

CEA NURSING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 best strategy for managing lip smacking and uncontrolled movements in a patient on haloperidol?**
 - A. Continue with haloperidol (Haldol) as this is expected
 - B. Switch to quetiapine (Seroquel)
 - C. Increase the dose of haloperidol (Haldol) as these side effects are common at lower doses
 - D. Switch to pimozide (Ozap)
- 2. What percentage of the body surface area does the patient's palm cover when using the rule of palms for evaluation?**
 - A. 3%
 - B. 2%
 - C. 1%
 - D. 4%
- 3. What condition is least suspicious for renal artery disease in a patient with hypertension?**
 - A. Long-standing hypertension on two medications
 - B. Onset of hypertension before 30
 - C. Sudden or poorly controlled hypertension in a patient over 55
 - D. Small kidney size discrepancy
- 4. When auscultating a patient and hearing crackles that clear upon coughing, what condition might this indicate?**
 - A. Congestive heart failure
 - B. Atelectasis
 - C. Laryngospasm
 - D. Bronchiectasis
- 5. What complication associated with untreated retinal detachment can occur?**
 - A. Permanently impaired vision.
 - B. Increased intraocular pressure.
 - C. Acute angle closure glaucoma.
 - D. Non-functional pupil reflexes.

- 6. What should be the focus during an assessment of a patient presenting with acute chest pain?**
- A. Assessment of breath sounds only.
 - B. Heart rhythm and rate evaluation.
 - C. Assessment of allergies and medications.
 - D. Patient history review only.
- 7. Which agent should a COPD patient rinse their mouth after use to avoid oral candidiasis?**
- A. Long acting beta agonists
 - B. Short acting beta agonists
 - C. Leukotriene inhibitors
 - D. Inhaled corticosteroids
- 8. In a patient with acanthosis nigricans, which physical finding is commonly associated?**
- A. Central obesity.
 - B. Severe malnutrition.
 - C. Scaphoid abdomen.
 - D. Body mass index (BMI) of 22.
- 9. During a respiratory assessment, which finding suggests consolidation in the lungs?**
- A. Pleural friction rub.
 - B. Decreased breath sounds.
 - C. Increased tactile fremitus.
 - D. Wheezing.
- 10. Which of the following immunoglobulins are the first to be elevated in the serum after a diagnosis of Hepatitis A?**
- A. IgD.
 - B. IgG.
 - C. IgA.
 - D. IgM.

Answers

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

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Explanations

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1. What is the best strategy for managing lip smacking and uncontrolled movements in a patient on haloperidol?

- A. Continue with haloperidol (Haldol) as this is expected
- B. Switch to quetiapine (Seroquel)**
- C. Increase the dose of haloperidol (Haldol) as these side effects are common at lower doses
- D. Switch to pimozide (Ozap)

For a patient experiencing lip smacking and uncontrolled movements while on haloperidol, switching to quetiapine is the best strategy. These symptoms are indicative of tardive dyskinesia, a potential side effect of long-term use of first-generation antipsychotics like haloperidol. Quetiapine, an atypical antipsychotic, has a more favorable side effect profile, particularly in terms of movement disorders. By transitioning the patient to quetiapine, there is a lower risk of exacerbating movement disorders, as atypical antipsychotics generally have a reduced likelihood of causing such symptoms compared to first-generation agents. In managing such side effects, it's crucial to consider the adverse effects associated with ongoing therapy. Continuing with haloperidol would not be appropriate, as it could lead to further complications and does not address the current symptoms. Increasing the dose of haloperidol would likely worsen the movement symptoms instead of alleviating them. Switching to pimozide, another antipsychotic, might not provide the safety net against movement disorders that quetiapine offers. Each of these alternatives fails to adequately consider the long-term management of side effects associated with antipsychotic medications, whereas quetiapine presents

2. What percentage of the body surface area does the patient's palm cover when using the rule of palms for evaluation?

- A. 3%
- B. 2%
- C. 1%**
- D. 4%

When evaluating burn area using the rule of palms, nursing practice teaches that the patient's entire palm, including the fingers, represents approximately 1% of an adult's total body surface area (TBSA). This rule is a handy tool for quickly estimating the extent of burns in a clinical setting, especially in emergencies. Since the palm is a relatively small area compared to the total body surface, it is practical to assign it a percentage that reflects its size accurately, which is why 1% is the correct answer in this context. This method provides a straightforward way to assess burn severity and decide on treatment strategies efficiently. Other percentage options are not representative of the area covered by the palm when using this specific rule.

