

HESI 366 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. An 11-month-old child presents to the emergency department with fever, cough, and a recent rash. Which findings should the nurse report to the healthcare professional?**
 - A. Tachypnea only**
 - B. Tachycardia only**
 - C. Maculopapular rash and fever**
 - D. Tachypnea, tachycardia, maculopapular rash, and pyrexia**

- 2. Which parameter should be monitored in the infant with a large VSD to assess for heart failure?**
 - A. Caloric intake and weight**
 - B. Blood pressure and cholesterol**
 - C. Respiratory rate and oxygen saturation**
 - D. Urine output and electrolyte balance**

- 3. The nurse applies gloves and a face mask to perform a morning assessment of a client on droplet precautions. A small amount of mucous lands on the nurse's face mask. After removing the contaminated mask, what is the appropriate next action?**
 - A. Discard the mask into a biohazard container.**
 - B. Rinse the mask with water and reuse it.**
 - C. Wipe the mask with disinfectant and reuse.**
 - D. Continue without changing the mask.**

- 4. Which statement accurately reflects the required action when elder mistreatment is suspected?**
 - A. Report findings to Adult Protective Services**
 - B. Ignore the suspicion to prevent false reporting**
 - C. Share details only with the patient's family**
 - D. Wait for a court order before acting**

- 5. A patient recently underwent lung tumor removal and has a chest drainage system with multiple chambers. If the second chamber reads 850 mL, which description correctly identifies this finding?**
- A. 850 mL mark on the second chamber**
 - B. 100 mL mark on the first chamber**
 - C. 200 mL mark on the third chamber**
 - D. The device is not functioning properly**
- 6. A 75-year-old female presents with visual changes. Which condition is most consistent with this presentation and requires urgent management?**
- A. Detached Retina**
 - B. Cataract**
 - C. Glaucoma**
 - D. Macular Degeneration**
- 7. Leaving an older adult in a public space is categorized as which form of elder mistreatment?**
- A. Abandonment**
 - B. Neglect**
 - C. Physical abuse**
 - D. Financial exploitation**
- 8. A patient presents with facial droop, garbled speech, and a history of hypertension. These findings are most consistent with which condition?**
- A. Stroke**
 - B. Myocardial infarction**
 - C. Seizure**
 - D. Bell palsy**

- 9. The nurse is the team leader for a client in cardiopulmonary arrest. Compressions are 120/min with two one-second bag-valve-mask ventilations. There is visible rise and fall of the chest with ventilations. The patient remains cyanotic and no pulse is palpable with compressions. Which action should the team implement next?**
- A. Allow complete chest recoil.**
 - B. Increase ventilation rate.**
 - C. Decrease compression rate.**
 - D. Continue without changes.**
- 10. In a postoperative patient after abdominal hysterectomy, which task is appropriate to delegate to the PN?**
- A. Administer a new IV antibiotic.**
 - B. Change the abdominal dressing.**
 - C. Provide patient education on lifestyle changes.**
 - D. Initiate a discharge order.**

Answers

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

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Explanations

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1. An 11-month-old child presents to the emergency department with fever, cough, and a recent rash. Which findings should the nurse report to the healthcare professional?

A. Tachypnea only

B. Tachycardia only

C. Maculopapular rash and fever

D. Tachypnea, tachycardia, maculopapular rash, and pyrexia

The main idea here is recognizing when multiple signs point to a potentially serious illness in a young child. In an 11-month-old with fever and cough, adding a maculopapular rash and observing rapid breathing and a fast pulse signals systemic illness that needs immediate evaluation. Rapid breathing (tachypnea) suggests possible lower respiratory involvement or distress; a rapid heart rate (tachycardia) can reflect fever, dehydration, or hemodynamic stress; the fever plus rash adds concern for infections that can accompany systemic illness. Reporting this full picture helps the healthcare professional quickly assess severity and intervene (fluid management, oxygen, or further testing) as needed. Reporting only one sign or just a single symptom without the combined distress might miss progression toward a more serious condition.

