

# Focus on Adult Health Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. In the case of rapid bubbling in a drainage system, what should the nurse do next?**
  - A. Increase the suction pressure**
  - B. Notify the healthcare provider**
  - C. Change the drainage system**
  - D. Observe the client for further signs**
- 2. What is a potential complication of unmanaged hypertension?**
  - A. Improved circulation**
  - B. Kidney stones**
  - C. Heart failure**
  - D. Restless leg syndrome**
- 3. What is an important dietary restriction for patients with chronic kidney disease?**
  - A. High carbohydrate intake**
  - B. Low sodium intake**
  - C. High protein intake**
  - D. Increased fat consumption**
- 4. What is the typical first-line medication for hypertension?**
  - A. Beta-blockers**
  - B. Thiazide diuretics**
  - C. ACE inhibitors**
  - D. Calcium channel blockers**
- 5. What is the priority assessment for a patient after administering opioids?**
  - A. Assess for gastrointestinal motility**
  - B. Monitor for respiratory depression**
  - C. Check blood pressure and heart rate**
  - D. Evaluate pain level and effectiveness of medication**

- 6. What should be monitored to assess for renal impairment in a client receiving foscarnet sodium?**
- A. Serum creatinine levels**
  - B. Complete metabolic panel**
  - C. Blood urea nitrogen levels**
  - D. Serum sodium levels**
- 7. To assess the impact of intermittent claudication on a client, which question should the nurse ask?**
- A. "Is your leg pain sharp and does it occur with exercise?"**
  - B. "Do you experience swelling in your legs?"**
  - C. "Is your leg pain constant throughout the day?"**
  - D. "Have you noticed any changes in the color of your legs?"**
- 8. In assessing a patient with abdominal pain, where is McBurney's point located?**
- A. In the left upper quadrant of the abdomen**
  - B. In the right upper quadrant of the abdomen**
  - C. In the left lower quadrant of the abdomen**
  - D. In the right lower quadrant of the abdomen**
- 9. In which population is the incidence of hypertension highest?**
- A. Adolescents**
  - B. Middle-aged adults**
  - C. Younger adults**
  - D. Older adults**
- 10. In patients with end-stage renal disease, what is critical to monitor before dialysis?**
- A. Blood glucose levels**
  - B. Serum electrolytes, especially potassium levels**
  - C. Hemoglobin levels**
  - D. Liver enzyme levels**

## **Answers**

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

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## **Explanations**

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**1. In the case of rapid bubbling in a drainage system, what should the nurse do next?**

- A. Increase the suction pressure**
- B. Notify the healthcare provider**
- C. Change the drainage system**
- D. Observe the client for further signs**

In cases of rapid bubbling in a drainage system, it is essential for the nurse to notify the healthcare provider. Rapid bubbling can indicate an air leak in the system or an excess of negative pressure that may compromise the effectiveness of the drainage system and the patient's condition. Reporting this issue enables the healthcare provider to assess the situation promptly and to decide on the necessary interventions to ensure patient safety and the integrity of the drainage system. By notifying the healthcare provider, the nurse facilitates a timely evaluation of the issue, which may include adjusting the setup, further diagnostic imaging, or potential changes in the treatment plan. This step is crucial, especially in situations involving chest tubes or other drainage systems that are critical to a patient's recovery or stabilization. Ensuring open communication and consultation with the healthcare provider is vital in maintaining proper care standards and preventing potential complications associated with unchecked air leaks or system failures. Other actions, such as increasing suction pressure, changing the drainage system, or simply observing the client, may not directly address the issue of rapid bubbling and could lead to further complications if the underlying problem isn't properly evaluated.

**2. What is a potential complication of unmanaged hypertension?**

- A. Improved circulation**
- B. Kidney stones**
- C. Heart failure**
- D. Restless leg syndrome**

The potential complication of unmanaged hypertension is heart failure. Hypertension, or high blood pressure, puts increased strain on the heart and blood vessels. Over time, this pressure can lead to the thickening of the heart muscle (left ventricular hypertrophy), which impairs the heart's ability to pump effectively. This can ultimately result in heart failure, a condition where the heart cannot pump enough blood to meet the body's demands, leading to symptoms such as shortness of breath, fatigue, and fluid retention. In addition, unmanaged hypertension can lead to other serious complications, including stroke and kidney damage, but heart failure is a direct consequence of the chronic strain high blood pressure places on the cardiovascular system. The importance of managing hypertension cannot be overstated, as early intervention can help prevent these serious outcomes. Improved circulation is not a consequence of unmanaged hypertension; rather, effective management of blood pressure can indeed enhance circulation. Kidney stones are not a direct complication of hypertension, although they can be associated with other metabolic disorders. Restless leg syndrome, while it may coexist with conditions related to hypertension, is not a recognized complication of unmanaged high blood pressure.

