

# Fundamentals of Nursing CA Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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 which scenario might a nurse need to focus on patient positioning during Chest Physiotherapy?**
  - A. When chest pain is reported**
  - B. When the patient has difficulty breathing**
  - C. When performing percussion on the back**
  - D. When providing oxygen therapy**
  
- 2. What is an "advance directive"?**
  - A. A document for appointing a healthcare proxy**
  - B. A legal document outlining a patient's wishes regarding medical care if they are unable to communicate**
  - C. A patient agreement for treatment**
  - D. A nurse's report on patient care**
  
- 3. What is an important aspect of patient advocacy?**
  - A. To enforce hospital policies**
  - B. To communicate effectively with healthcare providers**
  - C. To minimize patient involvement**
  - D. To prioritize hospital efficiency**
  
- 4. What is the primary purpose of the nursing process?**
  - A. To provide a systematic method for delivering patient care**
  - B. To evaluate patient satisfaction with care**
  - C. To document patient history and interventions**
  - D. To allocate resources efficiently**
  
- 5. What does "no code" or "DNR" mean in a hospital setting?**
  - A. Do not administer medication**
  - B. Do not resuscitate; a directive not to perform CPR in the event of cardiac arrest**
  - C. Describes the level of care a patient should receive**
  - D. Indicates a patient who is a candidate for organ donation**

- 6. What is the primary responsibility of a nurse when a patient falls?**
- A. To explain the incident to the family**
  - B. To assess the patient for injuries and report the incident**
  - C. To administer pain relief medications**
  - D. To clean the area of the fall**
- 7. What is the primary focus of nursing practice as defined by conceptual models?**
- A. Physical care of patients only**
  - B. Team collaboration**
  - C. Meeting holistic health needs of individuals**
  - D. Strict adherence to hospital protocols**
- 8. Name one type of therapeutic communication technique.**
- A. Interrupting the patient**
  - B. Active listening**
  - C. Giving unsolicited advice**
  - D. Making assumptions**
- 9. Which of the following is NOT one of the five rights of medication administration?**
- A. Right patient**
  - B. Right dose**
  - C. Right time**
  - D. Right documentation**
- 10. According to Hildegard Peplau's interpersonal relations model, recognizing a "felt need" occurs during which phase?**
- A. Orientation phase**
  - B. Exploitation phase**
  - C. Working phase**
  - D. Resolution phase**

## **Answers**

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

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## **Explanations**

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**1. In which scenario might a nurse need to focus on patient positioning during Chest Physiotherapy?**

- A. When chest pain is reported**
- B. When the patient has difficulty breathing**
- C. When performing percussion on the back**
- D. When providing oxygen therapy**

Focusing on patient positioning during Chest Physiotherapy is particularly crucial when performing percussion on the back. This technique involves using rhythmic clapping to help loosen mucus in the lungs, enhancing airflow and making it easier for patients to expel secretions. Proper positioning ensures that the percussion is effective and safe, maximizing its benefits while minimizing discomfort or complications. For instance, placing the patient in a position that allows gravity to assist in draining specific lobes of the lungs can optimize the outcome of the therapy. Certain positions can enhance the effectiveness of the percussion by targeting the areas where secretions are more likely to accumulate. Therefore, the significance of positioning during this procedure cannot be overstated, as it directly influences the efficacy of the treatment and the patient's comfort level.

**2. What is an "advance directive"?**

- A. A document for appointing a healthcare proxy**
- B. A legal document outlining a patient's wishes regarding medical care if they are unable to communicate**
- C. A patient agreement for treatment**
- D. A nurse's report on patient care**

An advance directive is fundamentally a legal document that specifies a patient's preferences concerning medical treatment in circumstances where they may be unable to communicate their wishes due to illness or incapacity. This document can outline specific types of procedures a patient may wish to receive or refuse, effectively guiding healthcare providers and loved ones in decision-making during critical situations. By documenting these wishes beforehand, patients maintain autonomy over their healthcare decisions, even when they are not able to express them directly. While the option that refers to appointing a healthcare proxy is valid, it represents just one component of what an advance directive can entail. An advance directive may include the appointment of a healthcare proxy alongside the broader scope of the patient's medical wishes—making the legal document much more comprehensive than solely focusing on designating someone to make decisions.

