

# Delegation Health Management Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. Which intervention can help alleviate potential complications from umbilical cord compression during labor?**
  - A. Increase the I.V. fluid rate.**
  - B. Assist the client to ambulate.**
  - C. Place the client in a lateral position.**
  - D. Monitor fetal heart rates frequently.**
- 2. Which medication is specifically used for reversing the effects of acetaminophen toxicity?**
  - A. Activated charcoal**
  - B. N-acetylcysteine**
  - C. Gastric lavage**
  - D. Vitamin K**
- 3. What task is most appropriately assigned to an assistive personnel (AP)?**
  - A. A. Performing a colostomy irrigation**
  - B. B. Assisting with continuous tube feeding**
  - C. C. Collecting a urine specimen from a client**
  - D. D. Feeding a client with swallowing difficulties**
- 4. In a case of a suicide attempt, what is the nurse's initial action?**
  - A. Examine and treat the wound sites**
  - B. Obtain and record a detailed history**
  - C. Encourage and assist the client to ventilate feelings**
  - D. Administer an anti-anxiety agent**
- 5. While teaching parents about urinary tract infections (UTIs) in children, what is the priority educational topic?**
  - A. How to identify symptoms of UTI.**
  - B. How to collect a midstream urine sample.**
  - C. Interventions to prevent UTIs.**
  - D. Risk factors for UTIs in children.**

- 6. What is the first priority intervention in the event of a snakebite to an extremity?**
- A. Immobilize the affected extremity.**
  - B. Remove jewelry and constricting clothing from the victim.**
  - C. Move the victim to a safe area away from the snake and encourage the victim to rest.**
  - D. Place the extremity in a position so that it is below the level of the heart.**
- 7. What key instruction should be emphasized to a family to prevent UTIs in children?**
- A. Encourage fluid intake.**
  - B. Instruct on correct hygiene practices.**
  - C. Avoid bubble baths.**
  - D. Limit time spent in swimwear.**
- 8. Which client is at the highest risk for respiratory failure?**
- A. A client with breast cancer**
  - B. A client with a fractured hip**
  - C. A client with cervical sprains**
  - D. A client with Guillain-Barré syndrome**
- 9. Which task should an RN delegate to the LPN in a nursing team?**
- A. Passing dinner trays**
  - B. Emptying a Foley catheter bag**
  - C. Administering daily morning medications**
  - D. Suctioning a client who is 1-day postoperative**
- 10. What should be the nurse's priority when caring for a client hearing voices telling them to do harmful things?**
- A. Provide reassurance that the client is safe and the voices are not real.**
  - B. Provide reassurance that the client is safe and promise protection from staff.**
  - C. Assess the nature of the commands by asking what the voices are saying.**
  - D. Administer a neuroleptic medication before speaking with the client.**

## **Answers**

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

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## **Explanations**

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**1. Which intervention can help alleviate potential complications from umbilical cord compression during labor?**

- A. Increase the I.V. fluid rate.**
- B. Assist the client to ambulate.**
- C. Place the client in a lateral position.**
- D. Monitor fetal heart rates frequently.**

Placing the client in a lateral position is a highly effective intervention to alleviate potential complications from umbilical cord compression during labor. This position helps to relieve pressure on the umbilical cord by shifting the weight of the fetus off the cord, improving blood flow and oxygen delivery to the fetus. In lateral positioning, especially the left lateral position, there is also a reduction in pressure on major blood vessels, promoting better circulation and reducing the risk of hypoxia and fetal distress that can occur with cord compression. Increasing the intravenous fluid rate can improve hydration and contribute to better placental perfusion, but it does not directly address the mechanical issue of cord compression. Assisting the client to ambulate might help with labor progression but could potentially exacerbate cord compression if the fetus's position is affected. Monitoring fetal heart rates frequently is essential to assess the fetal condition, but it does not intervene in the physical dynamics of umbilical cord compression itself. Therefore, lateral positioning is the most direct and effective intervention to mitigate the complications associated with this condition.

