

CHRONIC ILLNESS 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. A typical course of treatment for active pulmonary tuberculosis lasts how long?**
 - A. 12-18 months
 - B. 3-4 months
 - C. 6-9 months
 - D. 24 months
- 2. In anaphylaxis, which symptom indicates airway involvement requiring urgent management?**
 - A. Hypertension
 - B. Anxious
 - C. Urticaria
 - D. Stridor
- 3. Which supplement should be stopped prior to starting warfarin due to antiplatelet effects?**
 - A. Flaxseed oil
 - B. Black cohosh
 - C. Saw palmetto
 - D. Glucosamine
- 4. A nurse develops a care plan for a COPD patient. Which intervention should be included?**
 - A. Instruct the client to use pursed-lip breathing
 - B. Restrict the client's fluid intake to less than 2 L/day
 - C. Provide the client with a low-protein diet
 - D. Have the client use the early-morning hours for exercise and activity
- 5. Alkaline phosphatase (ALP) is a marker used in which types of testing?**
 - A. Liver and bone function
 - B. Cardiac function
 - C. Pancreatic function
 - D. Kidney function

- 6. In the assessment of chest pain, which elements are included in the PQRST mnemonic?**
- A. Position; Quality/Quantity; Radiation/Relief; Severity
 - B. Position; Quality/Quantity; Radiation/Relief; Symptoms
 - C. Position; Quality; Radiation; Severity
 - D. Position; Quality/Quantity; Radiation/Relief; Timing
- 7. Calcium gluconate 10% is used to treat which condition?**
- A. Hypercalcemia
 - B. Hyponatremia
 - C. Hypocalcemia
 - D. Hypermagnesemia
- 8. During hypoxemia, agitation may occur due to which change?**
- A. Renal dysfunction
 - B. Neurological changes
 - C. Muscular fatigue
 - D. Hyperglycemia
- 9. Chvostek's sign indicates which electrolyte abnormality?**
- A. Hyperkalemia
 - B. Hyponatremia
 - C. Hypocalcemia
 - D. Hypomagnesemia
- 10. Which posture is commonly observed in COPD or emphysema patients to ease breathing?**
- A. Tripod position
 - B. Fowler's position
 - C. Supine with legs elevated
 - D. Lateral decubitus

Answers

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

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Explanations

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1. A typical course of treatment for active pulmonary tuberculosis lasts how long?

- A. 12-18 months
- B. 3-4 months
- C. 6-9 months**
- D. 24 months

Treating active pulmonary tuberculosis relies on prolonged, multi-drug therapy to effectively kill the bacteria and prevent resistance. For drug-susceptible TB, the standard plan starts with a two-month intensive phase using four drugs, followed by a four-month continuation phase with two of those drugs, totaling about six months. Some patients, such as those with slower responses, cavitory disease, or other risk factors, may require extending treatment to about nine months. The other durations aren't typical for drug-susceptible TB: three to four months is too short to ensure cure and prevent relapse, while twelve to twenty-four months is generally reserved for drug-resistant TB or special circumstances. Therefore, six to nine months best describes the usual course.

2. In anaphylaxis, which symptom indicates airway involvement requiring urgent management?

- A. Hypertension
- B. Anxious
- C. Urticaria
- D. Stridor**

Airway involvement in anaphylaxis shows up as signs of upper airway obstruction. Stridor is the audible sign of this narrowing, usually from edema of the larynx or surrounding structures, meaning the airway is compromised and needs urgent management. This is why stridor is the best indicator in this scenario. Urticaria and anxiety are common in anaphylaxis but don't by themselves indicate airway compromise, and hypertension isn't a marker of airway obstruction. When stridor is present, act quickly to secure the airway and administer appropriate emergency treatment (such as prompt epinephrine and airway support).

3. Which supplement should be stopped prior to starting warfarin due to antiplatelet effects?

- A. Flaxseed oil
- B. Black cohosh
- C. Saw palmetto**
- D. Glucosamine

When starting a drug like warfarin, anything that further impairs blood clotting can tip you toward excessive bleeding. Supplements that have antiplatelet effects fall into that category because they reduce platelet function in addition to warfarin's effect on clotting factor synthesis. Saw palmetto is known to have antiplatelet properties, so stopping it before beginning warfarin helps minimize the risk of bleeding during the initiation and stabilization period. Flaxseed oil contains omega-3 fatty acids and can have mild antiplatelet effects, but its interaction with warfarin is less consistently reported as a stopping-rule issue. Black cohosh does not have a meaningful antiplatelet effect tied to warfarin risk, and glucosamine's warfarin interaction is not primarily due to platelet inhibition. So the supplement most clearly associated with heightened bleeding risk from antiplatelet activity is saw palmetto.

4. A nurse develops a care plan for a COPD patient. Which intervention should be included?

- A. Instruct the client to use pursed-lip breathing**
- B. Restrict the client's fluid intake to less than 2 L/day
- C. Provide the client with a low-protein diet
- D. Have the client use the early-morning hours for exercise and activity

Pursed-lip breathing helps manage COPD by improving ventilation during expiration. Inhale slowly through the nose, then exhale through pursed lips for a longer duration than the inhale. This creates a gentle back-pressure in the airways, keeping them open longer, reducing air trapping, lowering the work of breathing, and often easing dyspnea. It's a practical, nonpharmacologic skill patients can use during coughing or activity to feel more in control. Hydration is important in COPD to help thin secretions, so restricting fluids isn't advised. A low-protein diet isn't indicated because maintaining muscle mass is important in COPD, especially with fatigue. Exercise should be encouraged, but the timing should be tailored to the patient's daily rhythm rather than defaulting to early morning.

