

EVOLVE DIABETES PRACTICE TEST (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 insulin is considered short-acting?**
 - A. Long-acting insulin
 - B. Short-acting insulin
 - C. Ultra-long acting insulin
 - D. Intermediate-acting insulin
- 2. What is a hallmark symptom of hypoglycemia that patients may report?**
 - A. Shaking or sweating due to low blood glucose
 - B. Headache and blurred vision
 - C. Extreme thirst
 - D. Nausea
- 3. HbA1c testing in diabetes management is used to assess averages over which time frame?**
 - A. 1 week
 - B. 2-3 months
 - C. 6-12 months
 - D. 1 year or longer
- 4. An HbA1c target of less than 7% corresponds to about how many mmol/mol?**
 - A. 42 mmol/mol
 - B. 53 mmol/mol
 - C. 63 mmol/mol
 - D. 70 mmol/mol
- 5. A client with type 2 diabetes on a single daily oral hypoglycemic tablet asks whether an extra pill should be taken before exercise. The nurse should respond with which statement?**
 - A. Increase exercise intensity
 - B. Take another pill before exercise
 - C. Ignore glycemic status
 - D. Monitor for signs of hypoglycemia during exercise

- 6. Which statement about basal insulin therapy is true?**
- A. It provides rapid insulin at mealtime
 - B. It provides background insulin to cover between meals and overnight
 - C. It is only used in type 1 diabetes
 - D. It completely replaces endogenous insulin
- 7. Which scenario increases the risk of lactic acidosis in a patient taking metformin?**
- A. Normal renal function
 - B. Adequate hydration and normal liver function
 - C. No dehydration
 - D. Renal impairment (reduced eGFR) or significant liver disease increases risk of lactic acidosis.
- 8. Which statement is true about insulin therapy in type 1 diabetes?**
- A. It is only needed during illness
 - B. It is required because of absolute insulin deficiency
 - C. It can be avoided with diet
 - D. It worsens autoimmunity
- 9. Which sign indicates that hypoglycemia teaching was effective for the patient?**
- A. Fatigue
 - B. Nausea
 - C. Nervousness
 - D. Increased thirst
- 10. In a client diagnosed with Cushing syndrome, why should the nurse monitor for clinical indicators of diabetes mellitus?**
- A. Cortical hormones stimulate rapid weight loss
 - B. Tissue catabolism results in a negative nitrogen balance
 - C. Glucocorticoids accelerate the process of gluconeogenesis
 - D. Excessive ACTH secretion damages pancreatic tissue

Answers

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

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Explanations

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1. Which insulin is considered short-acting?

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

Understanding how insulin works over time is the key idea here. Short-acting insulin, also known as regular insulin, starts to work about 30 to 60 minutes after you inject it, peaks around 2 to 4 hours, and lasts roughly 5 to 8 hours. This makes it useful for covering meal-related glucose rises, since its action is timed to when you're eating. Other types have different patterns: long-acting insulins provide steady, baseline coverage with little to no pronounced peak and last about a day or more; intermediate-acting insulins have a noticeable peak and longer duration; ultra-long-acting insulins extend even longer with a flatter profile. So the insulin described as short-acting is the one with the earlier onset, a distinct but modest peak, and a shorter overall duration, matching regular insulin's profile.

2. What is a hallmark symptom of hypoglycemia that patients may report?

- A. Shaking or sweating due to low blood glucose
- B. Headache and blurred vision**
- C. Extreme thirst
- D. Nausea

When blood glucose drops, the body triggers a quick surge of adrenaline and other counterregulatory responses, which produce autonomic symptoms. Shaking, sweating, and a sense of anxiety or a rapid heartbeat are classic early warning signs that hypoglycemia is occurring. These autonomic symptoms are what people recognize first and what typically prompts them to check their blood sugar and treat with fast-acting carbohydrates. Headache and blurred vision can occur with low glucose, but they are less specific and not as reliably described as early indicators. Extreme thirst is more associated with high blood glucose, and nausea can happen in various situations, not specifically as the defining marker of hypoglycemia.

3. HbA1c testing in diabetes management is used to assess averages over which time frame?

- A. 1 week
- B. 2-3 months**
- C. 6-12 months
- D. 1 year or longer

HbA1c testing measures average blood glucose over roughly the past two to three months because it depends on the lifespan of red blood cells, about 120 days. Glucose attaches to hemoglobin as red blood cells circulate, so the amount of glycated hemoglobin at any given time reflects the glucose exposure during that lifespan. Because older red blood cells remain in circulation longer, the A1c value is weighted toward the recent weeks but still integrates signals from the earlier weeks—giving a steady picture of longer-term control rather than daily fluctuations. In practice, this means HbA1c provides a view of glycemic control over about 8–12 weeks. It's used to assess how well someone's diabetes management is working over a meaningful period, not just day-to-day changes. When therapy is being adjusted or goals aren't met, it's typically checked every 3 months; if control is stable, it can be checked every 6 months. So the time frame reflected by HbA1c is about 2–3 months.

4. An HbA1c target of less than 7% corresponds to about how many mmol/mol?

- A. 42 mmol/mol
- B. 53 mmol/mol**
- C. 63 mmol/mol
- D. 70 mmol/mol

The key idea is how HbA1c targets written as a percentage translate to the mmol/mol units labs use. There's a standard conversion: 6% is about 42 mmol/mol, 7% is about 53 mmol/mol, and 8% is about 64–65 mmol/mol. So a target of under 7% corresponds to roughly 53 mmol/mol. That's why the best match is 53 mmol/mol. The other numbers align with different HbA1c ranges—around 42 mmol/mol would be a 6% level, and 63–70 mmol/mol fall in the 8–9% range, not the <7% target.