**2. Which medication is specifically used for reversing the effects of acetaminophen toxicity?**

- A. Activated charcoal**
- B. N-acetylcysteine**
- C. Gastric lavage**
- D. Vitamin K**

N-acetylcysteine is the specific antidote used to reverse the effects of acetaminophen toxicity. When acetaminophen is ingested in amounts exceeding the therapeutic dose, it can lead to severe liver damage due to the accumulation of toxic metabolites. N-acetylcysteine works primarily by replenishing glutathione levels in the liver, which helps neutralize the harmful metabolites and facilitates their excretion. This intervention is most effective when administered within eight hours of acetaminophen ingestion, but it can still provide benefits even if given later. Activated charcoal is a general treatment for certain types of poisoning and can help absorb various toxins if given soon after ingestion, but it does not specifically target acetaminophen-related effects like N-acetylcysteine does. Gastric lavage may also be considered in acute overdoses, but it is less commonly used today due to potential complications and because it does not provide the specific therapeutic benefit that N-acetylcysteine does. Vitamin K serves as an antidote for warfarin and certain anticoagulant overdoses, making it irrelevant in the context of acetaminophen toxicity. Thus, N-acetylcysteine is the appropriate choice for treating acetaminophen overdose,

**3. What task is most appropriately assigned to an assistive personnel (AP)?**

- A. A. Performing a colostomy irrigation**
- B. B. Assisting with continuous tube feeding**
- C. C. Collecting a urine specimen from a client**
- D. D. Feeding a client with swallowing difficulties**

Assigning the task of collecting a urine specimen from a client to assistive personnel (AP) is appropriate because this task is within the scope of practice for APs. Gathering specimens is generally considered a basic task that does not require extensive medical knowledge or complex judgment, making it suitable for those in supportive roles. The procedure can be performed under the direction of a registered nurse or licensed practical nurse, following the facility's policies and protocols. Performing a colostomy irrigation involves more complex skills and knowledge regarding the patient's specific needs and health status, making it unsuitable for APs. Assisting with continuous tube feeding may require monitoring the patient's condition and understanding potential complications, which is beyond the training of most APs. Feeding a client with swallowing difficulties involves assessing the client's ability to swallow safely, which requires specialized knowledge to prevent choking or aspiration, again placing this task outside the realm of AP responsibilities.

**4. In a case of a suicide attempt, what is the nurse's initial action?**

- A. Examine and treat the wound sites**
- B. Obtain and record a detailed history**
- C. Encourage and assist the client to ventilate feelings**
- D. Administer an anti-anxiety agent**

In cases of a suicide attempt, the nurse's primary responsibility is to ensure the immediate safety and physical well-being of the patient. Therefore, the initial action involves examining and treating any wound sites. This is crucial because patients who have attempted suicide may have inflicted harm on themselves, leading to potential life-threatening injuries. Addressing these injuries allows healthcare professionals to stabilize the patient's condition, preventing further complications. Once the physical safety is secured, other important steps such as obtaining a detailed history, encouraging the client to express feelings, or administering medications can follow as part of a broader assessment and treatment plan. However, the immediate concern is to manage any physical injuries resulting from the attempt first, which justifies the choice to prioritize wound care initially.

**5. While teaching parents about urinary tract infections (UTIs) in children, what is the priority educational topic?**

- A. How to identify symptoms of UTI.**
- B. How to collect a midstream urine sample.**
- C. Interventions to prevent UTIs.**
- D. Risk factors for UTIs in children.**

When educating parents about urinary tract infections (UTIs) in children, the priority topic should focus on interventions to prevent UTIs. Understanding prevention strategies is crucial because it empowers parents to take an active role in safeguarding their children's health. Prevention can significantly reduce the incidence of UTIs, thereby minimizing discomfort, potential complications, and the need for medical interventions. By learning about effective preventive measures, such as maintaining proper hygiene, encouraging increased fluid intake, and teaching children to use the bathroom regularly, parents can implement practices that decrease the likelihood of UTIs occurring. Prevention is often more beneficial than focusing solely on symptoms, risk factors, or methods of collecting samples, as it helps to address the root causes of the issue proactively, leading to better long-term health outcomes for children.

**6. What is the first priority intervention in the event of a snakebite to an extremity?**

- A. Immobilize the affected extremity.**
- B. Remove jewelry and constricting clothing from the victim.**
- C. Move the victim to a safe area away from the snake and encourage the victim to rest.**
- D. Place the extremity in a position so that it is below the level of the heart.**

In the event of a snakebite to an extremity, the first priority intervention focuses on ensuring the victim's safety and minimizing further harm. Moving the victim to a safe area away from the snake is critical, as it prevents additional bites and reduces the risk of panic or movement that could exacerbate the situation. Encouraging the victim to rest is also important, since physical exertion can increase the spread of venom throughout the body. While immobilizing the affected extremity, removing constricting items, and positioning the extremity are all relevant steps, they are secondary to ensuring that the person is safe from further encounters with the snake and is in a calm state. Prioritizing safety helps to maintain the victim's condition while emergency services are being arranged. Thus, addressing the immediate danger is the fundamental first step in a snakebite emergency response.

