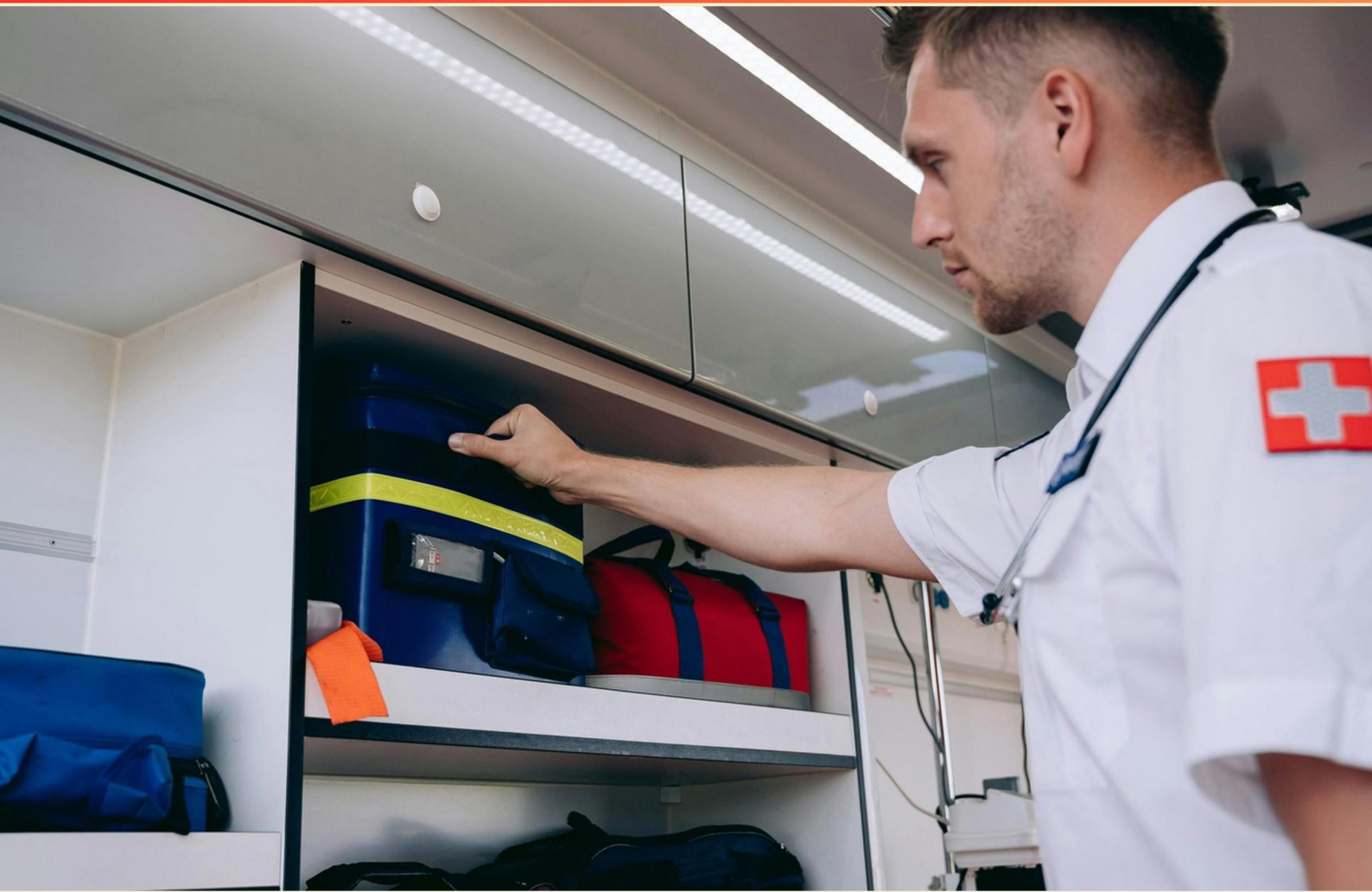


ATI SKILLS MODULES 3.0 – SAFETY VIDEO PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 are the steps to take if a patient begins to fall?**
 - A. Let them fall to avoid injury
 - B. Support them and lower them to the ground gently
 - C. Push them away to prevent injury
 - D. Call for help before taking any action
- 2. What common complication should a nurse be aware of when administering IV fluids?**
 - A. Electrolyte imbalance
 - B. Overhydration
 - C. Both electrolyte imbalance and overhydration
 - D. Infection at the IV site
- 3. A patient is to receive one unit of packed red blood cells over 2 hours. What is the usual flow rate for the first 15 minutes of a blood transfusion?**
 - A. 5 mL/min.
 - B. 2 mL/min.
 - C. 10 mL/min.
 - D. 15 mL/min.
- 4. What does "patient-centered care" involve?**
 - A. Focusing on cost-effective treatments only
 - B. Standardizing care across all patients
 - C. Tailoring healthcare practices to meet the individual needs and preferences of patients
 - D. Prioritizing hospital efficiency over patient needs
- 5. What are the symptoms of shock that healthcare workers should monitor?**
 - A. Headaches and nausea
 - B. Rapid heartbeat, pale skin, weakness, and confusion
 - C. Fever and sweating
 - D. Chest pain and difficulty breathing

- 6. When is it appropriate to use restraints on a patient?**
- A. Whenever the healthcare provider feels it's necessary
 - B. Only when necessary to ensure the safety of the patient or others
 - C. In cases of disruptive behavior
 - D. For patients who refuse medication
- 7. Why is it important to report safety incidents in healthcare facilities?**
- A. To blame the individuals involved
 - B. To improve training for staff and enhance safety measures
 - C. To avoid financial penalties
 - D. To keep incidents private and confidential
- 8. What should the nurse visualize to assess a patient's risk for embolus when removing a venous access device?**
- A. Patient's facial expressions
 - B. IV device tip
 - C. IV site dressing
 - D. Fluid level in the IV bag
- 9. What is the best way to prevent infection and conserve resources when terminating an IV piggyback medication infusion?**
- A. Remove the piggyback tubing after the infusion.
 - B. Leave both the piggyback tubing and the bag attached to the primary line Y-site port until the next scheduled dose.
 - C. Flush the line with sterile water after the infusion.
 - D. Change the primary line every 24 hours.
- 10. What should the nurse check prior to administering medication via an IV bolus?**
- A. Confirm that the IV line is patent
