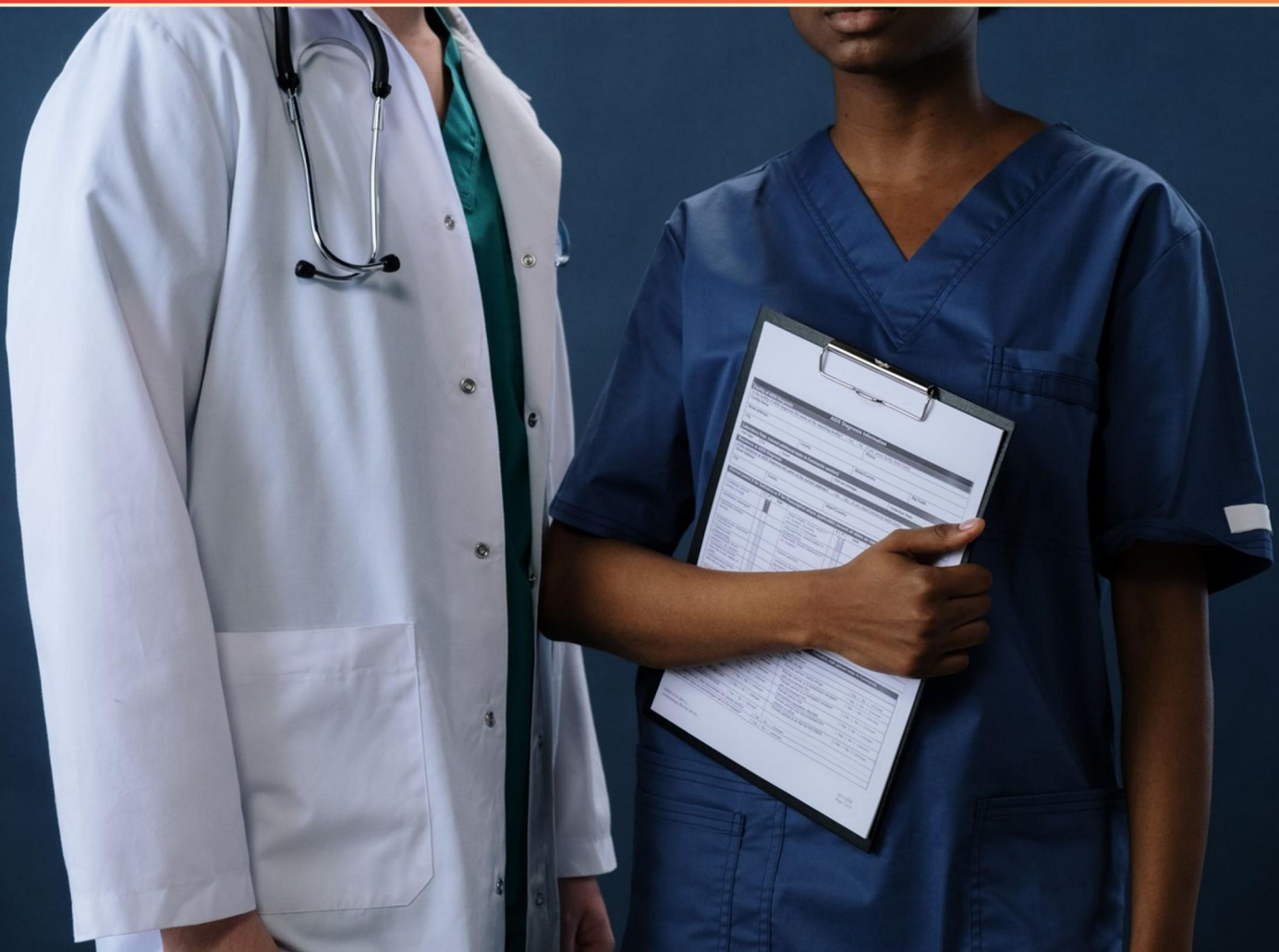


COORDINATOR OF CARE EXAM 5 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://coordinatorofcare5.examzify.com>



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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 option best represents subjective data?**
 - A. Blood pressure
 - B. Lab results
 - C. Imaging findings
 - D. Anxiety or pain

- 2. During evaluation of a nursing care plan, which aspect should be used to determine success?**
 - A. Whether nursing interventions were completed
 - B. The goals and outcomes established during planning
 - C. The patient's satisfaction with care
 - D. The nursing assessment data collected

- 3. Which two tasks can nurses NEVER delegate?**
 - A. Medication administration and evaluation
 - B. Teaching and assessment
 - C. Documentation and monitoring
 - D. Patient education and care planning

- 4. Which statement best describes indirect care?**
 - A. Interventions performed through interaction with the client
 - B. Interventions performed away from but on behalf of the client
 - C. Nursing actions that require patient consent
 - D. Activities done only in emergency situations

- 5. How should patient privacy be handled during care conferences?**
 - A. Use de-identified or minimal necessary data when possible, obtain consent, and follow privacy regulations.
 - B. Share full PHI with all attendees.
 - C. Ignore privacy regulations.
 - D. Do not obtain consent.

