

# EAQ Fundamentals of Nursing Level 2 Practice Test (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. What should be included in a fall prevention protocol for elderly patients?**
  - A. Regular checks on medication side effects**
  - B. Providing mobility assistance devices**
  - C. Regular assessment of mobility**
  - D. Scheduling routine health screenings**
  
- 2. What is a potential side effect of corticosteroids?**
  - A. Constipation**
  - B. Weight gain**
  - C. Increased energy levels**
  - D. Improved sleep patterns**
  
- 3. Which ocular problem commonly occurs in older adults due to aging?**
  - A. Tropia**
  - B. Myopia**
  - C. Hyperopia**
  - D. Presbyopia**
  
- 4. What nursing intervention is important for a patient at risk for falls?**
  - A. Encouraging long walks**
  - B. Utilizing bedrails and ensuring a clear path**
  - C. Restricting mobility**
  - D. Administering sedatives**
  
- 5. What type of infections occur within 48 hours of hospital admission and affect 1 in 10 patients?**
  - A. Nosocomial infections**
  - B. Viral infections**
  - C. Bacterial infections**
  - D. Fungal infections**

**6. What is a key risk factor for developing thromboembolism post-surgery?**

- A. Low blood pressure**
- B. Immobility**
- C. High fluid intake**
- D. Frequent mobility exercises**

**7. What is a common sign of infection in a patient?**

- A. Fatigue**
- B. Nausea**
- C. Fever**
- D. Headache**

**8. When is it important to start rehabilitation planning for a patient?**

- A. After surgery**
- B. At the time of discharge**
- C. During initial assessment**
- D. Upon admission to the hospital**

**9. What tool could a nurse use to help monitor a patient's dietary intake?**

- A. Food frequency questionnaire**
- B. Blood test results**
- C. Body mass index chart**
- D. Patient's health history**

**10. What is the best initial response by the nurse when a client complains about their hospital stay?**

- A. Attempt to explain hospital routines.**
- B. Tell the client they need to rest.**
- C. Refocus on the client's fears and frustrations.**
- D. Allow the client to vent and then leave.**

## **Answers**

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

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## **Explanations**

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## 1. What should be included in a fall prevention protocol for elderly patients?

- A. Regular checks on medication side effects**
- B. Providing mobility assistance devices**
- C. Regular assessment of mobility**
- D. Scheduling routine health screenings**

Including regular assessment of mobility in a fall prevention protocol for elderly patients is crucial because it allows healthcare providers to evaluate the patients' physical capabilities and identify any limitations that may increase the risk of falls. This assessment can include evaluating balance, gait, and strength, all of which are vital components in determining the appropriate level of support and intervention needed for each individual. By regularly assessing mobility, nurses can tailor interventions to improve stability, enhance safety, and address any identified needs, thereby reducing the likelihood of falls. The other components, while they play important roles in overall health management and can indirectly impact fall risk, do not directly address the mobility aspect as critically. Regular checks on medication side effects and routine health screenings are important for general well-being but might not provide timely insights into the patient's immediate mobility challenges. Providing mobility assistance devices is beneficial, but it should follow an accurate mobility assessment to ensure the right devices are selected and effectively used. Therefore, focusing on mobility assessment directly targets one of the key factors in fall prevention.

## 2. What is a potential side effect of corticosteroids?

- A. Constipation**
- B. Weight gain**
- C. Increased energy levels**
- D. Improved sleep patterns**

Weight gain is a well-documented potential side effect of corticosteroids. These medications can lead to changes in metabolism, appetite, and fat distribution, often resulting in increased weight. Corticosteroids can cause fluid retention and stimulate appetite, contributing to weight gain. Furthermore, they can affect the way the body stores fat, leading to changes in body composition, such as increased fat around the abdomen and face, which are commonly observed side effects in individuals undergoing corticosteroid treatment. This effect can be particularly pronounced with long-term use or high doses of corticosteroids. Understanding this side effect is essential for monitoring patients on corticosteroid therapy and providing appropriate interventions to manage their weight and overall health.