 - B. Assess the patient's nutritional status
 - C. Ensure the patient has fasted
 - D. Verify the patient's insurance information

Answers

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

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Explanations

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1. What are the steps to take if a patient begins to fall?

- A. Let them fall to avoid injury
- B. Support them and lower them to the ground gently**
- C. Push them away to prevent injury
- D. Call for help before taking any action

When a patient begins to fall, the best response is to support them and lower them to the ground gently. This approach prioritizes the safety and well-being of the patient. By providing support, you can help minimize the impact of the fall and reduce the risk of injury. It is important to maintain control and assist the patient as they descend, which can prevent them from hitting hard surfaces or potentially injuring themselves. In contrast, allowing a patient to fall without intervention can lead to serious injuries such as fractures or head trauma. Pushing a patient away is also dangerous, as it can cause them to lose balance and fall more awkwardly. Finally, while it is important to call for help in many situations, doing so before taking action in a falling scenario may not be the most effective approach, as immediate intervention is crucial for ensuring the patient's safety.

2. What common complication should a nurse be aware of when administering IV fluids?

- A. Electrolyte imbalance
- B. Overhydration
- C. Both electrolyte imbalance and overhydration**
- D. Infection at the IV site

Administering IV fluids can lead to several potential complications, and it is essential for a nurse to be aware of these possibilities to provide safe and effective care. One significant risk is electrolyte imbalance, which can occur if the fluids administered do not match the patient's specific electrolyte needs or if there is an underlying condition affecting electrolyte levels. Overhydration is another common complication, particularly in patients with compromised renal function or fluid management issues. This can result in fluid accumulation in the body's tissues, leading to conditions such as pulmonary edema or heart failure. By understanding that both electrolyte imbalance and overhydration are relevant complications when administering IV fluids, the nurse can monitor the patient appropriately and take necessary precautions, such as adjusting the rate of infusion or administering specific electrolytes as indicated. This comprehensive awareness helps ensure patient safety and optimal outcomes.

