

# FOUNDATIONS OF PSYCHIATRIC NURSING PRACTICE EXAM (SAMPLE)

**STUDY GUIDE**



**SAMPLE STUDY GUIDE  
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR  
THE FULL VERSION STUDY GUIDE**

<https://fdnpsychiatricnursing.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 priority focus in the discharge planning for a client leaving an alcohol rehabilitation program?**
  - A. Creating a resume for job applications.
  - B. Discussing personal time management skills.
  - C. Arranging follow-up care.
  - D. Encouraging socialization with peers.
  
- 2. Which approach is considered unethical when discussing treatment options with a client?**
  - A. Providing information about the pros and cons of the treatment
  - B. Encouraging client involvement in the decision-making process
  - C. Pressuring the client to accept treatment for their own good
  - D. Respecting the client's right to refuse treatment
  
- 3. What should nurses monitor for in clients taking CNS stimulants?**
  - A. Hypotension and increased appetite
  - B. Weight gain and fatigue
  - C. Tachycardia and mood swings
  - D. Arrhythmias and hyperpyrexia
  
- 4. What is the primary focus of psychiatric nursing?**
  - A. To promote physical health
  - B. To provide surgical interventions
  - C. To promote mental health and assist in recovery
  - D. To administer medications only
  
- 5. Why is helping a client develop a safety plan critical when they are being abused?**
  - A. To improve overall mental health
  - B. To ensure immediate physical safety
  - C. To facilitate family discussions
  - D. To create a space for emotional healing

- 6. What is an appropriate initial nursing response if a client presents symptoms of severe agitation?**
- A. To medicate the client immediately
  - B. To assess the underlying causes of agitation
  - C. To provide physical restraints for safety
  - D. To engage the client in a conversation about their feelings
- 7. Which behavior shows that a nurse-client relationship is in the working phase?**
- A. The client avoids discussing personal issues
  - B. The client describes his or her problems in detail
  - C. The client asks questions about the nurse's background
  - D. The client challenges the therapist's methods
- 8. What is the most important information for a nurse to communicate when advocating for a client's discharge into the community?**
- A. The client's desire to return home
  - B. The client's improved functioning level
  - C. The family's opinion on the treatment success
  - D. The need for a follow-up appointment
- 9. What is the significance of follow-up care in psychiatric nursing?**
- A. It is only needed in severe cases
  - B. It helps monitor treatment effectiveness and prevent relapse
  - C. It provides opportunities for new diagnoses
  - D. It is useful for documenting patient history
- 10. How should a nurse safely transfer an obese client post-therapy from a stretcher to a bed?**
- A. Use a single nursing assistant to move the client
  - B. Request a hydraulic lift for support
  - C. Obtain the sliding board or two other people to assist
  - D. Transfer the client without additional equipment

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. What is the priority focus in the discharge planning for a client leaving an alcohol rehabilitation program?**

- A. Creating a resume for job applications.
- B. Discussing personal time management skills.
- C. Arranging follow-up care.**
- D. Encouraging socialization with peers.

*The priority focus in discharge planning for a client leaving an alcohol rehabilitation program is arranging follow-up care. This step is crucial as it ensures that the client continues to receive support and treatment after leaving the structured environment of rehabilitation. Follow-up care often includes regular meetings with healthcare providers, participation in support groups, and ongoing counseling, which are essential to maintaining sobriety and managing potential relapse. Establishing a solid follow-up plan can help anticipate challenges the client may face in the transition back to daily life, providing them with the resources and support needed to withstand triggers and stressors related to alcohol use. This approach contributes significantly to long-term recovery by reinforcing the skills learned during rehabilitation and fostering accountability. While creating a resume, discussing time management, and encouraging socialization can be beneficial, they are secondary to the establishment of a robust support network through follow-up care. Without ongoing support, clients may struggle to apply the skills they have learned, leading to a risk of relapse. Therefore, facilitating a connection to follow-up services is the most critical aspect of discharge planning in this context.*

**2. Which approach is considered unethical when discussing treatment options with a client?**

- A. Providing information about the pros and cons of the treatment
- B. Encouraging client involvement in the decision-making process
- C. Pressuring the client to accept treatment for their own good**
- D. Respecting the client's right to refuse treatment

*The approach that is deemed unethical when discussing treatment options with a client is one that involves pressuring the client to accept treatment for their own good. Ethical standards in psychiatric nursing emphasize the importance of client autonomy and informed consent. When a healthcare provider pressures a client into accepting treatment, it undermines their right to make autonomous decisions about their own health and well-being. Informed consent is a fundamental principle that requires the client to be provided with comprehensive information regarding their treatment options, including the potential risks and benefits. This is critical for enabling the client to make a knowledgeable decision based on their values and preferences. When clients feel pressured, it can create feelings of mistrust, anxiety, and lack of control over their treatment journey. Moreover, respecting a client's right to refuse treatment is equally vital. It demonstrates the healthcare provider's acknowledgment of the client's autonomy and personal choice, thereby fostering a therapeutic relationship built on trust and respect. Encouraging client involvement in the decision-making process aligns with ethical practice by promoting a collaborative approach to care that empowers clients. Thus, pressuring clients is not only unethical but is counterproductive to the goals of treatment and the establishment of a supportive healthcare environment.*