### 3. What is an important aspect of patient advocacy?

- A. To enforce hospital policies
- B. To communicate effectively with healthcare providers**
- C. To minimize patient involvement
- D. To prioritize hospital efficiency

Effective communication with healthcare providers is a crucial aspect of patient advocacy because it ensures that the patient's needs, preferences, and values are accurately conveyed within the healthcare system. Advocates must have the ability to articulate the patient's concerns and preferences clearly and concisely, bridging the gap between the patient and various healthcare professionals. This communication is essential for ensuring that patients receive appropriate care that aligns with their individual circumstances and choices. By fostering open dialogue and collaboration among healthcare team members, patient advocates can help facilitate a more patient-centered approach. This not only enhances the quality of care but also empowers patients, allowing them to play an active role in their healthcare decisions. Effective communication contributes directly to better patient outcomes, as healthcare providers are more likely to understand and respect the wishes and needs of patients when clear lines of communication are established.

### 4. What is the primary purpose of the nursing process?

- A. To provide a systematic method for delivering patient care**
- B. To evaluate patient satisfaction with care
- C. To document patient history and interventions
- D. To allocate resources efficiently

The primary purpose of the nursing process is to provide a systematic method for delivering patient care. This process consists of several key steps: assessment, diagnosis, planning, implementation, and evaluation. Each step plays a crucial role in ensuring that nursing care is tailored to meet the unique needs of each patient. By using this structured approach, nurses can gather comprehensive data about a patient's health status, identify nursing diagnoses, develop personalized care plans, implement interventions, and assess the effectiveness of those actions. This systematic method not only enhances the quality of care but also promotes critical thinking and clinical judgment among nursing professionals, ultimately leading to improved patient outcomes. In contrast, while evaluating patient satisfaction and documenting patient history are important components of nursing care, they are subsets of the broader nursing process rather than its primary purpose. Similarly, allocating resources efficiently is related to health care management and does not directly encompass the holistic, patient-centered approach that the nursing process aims to achieve.

**5. What does "no code" or "DNR" mean in a hospital setting?**

- A. Do not administer medication**
- B. Do not resuscitate; a directive not to perform CPR in the event of cardiac arrest**
- C. Describes the level of care a patient should receive**
- D. Indicates a patient who is a candidate for organ donation**

In a hospital setting, "no code" or "DNR" stands for "Do Not Resuscitate," which is a directive provided by a patient or their healthcare proxy that specifies not to perform cardiopulmonary resuscitation (CPR) in the event of cardiac arrest. This decision is typically made after careful consideration of the patient's health status, quality of life, and end-of-life wishes. It indicates respect for the patient's autonomy and decisions regarding their care. The DNR order specifically applies to situations where resuscitative efforts, such as chest compressions or defibrillation, would be initiated. Healthcare professionals must abide by this directive when a patient's heart stops beating or they stop breathing, ensuring that only the care the patient desires is provided. This helps prevent unwanted or aggressive treatments that may not align with the patient's goals of care, especially in cases where resuscitation would not be expected to successfully restore quality of life. In contrast, other options describe different aspects of care but do not accurately capture the meaning of "no code" or "DNR." For example, medication administration or eligibility for organ donation is unrelated to a DNR order, underscoring the specific nature of what "no code" entails in emergency medical

**6. What is the primary responsibility of a nurse when a patient falls?**

- A. To explain the incident to the family**
- B. To assess the patient for injuries and report the incident**
- C. To administer pain relief medications**
- D. To clean the area of the fall**

The primary responsibility of a nurse when a patient falls is to assess the patient for injuries and report the incident. This is crucial because the immediate priority in any fall situation is to ensure the safety and well-being of the patient. Assessing the patient involves checking for any signs of injury, such as fractures, bruises, or other trauma, and monitoring vital signs to detect any changes that could indicate serious complications. Reporting the incident is equally important as it ensures that proper documentation takes place and facilitates any necessary follow-up actions, such as further assessments or notification of the healthcare team. This process helps to maintain patient safety standards, provides data for quality improvement processes, and allows for a better understanding of the fall's circumstances, which can be vital for preventing future incidents. While explaining the incident to the family, administering pain relief, and cleaning the area may be part of the overall response, they fall secondary to the immediate assessment and reporting responsibilities. Ensuring the patient's physical condition is stable and properly documented addresses both immediate care needs and long-term safety considerations.

