

COMPREHENSIVE NURSING INFECTION CONTROL, MOBILITY, SAFETY, AND COMMUNICATION STRATEGIES 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 symptoms of carbon monoxide poisoning?**
 - A. Coughing, sneezing, sore throat, and runny nose.
 - B. Rash, itching, hives, and swelling.
 - C. Nausea, vomiting, headache, weakness, and unconsciousness.
 - D. Abdominal pain, diarrhea, and fever.
- 2. Which option is NOT a physical hazard that threatens safety?**
 - A. Poison
 - B. Fire
 - C. Disasters
 - D. Hand hygiene
- 3. What is the significance of assessing lung sounds in immobile patients?**
 - A. To monitor heart rate
 - B. To measure blood glucose
 - C. To diagnose liver disease
 - D. To detect potential respiratory complications such as atelectasis
- 4. Which statement about feedback in learning is true?**
 - A. It is optional and rarely informative.
 - B. It should be delayed until the learner asks for it.
 - C. It tells whether the learner understands and can apply.
 - D. It should criticize excessively to correct errors.
- 5. When you receive a verbal order from a physician, what is the recommended action?**
 - A. Implement the order immediately and document later.
 - B. Ask the patient to confirm the order.
 - C. Call a supervisor to verify the order.
 - D. Document the order and read it back to confirm accuracy.
- 6. Which statement accurately describes portal of entry?**
 - A. The means by which an infectious agent leaves its reservoir
 - B. The body opening or skin break that allows an infectious agent to enter the host
 - C. The habitat where the agent resides
 - D. The mode of transmission

7. What should be done to ensure safe positioning of a patient?

- A. Ignore patient comfort.
- B. Position the patient using only the nurse's preference.
- C. Move without assistance.
- D. Determine the amount and type of assistance required.

8. Which is a risk diagnosis related to infection in nursing?

- A. Impaired Mobility
- B. Acute Pain
- C. Risk for Infection
- D. Knowledge Deficit

9. What are some changes in older adults due to prolonged immobility?

- A. Decreased physical activity, changes in family and social structures, hormonal changes, and bone reabsorption.
- B. Weight loss but no bone changes.
- C. Increased muscle mass and improved balance.
- D. No significant changes.

10. Who are considered vulnerable groups in terms of safety?

- A. Healthy adults aged 18-35 with no medical history.
- B. Older adults.
- C. Infants, children, older adults, sick individuals, physically and mentally disabled persons, illiterate individuals, and the poor.
- D. Healthcare professionals working night shifts.

Answers

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

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Explanations

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1. What are the symptoms of carbon monoxide poisoning?

- A. Coughing, sneezing, sore throat, and runny nose.
- B. Rash, itching, hives, and swelling.
- C. Nausea, vomiting, headache, weakness, and unconsciousness.**
- D. Abdominal pain, diarrhea, and fever.

Carbon monoxide poisoning produces tissue hypoxia because CO binds to hemoglobin more readily than oxygen, so delivery of oxygen to tissues is impaired. The effects are nonspecific and tend to evolve with exposure, starting with headache, dizziness, and weakness, often accompanied by nausea and vomiting, and can progress to unconsciousness as exposure increases. The symptoms described—nausea, vomiting, headache, weakness, and unconsciousness—align with this progression and are characteristic of CO poisoning. Other symptom groups, like coughing with runny nose or sore throat, rash or hives with swelling, or abdominal pain with fever, point to other conditions such as viral infections, allergic reactions, or gastroenteritis, not CO poisoning. If CO exposure is suspected, get to fresh air and seek emergency care immediately.

2. Which option is NOT a physical hazard that threatens safety?

- A. Poison
- B. Fire
- C. Disasters
- D. Hand hygiene**

Distinguishing physical hazards from safety practices that prevent harm. A physical hazard is something in the environment that can cause physical injury or harm. Poison fits this category because exposure can injure or kill through ingestion, inhalation, or skin absorption. Fire is a clear physical hazard due to heat and flames that can cause burns and smoke inhalation, and disasters create dangerous conditions like structural failure or hazardous environments. Hand hygiene, on the other hand, is a preventive practice in infection control aimed at reducing the transmission of pathogens. It is not a hazard itself; it lowers risk rather than posing a threat to safety. So hand hygiene is not a physical hazard, making it the correct choice.