**3. What is an important dietary restriction for patients with chronic kidney disease?**

- A. High carbohydrate intake**
- B. Low sodium intake**
- C. High protein intake**
- D. Increased fat consumption**

In patients with chronic kidney disease (CKD), managing sodium intake is crucial for overall health and to reduce the risk of further complications. A low sodium intake helps control blood pressure, which is particularly important in CKD, as kidney function is often compromised. High sodium consumption can lead to fluid retention, increased blood pressure, and additional strain on the kidneys, thereby exacerbating kidney damage and leading to further health issues such as heart disease. Dietary restrictions, including limiting sodium, are part of a comprehensive management plan for individuals with CKD. These patients are often advised to avoid processed foods, which are typically high in sodium, and to be mindful of salt usage in cooking and at the table. This reduction in sodium can help mitigate symptoms of fluid overload and limit progression of kidney function decline, making it a vital aspect of dietary management in these patients.

**4. What is the typical first-line medication for hypertension?**

- A. Beta-blockers**
- B. Thiazide diuretics**
- C. ACE inhibitors**
- D. Calcium channel blockers**

Thiazide diuretics are typically considered the first-line medication for the treatment of hypertension, particularly in many guidelines and recommendations. They work by promoting diuresis, which helps to lower blood volume and subsequently reduce blood pressure. This class of medications has been extensively studied and shown to effectively lower blood pressure while also providing added benefits, such as reducing the risk of heart failure and stroke in certain populations. In addition to their efficacy, thiazide diuretics are generally well tolerated and can be used in various patient populations, including older adults and those with mild to moderate hypertension. Their effectiveness in preventing cardiovascular events also supports their preferred status as a first-line treatment. While other classes of antihypertensive medications, such as beta-blockers, ACE inhibitors, and calcium channel blockers, can certainly be effective in managing hypertension, thiazide diuretics often provide a stronger overall benefit in initial treatment strategies according to hypertension management guidelines.

**5. What is the priority assessment for a patient after administering opioids?**

- A. Assess for gastrointestinal motility**
- B. Monitor for respiratory depression**
- C. Check blood pressure and heart rate**
- D. Evaluate pain level and effectiveness of medication**

Monitoring for respiratory depression is the priority assessment for a patient after administering opioids due to the pharmacological effects of these medications. Opioids act on the central nervous system and can significantly depress respiratory drive, which can lead to inadequate ventilation and oxygenation. This side effect is particularly critical in certain populations, including those who are elderly, have preexisting respiratory conditions, or who are opioid-naïve. Regularly assessing the patient's respiratory rate, depth, and pattern is vital to ensure that any signs of respiratory distress are identified early. If respiratory depression occurs, timely intervention may be necessary, such as administering naloxone, providing oxygen, or supporting ventilations. While assessing gastrointestinal motility, checking blood pressure and heart rate, and evaluating pain levels are also important components of patient care following opioid administration, they do not carry the immediate life-threatening implications that respiratory depression does. Monitoring for respiratory status takes precedence to ensure the patient's safety and address any potential complications promptly.

**6. What should be monitored to assess for renal impairment in a client receiving foscarnet sodium?**

- A. Serum creatinine levels**
- B. Complete metabolic panel**
- C. Blood urea nitrogen levels**
- D. Serum sodium levels**

Monitoring serum creatinine levels is essential for assessing renal impairment in a client receiving foscarnet sodium. Foscarnet is an antiviral medication that is primarily excreted through the kidneys, and it can have nephrotoxic effects. Therefore, tracking serum creatinine helps evaluate the kidneys' ability to filter waste and maintain proper function. An increase in serum creatinine can indicate a decline in renal function, allowing for timely interventions to prevent further kidney damage. While a complete metabolic panel and blood urea nitrogen levels can provide additional insights into overall metabolic and renal function, serum creatinine is a more direct marker for renal impairment. Serum sodium levels are less relevant in this context, as they do not specifically indicate kidney function or the effects of foscarnet. By focusing on serum creatinine, healthcare providers can more effectively monitor and manage potential renal complications associated with foscarnet therapy.