**7. What is the primary focus of nursing practice as defined by conceptual models?**

- A. Physical care of patients only**
- B. Team collaboration**
- C. Meeting holistic health needs of individuals**
- D. Strict adherence to hospital protocols**

The primary focus of nursing practice, as defined by conceptual models, is to meet the holistic health needs of individuals. This approach emphasizes the importance of seeing patients as whole beings rather than just the sum of their physical ailments. Holistic health care takes into consideration various aspects of a patient's life, including emotional, social, spiritual, and environmental factors, which can impact their overall health and well-being. By focusing on holistic needs, nurses are trained to assess and address not only the physical health of patients but also their emotional and psychological needs, enabling a more comprehensive approach to care. This comprehensive viewpoint encourages the development of individualized care plans that respect patient preferences and promote wellness in a broader context. In contrast, other options like emphasizing only physical care or strict adherence to hospital protocols overlook the multifaceted nature of health and nursing. While team collaboration is important, it serves as a means to achieve the goal of holistic patient care rather than the primary focus itself. Thus, the overall aim of nursing practice aligns with meeting the holistic health needs of individuals.

**8. Name one type of therapeutic communication technique.**

- A. Interrupting the patient**
- B. Active listening**
- C. Giving unsolicited advice**
- D. Making assumptions**

Active listening is a vital therapeutic communication technique that fosters an effective nurse-patient relationship. This approach involves fully concentrating, understanding, responding, and remembering what the patient is saying. By engaging in active listening, the nurse demonstrates genuine interest in the patient's thoughts and feelings, which can help build trust and rapport. This technique not only allows for better understanding of the patient's needs but also encourages them to share more information, enabling more effective and individualized care. Other techniques such as interrupting the patient can hinder communication, making them feel unvalued or that their concerns are not being heard. Giving unsolicited advice can be perceived as dismissive rather than supportive, and making assumptions can lead to misunderstandings and gaps in care. Thus, active listening stands out as an essential practice in therapeutic communication, promoting a positive and supportive healthcare environment.

**9. Which of the following is NOT one of the five rights of medication administration?**

- A. Right patient**
- B. Right dose**
- C. Right time**
- D. Right documentation**

The five rights of medication administration are essential guidelines that help ensure patient safety and proper medication use. These five rights include the right patient, right medication, right dose, right route, and right time. Each of these rights plays a critical role in preventing medication errors and ensuring that patients receive the correct treatment. The choice of "right documentation" is important in the context of medication administration, but it is not one of the five core rights. Documentation is a key part of nursing practice, as it involves recording the administration of medications, noting the patient's response, and keeping an accurate account of the patient's medication history. However, it is considered an aspect of the overall medication administration process rather than one of the five foundational rights themselves. Thus, understanding the five rights helps healthcare providers focus on the critical elements required to ensure safe medication practices, while documentation is necessary for maintaining thorough and accurate medical records, supporting continuity of care, and serving as a legal record of what has been administered.

**10. According to Hildegard Peplau's interpersonal relations model, recognizing a "felt need" occurs during which phase?**

- A. Orientation phase**
- B. Exploitation phase**
- C. Working phase**
- D. Resolution phase**

The orientation phase is crucial in Hildegard Peplau's interpersonal relations model as it is during this phase that the nurse and the patient come to understand each other's needs and establish a rapport. Recognizing a "felt need" is a key component of this phase; it involves identifying the patient's perceptions and concerns, which serves as the foundation for the therapeutic relationship. This initial engagement is essential for effective communication and trust-building, which are vital for the subsequent phases of the model. The orientation phase sets the stage for the exploration of issues that are important to the patient, allowing the nurse to assess the patient's needs accurately. The opportunity for the patient to express their concerns and for the nurse to listen empathetically plays a significant role in initiating care. In contrast, the other phases—exploitation, working, and resolution—focus on the development of therapeutic actions, problem-solving, and eventual termination of the nurse-patient relationship. Recognizing the felt need is not a focus in these phases, reinforcing that the orientation phase is where the groundwork is laid for all future interactions and interventions.

## 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://fundamentalsofnursingca.examzify.com>**

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

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