3. What is the significance of assessing lung sounds in immobile patients?

- A. To monitor heart rate
- B. To measure blood glucose
- C. To diagnose liver disease
- D. To detect potential respiratory complications such as atelectasis**

Assessing lung sounds in immobile patients targets a high risk of respiratory complications from limited movement. Immobility leads to shallow breaths, reduced cough effectiveness, and mucus retention, which can cause alveolar collapse (atelectasis) and set the stage for pneumonia. By listening for changes in breath sounds—areas with diminished sounds, crackles indicating collapsed or fluid-filled alveoli, or wheezes/rhonchi from secretions—a nurse can detect early signs of atelectasis or developing infection before symptoms worsen. This enables timely interventions such as incentive spirometry, deep-breathing and coughing exercises, airway clearance techniques, hydration, and repositioning to improve ventilation and prevent progression. Other monitoring like heart rate, blood glucose, or liver assessment don't directly address respiratory status through auscultation.

4. Which statement about feedback in learning is true?

- A. It is optional and rarely informative.
- B. It should be delayed until the learner asks for it.
- C. It tells whether the learner understands and can apply.**
- D. It should criticize excessively to correct errors.

Feedback acts as a diagnostic signal that shows what the learner truly understands and whether they can apply it in practice. When feedback is specific and timely, it tells you exactly where understanding is solid and where gaps remain, and it guides the next steps for improvement. In learning, this helps with transferring knowledge to real tasks, such as applying infection-control principles during patient care or performing a technique correctly. Good feedback is constructive and focused on the task, not on personal traits. If feedback were optional and rarely informative, learners wouldn't know what to adjust to improve. Delaying feedback until the learner asks misses opportunities to correct errors as they occur. Excessive, harsh criticism can undermine confidence and hinder learning.

5. When you receive a verbal order from a physician, what is the recommended action?

- A. Implement the order immediately and document later.
- B. Ask the patient to confirm the order.
- C. Call a supervisor to verify the order.
- D. Document the order and read it back to confirm accuracy.**

Verbal orders carry a higher risk of miscommunication, so the best practice is to document the order in the patient's chart and read it back to the physician to confirm accuracy. Documenting ensures there's a clear record of what was requested, when, and by whom. Reading it back aloud to the physician verifies every detail—drug name, dose, route, frequency, and any special instructions—so any discrepancy can be corrected immediately before actions are taken. If anything is unclear, ask for clarification and only proceed once it's confirmed. Relying on quick implementation without confirmation or involving the patient isn't appropriate, and asking a supervisor unnecessarily can delay care.

6. Which statement accurately describes portal of entry?

- A. The means by which an infectious agent leaves its reservoir
- B. The body opening or skin break that allows an infectious agent to enter the host**
- C. The habitat where the agent resides
- D. The mode of transmission

Understanding portal of entry means identifying how a pathogen gets into the body to cause infection. The correct statement describes a body opening or skin break that allows an infectious agent to enter the host. This includes openings such as the nose, mouth, or conjunctiva, or any breach in the skin that provides access to tissues. When these entry points are intact, many pathogens cannot invade, which is why protecting barriers is central to infection control. The other concepts refer to other parts of the infectious process: the way an agent leaves its reservoir (portal of exit), the place where the agent lives (reservoir), and the method by which it moves to a new host (mode of transmission).

