

HESI Compass Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What indicates the therapeutic effect of neostigmine bromide in a client with myasthenia gravis?**
 - A. Bradycardia**
 - B. Increased heart rate**
 - C. Decreased blood pressure**
 - D. Improved swallowing function**

- 2. Which question should a nurse ask to gather data related to the cause of suspected silicosis?**
 - A. "Do you chew tobacco?"**
 - B. "Do you smoke cigarettes?"**
 - C. "Have you ever worked in a mine?"**
 - D. "Are you frequently exposed to paint products?"**

- 3. What intervention should a nurse implement for a client with a cerebral aneurysm?**
 - A. Keeping the room slightly darkened**
 - B. Monitoring the client for changes in alertness or mental status**
 - C. Encouraging isometric exercises if bed rest is prescribed**
 - D. Placing the client in a room with a busy roommate**

- 4. What is the best action for a nurse to take when monitoring a client receiving terbutaline with increased heart rates?**
 - A. Documenting the findings**
 - B. Contacting the physician**
 - C. Increasing the rate of the infusion**
 - D. Continuing to monitor the client**

- 5. What should a nurse educate a postpartum client about regarding normal versus abnormal lochia?**
 - A. Dark red lochia is expected within the first week.**
 - B. A sudden increase in bleeding with clots is normal.**
 - C. Lochia should progress from red to pink to white.**
 - D. Lochia should have a foul odor at any time.**

- 6. Which is the most therapeutic response to a client feeling depressed post-surgery?**
- A. "Tell me more about what you're feeling."**
 - B. "That's a normal response after this type of surgery."**
 - C. "It will take time, but, you will get over this depression."**
 - D. "Every client who has this surgery feels the same way for a month."**
- 7. What vital sign change should alert a nurse to the possibility of hemorrhage in a postpartum client?**
- A. Increased blood pressure**
 - B. Decreased respiratory rate**
 - C. Increased heart rate**
 - D. Increased temperature**
- 8. What instruction is important for a client taking tranylcypromine sulfate?**
- A. Avoid high-sugar foods**
 - B. Avoid food with tyramine**
 - C. Limit caffeine intake**
 - D. Increase fiber intake**
- 9. How long should Lorazepam (Ativan) 1 mg be administered intravenously for anxiety management?**
- A. 3 minutes**
 - B. 10 seconds**
 - C. 15 seconds**
 - D. 30 minutes**
- 10. Which finding may indicate an adverse effect of amantadine hydrochloride in a client with Parkinson's disease?**
- A. Insomnia**
 - B. Rigidity and akinesia**
 - C. Bilateral lung wheezes**
 - D. Orthostatic hypotension**

Answers

SAMPLE

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

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Explanations

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1. What indicates the therapeutic effect of neostigmine bromide in a client with myasthenia gravis?

- A. Bradycardia**
- B. Increased heart rate**
- C. Decreased blood pressure**
- D. Improved swallowing function**

Neostigmine bromide is a medication that inhibits the enzyme acetylcholinesterase, leading to an increase in the level of acetylcholine at the neuromuscular junction. In the context of myasthenia gravis, a condition characterized by weakness due to the body's immune response against acetylcholine receptors, the therapeutic effect of neostigmine is primarily observed in the improvement of muscle strength. Improved swallowing function is a key indicator of therapeutic effectiveness because myasthenia gravis often affects the muscles involved in swallowing. By enhancing neuromuscular transmission, neostigmine helps restore normal function in affected muscles, resulting in the client's ability to swallow more effectively. While bradycardia and decreased blood pressure may be side effects of neostigmine, they do not directly reflect an improvement in muscle function or symptom relief. An increased heart rate is not indicative of the drug's therapeutic effect in myasthenia gravis and does not relate to the primary purpose of addressing muscle weakness. Therefore, the correct choice reflects a key functional improvement that is relevant to the management of myasthenia gravis symptoms.

2. Which question should a nurse ask to gather data related to the cause of suspected silicosis?

- A. "Do you chew tobacco?"**
- B. "Do you smoke cigarettes?"**
- C. "Have you ever worked in a mine?"**
- D. "Are you frequently exposed to paint products?"**

Silicosis is a lung disease caused by inhaling fine silica dust, often associated with occupations that involve working with silica, such as mining, quarrying, and construction. Therefore, asking if a patient has ever worked in a mine directly targets a high-risk environment for exposure to silica, which is crucial for determining the potential cause of their respiratory symptoms. This question connects the patient's occupational history with the likelihood of having been exposed to the silica dust that causes silicosis. In contrast, the other options focus on habits and exposures that are not directly linked to silicosis. While chewing tobacco and smoking cigarettes could cause other respiratory problems, they are associated with different health issues rather than silica exposure. Similarly, inquiring about exposure to paint products does not specifically point to silicosis, as the components of paint are not typically related to silica dust. Therefore, the most relevant question for identifying the cause of suspected silicosis is related to work history in environments where silica exposure is common.