**7. To assess the impact of intermittent claudication on a client, which question should the nurse ask?**

- A. "Is your leg pain sharp and does it occur with exercise?"**
- B. "Do you experience swelling in your legs?"**
- C. "Is your leg pain constant throughout the day?"**
- D. "Have you noticed any changes in the color of your legs?"**

To assess the impact of intermittent claudication on a client, it is essential to inquire specifically about the characteristics and triggers of the pain associated with this condition. Intermittent claudication is characterized by muscle pain or cramping, typically occurring during physical activity, such as walking or climbing stairs, and usually relieved with rest. By asking about the sharpness of leg pain and its correlation with exercise, the nurse can gather pertinent information that is crucial for diagnosing and understanding the extent of the client's condition. This question directly targets the hallmark symptom of intermittent claudication, which is pain that arises with exertion due to inadequate blood flow, thereby facilitating a clearer assessment of the client's functional capacity and the severity of their vascular issue. On the other hand, while inquiries about swelling in the legs, constant pain throughout the day, and changes in leg color can provide additional information regarding venous insufficiency or other vascular conditions, they do not specifically target the classic symptoms or the triggers of intermittent claudication, which makes them less relevant for this particular assessment.

**8. In assessing a patient with abdominal pain, where is McBurney's point located?**

- A. In the left upper quadrant of the abdomen**
- B. In the right upper quadrant of the abdomen**
- C. In the left lower quadrant of the abdomen**
- D. In the right lower quadrant of the abdomen**

McBurney's point is a specific anatomical location on the abdomen that is critical for assessing potential appendicitis. It is located in the right lower quadrant, specifically about two-thirds of the distance from the umbilicus (belly button) to the anterior superior iliac spine. This area is significant because tenderness at McBurney's point is a classic sign of inflammation of the appendix. When a patient presents with abdominal pain, particularly if that pain localizes to the right lower quadrant, an evaluation of McBurney's point can help determine if appendicitis is a possible diagnosis. The location is well established in clinical practice as a key area to palpate during an abdominal examination when appendicitis is suspected. Therefore, the identification of McBurney's point in the right lower quadrant is crucial for healthcare professionals in their assessment and decision-making processes related to abdominal pain management.

**9. In which population is the incidence of hypertension highest?**

- A. Adolescents**
- B. Middle-aged adults**
- C. Younger adults**
- D. Older adults**

The incidence of hypertension is highest in older adults due to several interconnected factors that affect blood pressure regulation and cardiovascular health as people age. As individuals grow older, there are physiological changes in the vascular system, including arterial stiffness and increased peripheral vascular resistance. Additionally, age-related changes in kidney function can impact the body's ability to regulate fluid balance and blood pressure effectively. The prevalence of comorbidities also increases with age, such as obesity, diabetes, and chronic kidney disease, which can contribute to the risk of developing hypertension. Lifestyle factors, including reduced physical activity, dietary changes, and increased stress levels, may also play a role in this population. Although hypertension can occur in adolescents and younger adults, it is significantly less prevalent in these groups compared to older adults. Middle-aged adults have a higher incidence than younger adults, yet they do not surpass the rates seen in older demographics. Therefore, the highest incidence of hypertension is observed in older adults, making this the correct answer.

**10. In patients with end-stage renal disease, what is critical to monitor before dialysis?**

- A. Blood glucose levels**
- B. Serum electrolytes, especially potassium levels**
- C. Hemoglobin levels**
- D. Liver enzyme levels**

Monitoring serum electrolytes, particularly potassium levels, in patients with end-stage renal disease (ESRD) before dialysis is crucial for several reasons. As kidney function declines, the kidneys lose their ability to excrete potassium effectively, leading to potential hyperkalemia (elevated potassium levels). This condition can lead to life-threatening cardiac arrhythmias, making it imperative to check potassium levels prior to initiating dialysis. Dialysis not only provides a means to remove excess potassium but also helps correct other electrolyte imbalances. If significant hyperkalemia is detected, it may necessitate urgent intervention before the patient undergoes dialysis to prevent complications during the treatment. While monitoring blood glucose levels, hemoglobin levels, and liver enzyme levels can be important in various clinical contexts, they do not specifically address the immediate risks associated with renal failure and impending dialysis. Ensuring that potassium levels are within a safe range directly impacts the safety and effectiveness of the dialysis process, highlighting its critical role in patient monitoring prior to the procedure.