5. Alkaline phosphatase (ALP) is a marker used in which types of testing?

- A. Liver and bone function**
- B. Cardiac function
- C. Pancreatic function
- D. Kidney function

Alkaline phosphatase is an enzyme produced mainly by the liver and by bone. Measuring its level helps assess processes in those tissues, so it's used as a marker of liver function (especially for bile flow problems like cholestasis or bile-duct obstruction) and bone function (reflecting osteoblast activity in growth, healing fractures, or diseases with high bone turnover). It's not a primary marker of heart, pancreas, or kidney function, which are evaluated with different enzymes and tests. In practice, if ALP is elevated, clinicians often look at other clues (like GGT) to decide whether the source is the liver or bone, guiding further testing and interpretation.

6. In the assessment of chest pain, which elements are included in the PQRST mnemonic?

- A. Position; Quality/Quantity; Radiation/Relief; Severity**
- B. Position; Quality/Quantity; Radiation/Relief; Symptoms
- C. Position; Quality; Radiation; Severity
- D. Position; Quality/Quantity; Radiation/Relief; Timing

The main concept here is using a structured approach to chest pain history with PQRST. This mnemonic helps you quickly gather the key details that point you toward the likely cause and appropriate next steps. In this context, the P stands for what provokes or worsens the pain (and sometimes what relieves it), the Q describes the quality or character of the pain, the R covers where the pain radiates and what relieves it, and the S captures how severe the pain is. Together, these elements help you distinguish cardiac from non-cardiac causes and triage appropriate care. For example, chest pain that is provoked by exertion and relieved by rest or nitroglycerin raises concern for angina, while pain that changes with movement or palpation might suggest a musculoskeletal origin and less urgency. The inclusion of position, quality/quantity, radiation/relief, and severity in this version reflects focusing on provoking factors, descriptive quality, spread and relief, and intensity to guide decision-making.

7. Calcium gluconate 10% is used to treat which condition?

- A. Hypercalcemia
- B. Hyponatremia
- C. Hypocalcemia
- D. Hypermagnesemia

Calcium gluconate is used to raise calcium levels in the blood. In acute hypocalcemia, low calcium makes nerves and muscles overly responsive, leading to tingling, cramps, and even tetany or seizures. Giving calcium intravenously with calcium gluconate rapidly increases serum calcium, stabilizing nerves and muscles and preventing dangerous symptoms. The 10% IV preparation is a common, peripheral-friendly way to deliver calcium quickly when hypocalcemia is the issue. The other conditions involve different electrolyte or mineral problems (sodium or magnesium imbalance), so calcium gluconate isn't the direct treatment for them.

8. During hypoxemia, agitation may occur due to which change?

- A. Renal dysfunction
- B. Neurological changes
- C. Muscular fatigue
- D. Hyperglycemia

When blood oxygen is low, the brain's oxygen supply drops and neurons start to fail their energy needs. The brain is highly sensitive to hypoxia, so cerebral hypoxia disrupts neural activity and often presents as agitation, restlessness, or irritability. This neurological change is the most direct and immediate result of hypoxemia, making agitation a classic sign of cerebral oxygen deficit. Renal dysfunction, muscular fatigue, and hyperglycemia can cause problems too, but they do not explain the immediate behavioral and cognitive changes that occur with reduced brain oxygen delivery.

9. Chvostek's sign indicates which electrolyte abnormality?

- A. Hyperkalemia
- B. Hyponatremia
- C. Hypocalcemia
- D. Hypomagnesemia

Chvostek's sign reflects increased neuromuscular excitability caused by low calcium. When calcium levels drop, nerves become more easily depolarized, so a light tap over the facial nerve triggers contractions of the facial muscles on that side. This positive facial twitch is a classic clue to hypocalcemia, rather than to the other electrolyte abnormalities listed. While severe hypomagnesemia can contribute to low calcium, the hallmark association remains with hypocalcemia.

10. Which posture is commonly observed in COPD or emphysema patients to ease breathing?

A. Tripod position

B. Fowler's position

C. Supine with legs elevated

D. Lateral decubitus

In COPD and emphysema, air trapping and a flattened, overworked diaphragm make breathing require extra effort. The tripod position — sitting up with the elbows or forearms resting on the knees or a table — gives the chest and shoulder girdle a stable base. This setup lets the neck and chest muscles (accessory muscles) help lift and expand the rib cage more effectively, improving chest wall mechanics and increasing expiratory flow. By stabilizing the upper body, it reduces the work of breathing and makes each breath more efficient, which is why this posture is commonly seen in patients trying to ease dyspnea. Other postures don't provide the same mechanical advantage: they may not recruit the same accessory muscles or may hinder diaphragmatic movement, so they are less effective for relief in COPD.

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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://chronicillness.examzify.com>

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

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