these symptoms and their implications can guide nurses in providing appropriate care and prioritizing assessments for respiratory patients.

8. What should a nurse do when a client scheduled for surgery decides to cancel, despite signing the consent form?

- A. Report the situation to the provider who obtained the informed consent.**
- B. Document the client's decision in the medical record.**
- C. Wait for the client to change their mind.**
- D. Inform the family about the decision.**

The appropriate course of action when a client who has signed a consent form decides to cancel their surgery is to report the situation to the provider who obtained the informed consent. This ensures that the healthcare team is aware of the client's wishes and can take the necessary steps to ensure informed decision-making. It is crucial for the provider to be informed because they will be able to discuss the potential consequences of cancellation, address any concerns the client may have, and explore possible alternatives or future options for treatment. Although documenting the client's decision in the medical record is important for maintaining accurate and comprehensive records, it should come after the healthcare provider has been informed, as they will need to be involved about the cancellation and any follow-up care or discussions with the client. Waiting for the client to change their mind does not respect the client's autonomy and goes against the principles of patient-centered care, which prioritize the client's rights and choices. Informing the family about the decision may be appropriate in some circumstances, but the primary responsibility lies with the healthcare provider to discuss and clarify the situation with the client directly, ensuring confidentiality and respect for the client's decisions.

9. Which statement indicates that a client with cancer understands the proper disposal of fentanyl transdermal patches?

- A. "I will fold the patch with the adhesive sides inward before discarding it."**
- B. "I can throw the patch in the regular trash without any special precautions."**
- C. "I should flush the patch down the toilet after use."**
- D. "I will reuse the patch until the pain returns."**

The statement indicating proper disposal of fentanyl transdermal patches is that the client will fold the patch with the adhesive sides inward before discarding it. This method is critical because it minimizes the risk of accidental exposure to the medication for anyone who may come into contact with the discarded patch. Fentanyl is a potent opioid, and inappropriate exposure can pose significant health risks. The safe disposal practices for transdermal patches are designed to ensure that the potent medication does not accidentally affect others, including children, pets, and healthcare workers. By folding the patch with the sticky sides together, the client effectively prevents any remaining medication from leaking out during disposal, thereby enhancing safety. The other disposal methods mentioned in the other choices either pose risks or are not recommended guidelines for handling controlled substances such as fentanyl. Throwing the patch in the regular trash or flushing it down the toilet could lead to unintended exposure or environmental contamination. Reusing the patch is also unsafe, as it can lead to inadequate pain management and potential for adverse effects.

10. What should the nurse tell a client scheduled for chemotherapy regarding hair loss?

- A. "You might want to consider cutting your hair short."**
- B. "Your oncologist may prescribe a cold cap to wear during treatment to reduce hair loss."**
- C. "Hair loss is permanent after chemotherapy."**
- D. "All patients will lose their hair during treatment."**

The correct response emphasizes the option related to using a cold cap during chemotherapy, which can be an effective method to minimize hair loss. Cold caps work by cooling the scalp, which helps reduce blood flow to the hair follicles during chemotherapy sessions. This treatment can sometimes preserve hair while undergoing chemotherapy, and it's important for patients to know this option is available.

Understanding the impact of chemotherapy on hair loss is crucial for providing emotional support to clients undergoing treatment. Many clients express concerns about hair loss as it can significantly affect their self-image and emotional well-being. Educating them about potential solutions, such as cold caps, can provide reassurance and empower them to take proactive steps. The other options are not supportive or accurate within the context of the diverse experiences of clients undergoing chemotherapy. For instance, while cutting hair short may help some manage their changing appearance, it does not address the broader options available for preventing hair loss. Similarly, stating that hair loss is permanent is misleading, as most patients experience temporary hair loss that typically grows back after treatment completion. Finally, the assertion that all patients will lose their hair during treatment ignores the variability of responses to chemotherapy; some patients may retain most, if not all, of their hair despite treatment.

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://atipncomprehensicveexit.examzify.com>

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

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