2. Which parameter should be monitored in the infant with a large VSD to assess for heart failure?

A. Caloric intake and weight

B. Blood pressure and cholesterol

C. Respiratory rate and oxygen saturation

D. Urine output and electrolyte balance

Monitoring growth and energy intake is essential when an infant has a large VSD because this condition often leads to congestive heart failure from increased pulmonary blood flow. The heart struggles to meet the body's needs, so the baby may tire easily during feeds, sweat, and take in fewer calories, resulting in poor weight gain. Tracking caloric intake and weight over time provides a clear, practical picture of how well the infant is coping with the increased workload on the heart and helps guide interventions such as adjusting feeding strategies or therapies. While respiratory rate and oxygen saturation can indicate lung involvement or acute distress, they're not as direct a measure of heart-failure impact on nutrition and growth. Urine output and electrolyte balance reflect overall perfusion and renal status but aren't as sensitive to early heart-failure progression in infants.

3. The nurse applies gloves and a face mask to perform a morning assessment of a client on droplet precautions. A small amount of mucous lands on the nurse's face mask. After removing the contaminated mask, what is the appropriate next action?

A. Discard the mask into a biohazard container.

B. Rinse the mask with water and reuse it.

C. Wipe the mask with disinfectant and reuse.

D. Continue without changing the mask.

Masks used in droplet precautions are single-use and must be discarded if they become contaminated. When mucous lands on the mask, it can carry infectious droplets, so the appropriate next step is to discard the contaminated mask into a biohazard container to prevent any chance of exposure. Rinsing, disinfecting, or attempting to reuse the mask does not reliably remove pathogens and is not acceptable. After disposing of the contaminated mask, perform hand hygiene and apply a new mask if continuing the assessment or care.

4. Which statement accurately reflects the required action when elder mistreatment is suspected?

A. Report findings to Adult Protective Services

B. Ignore the suspicion to prevent false reporting

C. Share details only with the patient's family

D. Wait for a court order before acting

When elder mistreatment is suspected, safety and protection take priority. Health and social service professionals are often required to report concerns to the appropriate authorities, such as Adult Protective Services, so they can assess and intervene as needed. You don't have to prove that abuse occurred; your duty is to report any reasonable suspicion so at-risk individuals can be protected. Reporting promptly helps initiate an investigation and can trigger protective actions to keep the elder safe. Do not delay waiting for proof or a court order, and do not withhold information or share it only with family. If there is immediate danger, contact emergency services right away. When reporting, document objective observations and the dates, injuries, living conditions, and any statements you can credibly obtain, then follow your local policies to make the report.

5. A patient recently underwent lung tumor removal and has a chest drainage system with multiple chambers. If the second chamber reads 850 mL, which description correctly identifies this finding?

- A. 850 mL mark on the second chamber**
- B. 100 mL mark on the first chamber**
- C. 200 mL mark on the third chamber**
- D. The device is not functioning properly**

A chest drainage setup is designed to remove fluid or air from the pleural space and to track how much drainage has been collected. The chamber that has graduated markings is used to quantify that drainage over time. If the reading shows 850 mL in the second chamber, it means that 850 mL of drainage has been collected in that chamber since placement. This measurement helps monitor the patient's progress after surgery and guides clinical decisions; you'd compare it with previous readings and watch for any sudden changes that could indicate bleeding or occlusion. The other chambers serve different roles—one provides the water seal and one regulates suction—so their readings don't represent the volume of drainage. The description matching the finding is that the second chamber shows an 850 mL mark, indicating the collected drainage volume.

6. A 75-year-old female presents with visual changes. Which condition is most consistent with this presentation and requires urgent management?

- A. Detached Retina**
- B. Cataract**
- C. Glaucoma**
- D. Macular Degeneration**

A retinal detachment is an emergency. When the retina pulls away from the underlying tissue, vision can be suddenly lost in one eye. The classic warning signs include a sudden appearance of floaters, flashes of light, and a curtain-like shadow or loss of part of the visual field that may spread as the detachment progresses. Because the photoreceptors depend on their connection to the retinal pigment epithelium and blood supply, any delay in reattaching the retina increases the risk of permanent blindness in that eye. Urgent evaluation by an ophthalmologist is essential, and treatment typically aims to reattach the retina with procedures such as laser therapy, cryopexy, scleral buckling, or vitrectomy, depending on the detachment's location and extent. Cataracts cause gradual, painless blurring and glare that develops slowly over time, not a sudden, curtain-like loss. Macular degeneration leads to central vision loss or distortion and usually progresses more slowly. Glaucoma can involve peripheral vision loss and, in the acute form, eye pain and redness with nausea, but the sudden, one-eye curtain-like loss with flashes and floaters most strongly points to retinal detachment requiring immediate care.

