

FUNDAMENTALS OF NURSING: HEALTH AND WELLNESS 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 evaluation of patient teaching, which is appropriate?**
 - A. Have the patient track adherence, and provide positive reinforcement.
 - B. Only rely on lab results.
 - C. Do nothing until follow-up exam.
 - D. Disregard patient feedback.

- 2. Which ECG change is commonly associated with hyperkalemia?**
 - A. Low T waves
 - B. ST-segment elevation
 - C. Tall, peaked T waves
 - D. Prolonged QT interval

- 3. What factors influence a person's reaction to changes in body image?**
 - A. The type of changes, their adaptive capacity, the rate at which changes take place, and the support services available.
 - B. Genetic factors alone.
 - C. Age alone.
 - D. Physical fitness level.

- 4. Cultural Background influences health beliefs and practices through**
 - A. Eye color
 - B. Availability of medications
 - C. Cultural beliefs and values that shape health beliefs and practices
 - D. The weather

- 5. At what age range is routine mammography commonly recommended and how often?**
 - A. Typically 40-49 years old, annually.
 - B. Typically 50-74 years old, every 2 years.
 - C. Typically 60-85 years old, every 5 years.
 - D. Not routinely recommended for adults.

- 6. In the stages of health behavior, which stage is characterized by actively engaged in strategies to change behavior?**
- A. Contemplation Stage
 - B. Action Stage
 - C. Preparation Stage
 - D. Maintenance Stage
- 7. Which of the following is true about the effects of role reversal?**
- A. It never causes stress
 - B. It always improves parent-child relationships
 - C. It can lead to stress and conflicting responsibilities for both adult and child
 - D. It reduces decision-making conflicts
- 8. What is the objective of patient teaching for health promotion?**
- A. Patient will reduce health risks related to poor lifestyle habits through behavior change.
 - B. Patient will achieve immediate cure of all conditions.
 - C. Patient will avoid any change.
 - D. Patient will rely solely on medications.
- 9. What is a key safety consideration when administering opioid analgesics?**
- A. Use with alcohol
 - B. Monitor blood pressure
 - C. Monitor respiratory rate and level of consciousness
 - D. Monitor blood sugar
- 10. What type of diet is typically ordered for a patient with nausea and vomiting who cannot tolerate solid foods?**
- A. Full liquid diet
 - B. Regular diet
 - C. High-fiber diet
 - D. Clear liquid diet

Answers

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

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Explanations

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1. In evaluation of patient teaching, which is appropriate?

- A. Have the patient track adherence, and provide positive reinforcement.
- B. Only rely on lab results.
- C. Do nothing until follow-up exam.
- D. Disregard patient feedback.

Evaluating patient teaching focuses on how well the patient is applying what was taught and how learning is reinforced in real life. Having the patient track adherence and providing positive reinforcement creates a two-way, ongoing feedback loop. It lets you see whether instructions are understood, remembered, and integrated into daily routines, and it gives you the chance to celebrate progress, bolster motivation, and address any barriers as they arise. Relying only on lab results misses the day-to-day learning and behavior changes that education aims to achieve; outcomes may improve for reasons unrelated to the teaching, or there may be nonadherence that hasn't yet reflected in labs. Waiting until a follow-up exam delays feedback and opportunities to adjust teaching. Disregarding patient feedback ignores important insights about understanding, preferences, and obstacles that can derail adherence and learning.

2. Which ECG change is commonly associated with hyperkalemia?

- A. Low T waves
- B. ST-segment elevation
- C. Tall, peaked T waves
- D. Prolonged QT interval

Elevated potassium directly changes how heart cells repolarize, so the hallmark ECG finding is tall, peaked T waves. Potassium increases speed of repolarization, which makes the T waves become more prominent early in hyperkalemia. This change is a classic early clue that potassium is high. As levels rise further, other changes can develop, like P waves flattening and PR interval lengthening, followed by QRS widening and even a sine-wave pattern that can lead to dangerous rhythms. The other patterns don't fit hyperkalemia: low T waves point to hypokalemia, ST-segment elevation usually signals ischemia or injury, and a prolonged QT interval isn't typical for high potassium (QT may actually shorten).

3. What factors influence a person's reaction to changes in body image?

- A. The type of changes, their adaptive capacity, the rate at which changes take place, and the support services available.
- B. Genetic factors alone.
- C. Age alone.
- D. Physical fitness level.

When a person experiences changes in body image, the response is shaped by several interacting factors. The kind of change matters—whether it's visible, like scars or weight fluctuations, or less visible—because that influences how the person perceives themselves. The individual's adaptive capacity is crucial: coping skills, resilience, prior experiences, and overall mental health determine how well they adjust. The speed of the change also matters; gradual changes give time to process and reframe self-perception, while rapid changes can feel overwhelming. Lastly, the support available—family, friends, counselors, peer groups, and community resources—can buffer distress and guide adjustment. Genetic factors alone don't capture how someone responds, nor do age alone or physical fitness level fully explain the reaction. These elements can influence some aspects, but they don't account for the full range of emotional and psychological responses that come with changing body image.