3. What intervention should a nurse implement for a client with a cerebral aneurysm?

- A. Keeping the room slightly darkened**
- B. Monitoring the client for changes in alertness or mental status**
- C. Encouraging isometric exercises if bed rest is prescribed**
- D. Placing the client in a room with a busy roommate**

For a client with a cerebral aneurysm, keeping the room slightly darkened is an important intervention. This approach helps to minimize sensory stimuli, which can be beneficial for a patient whose condition may cause headaches, increased intracranial pressure, or sensitivity to light. A low-stimulation environment can help to reduce stress on the brain and promote relaxation, making it easier for the client to rest and recover. While monitoring changes in alertness or mental status is crucial in the overall care of a patient with a cerebral aneurysm, it is a more passive observation rather than a direct intervention designed to provide comfort and reduce stimuli. Encouraging isometric exercises is not appropriate in the case of a cerebral aneurysm, as increased physical activity may pose risks by elevating blood pressure or causing strain. Additionally, placing the client in a room with a busy roommate would likely add unnecessary noise and distractions, which is counterproductive to providing a calm and quiet environment essential for recovery.

4. What is the best action for a nurse to take when monitoring a client receiving terbutaline with increased heart rates?

- A. Documenting the findings**
- B. Contacting the physician**
- C. Increasing the rate of the infusion**
- D. Continuing to monitor the client**

When a client is receiving terbutaline and exhibits increased heart rates, contacting the physician is the best course of action. Terbutaline is a bronchodilator often used to manage asthma or other respiratory conditions, but it can also lead to side effects such as tachycardia. Increased heart rates may signal a potentially serious response, such as exacerbation of cardiovascular issues or excessive stimulation from the medication. In this context, it is essential to inform the physician promptly to determine the appropriate intervention. The physician may reconsider the medication dosage, suggest an alternative treatment, or implement additional monitoring strategies to ensure the client's safety and well-being. Proper medical guidance is crucial, especially when adverse effects like increased heart rates are observed. While monitoring the client is important, and documentation is also necessary, neither action alone is sufficient in this scenario without informing the physician about the adverse effect. Increasing the infusion rate is inappropriate and could heighten the risks associated with terbutaline's side effects. Therefore, the appropriate response involves proactive communication with the healthcare provider.

5. What should a nurse educate a postpartum client about regarding normal versus abnormal lochia?

- A. Dark red lochia is expected within the first week.**
- B. A sudden increase in bleeding with clots is normal.**
- C. Lochia should progress from red to pink to white.**
- D. Lochia should have a foul odor at any time.**

Lochia is the vaginal discharge that occurs after childbirth and consists of blood, mucus, and uterine tissue. Understanding the normal progression of lochia is crucial for postpartum care. The correct answer emphasizes that lochia should progress through different stages: from red (lochia rubra) for the first few days after delivery, to pink (lochia serosa) around the second week, and eventually to a white or yellowish color (lochia alba) by about four to six weeks postpartum. This progression indicates the healing process of the uterus and the body returning to its non-pregnant state. Monitoring this progression helps healthcare providers and patients identify any deviations, which could signal potential complications. In contrast, the other choices present inaccuracies regarding lochia: dark red lochia is an expected finding only in the very early postpartum period and should not continue beyond a few days; a sudden increase in bleeding with clots can indicate issues such as uterine atony or retained products of conception, and thus is not considered normal; and lochia should not have a foul odor at any time, as this could signify infection.

6. Which is the most therapeutic response to a client feeling depressed post-surgery?

- A. "Tell me more about what you're feeling."**
- B. "That's a normal response after this type of surgery."**
- C. "It will take time, but, you will get over this depression."**
- D. "Every client who has this surgery feels the same way for a month."**

The response "Tell me more about what you're feeling" is the most therapeutic because it demonstrates active listening and encourages the client to express their thoughts and feelings in a supportive environment. This approach fosters an open dialogue, allowing the client to delve deeper into their emotions, which can lead to better understanding and coping strategies. The intention is to validate their experience and help them process their feelings rather than minimizing or generalizing their situation. Furthermore, by soliciting more information, the healthcare provider shows empathy and an interest in the client's unique emotional state, thereby strengthening the therapeutic relationship. This connection is crucial in helping the client feel understood and supported during a vulnerable time. The other responses, while well-intended, do not provide the same level of support. They tend to either minimize the client's feelings, suggest a timeline for recovery without engaging in conversation, or generalize the client's experience to all individuals undergoing the same procedure. None of these approaches invite further discussion of the client's unique feelings or help them explore and articulate their emotional state.

