

CORE NURSING COMPETENCIES EXAM 1 PRACTICE (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 nurse at a provider's office is talking about routine screenings with a 45-year-old female client who has no specific family history of cancer or diabetes. Which statement indicates understanding how to proceed?**
 - A. So I don't need the colon cancer procedure for another 2 or 3 years
 - B. For now, I should continue to have a mammogram each year
 - C. Because the doctor just did a Pap smear, come back next year for another one
 - D. Had my blood glucose test last year, so I won't need it again for 4 years
- 2. Which of the following interventions is written correctly to add to the care plan?**
 - A. Provide frequent mouth care
 - B. Keep NPO
 - C. Reposition in bed every 2 hours
 - D. Offer 30 ml of water hourly while awake
- 3. Which scenario best demonstrates respect for patient autonomy in decision making about life-sustaining treatment?**
 - A. Forcing treatment to proceed against the patient's wishes
 - B. Discussing options with the patient and respecting their decision
 - C. Withholding information from the patient to avoid distress
 - D. Removing the patient's ability to consent
- 4. For a young girl with tangled hair, what is the most appropriate action?**
 - A. Cutting the matted hair away
 - B. Braiding the hair to reduce tangles
 - C. Using a grease-type product to tame the hair
 - D. Keeping the hair oil free by applying powder every morning
- 5. Regarding informed consent, which action is the nursing role regarding informed consent?**
 - A. Make sure the surgeon obtained the client's consent
 - B. Witness the client's signature on the consent form
 - C. Explain the risks and benefits of the procedure
 - D. Describe the consequences of choosing not to have the surgery

- 6. During a thyroid examination as part of a comprehensive physical, which finding should the nurse expect?**
- A. Palpating the thyroid in the lower half of the neck
 - B. Visualizing the thyroid on inspection of the neck
 - C. Hearing a bruit when auscultating the thyroid
 - D. Feeling the thyroid ascend as the client swallows
- 7. Which of the following is NOT typically considered tertiary care?**
- A. Intensive care unit
 - B. Oncology treatment center
 - C. Burn center
 - D. Home health care
- 8. Which nursing diagnosis best reflects an assessment of a patient who is vomiting and has a decreased ability to ingest food?**
- A. Nausea related to unknown cause of stomach pain
 - B. Imbalanced nutrition: less than body requirements related to decreased ability to ingest food as a result of vomiting
 - C. Acute pain related to abdominal surgery
 - D. Risk for dehydration
- 9. During a mass casualty event, which patient should be discharged first to free beds for injured victims?**
- A. A dehydrated patient receiving fluids
 - B. A client with an NG tube for a small bowel obstruction
 - C. A client scheduled for elective surgery
 - D. A patient with acute appendicitis scheduled for an appendectomy
- 10. Which action should be included in the tornado protocol?**
- A. Open doors to client rooms
 - B. Place blankets over clients who are confined to beds
 - C. Move beds away from the windows
 - D. Draw shades and close drapes

Answers

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

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Explanations

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1. A nurse at a provider's office is talking about routine screenings with a 45-year-old female client who has no specific family history of cancer or diabetes. Which statement indicates understanding how to proceed?
- A. So I don't need the colon cancer procedure for another 2 or 3 years
 - B. For now, I should continue to have a mammogram each year**
 - C. Because the doctor just did a Pap smear, come back next year for another one
 - D. Had my blood glucose test last year, so I won't need it again for 4 years

The main idea being tested is following age-appropriate screening intervals. For a 45-year-old average-risk woman, continuing an annual mammogram fits common practice and demonstrates understanding of breast cancer screening timing. Colon cancer screening should begin at age 45 for average risk, so waiting several years isn't correct. Pap smears are not routinely done every year after a recent one; the interval is typically every 3 years (or every 5 years with HPV testing). Blood glucose screening for diabetes is recommended starting at 45 and repeated every 3 years if normal, not a 4-year gap. So the statement about continuing yearly mammograms best reflects proper screening approach.

