

COTAC Test 2 Practice (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. In a client being screened for cervical cancer, which test should the provider use?**
 - A. Serum prolactin**
 - B. Papanicolaou test**
 - C. Vaginal ultrasound**
 - D. Endometrial biopsy**

- 2. Which action is an appropriate safety measure in caring for a patient with an internal radiation implant when a pregnant coworker is present?**
 - A. Limit time with the patient to 1 hour per shift**
 - B. Do not allow pregnant women into the room**
 - C. Remove the dosimeter badge when entering the room**
 - D. Individuals younger than 16 years old may enter the room as long as they are 6 feet away**

- 3. Which organ is among the most common sites for cancer metastasis?**
 - A. Brain**
 - B. Adrenal gland**
 - C. Bone marrow**
 - D. Liver**

- 4. During radiation therapy, which mouth effect is most likely to be monitored as a local effect?**
 - A. Xerostomia**
 - B. Infection**
 - C. Ulceration**
 - D. Bleeding**

- 5. During radiation protection, what distance should be maintained from the client when not performing any nursing procedures?**
 - A. 1 feet**
 - B. 2 feet**
 - C. 2.5 feet**
 - D. 3 feet**

- 6. Which of the following is a warning sign of cancer involving changes in the skin, such as moles?**
- A. Nonhealing Sore**
 - B. Change In Moles**
 - C. Bloating**
 - D. Nagging Cough**
- 7. Which statement is most characteristic of basal cell carcinoma?**
- A. A raised lesion with pearly borders**
 - B. A flat pigmented macule**
 - C. An ulcerated irregular blue lesion**
 - D. A rapidly enlarging mottled patch**
- 8. Genital herpes is most commonly caused by which type of herpes simplex virus?**
- A. HSV-1**
 - B. HSV-2**
 - C. Varicella-zoster virus**
 - D. Cytomegalovirus**
- 9. Which question should the nurse include in assessing dysmenorrhea?**
- A. Do you ever experience bleeding after intercourse?**
 - B. Do you experience cramps or pain during your cycle?**
 - C. How long is your typical cycle?**
 - D. Did you have any sexually transmitted infections in early adulthood?**
- 10. Preoperative education for a hysterectomy: which topic should the nurse include?**
- A. The bladder must be emptied prior to surgery and a catheter may be placed**
 - B. Menstrual periods will continue to occur for several months, some of them heavy.**
 - C. After a hysterectomy, hormone levels remain largely unaffected.**
 - D. Normal activity will be permitted within 48 hours following surgery**

Answers

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

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Explanations

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1. In a client being screened for cervical cancer, which test should the provider use?

- A. Serum prolactin**
- B. Papanicolaou test**
- C. Vaginal ultrasound**
- D. Endometrial biopsy**

Papanicolaou test is the screening method used for cervical cancer. It involves collecting cells from the cervix and examining them under a microscope to detect abnormal or precancerous changes early, allowing timely monitoring or treatment to prevent cancer from developing. The other options don't screen the cervix: serum prolactin is a hormone test unrelated to cervical tissue, a vaginal ultrasound visualizes pelvic organs but doesn't detect cervical cell abnormalities, and an endometrial biopsy examines the uterine lining rather than the cervix.

2. Which action is an appropriate safety measure in caring for a patient with an internal radiation implant when a pregnant coworker is present?

- A. Limit time with the patient to 1 hour per shift**
- B. Do not allow pregnant women into the room**
- C. Remove the dosimeter badge when entering the room**
- D. Individuals younger than 16 years old may enter the room as long as they are 6 feet away**

When a patient has an internal radiation implant, protecting others from ionizing radiation is the priority, especially a pregnant coworker whose fetus is more vulnerable to radiation exposure. The most protective approach is to keep a pregnant staff member out of the room altogether to prevent any fetal dose from the implant. This decision reflects the goal of minimizing exposure as much as reasonably achievable and often aligns with workplace policies that reassign or exclude pregnant personnel from radiation areas. Limiting time in the room can reduce exposure but does not eliminate the risk, and removing the dosimeter badge would defeat essential monitoring of any exposure that does occur. Allowing someone under 16 to enter—even at a distance—does not guarantee safety and is not appropriate for radiation safety in this context.

3. Which organ is among the most common sites for cancer metastasis?

- A. Brain**
- B. Adrenal gland**
- C. Bone marrow**
- D. Liver**

Metastasis tends to lodge in organs with strong blood flow and environments that support tumor growth. The liver fits this pattern especially well because abdominal organs drain via the portal vein directly to the liver. This means tumor cells shed from many GI and abdominal cancers are carried straight to the liver, where the hepatic sinusoids can trap them and the liver's rich blood supply and permissive microenvironment allow tumor growth. That combination makes the liver a common site of metastasis across a wide range of cancers, more so than the other organs listed. For some cancers, brain or bone marrow metastases occur, and adrenal involvement happens too, but the liver is the most frequently affected overall.

