

Focus on Adult Health Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. What is the expected CVP range for a client in normal conditions?**
 - A. 0-4 cm H₂O**
 - B. 7-12 cm H₂O**
 - C. 10-15 cm H₂O**
 - D. 15-20 cm H₂O**
- 2. Which activity should a nurse encourage a client to do post-mastectomy to help restore arm function?**
 - A. Lift heavy weights**
 - B. Perform finger and elbow flexion and extension exercises**
 - C. Raise the arm above shoulder level**
 - D. Engage in swimming exercises**
- 3. Which of the following is a risk factor for cardiovascular disease?**
 - A. Low cholesterol levels**
 - B. Regular physical activity**
 - C. Obesity**
 - D. Strong family history of longevity**
- 4. What does a history of bradycardia indicate in a client with recent gastric surgery?**
 - A. The client is stable**
 - B. The client may be developing shock**
 - C. The client requires immediate surgery**
 - D. The client is recovering well**
- 5. What is true about skin anthrax according to nursing education?**
 - A. It can be spread through respiratory droplets.**
 - B. Contact precautions are necessary at all times.**
 - C. Symptoms may appear as soon as 24 hours after exposure.**
 - D. It only occurs in fourth world countries.**

6. Which finding indicates progression of histoplasmosis in a client with AIDS?

- A. Enlargement of the lymph nodes**
- B. Fever and cough**
- C. Weight gain**
- D. Clear lung sounds**

7. Which assessment technique is important for evaluating neurological status?

- A. Checking respiratory rate**
- B. Checking pupil reaction to light**
- C. Palpating the abdomen**
- D. Auscultating lung sounds**

8. 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**

9. What is contraindicated for a patient with chronic asthma?

- A. Using inhalers frequently**
- B. Smoking tobacco products**
- C. Engaging in physical exercise**
- D. Taking antihistamines**

10. How can a nurse assess for the presence of fluid in the lungs?

- A. By checking blood pressure**
- B. By auscultating for crackles or wheezes**
- C. By monitoring heart rate**
- D. By examining the patient's skin**

Answers

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

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Explanations

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1. What is the expected CVP range for a client in normal conditions?

- A. 0-4 cm H₂O**
- B. 7-12 cm H₂O**
- C. 10-15 cm H₂O**
- D. 15-20 cm H₂O**

The expected central venous pressure (CVP) range for a client in normal conditions typically falls between 7 and 12 cm H₂O. CVP is an important measurement used to assess the hemodynamic status of a patient and indicates the pressure in the thoracic vena cava, reflecting the volume status and right heart function. In a healthy individual, this range signifies adequate filling pressures and is utilized as a guide for guiding fluid management and assessing overall vascular volume. If the CVP is within this range, it suggests that the patient is likely well-perfused and has stable hemodynamics. Understanding the normal CVP range is crucial for healthcare providers in making informed decisions regarding fluid administration and treatment strategies, as deviations from this range can indicate potential clinical issues such as hypovolemia or fluid overload.

2. Which activity should a nurse encourage a client to do post-mastectomy to help restore arm function?

- A. Lift heavy weights**
- B. Perform finger and elbow flexion and extension exercises**
- C. Raise the arm above shoulder level**
- D. Engage in swimming exercises**

Encouraging a client to perform finger and elbow flexion and extension exercises after a mastectomy is crucial for restoring arm function. These exercises focus on improving range of motion and strength in the shoulder and arm, which are often compromised after surgery. Specifically, the emphasis on finger and elbow movements helps maintain joint flexibility and encourages circulation, preventing stiffness and facilitating rehabilitation. This choice prioritizes gentle, controlled movements that avoid overexertion, which is particularly important during the early recovery phase following surgery. Engaging in these exercises can help the client gradually regain normal function in a safe manner, enabling them to progress into more advanced activities as healing continues. The other options present activities that may pose risks or exacerbate complications. Lifting heavy weights typically should be avoided shortly after surgery, as it can put undue stress on the surgical site and surrounding tissues. Raising the arm above shoulder level might be too strenuous and can lead to discomfort, especially if the client hasn't regained adequate strength or mobility. Swimming exercises may be beneficial at a later phase of recovery, but immediately after surgery, it's important to focus on basic range of motion exercises to establish a strong foundation for further activities.

