

GLUCOSE EAQS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. A morning dose of NPH given at 7 AM is most likely to cause hypoglycemia in which part of the day?**
 - A. In the morning
 - B. In the afternoon
 - C. At night
 - D. Immediately after injection

- 2. In the school plan for morning hypoglycemia risk in a child with type 1 diabetes, which morning routine is a reasonable check?**
 - A. Checking what was eaten for breakfast
 - B. Checking bedtime snack only
 - C. Skipping breakfast if glucose is high
 - D. Giving extra bedtime insulin

- 3. How should insulin be stored for best quality and effectiveness?**
 - A. Store all insulin in the freezer at all times
 - B. Store unopened vials in the refrigerator; once opened, at room temperature
 - C. Store opened vials in the freezer
 - D. Store in direct sunlight at room temperature

- 4. When differentiating type 1 from type 2 diabetes, which clinical presentation is most characteristic of type 1?**
 - A. Insulin resistance is the primary mechanism.
 - B. Type 1 diabetes often presents with obesity.
 - C. Onset of type 1 diabetes is gradual.
 - D. Complications are not present at the time of diagnosis.

- 5. What is the priority concern for a 10-year-old recently diagnosed with type 2 diabetes?**
 - A. The need for daily injections
 - B. How much school might be missed
 - C. Exercise restrictions during school
 - D. The effect on sports participation

- 6. Which laboratory finding is consistent with diabetic ketoacidosis?**
- A. Anion gap metabolic acidosis with elevated ketone bodies
 - B. Hypoglycemia
 - C. Normal anion gap metabolic acidosis
 - D. Increased serum bicarbonate
- 7. Which action would help foster acceptance of the diabetic regimen by an adolescent with type 1 diabetes who is in ketoacidosis and admits to not adhering to the regimen?**
- A. Encourage the adolescent to express feelings about having diabetes.
 - B. Scold the adolescent for nonadherence.
 - C. Delay teaching until the patient stabilizes.
 - D. Provide only written information about the regimen.
- 8. A patient develops diaphoresis, weakness, and pallor at 7:00 AM after taking 3:30 units of NPH insulin at 7:00 AM. Which reaction is most likely?**
- A. Hypoglycemic reaction
 - B. Hyperglycemic reaction
 - C. Insulin allergy
 - D. Somogyi effect
- 9. Which laboratory finding supports the diagnosis of diabetic ketoacidosis?**
- A. Decreased serum lipids
 - B. Increased serum lipids
 - C. Normal lipids
 - D. Ketone bodies elevated
- 10. Which intervention should be prioritized when planning teaching for a child recently diagnosed with type 1 diabetes?**
- A. Exploring the child's feelings about diabetes.
 - B. Explaining carbohydrate counting.
 - C. Demonstrating insulin injection technique.
 - D. Focusing on medical terminology.

Answers

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

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Explanations

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1. A morning dose of NPH given at 7 AM is most likely to cause hypoglycemia in which part of the day?

- A. In the morning
- B. In the afternoon
- C. At night

D. Immediately after injection

NPH insulin is an intermediate-acting insulin with a delayed onset and a peak several hours after injection. It typically begins to act about 1–2 hours after a dose, reaches its strongest effect around 6–14 hours later, and can last well into the evening. When a morning dose is given at 7 AM, its peak action—and thus the highest risk of hypoglycemia—occurs in the afternoon (roughly early to late afternoon, potentially extending into the evening). Hypoglycemia immediately after injection isn't characteristic of NPH; rapid-acting insulins are more likely to cause that timing because they act quickly after administration. So the most likely time for hypoglycemia with a morning NPH dose is the afternoon.

2. In the school plan for morning hypoglycemia risk in a child with type 1 diabetes, which morning routine is a reasonable check?