4. Cultural Background influences health beliefs and practices through

- A. Eye color
- B. Availability of medications
- C. Cultural beliefs and values that shape health beliefs and practices**
- D. The weather

Cultural background shapes health beliefs and practices through the beliefs and values that define what people consider healthy, ill, and acceptable care. This lens influences how symptoms are interpreted, when and where care is sought, which treatments are trusted or rejected, and whether family or spiritual practices are part of care. Language and health literacy shaped by culture also affect how information is understood and followed. In short, culture dictates the meanings assigned to health and illness and guides the actions people take, making it the primary mechanism by which health beliefs and practices are formed. The other options don't capture this mechanism: eye color doesn't influence health beliefs, availability of medications affects access rather than beliefs, and weather isn't a driver of cultural health beliefs.

5. At what age range is routine mammography commonly recommended and how often?

- A. Typically 40-49 years old, annually.
- B. Typically 50-74 years old, every 2 years.**
- C. Typically 60-85 years old, every 5 years.
- D. Not routinely recommended for adults.

Routine mammography is used to detect breast cancer early in average-risk women, balancing benefits with potential harms from screening. The most widely recommended approach is to screen regularly from age 50 through about age 74, with the test performed every two years. This biennial interval in that age range has been shown to reduce mortality while limiting overdiagnosis and false positives compared with more frequent screening or starting earlier without individualized discussion. Starting at age 40 with annual exams is a more aggressive approach some guidelines discuss, but it is not the typical routine recommendation for the general population. Screening beyond age 75 or spacing it every five years would miss cancers or reduce effectiveness in most guidelines. Therefore, the best answer reflects screening from 50 to 74 years old every two years.

6. In the stages of health behavior, which stage is characterized by actively engaged in strategies to change behavior?

- A. Contemplation Stage
- B. Action Stage**
- C. Preparation Stage
- D. Maintenance Stage

The main idea is the stages of change. In the action stage, a person is actively implementing strategies to alter their behavior—they're putting the plan into practice, using coping skills, monitoring progress, and making concrete changes in routines. Preparation is about planning and taking small steps, contemplation is just considering change, and maintenance focuses on sustaining the new behavior over time. So actively engaging in strategies to change behavior best fits the action stage.

7. Which of the following is true about the effects of role reversal?

- A. It never causes stress
- B. It always improves parent-child relationships
- C. It can lead to stress and conflicting responsibilities for both adult and child**
- D. It reduces decision-making conflicts

When roles in a family swap, stress and conflict commonly arise. Role reversal happens when a child takes on responsibilities traditionally held by a parent or adult, often due to illness, disability, or caregiving needs. This shift places new demands on both people: the adult may feel a loss of independence and guilt, while the child may shoulder tasks like caregiving, finances, or managing household duties. This dual burden can lead to stress, blurred boundaries, and conflicts about who should do what, as well as potential impacts on schooling, social life, and development. That's why the statement that best fits is that it can lead to stress and conflicting responsibilities for both adult and child. It's not accurate to say it never causes stress, nor that it always improves relationships or reduces decision-making conflicts.

8. What is the objective of patient teaching for health promotion?

- A. Patient will reduce health risks related to poor lifestyle habits through behavior change.**
- B. Patient will achieve immediate cure of all conditions.
- C. Patient will avoid any change.
- D. Patient will rely solely on medications.

Promoting health through patient teaching focuses on helping individuals adopt and sustain lifestyle changes that reduce risk factors and prevent disease. It centers on behavior change and ongoing self-management, so healthier choices—like better nutrition, regular physical activity, smoking cessation, moderated alcohol use, stress management, and preventive screenings—lead to long-term health benefits. This is why reducing health risks through behavior change is the best fit: it aims for prevention and empowerment rather than a quick fix. It does not aim for an immediate cure, it does not encourage avoiding change, and it does not rely solely on medications, which wouldn't address the preventive and behavioral aspects essential to health promotion.

9. What is a key safety consideration when administering opioid analgesics?

- A. Use with alcohol
- B. Monitor blood pressure
- C. Monitor respiratory rate and level of consciousness**
- D. Monitor blood sugar

Opioid analgesics carry a real risk of slowing breathing and dulling consciousness because they depress the brain's centers that control respiration and alertness. The key safety step after giving an opioid is to monitor respiratory rate and level of consciousness. If the patient's breathing becomes slow or shallow, or they become drowsy or difficult to arouse, intervene promptly—hold the next dose, notify the clinician, and follow the facility's protocols (including reversal if indicated). This monitoring targets the most immediate threat to life from opioids: respiratory depression. While monitoring blood pressure can be useful, and blood sugar monitoring isn't directly relevant to opioid safety, the respiratory and consciousness status is the most critical focus to prevent serious harm.

10. What type of diet is typically ordered for a patient with nausea and vomiting who cannot tolerate solid foods?

- A. Full liquid diet
- B. Regular diet
- C. High-fiber diet
- D. Clear liquid diet**

When nausea and vomiting prevent tolerating solid foods, the priority is to provide fluids that hydrate and nourish with minimal stomach irritation. A clear liquid diet does exactly this: it includes fluids you can see through such as water, broth, clear juices, tea, coffee without milk, and gelatin. These options are easy to absorb, move quickly through the stomach, and help maintain hydration and electrolyte balance without adding bulk or irritating the digestive tract. This allows the stomach to rest while the patient remains hydrated and comfortable. As symptoms improve, the diet can progress to more substantial liquids and then toward solids. A full liquid diet, which includes opaque liquids like milk and strained soups, is more filling but can be harder to tolerate right at the onset of vomiting. A regular diet provides solid foods and is inappropriate until the nausea and vomiting have resolved. A high-fiber diet adds bulk and can irritate a stomach that is not ready to handle solid foods.

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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://fundofnursinghealthwellness.examzify.com>

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

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