3. Which of the following is a risk factor for cardiovascular disease?

- A. Low cholesterol levels**
- B. Regular physical activity**
- C. Obesity**
- D. Strong family history of longevity**

Obesity is indeed a significant risk factor for cardiovascular disease. It is associated with various metabolic issues, such as hypertension, dyslipidemia (abnormal lipid levels), and insulin resistance, all of which contribute to the development of cardiovascular conditions. Excess body fat, particularly around the abdomen, leads to increased levels of inflammation in the body, higher blood pressure, and changes in the way the body processes fats and sugars, all of which can result in a higher risk of heart disease. When evaluating the other options, low cholesterol levels are typically associated with a lower risk of cardiovascular disease, as high levels of LDL (low-density lipoprotein) cholesterol are a known risk factor. Regular physical activity is protective against cardiovascular disease, promoting heart health and contributing to weight management. A strong family history of longevity does not necessarily increase the risk of cardiovascular disease; in fact, it can suggest a genetic predisposition to better overall health and longevity.

4. What does a history of bradycardia indicate in a client with recent gastric surgery?

- A. The client is stable**
- B. The client may be developing shock**
- C. The client requires immediate surgery**
- D. The client is recovering well**

Bradycardia, defined as a heart rate of fewer than 60 beats per minute, can be a significant finding in a client who has recently undergone gastric surgery. In this context, a history of bradycardia may suggest that the client's cardiovascular system is under stress, potentially indicating that they are developing shock. After surgery, particularly an abdominal procedure like gastric surgery, patients can experience various complications, including bleeding, infection, or fluid imbalance, which might predispose them to hypovolemic shock. Bradycardia may occur in response to decreased perfusion or increased vagal tone, both of which can be consequential of the body's attempt to compensate for shock. Monitoring heart rate is crucial in the postoperative period, as persistent bradycardia, especially in the presence of other signs and symptoms like hypotension or altered mental status, can serve as an early warning for potentially life-threatening conditions. Thus, a history of bradycardia in this setting elevates concerns for the development of shock rather than indicating stability or good recovery.

5. What is true about skin anthrax according to nursing education?

- A. It can be spread through respiratory droplets.**
- B. Contact precautions are necessary at all times.**
- C. Symptoms may appear as soon as 24 hours after exposure.**
- D. It only occurs in fourth world countries.**

The assertion that symptoms of skin anthrax may appear as soon as 24 hours after exposure is accurate and reflects the typical incubation period for the disease. Skin anthrax, caused by the bacterium *Bacillus anthracis*, often presents as a localized skin lesion which can develop into a characteristic black necrotic ulcer. The initial symptoms, such as a small, itchy bump, can indeed manifest quickly after exposure, emphasizing the need for prompt identification and treatment. Understanding the incubation period of anthrax is crucial for nurses and healthcare providers, as early detection significantly affects treatment outcomes. Skin anthrax is typically associated with handling animal products or exposure to infected animals, making awareness of the signs and symptoms particularly important for those in occupations with such risks. In contrast, skin anthrax cannot be spread via respiratory droplets, and while contact precautions are essential when managing any infectious case, they are more specifically tailored to the type of anthrax being treated. Furthermore, anthrax is not confined to fourth world countries; it can occur in various regions globally, especially where livestock are reared and proper health measures are not implemented.

