

EVOLVE HESI LEADERSHIP- PRIORITIZING CARE 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. In an emergency department setting, what nursing interventions should be prioritized for a severely traumatized client?**
 - A. Circulation, airway, bruising, blood sugar
 - B. Airway, circulation, blood sugar, bruising
 - C. Blood sugar, airway, circulation, bruising
 - D. Circulation, bruising, airway, blood sugar

- 2. Which actions indicate that a manager is helping staff adjust to functional nursing?**
 - A. Unsheduled staff meetings
 - B. Strict task assignments
 - C. Staff meetings, tasks rotated
 - D. Individual performance reviews

- 3. What is a crucial factor in determining the effectiveness of a Community-Based Care Transition Program?**
 - A. Reduced hospital readmission rates
 - B. Improved patient knowledge
 - C. Enhanced communication with families
 - D. Increased patient referrals

- 4. What is one of the effects of respiratory alkalosis?**
 - A. Decreased heart rate
 - B. Increased anxiety levels
 - C. Weight loss
 - D. Muscle weakness

- 5. Which conditions would prompt a registered nurse to stabilize the cervical spine as the primary intervention?**
 - A. Flail, Head, Facial
 - B. Chest, Abdomen, Extremities
 - C. Back, Neck, Brain
 - D. Skin, Musculoskeletal, Cardiovascular

- 6. How should a nurse prioritize care for a client experiencing anxiety and restlessness after surgery?**
- A. Provide educational materials
 - B. Administer prescribed anti-anxiety medication
 - C. Encourage deep breathing exercises
 - D. Assess surgical site for complications
- 7. In the assessment of a client suspected of a heart attack, which intervention should be performed last?**
- A. Inspect
 - B. Palpate
 - C. Auscultate
 - D. Evaluate and EKG
- 8. Which of the following statements indicates that a nurse understands the concepts of hypothermia in burn victims?**
- A. Burn victims do not experience temperature changes.
 - B. Hypothermia is less of a risk than hyperthermia.
 - C. Continued warmth is necessary after clothing removal.
 - D. Clients require immediate cooling after burns.
- 9. What role does delegation play in nursing leadership?**
- A. It allows leaders to avoid micromanaging staff members
 - B. It enables leaders to allocate tasks appropriately and improve efficiency
 - C. It ensures that all tasks are completed by the leader themselves
 - D. It is only applicable in large healthcare organizations
- 10. What is the appropriate response for a nurse when a post-operative client reports pain that is unrelieved by medication?**
- A. Administer additional pain medication
 - B. Notify the healthcare provider
 - C. Encourage the client to manage the pain
 - D. Document the pain and monitor

Answers

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

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Explanations

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1. In an emergency department setting, what nursing interventions should be prioritized for a severely traumatized client?

- A. Circulation, airway, bruising, blood sugar
- B. Airway, circulation, blood sugar, bruising**
- C. Blood sugar, airway, circulation, bruising
- D. Circulation, bruising, airway, blood sugar

The correct choice prioritizes interventions that are vital for the survival of a severely traumatized client. In emergency situations, the primary objective is to ensure that the airway is clear, as any obstruction can lead to a rapid decline in the patient's condition and potentially result in death. Establishing a patent airway is the first step in resuscitation efforts and is crucial for oxygenation. Following airway management, circulation is of utmost importance. Effective circulation is essential to maintain blood flow to vital organs, and assessing circulation involves checking for a pulse and monitoring blood pressure. In the context of trauma, it is also critical to control any significant bleeding, which can jeopardize circulation and lead to shock. Blood sugar, while important in overall patient management, does not take precedence over airway and circulation in an acute trauma scenario. Hypoglycemia may need to be addressed but generally after the immediate threats to life have been managed. Bruising, while indicative of trauma, is not an immediate concern compared to the more life-threatening issues of airway and circulation. Addressing external injuries, including bruising, can occur after more critical interventions have been performed. By focusing on airway and circulation first, the chosen answer reflects the standard approach to trauma care within emergency settings, where rapid assessment

2. Which actions indicate that a manager is helping staff adjust to functional nursing?

- A. Unsheduled staff meetings
- B. Strict task assignments
- C. Staff meetings, tasks rotated**
- D. Individual performance reviews

The choice indicating that a manager is helping staff adjust to functional nursing is characterized by staff meetings where tasks are rotated. This approach promotes collaboration and communication among team members, which is essential when adapting to functional nursing, where each staff member has specific roles and responsibilities that contribute to patient care. Rotating tasks helps to ensure that all staff members develop a broad understanding of the various functions within the nursing team, fostering teamwork and enhancing flexibility in care delivery. It allows nurses to understand each other's roles better, encourages sharing of knowledge, and can improve job satisfaction by diversifying the work experience. The process of regular meetings supports ongoing engagement, where staff can discuss experiences, share insights, and address any challenges that arise as they transition to this model of care. This approach contrasts with the other options, which may not facilitate adjustment to functional nursing as effectively. For example, unscheduled staff meetings could lead to confusion or decreased morale, while strict task assignments might limit teamwork and create a rigid environment. Individual performance reviews may focus too heavily on personal evaluations without fostering a sense of team cohesion and adaptability needed in functional nursing settings.