### 3. What should nurses monitor for in clients taking CNS stimulants?

- A. Hypotension and increased appetite
- B. Weight gain and fatigue
- C. Tachycardia and mood swings**
- D. Arrhythmias and hyperpyrexia

When clients are prescribed CNS stimulants, it is essential for nurses to closely monitor for tachycardia and mood swings. CNS stimulants, such as those used in the treatment of ADHD or certain sleep disorders, increase the levels of neurotransmitters like dopamine and norepinephrine in the brain. This can lead to an increased heart rate (tachycardia) as these stimulants stimulate the central nervous system. Moreover, these medications can influence a person's mood significantly. Patients may experience mood swings due to the stimulating effects of the drugs, which can lead to anxiety, irritability, or euphoric feelings, sometimes resulting in behavioral changes. Monitoring these side effects is crucial to ensure patient safety and to make necessary adjustments to the treatment plan, including dose changes or additional interventions. Other potential concerns associated with CNS stimulants, such as changes in blood pressure or temperature, are also relevant but not as commonly prominent as tachycardia and mood swings. Therefore, attentive monitoring of cardiovascular effects and psychological responses is critical for managing clients on these medications effectively.

### 4. What is the primary focus of psychiatric nursing?

- A. To promote physical health
- B. To provide surgical interventions
- C. To promote mental health and assist in recovery**
- D. To administer medications only

The primary focus of psychiatric nursing is to promote mental health and assist individuals in their recovery from mental health disorders. This encompasses a holistic approach, recognizing that mental well-being is essential for overall health. Psychiatric nurses are uniquely trained to assess, diagnose, and manage patients' mental health needs, utilizing therapeutic communication, patient education, and supportive interventions. In this context, psychiatric nursing goes beyond merely treating symptoms; it involves fostering a therapeutic relationship with patients, understanding their emotional and psychological states, and empowering them through supportive care. This can include strategies for coping with stress, managing crises, and navigating life challenges, ultimately facilitating a pathway towards recovery and improved quality of life. While promoting physical health and administering medications are important aspects of overall patient care, they do not capture the core mission of psychiatric nursing, which is fundamentally centered on mental health. Surgical interventions are outside the scope of psychiatric nursing practice, further highlighting the unique focus on mental wellness and recovery in this field.

**5. Why is helping a client develop a safety plan critical when they are being abused?**

- A. To improve overall mental health
- B. To ensure immediate physical safety**
- C. To facilitate family discussions
- D. To create a space for emotional healing

*Helping a client develop a safety plan is critical, particularly in cases of abuse, primarily because it focuses on ensuring immediate physical safety. When individuals are in abusive situations, their physical well-being is at significant risk. A safety plan provides concrete steps and strategies that the client can take to protect themselves from imminent harm. This might include identifying safe places to go, establishing a code word for situations where they need help, and having a packed bag with essentials ready to leave quickly if necessary. By prioritizing physical safety, the safety plan serves as a crucial tool that empowers clients to take action in the face of danger and enhances their sense of control in a chaotic and frightening situation. The immediate concern in instances of abuse is the potential for severe injury or even death, making it imperative that the safety plan is centered around physical protection first and foremost. While improving overall mental health, facilitating family discussions, and creating spaces for emotional healing are important aspects of a comprehensive approach to care, they become secondary considerations when a client's immediate safety is at risk. Addressing physical safety must be the priority in situations of abuse.*

**6. What is an appropriate initial nursing response if a client presents symptoms of severe agitation?**

- A. To medicate the client immediately
- B. To assess the underlying causes of agitation**
- C. To provide physical restraints for safety
- D. To engage the client in a conversation about their feelings

*Assessing the underlying causes of agitation is a critical initial response when a client presents with severe agitation. This approach allows the nurse to gather important information about the client's condition, including potential triggers or stressors that may be contributing to the agitation. Understanding the root cause is essential for developing an effective intervention plan that addresses the client's specific needs and circumstances. Once the underlying causes are identified, appropriate interventions can be implemented, whether they involve therapeutic communication, medication, or other strategies tailored to the client's situation. Moreover, assessing before intervening helps establish a therapeutic relationship, showing the client that their feelings and experiences are valued and taken seriously, which can help de-escalate their agitation in a supportive manner. Other options, such as medicating immediately or using physical restraints, may not consider the reasons behind the agitation and could potentially lead to further distress or exacerbate the situation. Engaging in conversation about feelings, while beneficial, may not be effective if the client is experiencing severe agitation and is not yet in a position to engage constructively. Thus, the most appropriate initial action is to thoroughly assess the situation to inform future interventions effectively.*