**3. Which ocular problem commonly occurs in older adults due to aging?**

- A. Tropia**
- B. Myopia**
- C. Hyperopia**
- D. Presbyopia**

Presbyopia is a common condition that arises as a natural part of the aging process, typically becoming noticeable in individuals in their 40s and beyond. This condition is characterized by a gradual loss of the eye's ability to focus on near objects, which occurs due to the lens of the eye becoming stiffer and less flexible over time. As a result, older adults often find it increasingly difficult to read small print or see items close up without the assistance of reading glasses. The prevalence of presbyopia among older adults highlights the physiological changes that occur in the eye with age, making it a primary ocular issue in this population. In contrast, myopia (nearsightedness) and hyperopia (farsightedness) are refractive errors that can occur at any age, while tropia refers to a misalignment of the eyes that typically has other underlying causes. Thus, presbyopia stands out as the most common age-related ocular issue in older adults.

**4. What nursing intervention is important for a patient at risk for falls?**

- A. Encouraging long walks**
- B. Utilizing bedrails and ensuring a clear path**
- C. Restricting mobility**
- D. Administering sedatives**

Utilizing bedrails and ensuring a clear path is a vital nursing intervention for a patient at risk for falls because it directly addresses safety concerns in the patient's environment. Bedrails can provide support and a means for patients to stabilize themselves when getting in and out of bed, thus reducing the likelihood of falls. Ensuring that the path around the bed and in the room is clear minimizes hazards such as obstacles or clutter that could lead to tripping or stumbling. In a healthcare setting, maintaining a safe environment is critical, especially for patients who may have impaired mobility, balance issues, or altered cognition. These factors increase their susceptibility to falls, making proactive strategies like the use of bedrails and maintaining a clear and organized space essential for injury prevention. Encouraging long walks would not be suitable for patients at risk for falls since it could potentially increase their vulnerability to accidents without adequate supervision or balance support. Restricting mobility may also not be appropriate, as it can diminish muscle strength and further contribute to a decline in mobility, which may ironically increase the risk of falls when they do attempt to move. Administering sedatives is another risk factor, as it can impair alertness and coordination, leading to a higher likelihood of falls rather than preventing them. Thus

**5. What type of infections occur within 48 hours of hospital admission and affect 1 in 10 patients?**

**A. Nosocomial infections**

**B. Viral infections**

**C. Bacterial infections**

**D. Fungal infections**

Nosocomial infections, also known as hospital-acquired infections (HAIs), are infections that patients acquire while receiving treatment for other conditions within a healthcare facility. These infections typically occur after 48 hours of admission, highlighting that they are not present or incubating at the time of hospital entry. The statistic indicating that 1 in 10 patients is affected underscores the significant risk and prevalence of such infections. They can be caused by various pathogens, including bacteria, viruses, and fungi, but the term "nosocomial" specifically refers to the setting in which the infection is acquired rather than the type of pathogen. While viral, bacterial, and fungal infections can all be present in a hospital setting, the distinguishing feature of nosocomial infections is their occurrence in a healthcare environment and typically arising due to factors like invasive procedures, the use of antibiotics, or compromised immune systems of patients. Thus, the focus on the timing and environment of infection acquisition makes the correct answer nosocomial infections.

**6. What is a key risk factor for developing thromboembolism post-surgery?**

**A. Low blood pressure**

**B. Immobility**

**C. High fluid intake**

**D. Frequent mobility exercises**

Immobility is a significant risk factor for developing thromboembolism after surgery because it can lead to stasis of blood flow in the veins, particularly in the lower extremities. When a person is immobile for extended periods, such as after surgery, blood circulation can slow or become stagnant, increasing the likelihood of clot formation. These clots can develop in the deep veins of the legs—a condition known as deep vein thrombosis (DVT). If dislodged, these clots can travel to the lungs, causing a pulmonary embolism, which is a serious complication. In contrast, low blood pressure does not directly contribute to thromboembolism; instead, it is more related to inadequate blood flow and perfusion. High fluid intake is associated with better hydration and can actually help prevent clot formation by promoting smoother blood flow. Frequent mobility exercises actively counter immobility and help maintain circulation, which further reduces the risk of clotting. Therefore, promoting mobility and regular movement is crucial for patients after surgery to mitigate the risk of thromboembolism.