3. What is a crucial factor in determining the effectiveness of a Community-Based Care Transition Program?

- A. Reduced hospital readmission rates**
- B. Improved patient knowledge
- C. Enhanced communication with families
- D. Increased patient referrals

The effectiveness of a Community-Based Care Transition Program is fundamentally linked to reduced hospital readmission rates. This metric is crucial because the primary goal of these programs is to ensure that patients experience a smooth transition from one care setting to another, ultimately leading to better health outcomes. High readmission rates can indicate that patients are not receiving the appropriate care or support in the community, suggesting that the transition program is failing to meet its objectives. By focusing on reducing hospital readmissions, the program can demonstrate its impact on patient care and resource utilization. This is particularly important in healthcare, where reducing unnecessary hospital stays can also lower costs for both healthcare providers and patients while improving overall patient satisfaction and health outcomes. Other factors, such as improved patient knowledge, enhanced communication with families, and increased patient referrals, certainly contribute to the overall effectiveness of care transition programs, but they serve more as supportive elements rather than primary indicators of success. The ultimate measure of a program's effectiveness is its ability to keep patients healthy and out of the hospital after they transition to home care or other less acute settings.

4. What is one of the effects of respiratory alkalosis?

- A. Decreased heart rate
- B. Increased anxiety levels**
- C. Weight loss
- D. Muscle weakness

In the context of respiratory alkalosis, increased anxiety levels are indeed a recognized effect. Respiratory alkalosis occurs when there is a deficit of carbon dioxide (CO₂) in the blood due to hyperventilation or other causes, which can lead to a decrease in hydrogen ions and an increase in blood pH. This alteration in the body's acid-base balance can manifest in symptoms that impact a person's mental state, most notably heightened anxiety. As the body responds to low CO₂ levels, it can create a feeling of shortness of breath or light-headedness, which can exacerbate feelings of anxiety or panic. Individuals may become more aware of their breathing changes, leading to a cycle of increased anxiety and hyperventilation. Recognizing the connection between respiratory alkalosis and anxiety helps health care professionals manage patient care effectively, particularly in situations where anxiety may increase respiratory rate and perpetuate the alkalosis. In contrast to anxiety, the other effects listed—decreased heart rate, weight loss, and muscle weakness—are not typically recognized as primary effects of respiratory alkalosis. While muscle weakness can occur in severe cases, it is less directly associated with the immediate symptoms stemming from this condition compared to anxiety, making the latter the most relevant option in this question

5. Which conditions would prompt a registered nurse to stabilize the cervical spine as the primary intervention?

- A. Flail, Head, Facial**
- B. Chest, Abdomen, Extremities
- C. Back, Neck, Brain
- D. Skin, Musculoskeletal, Cardiovascular

Stabilizing the cervical spine is crucial in the management of certain traumatic injuries, particularly those that could potentially lead to spinal cord damage. In the context of trauma, a registered nurse would prioritize stabilization of the cervical spine when there are indications of head and neck injuries, including flail segments, facial trauma, or any injury that suggests compromise to the cervical region. The presence of a flail segment—typically associated with chest trauma—indicates a significant injury requiring immediate intervention to prevent further damage. Head and facial injuries often accompany neck injuries in trauma scenarios, necessitating careful management to avoid exacerbating potential spinal injuries. Thus, when a patient presents with the combination of these conditions, ensuring the stability of the cervical spine is essential to protect against further neurological impairment. In contrast, the other choices encompass injuries or conditions that do not primarily concern the cervical spine or do not present immediate risk of spinal cord injury. This distinction is crucial in determining the most appropriate and timely nursing intervention in trauma care. By addressing cervical stabilization as part of the first line of treatment, healthcare providers can significantly impact patient outcomes, particularly in preventing paralysis or long-term disabilities associated with spinal cord injuries.

