

# 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. What age-related change contributes to urinary incontinence in older adults?**
  - A. Decreased bladder muscle tone**
  - B. Increased bladder capacity**
  - C. Increased bladder sensation**
  - D. Decreased urethral sphincter tone**
  
- 2. Which food is rich in iron?**
  - A. Spinach**
  - B. Beans**
  - C. Oranges**
  - D. Milk**
  
- 3. What symptom suggests retinal detachment?**
  - A. Dizziness.**
  - B. Hearing loss.**
  - C. Flashes of light.**
  - D. Coughing.**
  
- 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 lab value indicates nutritional status?**
  - A. Albumin**
  - B. Hemoglobin**
  - C. Glucose**
  - D. Sodium**
  
- 6. Which of the following best explains NPO status?**
  - A. To prevent dehydration**
  - B. To prevent aspiration**
  - C. To increase appetite**
  - D. To shorten hospital stay**

- 7. Which symptom is associated with neurogenic bladder?**
- A. Urinary incontinence**
  - B. Dysuria**
  - C. Urinary retention**
  - D. Frequent UTIs**
- 8. Which laboratory value is commonly decreased in severe malnutrition?**
- A. Albumin**
  - B. Hemoglobin**
  - C. Sodium**
  - D. Creatinine**
- 9. 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**
- 10. Which medication is a selective alpha-1 blocker commonly used to improve urine flow in BPH?**
- A. Tamsulosin**
  - B. Finasteride**
  - C. Oxybutynin**
  - D. Bethanechol**

## **Answers**

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

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## **Explanations**

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**1. What age-related change contributes to urinary incontinence in older adults?**

- A. Decreased bladder muscle tone**
- B. Increased bladder capacity**
- C. Increased bladder sensation**
- D. Decreased urethral sphincter tone**

As people age, the bladder's smooth muscle (the detrusor) often loses some tone and contractile strength. This weaker detrusor makes it harder for the bladder to hold urine reliably and to contract effectively when it's time to void, so small amounts can leak and contribute to incontinence. In aging, the bladder tends to store urine less effectively, and leakage can occur more easily as it fills. Other options don't fit typical age-related changes: bladder capacity generally doesn't increase with age (it tends to stay the same or decrease), bladder sensation often becomes blunted rather than heightened, and while weaker urethral sphincter tone can cause leakage, the most consistent age-related change linked to incontinence is reduced detrusor muscle tone.

**2. Which food is rich in iron?**

- A. Spinach**
- B. Beans**
- C. Oranges**
- D. Milk**

Iron-rich foods provide the mineral needed for forming hemoglobin and transporting oxygen in the blood. Spinach stands out as a strong plant-based source of iron, delivering a meaningful amount of non-heme iron per serving. While non-heme iron isn't absorbed as efficiently as heme iron from animal foods, its uptake can be boosted by pairing with vitamin C-rich foods and by cooking to reduce absorption-inhibiting compounds like oxalates found in leafy greens. The other options don't supply iron in meaningful amounts: oranges are high in vitamin C but not in iron, milk provides little iron and can hinder absorption because of calcium, and beans do contain iron but spinach is a more prominent example of an iron-rich plant option in this set.

**3. What symptom suggests retinal detachment?**

- A. Dizziness.**
- B. Hearing loss.**
- C. Flashes of light.**
- D. Coughing.**

Flashes of light in the vision signal retinal detachment. This occurs when the vitreous gel inside the eye tugs on the retina, triggering brief, spark-like light phenomena called photopsia—often described as lightning or stars, usually in the peripheral area of one eye. It's common for these flashes to appear suddenly and may be accompanied by a noticeable increase in floaters, and later by a curtain-like loss of vision as the retina detaches. Because a detachment can progress quickly and threaten sight, it's an urgent ophthalmology concern. Dizziness doesn't typically point to retinal issues; it tends to relate to balance or circulation problems. Hearing loss involves the ear or auditory pathways, not the retina. Coughing is a respiratory action and isn't linked to retinal conditions.