3. A patient is to receive one unit of packed red blood cells over 2 hours. What is the usual flow rate for the first 15 minutes of a blood transfusion?

- A. 5 mL/min.
- B. 2 mL/min.**
- C. 10 mL/min.
- D. 15 mL/min.

The usual flow rate for the first 15 minutes of a blood transfusion is set to allow for careful monitoring of the patient and to minimize the risk of transfusion reactions. During this initial period, it is standard to start with a slower infusion rate. For a unit of packed red blood cells that is to be infused over 2 hours, starting with a flow rate of 2 mL per minute perfectly aligns with safety protocols. This will ensure that the patient can be observed for any signs of an adverse reaction while the blood is being administered. If the infusion is well tolerated, the flow rate can be increased for subsequent periods to meet the overall goal of infusing the blood in the designated time frame. This practice emphasizes the importance of patient safety and the prudent management of transfusion-related risks.

4. What does "patient-centered care" involve?

- A. Focusing on cost-effective treatments only
- B. Standardizing care across all patients
- C. Tailoring healthcare practices to meet the individual needs and preferences of patients**
- D. Prioritizing hospital efficiency over patient needs

"Patient-centered care" involves tailoring healthcare practices to meet the individual needs and preferences of patients. This approach recognizes that each patient is unique, with their own values, beliefs, and circumstances that influence their healthcare preferences. By focusing on the individual rather than a one-size-fits-all approach, healthcare providers can enhance patient satisfaction, improve health outcomes, and empower patients to take an active role in their healthcare decisions. This approach contrasts with standardizing care across all patients, which may overlook the specific needs and desires of individual patients. Similarly, prioritizing hospital efficiency or focusing solely on cost-effective treatments can lead to a more transactional healthcare experience that does not necessarily address the individual context of each patient's situation. Thus, patient-centered care is fundamentally about personalized healthcare that respects and responds to patients' individual issues.

5. What are the symptoms of shock that healthcare workers should monitor?

- A. Headaches and nausea
- B. Rapid heartbeat, pale skin, weakness, and confusion**
- C. Fever and sweating
- D. Chest pain and difficulty breathing

The symptoms of shock that healthcare workers should monitor include rapid heartbeat, pale skin, weakness, and confusion. Shock is a serious medical condition that occurs when the body is not getting enough blood flow, leading to insufficient oxygenation of vital organs. A rapid heartbeat, or tachycardia, is the body's response to compensate for decreased blood volume or pressure, attempting to maintain blood circulation. Pale skin is a sign of reduced blood flow, as blood is prioritized to essential organs over peripheral regions. Weakness indicates that the body is struggling to maintain normal function due to inadequate blood supply, and confusion often arises as the brain is deprived of the necessary oxygen and nutrients it requires to operate effectively. These indicators help healthcare professionals quickly identify and manage shock to prevent further complications and promote recovery. In contrast, headaches and nausea, fever and sweating, or chest pain and difficulty breathing may indicate a range of other medical issues but do not specifically point to the state of shock itself.

6. When is it appropriate to use restraints on a patient?

- A. Whenever the healthcare provider feels it's necessary
- B. Only when necessary to ensure the safety of the patient or others**
- C. In cases of disruptive behavior
- D. For patients who refuse medication

Restraints are a significant intervention in patient care and should be used judiciously. The use of restraints is appropriate only when necessary to ensure the safety of the patient or others. This approach aligns with ethical guidelines and patient safety protocols that prioritize the least restrictive means of intervention. Restraints should not be a first-line solution; rather, they are to be employed when other less restrictive measures have been deemed insufficient or ineffective in maintaining safety. When considering the context of other choices, simply relying on the healthcare provider's discretion, disruptive behavior alone, or non-compliance with medication does not justify restraint use. Those scenarios must be carefully evaluated in a broader context that considers the patient's overall well-being and dignity. The goal is always to protect and support the patient while minimizing any potential harm or trauma that could arise from the use of physical restraints.

