

COTAC TEST 2 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. Which of the following is an essential part of nursing care for a patient with a genital herpes infection?**
 - A. Isolation precautions
 - B. Vaccination
 - C. Patient Education
 - D. Antiviral prophylaxis

- 2. During a routine physical, a 1-cm lesion on the chest is described as raised, flesh-colored with pearly white borders. This finding is most suggestive of which type of skin cancer?**
 - A. Squamous cell carcinoma
 - B. Basal cell carcinoma
 - C. Malignant melanoma
 - D. Actinic keratosis

- 3. Which of the following is a risk factor for HPV infection?**
 - A. Being young
 - B. Using alcohol or illicit drugs
 - C. Being older
 - D. Not sexually active

- 4. How is intraoperative hypovolemia identified and managed?**
 - A. Hypotension, Tachycardia, Cool Extremities; Managed With Fluids And/or Vasopressors And Blood Products As Indicated.
 - B. Hypertension, Bradycardia, Warm Extremities; Treat With Diuretics.
 - C. No Signs; Monitor Only.
 - D. Nausea Only.

- 5. Which action is consistent with promoting skin integrity for a patient receiving radiation therapy?**
 - A. Avoiding the use of ointments, powders and lotion to the area
 - B. Using soft cotton fabrics for clothing
 - C. Washing the area with a mild soap and water and patting it dry not rubbing it
 - D. Avoiding direct sunshine or cold.

- 6. Which statement best differentiates balanced anesthesia from TIVA?**
- A. Balanced uses inhaled and IV agents
 - B. TIVA uses only IV agents
 - C. Balanced uses only IV agents
 - D. TIVA uses inhaled and IV agents
- 7. When addressing anticipatory guidance about adverse effects of chemotherapy, which is the most common adverse effect?**
- A. Pruritus
 - B. Nausea and vomiting
 - C. Altered glucose metabolism
 - D. Confusion
- 8. Which of the following is NOT a warning sign of cancer?**
- A. Nonhealing Sore
 - B. Weight Gain
 - C. Change In Moles
 - D. Change In Bowel Patterns
- 9. Name two common intraoperative airway emergencies and one initial management step for each.**
- A. Laryngospasm — apply jaw thrust, CPAP, deepen anesthesia; Bronchospasm — administer bronchodilators, ensure adequate anesthesia and ventilation
 - B. Laryngospasm — lower oxygen; Bronchospasm — withhold ventilation
 - C. Laryngospasm — administer epinephrine; Bronchospasm — perform CPR
 - D. Laryngospasm — remove airway devices; Bronchospasm — stop ventilation entirely
- 10. During rapid sequence induction, cricoid pressure is applied to achieve what objective?**
- A. Minimize aspiration risk.
 - B. Improve laryngoscopic view.
 - C. Facilitate rapid airway securing.
 - D. Enhance oxygenation.

Answers

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

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Explanations

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1. Which of the following is an essential part of nursing care for a patient with a genital herpes infection?

- A. Isolation precautions
- B. Vaccination
- C. Patient Education**
- D. Antiviral prophylaxis

Education about how to manage and prevent transmission is the essential part of care. Genital herpes is a lifelong viral infection, and patients need clear guidance on how to reduce spreading it to partners, including safer sex practices and consistent condom use, especially during outbreaks. They also need to understand how to take antiviral medications correctly, what to expect with treatment, and when to seek medical help for worsening symptoms or signs of complications. Teaching about lesion care, pain management, and recognizing recurrent outbreak patterns helps the patient self-manage and maintain quality of life. While antiviral therapy may be prescribed and healthcare settings use precautions during active lesions, providing thorough, practical instruction empowers the patient to participate in their own care and prevention.

2. During a routine physical, a 1-cm lesion on the chest is described as raised, flesh-colored with pearly white borders. This finding is most suggestive of which type of skin cancer?