A. Checking what was eaten for breakfast

- B. Checking bedtime snack only
- C. Skipping breakfast if glucose is high
- D. Giving extra bedtime insulin

The main idea here is that morning glucose risk hinges on what was eaten at breakfast. Knowing what the child had for breakfast helps staff anticipate how many carbohydrates entered the body in the morning and how that will affect blood glucose as school activities begin. If breakfast was a high-carbohydrate meal, staff can be prepared for a larger post-meal rise and ensure there is a plan in place (such as offering a small, planned snack or adjusting the morning routine) to prevent hypoglycemia later on. If breakfast was light or skipped, they can be alert to the possibility that overnight insulin plus reduced morning intake could lead to low blood glucose soon after waking and before or during class. Reviewing breakfast content gives practical, actionable information to manage morning glucose proactively, which is why it's the most reasonable check in a school plan. In contrast, looking only at the bedtime snack doesn't address the morning period, skipping breakfast when glucose is high isn't a safe or appropriate check, and changing bedtime insulin is a treatment action that requires clinician input rather than a routine check.

3. How should insulin be stored for best quality and effectiveness?

A. Store all insulin in the freezer at all times

B. Store unopened vials in the refrigerator; once opened, at room temperature

C. Store opened vials in the freezer

D. Store in direct sunlight at room temperature

Insulin stability hinges on storage conditions. It's a protein, so heat, light, and freezing can break it down and reduce effectiveness. Keeping unopened vials refrigerated slows any chemical changes and preserves potency until the product's expiration. Once a vial is opened, it should be kept at room temperature to avoid injecting cold insulin and to maintain its effectiveness for the usable period of time defined by the product's guidelines (often about a month for many insulins). Avoid freezing insulin and exposing it to direct sunlight or high heat, as those conditions accelerate degradation. This approach protects insulin quality throughout its use.

4. When differentiating type 1 from type 2 diabetes, which clinical presentation is most characteristic of type 1?

- A. Insulin resistance is the primary mechanism.
- B. Type 1 diabetes often presents with obesity.
- C. Onset of type 1 diabetes is gradual.
- D. Complications are not present at the time of diagnosis.**

Type 1 diabetes is driven by autoimmune destruction of pancreatic beta cells, leading to absolute insulin deficiency. This usually causes a rapid, acute presentation—often in younger individuals—with symptoms like thirst, frequent urination, and weight loss. Because the disease process is new at diagnosis, chronic complications from long-standing hyperglycemia haven't had time to develop, so they're typically not present when type 1 is first identified. That's why the statement about complications not being present at diagnosis best characterizes type 1. The other points don't fit: insulin resistance and obesity are more characteristic of type 2, and type 1 onset is not gradual but abrupt.

5. What is the priority concern for a 10-year-old recently diagnosed with type 2 diabetes?

- A. The need for daily injections
- B. How much school might be missed**
- C. Exercise restrictions during school
- D. The effect on sports participation

When a child is newly diagnosed with type 2 diabetes, keeping disruptions to schooling to a minimum is the top concern. School is where they learn daily routines, stay engaged with peers, and receive ongoing education about managing the condition. Managing diabetes will involve coordinating appointments, monitoring blood sugar, and planning snacks or meals during the school day, so ensuring the child can attend and participate with appropriate support at school helps prevent learning gaps and supports adherence to treatment. Injections are not typically required right away for type 2 diabetes in children, and many cases are managed with lifestyle changes and possibly oral medications, so daily injections aren't the immediate priority. Exercise and sports participation can usually continue with proper glucose monitoring and adjustments, but the most pressing issue is minimizing school absences and ensuring consistent educational progress.

6. Which laboratory finding is consistent with diabetic ketoacidosis?

- A. Anion gap metabolic acidosis with elevated ketone bodies**
- B. Hypoglycemia
- C. Normal anion gap metabolic acidosis
- D. Increased serum bicarbonate

In diabetic ketoacidosis, the lack of insulin plus high counterregulatory hormones triggers rapid lipolysis and hepatic ketogenesis, causing an accumulation of organic acids (ketone bodies) in the blood. Those ketones lower the pH and consume bicarbonate, leading to a metabolic acidosis that is characterized by an increased anion gap. So the most consistent lab finding is an anion gap metabolic acidosis with elevated ketone bodies. You'd also expect high glucose and dehydration, with low bicarbonate overall. Hypoglycemia would not fit the typical picture, a normal anion gap acidosis points to a different cause (like bicarbonate loss from diarrhea), and increased bicarbonate would contradict the presence of acidosis.