3. What condition is least suspicious for renal artery disease in a patient with hypertension?

- A. Long-standing hypertension on two medications**
- B. Onset of hypertension before 30
- C. Sudden or poorly controlled hypertension in a patient over 55
- D. Small kidney size discrepancy

The rationale for considering long-standing hypertension on two medications as the least suspicious condition for renal artery disease stems from the typical clinical presentation of this condition. Renal artery disease often leads to secondary hypertension, particularly when there is a significant stenosis in the renal arteries. This situation is more common in younger patients, those with sudden or poorly controlled hypertension, or in cases where kidney size discrepancies suggest asymmetrical blood flow or damage. In patients with long-standing hypertension, especially if it is effectively managed with two antihypertensive medications, it is more likely that the hypertension is primary (essential) rather than secondary to renal artery disease. Furthermore, the chronicity of hypertension indicates a longer-standing process that typically does not align with the acute nature often seen with renal artery stenosis. Additionally, individuals who have controlled their hypertension over time are less likely to have underlying renal artery issues, which are generally characterized by sudden changes or severe elevations in blood pressure. The other options reflect scenarios that are more synonymous with renal artery disease. For instance, the onset of hypertension before the age of 30 can suggest a secondary cause, including renal artery stenosis. Sudden or poorly controlled hypertension in someone over 55 raises concern for renovascular hypertension. Lastly, a small kidney

4. When auscultating a patient and hearing crackles that clear upon coughing, what condition might this indicate?

- A. Congestive heart failure
- B. Atelectasis**
- C. Laryngospasm
- D. Bronchiectasis

When crackles are heard during auscultation and they clear upon coughing, this is typically indicative of a condition like atelectasis. Atelectasis occurs when a portion of the lung collapses or does not inflate properly, often due to mucus obstruction or a lack of deep breathing. The sound of crackles arises from the sudden opening of small airways and alveoli as air passes through mucus or fluid, and when the patient coughs, the mucus may be cleared, resulting in the disappearance of the crackles. The presence of crackles that can be cleared with coughing suggests that there is some degree of obstruction in the airways, which can be effectively cleared through a cough. This is characteristic of atelectasis where postural changes and coughing play a vital role in re-expanding collapsed lung areas, allowing for improved air movement and resolution of the crackles. In contrast, conditions like congestive heart failure, laryngospasm, and bronchiectasis may produce different types of lung sounds that do not typically clear with coughing. Congestive heart failure is often associated with persistent crackles due to fluid overload, which would not resolve with a cough. Laryngospasm involves a spasm of the voice box that does not produce crack

5. What complication associated with untreated retinal detachment can occur?

- A. Permanently impaired vision.**
- B. Increased intraocular pressure.
- C. Acute angle closure glaucoma.
- D. Non-functional pupil reflexes.

Permanently impaired vision is a significant complication of untreated retinal detachment because the retina plays a crucial role in vision. When the retinal layers are separated, it can lead to the death of photoreceptors and other retinal cells if not promptly treated. The longer the retina remains detached, the greater the risk of irreversible damage, ultimately resulting in permanent vision loss. Early intervention is critical; therefore, timely diagnosis and treatment can help restore vision or prevent ongoing deterioration. The other options, while they can be related to different ocular conditions or complications, do not directly stem from untreated retinal detachment in the same manner as permanent vision impairment. For example, increased intraocular pressure, acute angle closure glaucoma, and non-functional pupil reflexes do not typically arise from retinal detachment itself but could emerge from other underlying eye diseases or conditions.

6. What should be the focus during an assessment of a patient presenting with acute chest pain?

- A. Assessment of breath sounds only.
- B. Heart rhythm and rate evaluation.**
- C. Assessment of allergies and medications.
- D. Patient history review only.

Focusing on heart rhythm and rate evaluation during an assessment of a patient presenting with acute chest pain is crucial because these factors provide immediate insights into the patient's cardiac status. Abnormalities in heart rhythm, such as arrhythmias, can indicate serious underlying conditions, including myocardial infarction or other cardiac issues. Monitoring the heart rate helps to assess the patient's level of distress and response to pain. In the context of acute chest pain, understanding the heart's behavior is vital for determining the urgency of any interventions needed. Any anomalies detected can direct clinical decisions, and prompt action can be essential in preventing complications. While evaluating breath sounds, patient history, and allergies or medications are all important aspects of a comprehensive assessment, they do not take precedence over immediate evaluation of the cardiovascular system when a patient is experiencing acute chest pain. The primary concern is often to identify and manage any life-threatening conditions that could arise from cardiac complications.

