

# Comprehensive Incontinence, Urology, and Safety Nursing 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. Which lifestyle change can help reduce GERD symptoms at night?**
  - A. Drink coffee after meals**
  - B. Sleep with head of bed elevated**
  - C. Eat spicy foods before bed**
  - D. Avoid smoking**
  
- 2. Which disease causes vertigo, tinnitus, and hearing loss?**
  - A. Otitis media.**
  - B. Meniere disease.**
  - C. Glaucoma.**
  - D. Retinal detachment.**
  
- 3. What causes conductive hearing loss?**
  - A. When sound waves cannot pass through the outer or middle ear.**
  - B. Damage to the cochlea or auditory nerve.**
  - C. The Rinne test compares bone conduction and air conduction.**
  - D. It provides a legal record of care.**
  
- 4. Which finding indicates a compromised stoma?**
  - A. Red and moist**
  - B. Bluish color**
  - C. Pink and dry**
  - D. Bright red and protruding**
  
- 5. Which scenario best illustrates the use of a nursing care plan?**
  - A. A customized plan created for an individual patient**
  - B. A fixed protocol used for all patients**
  - C. A machine with automatic reminders**
  - D. A generic checklist used for the unit**

- 6. What symptom suggests malnutrition?**
- A. Hair loss**
  - B. Fatigue**
  - C. Headache**
  - D. Weight loss**
- 7. What condition most commonly leads to overflow incontinence?**
- A. Prostate cancer**
  - B. Kidney stones**
  - C. Urethral stricture**
  - D. Urinary retention**
- 8. Chronic laxative use may lead to which complication?**
- A. Electrolyte imbalance**
  - B. Dehydration**
  - C. Abdominal cramps**
  - D. Kidney stones**
- 9. What precaution helps prevent aspiration in patients with dysphagia?**
- A. Supine position**
  - B. Side-lying**
  - C. Head of bed flat**
  - D. Upright position**
- 10. Which of the following is a risk factor for GERD?**
- A. Age**
  - B. Obesity**
  - C. High fiber diet**
  - D. Regular physical activity**

## **Answers**

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

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## **Explanations**

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**1. Which lifestyle change can help reduce GERD symptoms at night?**

- A. Drink coffee after meals**
- B. Sleep with head of bed elevated**
- C. Eat spicy foods before bed**
- D. Avoid smoking**

Nighttime GERD improves when lifestyle factors that trigger reflux are reduced. Quitting smoking is the strongest single change here because nicotine relaxes the lower esophageal sphincter and increases acid production, making reflux events more likely during the night. By stopping smoking, the LES tone can improve and acid exposure decreases, which often leads to fewer nocturnal symptoms and better sleep. Other options can influence symptoms too—elevating the head of the bed helps gravity reduce reflux at night, and avoiding late meals or triggers like caffeine and spicy foods can lessen symptoms. However, quitting smoking addresses a fundamental physiological trigger of reflux and typically has the most pronounced impact on nocturnal GERD.

**2. Which disease causes vertigo, tinnitus, and hearing loss?**

- A. Otitis media.**
- B. Meniere disease.**
- C. Glaucoma.**
- D. Retinal detachment.**

Vertigo with tinnitus and hearing loss points to an inner ear problem that disrupts balance and hearing. Meniere disease involves abnormal fluid buildup in the inner ear (endolymphatic hydrops), leading to episodic vertigo that can last from minutes to hours, along with fluctuating sensorineural hearing loss and tinnitus, often with a sense of fullness in the affected ear. Over time the hearing loss may become permanent in the affected ear. This combination is classic for Meniere disease, and it helps explain why the other options don't fit: otitis media is a middle ear infection that typically causes ear pain and often conductive hearing loss; glaucoma and retinal detachment affect the eye and vision rather than balance or hearing.

**3. What causes conductive hearing loss?**

- A. When sound waves cannot pass through the outer or middle ear.**
- B. Damage to the cochlea or auditory nerve.**
- C. The Rinne test compares bone conduction and air conduction.**
- D. It provides a legal record of care.**

Conductive hearing loss happens when sound cannot be conducted efficiently through the outer or middle ear. The outer ear (ear canal and eardrum) and the middle ear (the ossicles) are responsible for delivering sound energy to the inner ear. When a blockage or disruption occurs—such as a buildup of ear wax, an ear infection with fluid in the middle ear, a perforated tympanic membrane, or problems with the tiny ear bones like otosclerosis—the transmission of sound energy to the inner ear is reduced. The inner ear and the hearing nerve remain intact, which is why bone conduction can seem relatively clearer than air conduction in these cases. The other options point to inner-ear (sensorineural) damage, a test that's used to differentiate types of hearing loss, or an unrelated administrative purpose, none of which describe a blockage or dysfunction in the outer or middle ear.

#### 4. Which finding indicates a compromised stoma?

- A. Red and moist
- B. Bluish color**
- C. Pink and dry
- D. Bright red and protruding

The main idea is recognizing stoma viability through color and moisture. A healthy stoma is pink to red and moist, with a gentle protrusion above the skin. A bluish or purple discoloration, however, signals compromised blood flow and possible ischemia, which can lead to tissue damage if not addressed promptly. That cyanotic appearance is the warning sign that the stoma may not be receiving adequate oxygenated blood. By comparison, red and moist describes a normal stoma, pink and dry suggests inadequate moisture which is not typical of a healthy stoma, and bright red and protruding usually indicates good perfusion.