## 7. What is a common sign of infection in a patient?

- A. Fatigue
- B. Nausea
- C. Fever**
- D. Headache

Fever is a common sign of infection because it is a natural response of the body to fight off pathogens such as bacteria and viruses. When the immune system detects an infection, it releases pyrogens, which signal the hypothalamus in the brain to raise the body's temperature set point. This elevation in body temperature helps create an environment less favorable for the growth of pathogens and enhances the effectiveness of immune response. While fatigue, nausea, and headache can also be associated with infections, they are more nonspecific symptoms and can occur in various other conditions. Fever is particularly indicative because it reflects an active immune response specifically targeting an infectious agent, making it a key clinical observation in the assessment of infection.

## 8. When is it important to start rehabilitation planning for a patient?

- A. After surgery
- B. At the time of discharge
- C. During initial assessment
- D. Upon admission to the hospital**

Starting rehabilitation planning upon admission to the hospital is crucial for several reasons. This approach allows healthcare professionals to assess the patient's individual needs, capabilities, and goals early in the healthcare process. By doing so, the care team can develop a tailored rehabilitation plan that addresses specific factors such as the patient's medical condition, mobility level, and any potential barriers to recovery. Early planning ensures that all necessary resources, including physical therapy, occupational therapy, and any required home modifications, can be arranged ahead of time, leading to a smoother transition through the care continuum. Furthermore, it promotes patient engagement by involving them in their care from the outset, which can enhance motivation and adherence to the rehabilitation program. This proactive approach contrasts with waiting until after surgery or discharge, which may result in missed opportunities for intervention, continuity of care, and a more effective recovery process.

**9. What tool could a nurse use to help monitor a patient's dietary intake?**

- A. Food frequency questionnaire**
- B. Blood test results**
- C. Body mass index chart**
- D. Patient's health history**

The food frequency questionnaire is a validated tool that allows a nurse to assess a patient's dietary intake effectively. This tool captures how often specific foods are consumed over a defined period, offering valuable insights into the nutritional habits of the patient. By analyzing the responses from the questionnaire, the nurse can identify patterns in eating behavior, evaluate nutrient intake, and determine whether the patient is meeting their dietary needs. This information is essential for creating individualized nutritional plans and interventions aimed at improving the patient's overall health. Other options, while relevant to a patient's overall health assessment, do not specifically focus on monitoring dietary intake. Blood test results provide information about metabolic and nutritional status but do not give a direct account of what the patient is actually eating. A body mass index chart helps evaluate weight in relation to height but does not provide details on dietary habits. The patient's health history includes various medical and lifestyle factors but does not systematically track food intake. Thus, the food frequency questionnaire stands out as the most direct tool for monitoring dietary intake among the choices presented.

**10. What is the best initial response by the nurse when a client complains about their hospital stay?**

- A. Attempt to explain hospital routines.**
- B. Tell the client they need to rest.**
- C. Refocus on the client's fears and frustrations.**
- D. Allow the client to vent and then leave.**

The best initial response by the nurse when a client complains about their hospital stay is to refocus on the client's fears and frustrations. This approach demonstrates active listening and empathy, which are crucial components of effective nursing care. Acknowledging the client's emotional state allows the nurse to validate their feelings and build rapport. By focusing on the client's specific concerns, the nurse can better understand the root of the dissatisfaction, which may include feelings of fear, anxiety, or confusion about their situation. This empathetic engagement can lead to more productive conversations where the nurse can address the client's specific issues and work towards finding solutions that improve their hospital experience. Encouraging the client to express their concerns can help reduce anxiety and foster a supportive environment, ultimately enhancing the therapeutic nurse-client relationship. Addressing the frustration directly also allows the nurse to assess whether there are actionable steps that can be taken to improve the client's comfort or understanding of their care, promoting a more holistic and patient-centered approach to their hospital stay.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://eaqfundofnursinglvl2.examzify.com>**

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

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