7. Leaving an older adult in a public space is categorized as which form of elder mistreatment?

- A. Abandonment**
- B. Neglect**
- C. Physical abuse**
- D. Financial exploitation**

Leaving an older adult in a public space is abandonment of care. It involves deserting someone who depends on others for safety and support, which is a form of elder mistreatment because it puts the person at risk and shows a withdrawal of caregiving responsibility. Abandonment is distinct from neglect in that it focuses on the act of desertion itself, whereas neglect broadly refers to failing to meet ongoing needs like food, shelter, or medical care. Physical abuse means causing physical harm, and financial exploitation involves misuse of an elder's money or resources.

8. A patient presents with facial droop, garbled speech, and a history of hypertension. These findings are most consistent with which condition?

- A. Stroke**
- B. Myocardial infarction**
- C. Seizure**
- D. Bell palsy**

Acute focal neurologic deficits like facial weakness with speech disturbance in someone with hypertension point to a stroke. Hypertension is a major risk factor for cerebrovascular events, which can affect areas that control facial muscles and language, producing a droop on one side of the face and garbled or slurred speech. This combination reflects brain involvement from a vascular event, not just a heart problem or a peripheral nerve issue. A myocardial infarction would mainly present with chest pain, shortness of breath, and sweating rather than new neurologic signs. A seizure can cause transient neurologic symptoms, but it typically features convulsions or altered consciousness and postictal states rather than a persistent, focal language deficit with facial weakness. Bell palsy involves facial weakness from a peripheral nerve issue without the accompanying speech disturbance or broader neurologic signs.

9. The nurse is the team leader for a client in cardiopulmonary arrest. Compressions are 120/min with two one-second bag-valve-mask ventilations. There is visible rise and fall of the chest with ventilations. The patient remains cyanotic and no pulse is palpable with compressions. Which action should the team implement next?

A. Allow complete chest recoil.

B. Increase ventilation rate.

C. Decrease compression rate.

D. Continue without changes.

During CPR, letting the chest recoil completely after each compression is essential because it allows the heart to fill again and venous blood to return to the right heart. This preload is what the next compression uses to push blood forward. If the rescuer maintains any pressure on the chest or doesn't allow full recoil, the heart can't fill adequately, reducing cardiac output and perfusion to vital organs. Even with a fast compression rate and ventilations, if recoil is incomplete, circulation remains poor, which is why the patient stays cyanotic and pulseless. So, the next step is to ensure complete chest recoil with every compression, removing any leaning or sustained pressure on the chest and allowing the chest to return fully to its normal position before the next compression. Increasing ventilation rate or decreasing compression rate would not address the underlying issue of poor venous return, and continuing without changes would not improve perfusion.

10. In a postoperative patient after abdominal hysterectomy, which task is appropriate to delegate to the PN?

A. Administer a new IV antibiotic.

B. Change the abdominal dressing.

C. Provide patient education on lifestyle changes.

D. Initiate a discharge order.

Focus on safe delegation for a postoperative patient: wound care tasks are typically within the duties of a practical nurse. Changing the abdominal dressing after an abdominal hysterectomy is appropriate for the PN because it is a routine, low-risk procedure that uses sterile technique and requires basic wound assessment. The PN can remove the old dressing, clean as ordered, apply a new dressing, and observe the incision for signs of trouble such as unusual drainage, redness, or separation, reporting anything concerning to the RN or physician. Administering a new IV antibiotic involves pharmacologic management and close monitoring for adverse reactions and IV-site issues, which generally requires RN oversight and physician orders. Providing comprehensive education on lifestyle changes is usually led by an RN or the primary care team, with the PN able to reinforce basic postoperative instructions but not initiate discharge planning. Initiating a discharge order is beyond the PN's scope and would require an RN or physician to authorize. So, the dressing change is the task aligned with the PN's scope in this postoperative setting.

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://hesi366.examzify.com>

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

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