7. What should be done to ensure safe positioning of a patient?

- A. Ignore patient comfort.
- B. Position the patient using only the nurse's preference.
- C. Move without assistance.
- D. Determine the amount and type of assistance required.**

Safe patient positioning starts with assessing what help the patient actually needs and what kind of help will be effective. Determining the amount and type of assistance required sets up a plan that matches the patient's abilities with the right team, equipment, and technique. This approach protects the patient from harm during movement, ensures proper body alignment, and helps prevent pressure injuries, friction, and shearing. It also supports comfort and dignity by adapting the move to the patient's condition, such as using a mechanical lift for heavy patients, a slide sheet for transfers, or additional staff for those with limited mobility. Relying on personal preference alone can lead to mismatches between the patient's needs and the method used, increasing the risk of injury or discomfort. Moving without assistance, especially for a patient who cannot tolerate transfer or repositioning, raises the likelihood of falls or caregiver injury. By explicitly determining the required assistance, you lay the groundwork for a safe, effective repositioning plan that protects both patient and staff.

8. Which is a risk diagnosis related to infection in nursing?

- A. Impaired Mobility
- B. Acute Pain
- C. Risk for Infection**
- D. Knowledge Deficit

In nursing, there are risk diagnoses and actual diagnoses. A risk diagnosis is used when the patient isn't infected yet but has factors that make infection more likely. "Risk for Infection" communicates that danger and guides preventive actions, such as strict hand hygiene, aseptic technique, careful wound care, monitoring for early signs of infection, and addressing factors that raise susceptibility (like invasive devices or poor nutrition). Impaired Mobility focuses on limitations in movement, which isn't specifically about infection risk. Acute Pain describes a symptom, not an infection risk. Knowledge Deficit targets learning needs. So the risk for infection fits best because it directly identifies susceptibility to infection and prompts preventive care.

9. What are some changes in older adults due to prolonged immobility?

- A. Decreased physical activity, changes in family and social structures, hormonal changes, and bone reabsorption.**
- B. Weight loss but no bone changes.
- C. Increased muscle mass and improved balance.
- D. No significant changes.

When mobility is limited for a long time, multiple body systems are affected by disuse and aging. The most evident changes include less physical activity leading to deconditioning, social adjustments as dependence increases, hormonal shifts that influence bone and muscle health, and bone loss from lack of mechanical loading. Reduced activity causes muscles to weaken and waste away (atrophy), reducing strength and endurance and making movements even harder. Hormonal changes that come with aging—such as lower levels of estrogen or testosterone and shifts in other hormones—can accelerate loss of bone density and muscle mass, and disuse magnifies these effects. The result is bone resorption with a higher risk of fractures. Socially, prolonged immobility can alter family roles and routines, reduce participation in previously enjoyed activities, and increase isolation or depression. Other options don't fit with what typically happens: weight loss may occur but isn't the defining change and doesn't emphasize bone loss; increased muscle mass and better balance contradict the effects of immobility; and claiming no significant changes ignores well-documented physical and social consequences.

10. Who are considered vulnerable groups in terms of safety?

- A. Healthy adults aged 18-35 with no medical history.
- B. Older adults.
- C. Infants, children, older adults, sick individuals, physically and mentally disabled persons, illiterate individuals, and the poor.
- D. Healthcare professionals working night shifts.

Vulnerability in safety means recognizing groups that are more likely to experience harm from hazards or have difficulty following safety measures because of one or more limiting factors—biological, developmental, or social. Infants and children rely on adults for protection and have limited ability to assess risk. Older adults often face frailty, chronic illness, sensory deficits, or cognitive changes that raise the chance of injury or misunderstanding safety signals. Sick individuals are more susceptible to harm due to illness severity or immune compromise. Physically and mentally disabled persons may have mobility, communication, or comprehension barriers that make safety instructions harder to follow. Illiterate individuals may struggle with written warnings or labels, and the poor may live in unsafe conditions or lack access to resources that promote safety. When safety plans account for these factors—using clear communication, accessible formats, assistance, and support—these groups receive the protections they need. Healthy adults or professionals who work night shifts may have their own risk factors, but they do not define the broader category of safety-vulnerable populations.

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://compnursinfectioncontmobilitysafetycommstrats.examzify.com>

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

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