7. What vital sign change should alert a nurse to the possibility of hemorrhage in a postpartum client?

- A. Increased blood pressure**
- B. Decreased respiratory rate**
- C. Increased heart rate**
- D. Increased temperature**

An increased heart rate is a critical sign that can indicate the possibility of hemorrhage in a postpartum client. Following childbirth, a woman's body experiences significant physiological changes, and the loss of blood can lead to a decrease in circulating blood volume. When blood volume decreases, the heart compensates by increasing the heart rate to maintain adequate blood flow to vital organs. This compensatory mechanism is often the earliest indicator of hypovolemia due to hemorrhage. Monitoring the heart rate is essential in the postpartum period because a sustained increase may suggest that the body is struggling to perfuse tissues adequately. In the case of postpartum hemorrhage, this increase in heart rate can occur before other signs are evident, making it a key vital sign for nurses to assess. In contrast, changes in blood pressure, respiratory rate, and temperature may not provide early indications of hemorrhage and can be influenced by various other factors, such as pain, anxiety, and infection. Therefore, an increased heart rate stands out as a primary vital sign that necessitates further assessment for possible hemorrhage in postpartum clients.

8. What instruction is important for a client taking tranlycypromine sulfate?

- A. Avoid high-sugar foods**
- B. Avoid food with tyramine**
- C. Limit caffeine intake**
- D. Increase fiber intake**

For a client taking tranlycypromine sulfate, it is crucial to avoid foods containing tyramine. Tranlycypromine is a monoamine oxidase inhibitor (MAOI) used primarily to treat depression. MAOIs work by inhibiting the enzyme monoamine oxidase, which breaks down neurotransmitters like norepinephrine and serotonin in the brain. However, this inhibition also extends to the breakdown of tyramine, a substance found in various aged, fermented, or spoiled foods. When tyramine is consumed in significant amounts by someone taking an MAOI, it can lead to a hypertensive crisis—a dangerous increase in blood pressure. This reaction can occur because tyramine causes the release of norepinephrine, and without MAO to break it down, it can build up and cause severe cardiovascular effects. Thus, the instruction to avoid foods with tyramine is a vital safety measure for clients on tranlycypromine sulfate. Foods that should be avoided include aged cheeses, cured meats, certain alcoholic beverages, and fermented products. By understanding this, clients can effectively mitigate their risk of serious complications while undergoing treatment with this medication.

9. How long should Lorazepam (Ativan) 1 mg be administered intravenously for anxiety management?

- A. 3 minutes**
- B. 10 seconds**
- C. 15 seconds**
- D. 30 minutes**

Lorazepam (Ativan) is a benzodiazepine frequently used for managing anxiety, seizures, and insomnia, among other indications. When administering lorazepam intravenously, it is critical to consider the onset of action and the risk of potential side effects, such as respiratory depression. The appropriate method for administering lorazepam intravenously involves giving it slowly to minimize the risk of adverse effects and ensure the medication is well tolerated. The generally accepted guideline for intravenous administration of lorazepam is to give it over a period of about 2 minutes for a dose of 1 mg, but evidence supports that administering it over approximately 3 minutes is safe and effective in practice. This duration allows for the medication to enter the bloodstream gradually, reducing the risk of sudden onset of side effects, while still providing rapid relief for anxiety. This practice is aligned with recommended guidelines to ensure patient safety and effective anxiety management, which is foundational to medication administration in clinical settings.

10. Which finding may indicate an adverse effect of amantadine hydrochloride in a client with Parkinson's disease?

- A. Insomnia**
- B. Rigidity and akinesia**
- C. Bilateral lung wheezes**
- D. Orthostatic hypotension**

Amantadine hydrochloride is an antiviral medication that is also used to treat symptoms of Parkinson's disease by increasing dopamine release and preventing its reuptake. When assessing for adverse effects of this medication, certain findings may indicate complications or undesirable reactions. Bilateral lung wheezes can signify a respiratory issue, such as bronchospasm or an allergic reaction, which may occur in patients taking amantadine. This adverse effect is significant as it suggests a potential interaction with the respiratory system, requiring further evaluation and possibly adjustment of the medication. Identifying such respiratory symptoms is crucial, as it may lead to serious complications if not addressed promptly. Although other symptoms associated with amantadine's use, such as insomnia, rigidity, akinesia, and orthostatic hypotension, can occur, they reflect common side effects rather than direct adverse respiratory effects. Identifying bilateral lung wheezes highlights a more serious and less frequent reaction that requires immediate attention and consideration for modification of therapy.