**7. What key instruction should be emphasized to a family to prevent UTIs in children?**

- A. Encourage fluid intake.**
- B. Instruct on correct hygiene practices.**
- C. Avoid bubble baths.**
- D. Limit time spent in swimwear.**

In preventing urinary tract infections (UTIs) in children, emphasizing correct hygiene practices is crucial. Teaching families about proper wiping techniques—such as wiping from front to back—can significantly reduce the risk of bacteria from the anal area reaching the urethra. Additionally, encouraging regular bathroom breaks and ensuring that children are fully clean after using the toilet contribute to maintaining good urinary health. While factors like fluid intake and avoiding bubble baths also play important roles in UTI prevention, the foundation lies in establishing solid hygiene habits, which can greatly minimize the possibility of infections. Overall, good hygiene practices are a primary defense against UTIs.

**8. Which client is at the highest risk for respiratory failure?**

- A. A client with breast cancer**
- B. A client with a fractured hip**
- C. A client with cervical sprains**
- D. A client with Guillain-Barré syndrome**

The client with Guillain-Barré syndrome is at the highest risk for respiratory failure because this condition is characterized by the body's immune system attacking the peripheral nervous system, leading to muscle weakness and potentially severe respiratory muscle paralysis. As the diaphragm and other muscles involved in breathing weaken, the client can experience respiratory failure if the respiratory system becomes unable to function adequately. In contrast, while clients with breast cancer, fractured hips, and cervical sprains may have various health concerns that warrant careful monitoring, their conditions are not primarily focused on the disruption of respiratory function in the same way. Breast cancer typically does not affect respiratory function directly unless there are advanced complications. A fractured hip and cervical sprains, while serious, do not inherently compromise respiratory muscles or mechanics. Therefore, the risk of respiratory failure is significantly heightened in a client with Guillain-Barré syndrome, making them the most vulnerable in this scenario.

**9. Which task should an RN delegate to the LPN in a nursing team?**

- A. Passing dinner trays**
- B. Emptying a Foley catheter bag**
- C. Administering daily morning medications**
- D. Suctioning a client who is 1-day postoperative**

In the context of delegation within a nursing team, it is crucial to understand the scope of practice for both Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). RNs possess a broader scope that includes comprehensive assessment, complex decision-making, and the administration of certain medications, particularly those that require critical thinking or an understanding of the underlying pathophysiology. Administering daily morning medications falls well within the competencies of an LPN, who is trained to administer medications as part of their practice. LPNs can manage routine medications and are equipped to ensure proper protocol is followed, which aligns with the structured and systematic nature of daily medication administration. This task does not typically require the advanced decision-making skills that an RN must employ and is suitable for the LPN's scope of practice. The other options involve tasks that may either require a higher level of critical thinking or assessment skills or are generally considered within the domain of duties that LPNs may not be appropriately trained or authorized to perform independently. For instance, tasks such as suctioning a client who is postoperative often necessitate a more in-depth knowledge of the patient's condition and potential complications, which is typically the domain of an RN. By delegating the administration of medications to

**10. What should be the nurse's priority when caring for a client hearing voices telling them to do harmful things?**

- A. Provide reassurance that the client is safe and the voices are not real.**
- B. Provide reassurance that the client is safe and promise protection from staff.**
- C. Assess the nature of the commands by asking what the voices are saying.**
- D. Administer a neuroleptic medication before speaking with the client.**

The priority in this situation is to assess the nature of the commands by engaging the client in conversation about what the voices are saying. This assessment is critical for several reasons. First, understanding the specific content of the hallucinations can help determine the level of risk the client may pose to themselves or others. It's essential to gauge whether the commands are directing the client to harm themselves or others, which would necessitate a different level of intervention. Furthermore, by asking about the voices, the nurse opens a dialogue that can facilitate trust in the therapeutic relationship. It allows the client to feel heard and understood, which is pivotal when dealing with hallucinations. This dialogue can help the healthcare team formulate an effective and personalized care plan. Assessing the situation before intervening with medications or providing reassurance is crucial because the therapeutic approach may differ depending on what the client reports. This prioritization aligns with best practices in mental health nursing, where safety and effective communication are fundamental components of care.