- 6. Which element is included in standardized handoff protocols like SBAR?**
- A. A patient satisfaction score.
 - B. Complete patient summary, current medications, active problems, red flags, and contact info.
 - C. A list of hospital cafeteria menus.
 - D. A marketing plan.
- 7. Which term refers to a cluster of nursing diagnoses that occur together due to a shared etiology?**
- A. Wellness Diagnosis
 - B. Actual Nursing Diagnosis
 - C. Syndrome Diagnosis
 - D. Risk Diagnostic Label
- 8. The nursing diagnosis provides the basis for the selection of what?**
- A. Lab tests
 - B. Physician orders
 - C. Insurance codes
 - D. Nursing interventions
- 9. Which statement describes an advanced beginner?**
- A. Novice
 - B. Advanced beginner
 - C. Competent
 - D. Expert
- 10. In nursing diagnosis formulas, what does aeb stand for?**
- A. Etiology Evidence By
 - B. Estimation By
 - C. As Evidenced By
 - D. Evidence Based

Answers

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

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Explanations

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1. Which option best represents subjective data?

- A. Blood pressure
- B. Lab results
- C. Imaging findings
- D. Anxiety or pain**

Subjective data are information the patient reports about how they feel, what they perceive, and symptoms they describe, which cannot be measured directly by a device. Anxiety or pain fits this, because it's the patient expressing their internal experience and level of distress, often described with terms like "anxious," "dull ache," or a pain rating on a scale. In contrast, blood pressure, lab results, and imaging findings are objective data—they are measured or observed with instruments and provide observable numbers or images. So, anxiety or pain best represents subjective data, as it centers on the patient's personal experience rather than something measured by a tool.

2. During evaluation of a nursing care plan, which aspect should be used to determine success?

- A. Whether nursing interventions were completed
- B. The goals and outcomes established during planning**
- C. The patient's satisfaction with care
- D. The nursing assessment data collected

Evaluation hinges on whether the established goals and outcomes have been met. In the nursing care plan, you set specific, observable outcomes during planning. When you evaluate, you compare the patient's actual status to those expected results. If the outcomes are achieved within the planned time frame, the care plan is successful and no major revisions are needed. If they aren't, you revisit the plan and adjust interventions to improve progress. While finishing interventions, patient satisfaction, and the initial assessment data are all important parts of care, they don't by themselves determine overall success. Completing tasks shows process adherence; satisfaction reflects the care experience; and assessment data provide inputs. The decisive measure of success is attainment of the planned goals and outcomes.

3. Which two tasks can nurses NEVER delegate?

- A. Medication administration and evaluation
- B. Teaching and assessment**
- C. Documentation and monitoring
- D. Patient education and care planning

The key idea here is that some nursing tasks require independent professional judgment and accountability that cannot be shifted to others. Teaching and assessment fit this requirement because they involve deciding what the patient needs to learn, tailoring information to the individual, and evaluating whether learning and understanding have occurred. When you teach, you're not just delivering facts—you're assessing the patient's baseline knowledge, learning needs, and readiness, and you must ensure comprehension and safety. When you assess, you're interpreting data, forming nursing judgments, and determining the next steps in the care plan; that interpretive work cannot be delegated to someone without nursing authority. Other tasks can be delegated under proper supervision and within scope, such as routine data collection or monitoring, but the responsibility for making clinical judgments and providing individualized education remains with the nurse.

4. Which statement best describes indirect care?

- A. Interventions performed through interaction with the client
- B. Interventions performed away from but on behalf of the client**
- C. Nursing actions that require patient consent
- D. Activities done only in emergency situations

Indirect care means nursing actions done away from the patient that support care on the patient's behalf. This covers coordinating with other health professionals, planning and organizing resources, documenting care, advocating for the patient, and arranging referrals or discharge planning. These tasks enable and improve the patient's care without the nurse being directly at the bedside with the patient. This is why the statement describing interventions performed away from the client but on behalf of the client is the best fit. It contrasts with direct care, which involves hands-on activities with the patient. Actions that require the patient's consent relate to direct involvement, and activities limited to emergencies often involve immediate direct interaction with the patient.