5. A client with type 2 diabetes on a single daily oral hypoglycemic tablet asks whether an extra pill should be taken before exercise. The nurse should respond with which statement?

- A. Increase exercise intensity
- B. Take another pill before exercise
- C. Ignore glycemic status
- D. Monitor for signs of hypoglycemia during exercise**

During exercise, muscles take up more glucose and insulin sensitivity changes, which can lower blood glucose, especially for someone taking an oral hypoglycemic. The safest and most appropriate nurse response is to emphasize monitoring for signs of hypoglycemia during exercise and to check blood glucose before and during activity, with a plan to treat low blood sugar if it occurs (for example, having fast-acting carbohydrate available). Taking an extra pill or increasing exercise intensity isn't advised without clinician guidance, and ignoring glycemic status isn't safe. This approach prioritizes safety and helps you manage exercise without compromising glucose control.

6. Which statement about basal insulin therapy is true?

- A. It provides rapid insulin at mealtime
- B. It provides background insulin to cover between meals and overnight**
- C. It is only used in type 1 diabetes
- D. It completely replaces endogenous insulin

Basal insulin therapy provides a steady background level of insulin to cover the body's needs between meals and overnight. This helps keep fasting and between-meal glucose from rising by suppressing hepatic glucose production, so you don't get unnecessary spikes when you're not eating. It's not meant to deal with the rapid rise in glucose after a meal—that's what bolus (rapid-acting) insulin is for. Basal insulin isn't limited to type 1 diabetes; many people with type 2 diabetes who require insulin also use basal insulin to maintain a constant baseline. And it doesn't completely replace endogenous insulin, especially when meals are involved; it supplies the background, but additional insulin is typically needed to handle post-meal glucose and any remaining insulin needs.

7. Which scenario increases the risk of lactic acidosis in a patient taking metformin?

- A. Normal renal function
- B. Adequate hydration and normal liver function
- C. No dehydration
- D. Renal impairment (reduced eGFR) or significant liver disease increases risk of lactic acidosis.**

Metformin-associated lactic acidosis risk rises when the drug can't be cleared well or when lactate metabolism is impaired. Renal impairment (reduced eGFR) allows metformin to accumulate in the bloodstream, increasing its effect on lactate production. Significant liver disease also reduces the liver's ability to clear lactate and to perform gluconeogenesis, which can worsen lactate buildup. So renal impairment or significant liver disease significantly increases the risk. In contrast, normal renal function with adequate hydration and normal liver function means metformin is cleared more effectively and lactate handling remains intact, keeping the risk low. Lactic acidosis is rare but serious, which is why those specific conditions are emphasized.

8. Which statement is true about insulin therapy in type 1 diabetes?

- A. It is only needed during illness
- B. It is required because of absolute insulin deficiency**
- C. It can be avoided with diet
- D. It worsens autoimmunity

Type 1 diabetes is marked by autoimmune destruction of the pancreatic beta cells, which leads to an absolute deficiency of insulin. Because the body cannot produce insulin, it cannot move glucose from the blood into cells to be used for energy. That makes lifelong insulin therapy essential to survive and to regulate blood glucose properly. Insulin is needed continuously, not just during illness. Illness may require temporary dose adjustments, but it does not remove the need for insulin. You can't prevent type 1 diabetes symptoms or control glucose with diet alone, since there's little to no insulin being produced to begin with. And insulin doesn't worsen autoimmunity; it functions as replacement hormone to enable glucose uptake and metabolism.

9. Which sign indicates that hypoglycemia teaching was effective for the patient?

- A. Fatigue
- B. Nausea
- C. Nervousness**
- D. Increased thirst

Recognizing early warning signs of hypoglycemia is what hypoglycemia teaching aims to instill. When blood glucose drops, the body's sympathetic response produces noticeable symptoms, with nervousness being a classic early signal. This feeling signals the patient to check their glucose and treat promptly with a quick-acting carbohydrate, helping prevent more serious lows. Other options—fatigue, nausea, and increased thirst—are more nonspecific or point to other conditions (fatigue can come from many causes, nausea isn't a typical early hypoglycemia sign, and increased thirst suggests hyperglycemia or dehydration). So nervousness best reflects that the patient is aware of the low-blood-sugar warning sign.

10. In a client diagnosed with Cushing syndrome, why should the nurse monitor for clinical indicators of diabetes mellitus?

- A. Cortical hormones stimulate rapid weight loss
- B. Tissue catabolism results in a negative nitrogen balance
- C. Glucocorticoids accelerate the process of gluconeogenesis**
- D. Excessive ACTH secretion damages pancreatic tissue

In Cushing syndrome, there is an excess of cortisol, a glucocorticoid. Cortisol makes the liver produce more glucose (gluconeogenesis) and also reduces the body's sensitivity to insulin. This combination raises blood glucose levels and can lead to glucose intolerance or diabetes. That's why monitoring for signs of diabetes mellitus is important in these patients—hyperglycemia can emerge from the cortisol-driven increase in hepatic glucose output and insulin resistance. Other statements don't explain the diabetes risk as directly. Cortisol excess tends to promote weight gain and fat redistribution rather than rapid weight loss, tissue catabolism can occur but explains nitrogen balance rather than diabetes risk, and ACTH does not directly damage pancreatic tissue.

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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://evolvediabetes.examzify.com>

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

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