**7. Which behavior shows that a nurse-client relationship is in the working phase?**

- A. The client avoids discussing personal issues
- B. The client describes his or her problems in detail**
- C. The client asks questions about the nurse's background
- D. The client challenges the therapist's methods

*In the working phase of a nurse-client relationship, the focus shifts to actively addressing the client's issues and fostering personal insight. During this phase, the client is expected to express thoughts and feelings in a more open, honest, and detailed manner. When the client describes problems in detail, it indicates a level of trust and engagement in the therapeutic process, which is crucial for effective intervention and problem-solving. The ability to discuss personal issues signifies that the client has moved beyond initial apprehensions or avoidance behaviors that might characterize the orientation phase. The working phase is characterized by collaboration between the nurse and client, as they navigate the client's experiences together, allowing for deeper exploration of issues and supportive interventions. In contrast, behaviors such as avoiding personal discussions reflect a lack of readiness to engage, while asking about the nurse's background can hint at curiosity but does not directly contribute to addressing the client's own challenges. Challenging the therapist's methods might indicate resistance or a struggle within the relationship but does not necessarily reflect the constructive collaboration that defines the working phase. Thus, the client's ability to articulate problems in depth is a key indicator of progressing towards positive outcomes.*

**8. What is the most important information for a nurse to communicate when advocating for a client's discharge into the community?**

- A. The client's desire to return home
- B. The client's improved functioning level**
- C. The family's opinion on the treatment success
- D. The need for a follow-up appointment

*When advocating for a client's discharge into the community, the most important information to communicate relates to the client's improved functioning level. This is crucial because it demonstrates that the client has made progress in their treatment and can function effectively outside of a hospitalization setting. Improved functioning indicates that the client is better equipped to manage their mental health and daily activities, which is central to the assessment of their readiness for discharge. While the client's desire to return home is significant and speaks to their personal preferences, it does not alone ensure their readiness for discharge. Similarly, the family's opinion on treatment success provides valuable context but lacks the objective measure that improved functioning offers. Follow-up appointments are also important for continuity of care, but they are secondary to the clear indicator of the client's capacity to function independently in the community. Therefore, communicating the client's improved functioning level is vital as it reinforces the rationale for their discharge and supports the ongoing recovery process.*

## 9. What is the significance of follow-up care in psychiatric nursing?

- A. It is only needed in severe cases
- B. It helps monitor treatment effectiveness and prevent relapse**
- C. It provides opportunities for new diagnoses
- D. It is useful for documenting patient history

*Follow-up care in psychiatric nursing is essential for several reasons, primarily because it helps monitor treatment effectiveness and prevent relapse. In psychiatric practice, ongoing assessment and support play a critical role in ensuring that patients receive the necessary resources and adjustments to their treatment plans based on their progress or any emerging symptoms. Regular follow-up appointments allow healthcare providers to evaluate how well the patient is responding to medications, therapeutic interventions, and lifestyle changes. If a patient is experiencing side effects or insufficient improvement, the treatment plan can be modified accordingly. Additionally, consistent follow-up care fosters a supportive relationship between the nurse and the patient, enhancing communication and trust, which can lead to more positive outcomes. Follow-up care also plays a vital role in relapse prevention. Mental health conditions can be cyclical, and by maintaining regular contact with patients, nurses can help identify early warning signs of relapse, enabling timely interventions. This proactive approach can significantly reduce the risk of crisis situations, promoting overall stability and recovery. The options that suggest limited necessity for follow-up, new diagnoses, or documentation do not capture the comprehensive nature of follow-up care and its critical role in ongoing patient management within psychiatric nursing.*

## 10. How should a nurse safely transfer an obese client post-therapy from a stretcher to a bed?

- A. Use a single nursing assistant to move the client
- B. Request a hydraulic lift for support
- C. Obtain the sliding board or two other people to assist**
- D. Transfer the client without additional equipment

*The selection of obtaining a sliding board or two other people to assist in transferring an obese client post-therapy from a stretcher to a bed is appropriate for several reasons. First, safety is paramount when handling patients who have specialized needs due to their size and potential mobility challenges. Using a sliding board facilitates a smooth transfer, minimizing friction and the risk of injury to both the client and the healthcare staff. Additionally, having extra personnel assists in distributing the weight effectively and helps provide stability during the transfer process. This collaborative approach ensures that the client is securely moved with minimal discomfort and risk of falls or accidents. It adheres to safe patient handling protocols, ensuring that staff do not exceed safe lifting limits and maintain ergonomically sound practices. In contrast, relying on a single nursing assistant to perform the transfer could lead to injury due to the physical demands of moving an obese client alone. Requesting a hydraulic lift for support is another safe option; however, it is not the most immediate solution if such equipment is not readily available. Transferring the client without additional equipment poses significant risks, as that can result in unsafe handling and increased likelihood of falls or strains. Therefore, option C is the best approach for ensuring a safe and effective transfer process.*

## 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](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://fdnpsychiatricnursing.examzify.com>

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

SAMPLE