

EDAPT GLUCOSE REGULATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://edaptglucosereg.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What is the typical duration of action for intermediate-acting insulin administered at 0800?**
 - A. 4-6 hours
 - B. 6-8 hours
 - C. 10-12 hours
 - D. Between 12 and 16 hours
- 2. What benefit does metformin provide in terms of glucose absorption?**
 - A. Increases glucose absorption
 - B. Decreases glucose absorption
 - C. Has no effect on glucose absorption
 - D. Increases insulin secretion
- 3. Which type of insulin is least likely to cause hypoglycemia if a meal is skipped?**
 - A. Rapid-acting insulin
 - B. Short-acting insulin
 - C. Long-acting insulin
 - D. Intermediate-acting insulin
- 4. Which clinical manifestations are indicative of lactic acidosis? Select all that apply.**
 - A. Dizziness
 - B. Nausea
 - C. Abdominal pain
 - D. Increased appetite
- 5. What is the nurse's best response to a client concerned about hypoglycemia while taking repaglinide?**
 - A. This medication should be taken before meals.
 - B. You should switch to a faster-acting insulin.
 - C. Take this medication in the morning only.
 - D. This medication must be taken only after meals.

- 6. What general approach should a caregiver take when managing a child newly diagnosed with type 1 diabetes regarding other siblings?**
- A. Regularly monitor their diet
 - B. Encourage them to eat less
 - C. Consider vaccination status
 - D. Provide emotional support
- 7. What type of insulin is regular insulin classified as?**
- A. Long-acting insulin
 - B. Intermediate-acting insulin
 - C. Short-acting insulin
 - D. Rapid-acting insulin
- 8. For children diagnosed with diabetes mellitus type 1, what preventive measure does the nurse recommend to parents for their other children?**
- A. Regular exercise
 - B. Balanced diet
 - C. Keeping their children fully vaccinated as recommended
 - D. Monitoring blood glucose levels
- 9. What is the correct order of steps for mixing NPH and lispro insulins?**
- A. Wash hands, rotate NPH, wipe vials, air into NPH, air into lispro, draw lispro then NPH
 - B. Wash hands, wipe vials, draw both insulins simultaneously
 - C. Rotate both vials before mixing
 - D. Administer lispro before NPH
- 10. For a client's 0730 dose of lispro insulin, when should the nurse ensure the meal tray is available?**
- A. 0700
 - B. 0730
 - C. 0800
 - D. 0900

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the typical duration of action for intermediate-acting insulin administered at 0800?

- A. 4-6 hours
- B. 6-8 hours**
- C. 10-12 hours
- D. Between 12 and 16 hours

The typical duration of action for intermediate-acting insulin is generally around 6 to 8 hours. This form of insulin is designed to cover insulin needs for a longer period than short-acting insulin, making it effective for managing blood glucose levels, especially during periods between meals and overnight. When administered at 0800 (8 AM), intermediate-acting insulin would provide coverage during the late morning and into the afternoon, aligning with its duration of action. It is important for diabetes management because it helps to maintain stable glucose levels throughout the day, especially if meals are spaced out.

2. What benefit does metformin provide in terms of glucose absorption?

- A. Increases glucose absorption
- B. Decreases glucose absorption**
- C. Has no effect on glucose absorption
- D. Increases insulin secretion

Metformin is known for its role in lowering blood glucose levels primarily by decreasing hepatic glucose production and improving insulin sensitivity in peripheral tissues, especially in muscles. One of the key benefits of metformin is its ability to decrease intestinal glucose absorption. By reducing the absorption of glucose in the intestines, metformin helps lower postprandial (after meal) blood glucose levels, which is essential for managing diabetes. This action contributes to its effectiveness in treating type 2 diabetes and plays a significant part in regulating overall glucose homeostasis. While metformin does influence insulin secretion indirectly by enhancing the body's response to the insulin that is already produced, it does not act by increasing insulin secretion itself. Thus, the main benefit of metformin concerning glucose absorption is its capacity to decrease that absorption, aiding in better control of glucose levels in the bloodstream.