7. Which action would help foster acceptance of the diabetic regimen by an adolescent with type 1 diabetes who is in ketoacidosis and admits to not adhering to the regimen?

A. Encourage the adolescent to express feelings about having diabetes.

B. Scold the adolescent for nonadherence.

C. Delay teaching until the patient stabilizes.

D. Provide only written information about the regimen.

Fostering acceptance of the regimen hinges on open, therapeutic communication that validates the adolescent's feelings and perspectives. When the patient can express what it's like to live with diabetes—fears, frustrations, hopes—care providers can validate those emotions, uncover specific barriers to adherence, and collaborate on realistic ways to follow the regimen. This approach builds trust, makes education relevant to the adolescent's life, and supports a sense of autonomy, all of which are key to long-term adherence. In contrast, scolding can provoke defensiveness and resistance, delaying real engagement. Delaying teaching misses a moment when the patient is emotionally accessible and ready to process information after stabilization. Providing only written information lacks interaction and fails to address emotional, motivational, and practical concerns that influence adherence.

8. A patient develops diaphoresis, weakness, and pallor at 7:00 AM after taking 3:30 units of NPH insulin at 7:00 AM. Which reaction is most likely?

A. Hypoglycemic reaction

B. Hyperglycemic reaction

C. Insulin allergy

D. Somogyi effect

The signs point to a hypoglycemic reaction. When insulin lowers blood glucose, the body responds with adrenergic symptoms like diaphoresis (sweating), pallor, and weakness as glucose becomes insufficient for normal function. NPH insulin is an intermediate-acting form, and its effects can lead to low blood sugar if too much insulin is used for the amount of carbohydrate intake or if meals are delayed or skipped. Hyperglycemia would present with thirst, polyuria, and dehydration rather than sweating and pallor. An insulin allergy would show local or systemic allergic reactions, not this symptom pattern. The Somogyi effect involves rebound hyperglycemia after nocturnal hypoglycemia, so morning hyperglycemia—not these hypoglycemic symptoms—would be expected. In this case, the presentation matches low blood glucose due to insulin. If conscious, provide quick carbohydrates; if unconscious, seek urgent help and consider glucagon.

9. Which laboratory finding supports the diagnosis of diabetic ketoacidosis?

A. Decreased serum lipids

B. Increased serum lipids

C. Normal lipids

D. Ketone bodies elevated

Diabetic ketoacidosis is diagnosed by evidence of increased ketone production due to insulin deficiency. When insulin is low, fat breakdown accelerates and the liver converts fatty acids into ketone bodies. These ketone bodies—measured in serum or detected in urine—accumulate and cause the metabolic acidosis characteristic of DKA. So, ketone bodies elevated in serum provide direct, specific support for the diagnosis. Increased lipids can occur with lipolysis, but they are not as diagnostic or specific as elevated ketones.

10. Which intervention should be prioritized when planning teaching for a child recently diagnosed with type 1 diabetes?

A. Exploring the child's feelings about diabetes.

B. Explaining carbohydrate counting.

C. Demonstrating insulin injection technique.

D. Focusing on medical terminology.

When planning teaching for a child recently diagnosed with type 1 diabetes, addressing how they feel about the diagnosis comes first. Understanding their emotional response helps reduce fear, builds trust with the clinician and family, and reveals how ready they are to learn. This emotional foundation makes subsequent instruction about daily management—like carbohydrate counting or insulin technique—much more effective, because the child is more engaged and less overwhelmed. While practical skills are essential, they're best introduced after the child and family feel supported and prepared.

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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://glucoseeq.examzify.com>

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

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