#### 5. Which scenario best illustrates the use of a nursing care plan?

- A. A customized plan created for an individual patient**
- B. A fixed protocol used for all patients
- C. A machine with automatic reminders
- D. A generic checklist used for the unit

A nursing care plan is a personalized, patient-centered roadmap developed from the nurse's assessment to address specific problems, goals, and interventions for one patient. It combines nursing diagnoses, desired outcomes, and targeted actions, and is actively evaluated and adjusted as the patient's condition evolves. This is why a customized plan created for an individual patient best illustrates the use of a nursing care plan: it directly guides care for that person, aligning interventions with their unique needs and tracking progress over time. Why the other options don't fit as well: a fixed protocol used for all patients lacks the individualization essential to nursing care, since different patients have different risks, priorities, and responses. A machine with automatic reminders is a useful tool, but it doesn't itself constitute a plan of care tailored to a specific patient. A generic checklist used for the unit is too broad and non-specific, failing to address the unique problems, goals, and evaluation criteria of a single patient.

#### 6. What symptom suggests malnutrition?

- A. Hair loss
- B. Fatigue
- C. Headache
- D. Weight loss**

Unintended weight loss is a direct sign of malnutrition because when intake is inadequate or nutrients aren't absorbed properly, the body begins to break down its fat and lean tissue to meet energy and nutrient needs, leading to a measurable loss of body weight. Other symptoms like hair loss, fatigue, or headaches can occur for many reasons and are not as specific to malnutrition on their own; they may be seen with other conditions, whereas a noticeable drop in weight more clearly reflects insufficient nutrition. In clinical practice, tracking weight over time and noting unexplained loss helps identify malnutrition early.

**7. What condition most commonly leads to overflow incontinence?**

- A. Prostate cancer**
- B. Kidney stones**
- C. Urethral stricture**
- D. Urinary retention**

Overflow incontinence happens when the bladder can't empty fully, so it becomes overdistended and urine leaks as pressure builds. The most common trigger is urinary retention—outflow is blocked or the detrusor muscle isn't able to push urine out effectively, so the bladder gradually fills and leaks small amounts around the outlet. In men, an enlarged prostate often narrows the urethra and prevents complete emptying, leading to this leakage pattern. Other conditions like kidney stones, urethral stricture, or prostate cancer can cause urinary problems, but they are not the typical cause of the chronic retention that leads to overflow. Therefore, urinary retention best explains why overflow incontinence occurs.

**8. Chronic laxative use may lead to which complication?**

- A. Electrolyte imbalance**
- B. Dehydration**
- C. Abdominal cramps**
- D. Kidney stones**

Chronic laxative use repeatedly lowers the body's supply of fluids and electrolytes because these substances are lost with every bowel movement. This ongoing loss most directly disrupts electrolyte balance, with potassium for example commonly decreasing (hypokalemia) and other ions like sodium and bicarbonate affected as well. Such imbalances can have serious systemic effects, including weakness, confusion, and even heart rhythm problems, making electrolyte disturbance the primary clinical concern with long-term laxative use. Dehydration can accompany laxative use, but it's the electrolyte disturbances that reflect the deeper, more consequential disruption of body function. Abdominal cramps are a common, more immediate side effect during use, and kidney stones are not a typical direct result of chronic laxative use.

**9. What precaution helps prevent aspiration in patients with dysphagia?**

- A. Supine position**
- B. Side-lying**
- C. Head of bed flat**
- D. Upright position**

Maintaining an upright posture during meals uses gravity to help the bolus move toward the esophagus and supports safer airway protection during swallowing. When seated upright, the larynx is better aligned for a coordinated swallow, the epiglottis can effectively shield the airway, and residual material is less likely to drift into the trachea. This position reduces the chance of material entering the airway both during the swallow and shortly after. In contrast, lying flat (supine or a flat head of bed) diminishes gravity's assist and can promote reflux and residue near the airway, increasing aspiration risk. Side-lying is sometimes used for specific swallow strategies, but it does not provide the same broad protective effect during swallowing as being upright. So, the best precaution to prevent aspiration in dysphagia is to keep the patient upright during feeding (and for a period afterward).

**10. Which of the following is a risk factor for GERD?**

- A. Age**
- B. Obesity**
- C. High fiber diet**
- D. Regular physical activity**

Obesity raises the risk of GERD because extra abdominal fat increases intra-abdominal pressure, which pushes stomach contents upward toward the esophagus. This pressure can weaken the barrier created by the lower esophageal sphincter and raise the likelihood of reflux. Obesity is also associated with a higher chance of a hiatal hernia, which further facilitates reflux. Weight loss often improves GERD symptoms by reducing this pressure and helping the LES function more effectively. Age isn't a direct driver of GERD in the same way, since reflux can occur at many ages. A high fiber diet and regular physical activity are not risk factors; they tend to support digestion and weight management, which can lessen GERD symptoms.

## 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://incontinenceurologysafetynursing.examzify.com>**

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

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