- A. Squamous cell carcinoma**
- B. Basal cell carcinoma
- C. Malignant melanoma
- D. Actinic keratosis

Pearly, translucent borders on a raised, flesh-colored lesion are classic for basal cell carcinoma. This type of skin cancer arises from the epidermal basal cells and often looks like a smooth, shiny nodule with rolled borders and sometimes visible small blood vessels (telangiectasias). It tends to grow locally rather than metastasize, and ulceration can occur in the center, giving a pearly, "rodent ulcer" feel. In contrast, squamous cell carcinoma usually presents as a firmer, red or brownish patch or plaque that may scale, crust, or ulcerate and tends to be more likely to invade surrounding tissues. Actinic keratosis appears as rough, sandpaper-like, scaly patches that are precancerous and not typically described as pearly. Malignant melanoma typically shows irregular color variation, asymmetry, irregular borders, and a diameter greater than 6 mm, rather than a smooth pearly border. Thus, the described lesion most strongly aligns with basal cell carcinoma.

3. Which of the following is a risk factor for HPV infection?

- A. Being young**
- B. Using alcohol or illicit drugs
- C. Being older
- D. Not sexually active

HPV infection is spread mainly through intimate sexual contact, and many infections occur in people who have recently become sexually active. The prevalence is highest among younger individuals, typically in the teen to early 20s range, because they're often exposed to new sexual partners and have longer exposure after sexual debut. This makes being young a direct indicator of higher risk for HPV infection compared to older ages. The other choices don't reflect direct risk factors: not sexually active reduces exposure, being older is associated with lower prevalence, and substance use isn't a direct cause of HPV infection (even though it can be linked to risky behaviors).

4. How is intraoperative hypovolemia identified and managed?

- A. Hypotension, Tachycardia, Cool Extremities; Managed With Fluids And/or Vasopressors And Blood Products As Indicated.
- B. Hypertension, Bradycardia, Warm Extremities; Treat With Diuretics.
- C. No Signs; Monitor Only.
- D. Nausea Only.

Intraoperative hypovolemia shows up as a drop in circulating volume with the body trying to preserve perfusion, so you typically see low blood pressure and a fast heart rate, often accompanied by cool, pale extremities from peripheral vasoconstriction. This pattern—hypotension with tachycardia and cool extremities—signals that the patient isn't being adequately perfused despite anesthesia, usually from fluid losses or bleeding. Management focuses on restoring volume and supporting blood pressure while controlling ongoing loss. Start with fluid resuscitation using IV fluids, warmed when possible, and escalate with vasopressors if the blood pressure remains low despite fluids. If there is substantial blood loss, replace with blood products (packed red cells, and when indicated, plasma or platelets) guided by labs and clinical status. The goal is to rapidly replete intravascular volume and maintain perfusion to vital organs, while surgically addressing any source of bleeding. Other presentations don't fit hypovolemia as well. For example, hypertension with bradycardia and warm extremities would point to a different hemodynamic issue, and treating with diuretics would not correct the underlying volume deficit. Signs like just nausea or no signs at all would miss the hemodynamic instability that requires active intervention.

5. Which action is consistent with promoting skin integrity for a patient receiving radiation therapy?

- A. Avoiding the use of ointments, powders and lotion to the area
- B. Using soft cotton fabrics for clothing
- C. Washing the area with a mild soap and water and patting it dry not rubbing it
- D. Avoiding direct sunshine or cold.

The action that best promotes skin integrity during radiation therapy is gentle cleansing and careful drying of the treated area. Washing with mild soap and water removes irritants without harshness, and patting the area dry rather than rubbing preserves the skin's protective barrier and minimizes friction that can lead to irritation or breakdown. This combination supports healing and reduces the risk of skin damage during treatment. Rubbing the area can worsen irritation, and applying ointments or powders is not routinely recommended unless prescribed, since these substances can interfere with skin healing during therapy. Wearing soft cotton fabrics helps reduce irritation, but the cleansing approach described is the most direct way to maintain skin integrity in this context.

6. Which statement best differentiates balanced anesthesia from TIVA?

- A. Balanced uses inhaled and IV agents
- B. TIVA uses only IV agents**
- C. Balanced uses only IV agents
- D. TIVA uses inhaled and IV agents

Balanced anesthesia achieves anesthesia by combining several drugs, usually including both an inhaled volatile agent and intravenous medications like hypnotics, opioids, and muscle relaxants, to get hypnosis, analgesia, and muscle relaxation with good control. Total Intravenous Anesthesia (TIVA) uses only intravenous drugs to reach the anesthetic state, avoiding inhaled agents entirely. That makes the distinguishing feature clear: TIVA is IV-only, while balanced anesthesia relies on both inhaled and IV components. The other statements either describe balanced as using both routes (true but not the differentiator) or misstate TIVA as involving inhaled agents (incorrect).