7. Why is it important to report safety incidents in healthcare facilities?

- A. To blame the individuals involved
- B. To improve training for staff and enhance safety measures**
- C. To avoid financial penalties
- D. To keep incidents private and confidential

Reporting safety incidents in healthcare facilities is crucial primarily to improve training for staff and enhance safety measures. When incidents are reported, they serve as valuable data points for understanding what went wrong and why. This information can then inform targeted training programs that address specific weaknesses, ultimately reducing the risk of similar incidents in the future. Furthermore, analyzing incidents helps identify patterns and trends, enabling healthcare facilities to implement systemic changes that bolster overall safety protocols. By focusing on learning and improvement rather than assigning blame, organizations can create a culture of safety where staff feel encouraged to report errors or near misses. This proactive approach is vital in preventing harm to patients and enhancing the quality of care delivered.

8. What should the nurse visualize to assess a patient's risk for embolus when removing a venous access device?

- A. Patient's facial expressions
- B. IV device tip**
- C. IV site dressing
- D. Fluid level in the IV bag

In assessing a patient's risk for embolus when removing a venous access device, it is crucial for the nurse to visualize the tip of the IV device. This is important because if the catheter tip is damaged or breaks off during removal, there is a possibility that a piece could enter the bloodstream, leading to an embolus. The tip of the IV device directly correlates to the safety of the removal process and the prevention of potential complications for the patient. Observing the condition of the catheter tip ensures that the nurse can take appropriate actions if any issues arise during the removal, thereby minimizing the risk of embolic events. Visualizing other factors like the patient's facial expressions, the IV site dressing, or the fluid level in the IV bag does not provide the same direct insight into the risk of embolus related to the venous access device itself. Each of those aspects can be important in different contexts of patient care, but they do not specifically address the immediate concerns associated with the catheter's integrity during removal.

9. What is the best way to prevent infection and conserve resources when terminating an IV piggyback medication infusion?

- A. Remove the piggyback tubing after the infusion.
- B. Leave both the piggyback tubing and the bag attached to the primary line Y-site port until the next scheduled dose.**
- C. Flush the line with sterile water after the infusion.
- D. Change the primary line every 24 hours.

Leaving both the piggyback tubing and the bag attached to the primary line Y-site port until the next scheduled dose is the best approach for preventing infection and conserving resources. This method minimizes the risk of contamination by reducing the number of times the connection between the lines needs to be disturbed or manipulated. Additionally, retaining the piggyback setup allows for a quicker readiness for the next dose without requiring a new setup, which saves time and resources. By keeping the system intact, healthcare providers also maintain a sterile connection that helps prevent the introduction of pathogens. This practice helps to ensure patient safety and decreases the likelihood of complications associated with multiple line manipulations.

10. What should the nurse check prior to administering medication via an IV bolus?

- A. Confirm that the IV line is patent**
- B. Assess the patient's nutritional status
- C. Ensure the patient has fasted
- D. Verify the patient's insurance information

Confirming that the IV line is patent is crucial before administering medication via an IV bolus because it ensures that the medication can flow freely into the bloodstream. If the IV line is not patent, the medication may not be delivered effectively, potentially leading to inadequate treatment or complications such as infiltration or phlebitis. Verifying the patency allows the nurse to check for any blockages or issues with the IV site, ensuring both the safety and efficacy of the medication administration. Assessing the patient's nutritional status, ensuring fasting, and verifying insurance information are not directly related to the immediate safety and effectiveness of IV medication delivery. While these factors may be important in other clinical contexts, they do not address the critical concern of confirming that the IV access is functional prior to administration.

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://atiskillsmodule3safetyvid.examzify.com>

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

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