7. Which agent should a COPD patient rinse their mouth after use to avoid oral candidiasis?

- A. Long acting beta agonists
- B. Short acting beta agonists
- C. Leukotriene inhibitors
- D. Inhaled corticosteroids**

Inhaled corticosteroids are commonly used in the management of chronic obstructive pulmonary disease (COPD) to help reduce inflammation in the airways. While these medications can provide significant benefit in controlling symptoms and exacerbations, an important side effect associated with their use is the risk of oral candidiasis, also known as thrush. This fungal infection occurs due to an overgrowth of Candida species in the oral cavity. Rinsing the mouth after using inhaled corticosteroids is a crucial practice for patients to help prevent this side effect. The rinse helps to remove any residual medication that may linger in the mouth and throat, where it could promote fungal growth. This simple act of rinsing can significantly lower the chances of developing oral candidiasis, making it an essential part of the nursing education and patient care plan for individuals with COPD who are prescribed these agents. Other classes of medications, such as long-acting and short-acting beta agonists or leukotriene inhibitors, do not typically have an association with oral candidiasis as a common side effect and therefore do not require the same rinsing protocol.

8. In a patient with acanthosis nigricans, which physical finding is commonly associated?

- A. Central obesity.**
- B. Severe malnutrition.
- C. Scaphoidal abdomen.
- D. Body mass index (BMI) of 22.

Acanthosis nigricans is characterized by the dark, velvety thickening of the skin, typically found in body folds and creases, and is often associated with conditions such as insulin resistance and obesity. The condition reflects underlying metabolic issues, frequently linked with obesity, particularly central obesity, which is the accumulation of fat in the abdominal area. Central obesity is a common physical finding associated with acanthosis nigricans due to the correlation between excess insulin levels and the body's response to it, leading to skin changes. This connection highlights how obesity can impact cellular processes, contributing to the development of the skin condition. The presence of central obesity not only provides a visual cue but also indicates potential risks for related conditions, such as type 2 diabetes and cardiovascular diseases. In contrast, severe malnutrition, a scaphoidal abdomen, and a body mass index of 22 do not typically correlate with acanthosis nigricans. Severe malnutrition often leads to weight loss and a frail appearance, which would not support the development of acanthosis nigricans. A scaphoidal abdomen suggests malnourishment or a lack of body fat rather than excess weight. A body mass index of 22 is generally considered normal, thus

9. During a respiratory assessment, which finding suggests consolidation in the lungs?

- A. Pleural friction rub.
- B. Decreased breath sounds.
- C. Increased tactile fremitus.**
- D. Wheezing.

Increased tactile fremitus is an important physical finding in respiratory assessments that can indicate consolidation in the lungs. When lung tissue becomes denser—due to conditions like pneumonia or pulmonary edema—sound vibrations from the spoken voice can transmit more effectively through the consolidated tissue. As a result, when a clinician places their hands on the patient's chest while the patient speaks, there will be a noticeable increase in the vibrations felt through the hands. This phenomenon occurs because fluid or solid material in the lung replaces air and allows sound waves to travel more efficiently. Thus, assessing for increased tactile fremitus helps clinicians identify areas of potential lung consolidation, which would not be present in healthy, air-filled lung tissue where breath sounds would be normal and vibrations would be diminished or absent. The other findings, while related to various respiratory conditions, do not specifically indicate consolidation. For example, pleural friction rub, decreased breath sounds, and wheezing suggest different issues involving pleural involvement, reduced airflow due to obstruction, or bronchospasm, respectively, rather than the solidification or consolidation of lung tissue itself.

10. Which of the following immunoglobulins are the first to be elevated in the serum after a diagnosis of Hepatitis A?

- A. IgD.
- B. IgG.
- C. IgA.
- D. IgM.**

In the context of Hepatitis A infection, IgM immunoglobulins are the first antibodies produced by the immune system in response to the virus. When a person is infected with Hepatitis A, the body recognizes the virus as a foreign invader and initiates an immune response. The production of IgM antibodies usually begins within a few weeks after infection and serves as an early indicator of acute Hepatitis A. The presence of IgM in the serum is significant because it helps in diagnosing a recent infection. Healthcare providers often rely on serological testing to detect these antibodies when establishing a diagnosis of Hepatitis A. The elevation of IgM levels indicates that the body is actively responding to a new infection. Other immunoglobulins like IgG, IgA, and IgD serve different roles in the immune response. IgG is typically produced later, indicating past infection or immunity, whereas IgA is important for mucosal immunity. IgD is less understood and plays a minor role in the immune response compared to IgM and IgG. Therefore, the prominence of IgM in the early stages of Hepatitis A infection highlights its critical role in the immediate immune response and diagnosis.

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:

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

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