7. When addressing anticipatory guidance about adverse effects of chemotherapy, which is the most common adverse effect?

- A. Pruritus
- B. Nausea and vomiting**
- C. Altered glucose metabolism
- D. Confusion

Nausea and vomiting are the most common adverse effects of chemotherapy. Chemotherapy agents trigger the body's vomiting pathways, with serotonin release from the gut signaling the brain's chemoreceptor trigger zone and vomiting center, leading to nausea (often acutely and sometimes delayed). Because this is so prevalent, anticipatory guidance emphasizes proactive prevention and management from the start: using antiemetic regimens that target multiple pathways (such as a 5-HT3 blocker plus a neurokinin-1 blocker and a corticosteroid), along with hydration, small frequent meals, and avoiding triggers. Other adverse effects like pruritus, altered glucose metabolism, or confusion can occur but are less common across most regimens.

8. Which of the following is NOT a warning sign of cancer?

- A. Nonhealing Sore
- B. Weight Gain**
- C. Change In Moles
- D. Change In Bowel Patterns

Unexplained changes that persist despite normal eating and activity are red flags for cancer. A nonhealing sore can signal ongoing tissue damage or cancer in the skin or mouth. A change in a mole—alterations in size, shape, color, or border—can indicate melanoma or other skin cancers. A change in bowel patterns can reflect cancers of the colon or other parts of the digestive tract. Weight gain is not a typical warning sign of cancer; more often, cancer presents with unintended weight loss. If someone experiences unexpected, persistent weight loss or any of the other warning signs, it's important to seek medical evaluation promptly.

9. Name two common intraoperative airway emergencies and one initial management step for each.

A. Laryngospasm – apply jaw thrust, CPAP, deepen anesthesia; Bronchospasm – administer bronchodilators, ensure adequate anesthesia and ventilation

B. Laryngospasm – lower oxygen; Bronchospasm – withhold ventilation

C. Laryngospasm – administer epinephrine; Bronchospasm – perform CPR

D. Laryngospasm – remove airway devices; Bronchospasm – stop ventilation entirely

The situation tests recognizing two common intraoperative airway emergencies and starting the right first steps to restore airway patency and ventilation. Laryngospasm happens when the vocal cords forcibly constrict, blocking the airway. The immediate approach is to open and splint the airway: use a jaw thrust to relieve obstruction, apply positive pressure ventilation with CPAP to keep the airway open, and deepen anesthesia to suppress the reflex that caused the spasm. These actions address both the mechanical blockage and the reflex-driven tightening, helping to restore airflow quickly. Bronchospasm is a constriction of the small airways, making ventilation difficult and causing wheeze and rising airway pressures. The best first step is to administer a bronchodilator to relax the smooth muscle of the bronchi, while ensuring adequate oxygenation and ventilation—often by continuing or increasing anesthesia depth with volatile agents and delivering 100% oxygen as needed. This tackles the underlying bronchial constriction and supports effective ventilation. The other options don't fit the typical immediate needs: lowering oxygen or withholding ventilation would worsen gas exchange; giving epinephrine or performing CPR is reserved for other emergencies or situations (like anaphylaxis or cardiac arrest) rather than the common initial steps for these airway issues; removing airway devices or stopping ventilation entirely would not promptly address the problem.

10. During rapid sequence induction, cricoid pressure is applied to achieve what objective?

A. Minimize aspiration risk.

B. Improve laryngoscopic view.

C. Facilitate rapid airway securing.

D. Enhance oxygenation.

During rapid sequence induction, cricoid pressure is used to minimize aspiration risk by compressing the esophagus against the spine, so gastric contents are less likely to regurgitate into the pharynx and be breathed into the lungs once airway reflexes are suppressed and airway management is being performed. The goal is protection against aspiration during the vulnerable period before the airway is secured. It doesn't primarily improve the laryngoscopic view and can even hinder it if applied poorly, and it doesn't directly enhance oxygenation—that depends on preoxygenation and ventilation rather than the cricoid maneuver.

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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