2. Which of the following interventions is written correctly to add to the care plan?
- A. Provide frequent mouth care
 - B. Keep NPO
 - C. Reposition in bed every 2 hours
 - D. Offer 30 ml of water hourly while awake**

The action to include in a care plan should be concrete, observable, and time-bound so it can be carried out and evaluated. Offering 30 ml of water hourly while awake delivers a precise amount, with a clear frequency and a condition (while awake) that enhances safety by reducing nighttime aspiration risk. This makes the intervention actionable, measurable, and easy to document—nurses can easily verify that the patient received the specified volume at the specified times. Other options lack one or more of these elements. A statement like providing frequent mouth care is vague about how often or exactly what to do. Keeping the patient NPO describes a status rather than a hydration plan and would not support oral intake when appropriate. Repositioning in bed every 2 hours is a solid safety measure for pressure prevention but does not address hydration and may need individual tailoring. The hydration-focused, time-bound instruction is the clearest and most directly actionable to add to a care plan.

3. Which scenario best demonstrates respect for patient autonomy in decision making about life-sustaining treatment?

- A. Forcing treatment to proceed against the patient's wishes
- B. Discussing options with the patient and respecting their decision**
- C. Withholding information from the patient to avoid distress
- D. Removing the patient's ability to consent

The main idea here is honoring the patient's right to make their own care choices. When you discuss options with the patient and genuinely respect their decision, you're supporting informed consent and personal values in care. The patient is given information in understandable terms, can weigh benefits and burdens, and retains control over whether life-sustaining treatment proceeds, provided they have decision-making capacity. This approach embodies respect for autonomy and avoids coercion or paternalism. Choosing to force treatment against the patient's wishes overrides autonomy and violates their right to decide what happens to their body. Withholding information to avoid distress prevents the patient from making an informed choice, which again undermines autonomy. Removing the patient's ability to consent eliminates their control over care altogether.

4. For a young girl with tangled hair, what is the most appropriate action?

- A. Cutting the matted hair away
- B. Braiding the hair to reduce tangles**
- C. Using a grease-type product to tame the hair
- D. Keeping the hair oil free by applying powder every morning

Braiding the hair to reduce tangles is the best approach because it creates a protective, non-traumatic style that keeps strands organized and minimizes friction during daily activities. By securing the hair, braids prevent further matting and reduce the need for forceful detangling, which can be painful and distressing for a young child. This approach preserves hair integrity and makes ongoing care easier, without resorting to cutting or heavy products that don't address the tangling itself. If tangles are present, a gentle detangling routine can be used first, but braiding provides a practical, child-friendly long-term solution.

5. Regarding informed consent, which action is the nursing role regarding informed consent?

- A. Make sure the surgeon obtained the client's consent
- B. Witness the client's signature on the consent form**
- C. Explain the risks and benefits of the procedure
- D. Describe the consequences of choosing not to have the surgery

Informed consent is a process where the practitioner provides information about the procedure, its risks and benefits, and alternatives so the patient can decide. The nurse's role is to ensure the process is properly carried out and to witness the patient's signature on the consent form. This means the patient signs willingly, the person signing is the patient or a legally authorized representative, and the form is complete. The nurse may answer questions and help the patient feel comfortable, but the detailed explanation of risks, benefits, and alternatives is the physician's responsibility. Witnessing the signature helps confirm the patient's consent was given voluntarily and the documentation is valid.

6. During a thyroid examination as part of a comprehensive physical, which finding should the nurse expect?

- A. Palpating the thyroid in the lower half of the neck
- B. Visualizing the thyroid on inspection of the neck
- C. Hearing a bruit when auscultating the thyroid

D. Feeling the thyroid ascend as the client swallows

The main finding this question targets is the thyroid's movement with swallowing. The thyroid sits with its isthmus over the trachea around the level of the second to fourth tracheal rings, and its lobes rise as the patient swallows because the gland is attached to structures that move with deglutition. To assess this, place fingers just below the cricoid cartilage and ask the patient to swallow; a normal response is feeling the thyroid ascend toward the chin. Visualizing the thyroid on inspection isn't typically observed in a normal exam unless there's enlargement or a visible goiter. Palpating in the lower half of the neck isn't accurate because the gland is located higher up around the trachea, not down in the lower neck. A bruit heard with auscultation would suggest increased vascular flow from conditions like Graves disease, which is not a normal finding in a routine thyroid exam.