6. Which finding indicates progression of histoplasmosis in a client with AIDS?

- A. Enlargement of the lymph nodes**
- B. Fever and cough**
- C. Weight gain**
- D. Clear lung sounds**

Enlargement of the lymph nodes in a client with AIDS can indicate the progression of histoplasmosis, a fungal infection that often affects individuals with weakened immune systems, such as those with HIV/AIDS. In this context, lymphadenopathy is associated with the body's immune response to the histoplasma fungus. As the infection advances, the immune system struggles to contain it, leading to the involvement of lymph nodes. Histoplasmosis in immunocompromised patients can lead to disseminated disease, and the presence of enlarged lymph nodes suggests that the infection is spreading beyond the lungs, which is common in severe cases. In contrast to the other choices, which may not specifically correlate with disease progression or might indicate a less severe or different clinical picture, lymph node enlargement is a specific sign that the infection is worsening and requiring urgent medical attention.

7. Which assessment technique is important for evaluating neurological status?

- A. Checking respiratory rate**
- B. Checking pupil reaction to light**
- C. Palpating the abdomen**
- D. Auscultating lung sounds**

Pupil reaction to light is a crucial assessment technique for evaluating neurological status because it provides immediate insight into the functioning of the brain and the neurological pathways. The pupils are controlled by the autonomic nervous system, and their response to light can indicate brain health and overall neurological function. A normal reaction—constriction of the pupils in response to light—suggests that the cranial nerve pathways are intact, particularly the optic nerve (cranial nerve II) and the oculomotor nerve (cranial nerve III). In contrast, checking respiratory rate, palpating the abdomen, and auscultating lung sounds are not specific assessments for neurological status. While respiratory rate is important for assessing overall health and can be influenced by neurological conditions, it does not directly evaluate neurological function. Similarly, palpating the abdomen is related to gastrointestinal assessments, and auscultating lung sounds is important for respiratory assessment. Neither of these techniques provides information about neurological integrity or function, making them less relevant in this context. Thus, evaluating pupil reaction to light stands out as the most pertinent method for assessing neurological status.

8. 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.

9. What is contraindicated for a patient with chronic asthma?

- A. Using inhalers frequently
- B. Smoking tobacco products**
- C. Engaging in physical exercise
- D. Taking antihistamines

Smoking tobacco products is contraindicated for a patient with chronic asthma because it exacerbates the condition and can lead to increased airway inflammation, bronchoconstriction, and respiratory compromise. Tobacco smoke is an irritant that can trigger asthma attacks and worsen overall lung function. Patients with asthma are encouraged to avoid any exposure to tobacco smoke, not only for their health but also to reduce the likelihood of triggering their symptoms. Frequent use of inhalers is often necessary for asthma management, particularly rescue inhalers, which provide immediate relief during an asthma attack. Engaging in physical exercise can be beneficial for many individuals with asthma, as it can improve lung function and overall fitness, as long as it is approached cautiously and with proper management strategies. Antihistamines can also be important for asthma patients, particularly if they have allergies that could worsen their asthma symptoms, as they help to alleviate allergic reactions that may trigger asthma exacerbations.

10. How can a nurse assess for the presence of fluid in the lungs?

- A. By checking blood pressure
- B. By auscultating for crackles or wheezes**
- C. By monitoring heart rate
- D. By examining the patient's skin

A nurse can assess for the presence of fluid in the lungs through the technique of auscultation, which involves listening to the sounds produced by the respiratory system using a stethoscope. When fluid is present in the lungs, it can lead to abnormal lung sounds, such as crackles (also referred to as rales). These sounds are caused by the passage of air through fluid-filled areas of the lungs, indicating pulmonary congestion or edema. Wheezes, on the other hand, are high-pitched sounds that occur when air flows through narrowed airways, but they may not be as directly indicative of fluid accumulation. Monitoring vital signs such as blood pressure and heart rate can provide general information about a patient's cardiovascular status and overall condition but they do not specifically indicate the presence of fluid in the lungs. Examining the patient's skin is also not related to lung assessment; while skin changes can reflect overall health, they do not provide direct evidence of pulmonary fluid. Therefore, auscultating for crackles or wheezes is the most effective and specific method for determining the presence of fluid in the lungs.

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://focusonadulthealth.examzify.com>

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

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