4. During radiation therapy, which mouth effect is most likely to be monitored as a local effect?

- A. Xerostomia**
- B. Infection**
- C. Ulceration**
- D. Bleeding**

During radiation therapy to the head and neck, the salivary glands are in the field of radiation, so their function is directly affected. When these glands receive dose, saliva production drops, leading to xerostomia (dry mouth). This is a local tissue effect that clinicians routinely monitor because it directly reflects the impact of treatment on the oral environment and has significant implications for comfort, speaking, swallowing, and dental health. While ulceration, infection, and bleeding can occur in irradiated mouths, they are less consistently linked to the glandular dose and are often subsequent problems from mucosal injury or other factors; xerostomia is the most characteristic local change seen with this therapy.

5. During radiation protection, what distance should be maintained from the client when not performing any nursing procedures?

- A. 1 foot**
- B. 2 feet**
- C. 2.5 feet**
- D. 3 feet**

Distance is a primary safeguard in radiation protection. The amount of scattered radiation you receive decreases dramatically as you move away from the patient, due to the inverse-square relationship. When you're not actively performing nursing procedures, stepping back to three feet from the patient minimizes exposure while still allowing you to monitor and respond as needed. This distance is used in practice alongside shielding and time management to keep your overall dose as low as reasonably achievable. Shorter distances—closer to the patient—increase exposure because you're within the area of higher scatter radiation.

6. Which of the following is a warning sign of cancer involving changes in the skin, such as moles?

- A. Nonhealing Sore
- B. Change In Moles**
- C. Bloating
- D. Nagging Cough

Noticing changes in the skin, especially in moles, is a warning sign for skin cancer, such as melanoma. A mole that evolves—changing size, shape, color, or border, or becoming irregular or spotted with multiple colors—should raise concern and prompt medical evaluation. This type of change directly reflects skin alterations rather than symptoms from other body parts. The other signs point to cancers in different areas (for example, nonhealing sores can occur with skin cancers but aren't specific to mole changes; bloating or a persistent cough suggest issues in the abdomen or lungs). If you see a mole that changes in any of these ways, it's important to have it checked by a clinician promptly.

7. Which statement is most characteristic of basal cell carcinoma?

- A. A raised lesion with pearly borders**
- B. A flat pigmented macule
- C. An ulcerated irregular blue lesion
- D. A rapidly enlarging mottled patch

Basal cell carcinoma most often shows up as a raised, pearly (translucent) nodule on sun-exposed skin, frequently with visible tiny blood vessels (telangiectasias) and a rolled border; central ulceration can give a crater-like center. That pearly, raised appearance is the hallmark that fits this condition best. The other descriptions point to different skin cancers: a flat pigmented macule suggests a flat pigmented lesion such as lentigo or melanoma in situ; an ulcerated irregular blue lesion suggests melanoma with pigmentation; a rapidly enlarging mottled patch is more typical of melanoma or other aggressive skin neoplasms.

8. Genital herpes is most commonly caused by which type of herpes simplex virus?

- A. HSV-1
- B. HSV-2**
- C. Varicella-zoster virus
- D. Cytomegalovirus

Genital herpes is most commonly caused by herpes simplex virus type 2. This type is more often transmitted through sexual contact and tends to infect the genital mucosa, establishing latency in the sacral nerve ganglia. When it reactivates, it commonly causes recurrent genital lesions. HSV-1 can also cause genital herpes, especially with oral-genital contact, but HSV-2 remains the more frequent cause overall. The other viruses listed cause different conditions (Varicella-zoster causes chickenpox/shingles; cytomegalovirus causes a range of issues, especially in immunocompromised individuals) and are not the typical cause of genital herpes.

9. Which question should the nurse include in assessing dysmenorrhea?

- A. Do you ever experience bleeding after intercourse?**
- B. Do you experience cramps or pain during your cycle?**
- C. How long is your typical cycle?**
- D. Did you have any sexually transmitted infections in early adulthood?**

Assessing dysmenorrhea involves more than just identifying painful cramps; it requires a thorough gynecologic history to uncover red flags that point to other conditions. Asking whether you ever experience bleeding after intercourse helps screen for issues such as infections, cervical lesions, polyps, or other gynecologic problems that can accompany or mimic dysmenorrhea. Detecting postcoital bleeding early guides the clinician toward appropriate follow-up, testing, or referral, ensuring any underlying conditions are not overlooked. While questions about cramps during the cycle are directly related to dysmenorrhea, this red-flag question broadens the assessment to protect the patient's overall pelvic health. In practice, combine this with inquiries about cycle length, pain severity, duration, and impact on daily activities to get a full picture.

10. Preoperative education for a hysterectomy: which topic should the nurse include?

- A. The bladder must be emptied prior to surgery and a catheter may be placed**
- B. Menstrual periods will continue to occur for several months, some of them heavy.**
- C. After a hysterectomy, hormone levels remain largely unaffected.**
- D. Normal activity will be permitted within 48 hours following surgery**

Preparing for a hysterectomy includes guidance on urinary management because the bladder sits in close proximity to the surgical field. Emptying the bladder before surgery helps create a clearer operative view and reduces the risk of bladder injury. A catheter may be placed to keep the bladder drained during the procedure and to monitor urine output afterward, supporting safer anesthesia and recovery. Understanding the other points helps put this into context: removing the uterus stops menstrual periods, though hormonal effects depend on whether the ovaries are removed; and activity is usually limited after surgery, with a gradual return rather than resuming normal activity within two days.

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://cotac2.examzify.com>

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

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