7. Which of the following is NOT typically considered tertiary care?

- A. Intensive care unit
- B. Oncology treatment center
- C. Burn center

D. Home health care

Tertiary care is highly specialized, hospital-based care for complex or rare conditions that requires advanced technology and subspecialist expertise. An intensive care unit delivers continuous monitoring and life-sustaining therapies for critically ill patients, embodying this level of specialization. A burn center provides multidisciplinary, highly specialized treatment for severe burns, with teams and facilities designed to manage complex wound care and rehabilitation. An oncology treatment center offers advanced cancer therapies and coordinated, subspecialist care for complex malignancies. Home health care, on the other hand, is typically community-based and focuses on routine management and rehabilitation in a patient's home, not the highly specialized inpatient environment that defines tertiary care. Thus, home health care is not typically considered tertiary care.

8. Which nursing diagnosis best reflects an assessment of a patient who is vomiting and has a decreased ability to ingest food?

- A. Nausea related to unknown cause of stomach pain
- B. Imbalanced nutrition: less than body requirements related to decreased ability to ingest food as a result of vomiting**
- C. Acute pain related to abdominal surgery
- D. Risk for dehydration

The key idea is using a PES nursing diagnosis: Problem with a related cause and the observable signs. When a patient is vomiting and cannot ingest enough food, the most appropriate problem is Imbalanced nutrition: less than body requirements, because the core issue is insufficient intake to meet metabolic needs. Vomiting directly reduces oral intake, so labeling the nutrition status as less than body requirements captures the actual impact on nourishment. Nausea as a diagnosis would describe a symptom or sensation rather than the resulting energy and nutrient deficit. Acute pain doesn't fit here since abdominal pain isn't described as the primary issue, and risk for dehydration is a concern but remains a risk diagnosis rather than a current state of inadequate intake. So the best match for the scenario is imbalanced nutrition less than body requirements related to decreased ability to ingest food as a result of vomiting, reflecting both the cause and the consequence of the patient's condition.

9. During a mass casualty event, which patient should be discharged first to free beds for injured victims?

- A. A dehydrated patient receiving fluids
- B. A client with an NG tube for a small bowel obstruction
- C. A client scheduled for elective surgery**
- D. A patient with acute appendicitis scheduled for an appendectomy

In mass casualty triage, the goal is to free beds for those who need urgent care by prioritizing patients who are stable and can safely be discharged with minimal risk. The patient who is scheduled for elective surgery fits this best because their current condition is non-emergent and can be postponed without immediate danger. They typically don't require ongoing IV therapy, continuous monitoring, or acute intervention, so they can be discharged to make room for injured victims. The dehydrated patient still needs IV fluids and close monitoring to prevent deterioration. The NG tube patient with a small bowel obstruction requires ongoing assessment, likely IV therapy, and potential surgery, so they need to remain admitted. The patient with acute appendicitis scheduled for an appendectomy requires urgent evaluation and surgical care, which also necessitates inpatient resources. Thus, prioritizing discharge for the elective surgery patient preserves beds for those with life-threatening injuries.

10. Which action should be included in the tornado protocol?

- A. Open doors to client rooms
- B. Place blankets over clients who are confined to beds
- C. Move beds away from the windows**
- D. Draw shades and close drapes

During a tornado, the priority is to minimize exposure to flying debris and broken glass by moving people and equipment away from exterior windows and toward a safer interior area. Shifting beds away from windows reduces the chance that patients will be struck by shattered glass or wind-driven debris if a window fails, and it helps keep the route to safety clear for staff. While covering with blankets or drawing drapes offers some protection and comfort, they don't address the main risk posed by windows and debris. Opening doors can actually allow more debris and wind into the space and is not protective. So, rearranging beds to be away from windows directly lowers the risk of injury and supports safer evacuation to a sheltered interior area.

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://corenursingcomp1.examzify.com>

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

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