5. How should patient privacy be handled during care conferences?

- A. Use de-identified or minimal necessary data when possible, obtain consent, and follow privacy regulations.**
- B. Share full PHI with all attendees.
- C. Ignore privacy regulations.
- D. Do not obtain consent.

Protecting patient privacy during care conferences means sharing only what is necessary and with proper authorization. When possible, use de-identified data or the minimum necessary information so the discussion focuses on care planning without exposing personal details. Obtain consent from the patient or their legally authorized representative before sharing information beyond what is required for the team's work, and consistently follow privacy regulations and organizational policies that govern who may access PHI, how it can be shared, and how records are protected. Limit attendees to individuals who have a legitimate need to know the information for the patient's care, and use secure channels or private spaces to discuss PHI. If full PHI must be shared, ensure there is explicit consent and that documentation reflects the authorization. This approach balances the need for collaborative care with the patient's rights to privacy. Sharing full PHI with everyone at the conference, ignoring privacy regulations, or not obtaining consent would unnecessarily expose sensitive information and run counter to legal and ethical responsibilities.

6. Which element is included in standardized handoff protocols like SBAR?

- A. A patient satisfaction score.
- B. Complete patient summary, current medications, active problems, red flags, and contact info.**
- C. A list of hospital cafeteria menus.
- D. A marketing plan.

Structured handoffs must convey the essential clinical information needed to continue safe patient care. The best choice includes a complete patient summary to identify who the patient is and why they're here, current medications so there are no omissions or drug interactions, active problems that are ongoing, red flags that signal urgent concerns or status changes, and clear contact information for the team to reach if questions arise. This set of details fits the SBAR flow by providing the background and current status you're handing off, the critical medications and problems the next clinician must know, and a direct line of communication for follow-up. Items like patient satisfaction scores, cafeteria menus, or marketing plans don't provide the clinical data required for a safe handoff and are not part of standardized protocols.

7. Which term refers to a cluster of nursing diagnoses that occur together due to a shared etiology?

- A. Wellness Diagnosis
- B. Actual Nursing Diagnosis
- C. Syndrome Diagnosis**
- D. Risk Diagnostic Label

A syndrome diagnosis is used when several nursing diagnoses appear together because they share the same underlying cause. It reflects a pattern where multiple problems arise from a single etiology, so the care plan is coordinated to address that common source and the cluster of related manifestations rather than treating each symptom in isolation. The other types don't describe a set of problems tied to one cause: a wellness diagnosis denotes readiness for enhanced health, an actual nursing diagnosis is a current singular problem, and a risk diagnostic label points to a potential problem based on risk factors but not present symptoms.

8. The nursing diagnosis provides the basis for the selection of what?

- A. Lab tests
- B. Physician orders
- C. Insurance codes
- D. Nursing interventions**

The main idea is that a nursing diagnosis guides what nursing actions to take to address the patient's identified problem. Once a diagnosis is made, the care plan is built around specific nursing interventions aimed at alleviating or resolving that problem and achieving measurable outcomes. Lab tests and physician orders come from medical decisions and the physician's plan of care, while insurance codes are for billing and do not determine nursing actions. For example, if the diagnosis is Acute pain related to a surgical incision, the interventions would include providing analgesia per protocol, offering comfort measures, and reassessing pain after interventions. The nursing diagnosis tells you what actions the nurse should perform, not which labs to run or which physician orders to write.

9. Which statement describes an advanced beginner?

- A. Novice
- B. Advanced beginner**
- C. Competent
- D. Expert

Advanced beginner describes a caregiver who has moved beyond simple rules and memorized steps but hasn't yet developed the flexible judgment to handle complex, changing situations. This person can perform tasks they've seen before with some independence and begins to recognize recurring patterns in patient care. Yet when faced with unfamiliar or urgent scenarios, they still rely heavily on guidelines, checklists, and supervision to decide what to do and how to prioritize actions. In short, they show growing competence through experience, but they haven't yet mastered prioritization and adaptive decision-making without guidance.

10. In nursing diagnosis formulas, what does aeb stand for?

- A. Etiology Evidence By
- B. Estimation By
- C. As Evidenced By**
- D. Evidence Based

In nursing diagnosis statements, the phrase after the signs and symptoms that supports the diagnosis is used to show the data backing it up. That exact shorthand is As Evidenced By. So the correct choice is the one that uses As Evidenced By to link the observable data (the defining characteristics) to the diagnosis. This helps ensure the diagnosis has concrete support from the patient's assessment data, guiding appropriate care. For example: Acute pain related to surgical incision as evidenced by patient reports of 8/10 pain, guarding the area, and facial grimacing. Here, As Evidenced By introduces the signs and symptoms that substantiate the diagnosis.

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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://coordinatorofcare5.examzify.com>

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

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