#### 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 lab value indicates nutritional status?

- A. Albumin**
- B. Hemoglobin
- C. Glucose
- D. Sodium

Albumin reflects visceral protein stores and overall nutritional status. It is a protein synthesized by the liver, and its levels tend to decrease with protein-energy malnutrition, making it a useful indicator of chronic nutritional status over time. Although albumin can be influenced by inflammation, liver function, and fluid status, among the options given it best represents nutrition-related protein reserves. Hemoglobin indicates anemia and oxygen-carrying capacity, not nutrition per se. Glucose shows carbohydrate metabolism and glycemic control, not nutritional stores. Sodium reflects hydration and electrolyte balance, not nutritional status. Therefore, albumin is the most appropriate marker for nutritional status among these values.

#### 6. Which of the following best explains NPO status?

- A. To prevent dehydration
- B. To prevent aspiration**
- C. To increase appetite
- D. To shorten hospital stay

Nil per os (NPO) status is used before procedures that involve anesthesia or deep sedation to protect the airway. When a patient is under anesthesia, airway reflexes that help prevent choking and aspiration are suppressed, so any stomach contents can be regurgitated and aspirated into the lungs. Keeping the stomach empty minimizes this risk, which is why NPO is ordered before surgery or certain diagnostic tests. It isn't about preventing dehydration, increasing appetite, or shortening the hospital stay.

**7. Which symptom is associated with neurogenic bladder?**

- A. Urinary incontinence**
- B. Dysuria**
- C. Urinary retention**
- D. Frequent UTIs**

Neurogenic bladder results from disruption of neural pathways that coordinate the bladder's storage and emptying functions. When the neural control of the detrusor muscle is impaired, the bladder may not contract effectively or it may not coordinate properly with the urethral sphincter, leading to poor emptying. That makes urinary retention a common and direct manifestation of neurogenic voiding dysfunction: the bladder fills, but the detrusor can't generate a strong enough contraction to empty it, resulting in retention and potential overflow. Dysuria is pain on urination and is more typically seen with infections, stones, or irritation rather than a primary feature of neurogenic bladder. Frequent UTIs can occur secondary to bladder stasis from retention, but they are not the defining symptom. Urinary incontinence can occur with some patterns of neurogenic bladder (for example, with a spastic detrusor), but the hallmark associated symptom reflecting impaired voiding is retention.

**8. Which laboratory value is commonly decreased in severe malnutrition?**

- A. Albumin**
- B. Hemoglobin**
- C. Sodium**
- D. Creatinine**

In severe malnutrition, protein intake is extremely limited, so the liver's production of albumin drops. Albumin helps keep fluid in the bloodstream (plasma oncotic pressure); when its level falls, fluid shifts into the interstitial space, leading to edema and related complications. Albumin's relatively long half-life also means that low levels reflect prolonged protein deficiency rather than short-term fluctuations, making hypoalbuminemia a common laboratory finding in severe malnutrition. While other values like hemoglobin, sodium, or creatinine can change for various reasons (iron status, hydration, muscle mass), they are not as consistently decreased due to malnutrition alone as albumin is.

**9. 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.

**10. Which medication is a selective alpha-1 blocker commonly used to improve urine flow in BPH?**

- A. Tamsulosin**
- B. Finasteride**
- C. Oxybutynin**
- D. Bethanechol**

The main concept is that relieving bladder outlet resistance in BPH is achieved with drugs that relax smooth muscle in the prostate and bladder neck. A selective alpha-1 blocker does just that by blocking alpha-1 receptors concentrated in these tissues, which lowers outlet resistance and improves urine flow. Tamsulosin is the classic example because it is selective for the alpha-1A subtype found mainly in the prostate and bladder neck. By targeting this receptor, it relaxes the smooth muscle in the prostatic stroma and bladder neck, which reduces resistance to urine flow and typically improves symptoms and peak urinary flow with fewer blood pressure-related side effects. Finasteride works differently; it's a 5-alpha-reductase inhibitor that gradually shrinks the prostate over months, so it's not the go-to for immediate improvement in urine flow. Oxybutynin is an antimuscarinic that lowers bladder overactivity, which can help in overactive bladder but does not relieve obstruction and can worsen retention in BPH. Bethanechol is a cholinergic agonist that stimulates detrusor contractions, which can worsen obstruction in BPH rather than improve flow. So the medication that best fits the goal of improving urine flow in BPH by selectively blocking alpha-1 receptors is the one that targets the prostate/bladder neck while minimizing systemic blood pressure effects.

## 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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