3. Which type of insulin is least likely to cause hypoglycemia if a meal is skipped?

- A. Rapid-acting insulin
- B. Short-acting insulin
- C. Long-acting insulin**
- D. Intermediate-acting insulin

Long-acting insulin is designed to provide a steady release of insulin over an extended period, usually up to 24 hours or more. This gradual action helps maintain a baseline level of insulin in the body, which is less likely to lead to rapid drops in blood glucose levels, especially if a meal is skipped. Since long-acting insulin does not peak in the same way that rapid-acting or short-acting forms do, the risk of hypoglycemia is significantly reduced in situations where meal timing is not aligned with insulin administration. In contrast, rapid-acting and short-acting insulins are designed to manage postprandial (after eating) blood glucose spikes. They have more pronounced peaks of action, meaning that if a dose is taken without eating, there is a higher chance that blood sugar levels might drop too low, leading to hypoglycemia. Intermediate-acting insulin falls between these two categories but also has a risk of causing hypoglycemia if meals are not consumed as planned due to its peak action times. Thus, long-acting insulin presents the lowest risk for hypoglycemia in the event of a missed meal.

4. Which clinical manifestations are indicative of lactic acidosis? Select all that apply.

- A. Dizziness
- B. Nausea
- C. Abdominal pain**
- D. Increased appetite

Lactic acidosis occurs when there is an excess of lactic acid in the bloodstream, typically due to anaerobic metabolism when oxygen levels are low. Understanding the clinical manifestations is crucial in identifying this condition. The manifestation of abdominal pain is indicative of lactic acidosis because the buildup of lactic acid can irritate the abdominal organs and lead to discomfort or pain. Additionally, lactic acidosis often results from conditions that compromise oxygen delivery to tissues, which can also lead to gastrointestinal distress. In contrast, dizziness and nausea are also common symptoms associated with metabolic disturbances, but they are not as closely linked to lactic acidosis specifically as abdominal pain. Increased appetite is generally not associated with lactic acidosis and is typically not seen in context with the symptoms one would expect when the body is metabolically stressed. Therefore, the presence of abdominal pain serves as a more definitive indicator of lactic acidosis in this context.

5. What is the nurse's best response to a client concerned about hypoglycemia while taking repaglinide?

- A. This medication should be taken before meals.**
- B. You should switch to a faster-acting insulin.
- C. Take this medication in the morning only.
- D. This medication must be taken only after meals.

The best response regarding the use of repaglinide in relation to hypoglycemia is to clarify that this medication should be taken before meals. Repaglinide is an oral medication that stimulates the pancreas to release insulin, helping to lower blood glucose levels. Taking it before meals allows the medication to start working as glucose enters the bloodstream during the meal, which is essential for effective blood sugar management. When clients express concerns about hypoglycemia, it's important to address the timing of their medication. Taking repaglinide before eating can help minimize the risk of hypoglycemia because it aligns the medication's peak action with the rise in blood glucose levels from the meal they are about to consume. This strategic timing helps prevent the blood glucose from dropping too low, a common concern for users of fast-acting medications like repaglinide. The other options present misunderstandings about the timing and usage of repaglinide. Switching to a faster-acting insulin may not be necessary and could complicate a client's management plan. Advising to take the medication in the morning only overlooks its need to be taken in relation to meals, while stating it must be taken only after meals contradicts the fundamental usage instructions for this medication. Proper education and reassurance

6. What general approach should a caregiver take when managing a child newly diagnosed with type 1 diabetes regarding other siblings?

- A. Regularly monitor their diet
- B. Encourage them to eat less
- C. Consider vaccination status**
- D. Provide emotional support

The most appropriate approach for a caregiver managing a child newly diagnosed with type 1 diabetes concerning other siblings is to provide emotional support. This is essential because a diabetes diagnosis can significantly impact the entire family dynamic. Siblings may experience a range of emotions, including anxiety, confusion, or even feelings of jealousy or neglect, as the diagnosed child may require more attention. Offering emotional support fosters open communication within the family and helps siblings express their feelings and concerns. It is crucial for them to understand the condition and how it affects their brother or sister, which in turn aids in promoting empathy and reducing possible feelings of resentment. This supportive approach helps maintain familial bonds and encourages a harmonious environment where everyone feels valued and understood. Addressing aspects like vaccination status or diet monitoring, while important for health management, does not directly cater to the emotional needs of siblings and may not address the broader family context in which the diabetic child is situated.