6. How should a nurse prioritize care for a client experiencing anxiety and restlessness after surgery?

- A. Provide educational materials
- B. Administer prescribed anti-anxiety medication
- C. Encourage deep breathing exercises**
- D. Assess surgical site for complications

Prioritizing care for a client experiencing anxiety and restlessness after surgery requires an understanding of the immediate needs of the patient. Encouraging deep breathing exercises addresses both the physical and psychological aspects of anxiety. Deep breathing promotes relaxation, helps to reduce heart rate, and can relieve feelings of panic, making it a fundamental approach to managing anxiety. Implementing deep breathing techniques can be done right away and does not require additional resources or waiting for orders, allowing the nurse to intervene promptly. This immediate action can help the patient gain a sense of control over their anxiety and promote a feeling of calm. While administering prescribed anti-anxiety medication may also be an appropriate action, it may take time for the medication to take effect, and the patient might benefit from immediate coping strategies. Providing educational materials and assessing the surgical site, while important in the overall nursing care plan, are not the primary concerns when a client is exhibiting acute anxiety and restlessness. The focus should initially be on addressing the emotional distress the patient is experiencing to help stabilize their condition.

7. In the assessment of a client suspected of a heart attack, which intervention should be performed last?

- A. Inspect
- B. Palpate
- C. Auscultate
- D. Evaluate and EKG**

Determining the appropriate order of interventions during the assessment of a client suspected of a heart attack is crucial for providing timely and effective care. Performing an evaluation and an EKG last is appropriate because these tasks are part of the definitive diagnostic process that is informed by the preliminary assessments. In an emergency situation, initial assessments, such as auscultating heart sounds, palpating pulse and blood pressure, and inspecting for signs of distress, are prioritized. These actions provide immediate information about the patient's condition and help guide urgent interventions, like oxygen administration or medication delivery. Once the healthcare provider has gathered initial assessment data, including vital signs and physical examination findings, it is sensible to perform the EKG afterward. The EKG is a detailed diagnostic tool that can confirm the presence of a heart attack, but it is best used after initial assessments have provided an overall perspective on the patient's condition. This sequencing ensures that the most critical initial measures are taken first, so the clinician can respond appropriately based on the findings before moving to more definitive diagnostic tests like an EKG.

8. Which of the following statements indicates that a nurse understands the concepts of hypothermia in burn victims?

- A. Burn victims do not experience temperature changes.
- B. Hypothermia is less of a risk than hyperthermia.
- C. Continued warmth is necessary after clothing removal.**
- D. Clients require immediate cooling after burns.

The statement that indicates a nurse understands the concepts of hypothermia in burn victims is that continued warmth is necessary after clothing removal. In burn victims, the body's ability to regulate temperature is impaired due to extensive skin loss, which can lead to significant heat loss. After the removal of burned clothing, it is crucial to prevent hypothermia by providing warmth. This is typically achieved through methods like warming blankets or controlled environments to help maintain the patient's core temperature. In contrast, burn victims often lose heat rapidly, and their risk for hypothermia can be heightened due to environmental factors and the extent of their injuries. Thus, managing their thermal needs is a critical component of their care.

9. What role does delegation play in nursing leadership?

- A. It allows leaders to avoid micromanaging staff members
- B. It enables leaders to allocate tasks appropriately and improve efficiency**
- C. It ensures that all tasks are completed by the leader themselves
- D. It is only applicable in large healthcare organizations

Delegation is a fundamental aspect of nursing leadership that enhances the effectiveness and efficiency of healthcare delivery. By enabling leaders to allocate tasks appropriately, delegation allows nurses to distribute responsibilities among team members based on their skills, education, and competencies. This not only promotes a shared workload but also ensures that tasks are performed by those most qualified to handle them, ultimately leading to improved patient care and outcomes. Effective delegation helps in managing time and resources better, allowing nursing leaders to focus on higher-level responsibilities such as strategic planning, patient advocacy, and team development. Additionally, it fosters an environment of trust and empowerment, as team members feel valued and are encouraged to contribute their skills and knowledge. Overall, delegation is a key strategy that leads to increased productivity and improved team dynamics within healthcare settings.

10. What is the appropriate response for a nurse when a post-operative client reports pain that is unrelieved by medication?

- A. Administer additional pain medication
- B. Notify the healthcare provider**
- C. Encourage the client to manage the pain
- D. Document the pain and monitor

When a post-operative client reports pain that is unrelieved by medication, notifying the healthcare provider is the appropriate response. This action is crucial because unrelieved pain may indicate a more serious underlying issue, such as complications from surgery, inadequate pain management, or even the need for a different medication regimen. By communicating this information to the healthcare provider, the nurse ensures that the client receives a comprehensive assessment and appropriate interventions to address their pain effectively. Administering additional pain medication without consulting the healthcare provider may not address the underlying cause of the increased pain and could lead to adverse effects. Encouraging the client to manage the pain is inadequate in this context, as the client is already experiencing extreme discomfort despite medication. Simply documenting the pain and continuing to monitor does not resolve the client's immediate needs and may delay critical interventions necessary for optimal recovery. Therefore, notifying the healthcare provider is essential to ensure that the client receives timely and appropriate care.

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:

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

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