7. What type of insulin is regular insulin classified as?

- A. Long-acting insulin
- B. Intermediate-acting insulin
- C. Short-acting insulin**
- D. Rapid-acting insulin

Regular insulin is classified as short-acting insulin because of its pharmacokinetics, which allow it to start working within 30 minutes after injection, peak at around 2 to 3 hours, and generally last for about 6 to 8 hours. This characteristic makes it suitable for managing blood glucose levels during meals when a rapid increase in insulin action is needed to counteract carbohydrate intake. In contrast, long-acting insulins provide a steady release over an extended period, intermediate-acting insulins have a duration of action that is longer than regular insulin but shorter than long-acting forms, and rapid-acting insulins act much faster and are designed for immediate effects, typically taken just before or after meals. Thus, regular insulin's specific action profile aligns it distinctly with the short-acting classification.

8. For children diagnosed with diabetes mellitus type 1, what preventive measure does the nurse recommend to parents for their other children?

- A. Regular exercise
- B. Balanced diet
- C. Keeping their children fully vaccinated as recommended**
- D. Monitoring blood glucose levels

The correct answer focuses on the importance of vaccinations in preventing illnesses that could lead to complications in children with diabetes mellitus type 1. Children diagnosed with diabetes are at a greater risk for infections due to their compromised immune function and potential complications from the condition. Keeping all children, including those without diabetes, fully vaccinated is a crucial preventive health measure. Vaccines help protect against serious diseases that can cause additional health issues for a child who already has diabetes. While regular exercise and maintaining a balanced diet are important for overall health and can play a role in the management of diabetes, these measures do not specifically address the unique needs of children at risk of complications from infections. Similarly, monitoring blood glucose levels is essential for managing diabetes but is related to the care of the child already diagnosed, rather than preventive measures for siblings. Therefore, ensuring that all children are vaccinated is the most relevant preventive measure recommended for siblings of children with diabetes type 1.

9. What is the correct order of steps for mixing NPH and lispro insulins?

- A. Wash hands, rotate NPH, wipe vials, air into NPH, air into lispro, draw lispro then NPH**
- B. Wash hands, wipe vials, draw both insulins simultaneously
- C. Rotate both vials before mixing
- D. Administer lispro before NPH

*The correct order of steps for mixing NPH (a long-acting insulin) and lispro (a rapid-acting insulin) is based on ensuring the integrity and effectiveness of the insulin. The correct answer outlines a systematic approach: 1. ****Wash hands**** - This is the first step to ensure sterility and prevent contamination during the insulin mixing process. 2. ****Rotate NPH**** - NPH insulin needs to be mixed well because it contains suspension components that settle at the bottom of the vial. This step ensures a uniform suspension for accurate dosing. 3. ****Wipe vials**** - This step involves cleaning the top of the insulin vials with an alcohol swab to minimize the risk of introducing bacteria when puncturing the vial with a needle. 4. ****Air into NPH**** - By injecting air into the NPH vial before drawing insulin, it helps create a vacuum effect. This step is important for drawing out the correct amount since NPH is a suspension. 5. ****Air into lispro**** - Similarly, injecting air into the lispro vial prepares it for drawing as well. It is important to inject air into the vial for easier withdrawal of the insulin, but it is not necessary for rapid-acting insulin like lis*

10. For a client's 0730 dose of lispro insulin, when should the nurse ensure the meal tray is available?

- A. 0700
- B. 0730**
- C. 0800
- D. 0900

The administration of lispro insulin, a rapid-acting insulin, is critical in managing blood glucose levels, especially for clients with diabetes. Lispro begins to act within about 15 minutes after injection, reaches peak activity at approximately 30 to 90 minutes, and has a duration of about 3 to 5 hours. To effectively utilize lispro insulin, it is essential that the meal is available at the same time or shortly after the injection. Therefore, having the meal tray ready at the time of the insulin injection, which is at 0730, ensures that the client can eat and take in carbohydrates to counteract the insulin's action. This timing helps prevent hypoglycemia, which can occur if the insulin is administered without an immediate meal, as the body would be prompted to lower blood glucose levels without a source of glucose from food. By being present at the time of injection, the meal aligns perfectly with the onset of the insulin's effects, providing the necessary nutrients to balance the insulin's action and maintain stable blood sugar levels.

SAMPLE

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://edaptglucosereg.examzify.com>

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

SAMPLE