

HESI Gerontology - Age-Related Risks Case Study 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. Which sensation is commonly affected early in diabetic peripheral neuropathy?**
 - A. Temperature perception.**
 - B. Fine touch.**
 - C. Proprioception.**
 - D. Taste.**

- 2. What action should the nurse take first when collecting a urine sample from an older adult?**
 - A. Collect 1 or 2 ounces of urine.**
 - B. Wipe the genital area clean.**
 - C. Dry any excess urine from the outer specimen cup.**
 - D. Hold the cup a few inches from the urethra.**

- 3. Which symptom is commonly associated with benign prostatic hyperplasia (BPH)?**
 - A. Bladder distention.**
 - B. Frequent stopping and starting of urinary stream.**
 - C. Straining while urinating.**
 - D. Dribbling at the end of urination.**

- 4. After rehydration, creatinine levels typically do what?**
 - A. Increase**
 - B. Decrease**
 - C. Remain unchanged**
 - D. Fluctuate**

- 5. How is dehydration diagnosed?**
 - A. No single laboratory test confirms dehydration; diagnosis relies on multiple laboratory findings and clinical signs.**
 - B. A single elevated BUN confirms dehydration.**
 - C. Urine osmolality alone confirms dehydration.**
 - D. Blood glucose level confirms dehydration**

- 6. Which EKG pattern is associated with hypokalemia and should be reported immediately?**
- A. ST depression and U waves**
 - B. Sinus tachycardia**
 - C. Sinus bradycardia**
 - D. Sinus arrhythmia**
- 7. Which adverse effect requires monitoring in a patient taking doxazosin for BPH?**
- A. Orthostatic hypotension**
 - B. Tinnitus**
 - C. Hyperglycemia**
 - D. Nephrotoxicity**
- 8. The patient looks forward to increased independence after discharge to an assisted living facility. Which best describes this outcome?**
- A. Decreased independence**
 - B. Increased independence**
 - C. No change in independence**
 - D. Loss of independence**
- 9. To infuse 100 mL of ampicillin over 30 minutes, what infusion rate should the nurse set?**
- A. 200 mL/hr**
 - B. 100 mL/hr**
 - C. 300 mL/hr**
 - D. 50 mL/hr**
- 10. Which statement regarding diabetes management and community dining is most appropriate?**
- A. Meals must be prepared exclusively in the individual's apartment**
 - B. The client should be unable to participate in community dining**
 - C. The client should be able to order or select dishes on a diabetic meal plan at the community dining center**
 - D. Sugar-containing items should be removed from all menus**

Answers

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

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Explanations

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1. Which sensation is commonly affected early in diabetic peripheral neuropathy?

- A. Temperature perception.**
- B. Fine touch.**
- C. Proprioception.**
- D. Taste.**

Early in diabetic peripheral neuropathy, the long nerves in the feet and hands are most affected, and the large-diameter, myelinated fibers that carry fine touch (as well as vibration and proprioception) start to fail. This causes a noticeable reduction in the ability to feel light touch and texture on the skin, often first in the toes and then the feet. Small fibers that convey temperature and pain tend to be affected later, so these sensations may be preserved early. Taste isn't part of this neuropathic pattern. Proprioception, also carried by large fibers, may worsen as the condition advances, but the initial and most common early change among these modalities is diminished fine touch.

2. What action should the nurse take first when collecting a urine sample from an older adult?

- A. Collect 1 or 2 ounces of urine.**
- B. Wipe the genital area clean.**
- C. Dry any excess urine from the outer specimen cup.**
- D. Hold the cup a few inches from the urethra.**

Cleaning the genital area before collecting the sample is essential to prevent contamination and ensure accurate test results. In an older adult, skin and surrounding moisture can introduce bacteria or other material into the specimen, which can skew results. By wiping the area clean first (using front-to-back for females and cleansing the tip for males), the nurse establishes a clean starting point for a proper midstream collection. After cleansing, follow the lab's instructions for the amount to collect and the technique, but the first and most important step is to reduce contaminants at the source. The other steps described are parts of the collection process but do not address contamination prevention as the initial action.

3. Which symptom is commonly associated with benign prostatic hyperplasia (BPH)?

- A. Bladder distention.
- B. Frequent stopping and starting of urinary stream.**
- C. Straining while urinating.
- D. Dribbling at the end of urination.

When the prostate enlarges, it narrows the urethral passage and creates resistance to urine flow. The bladder must work harder to push urine through this narrowed channel, and as it contracts, the path ahead is intermittently blocked by the enlarged tissue. That tug-of-war produces a stream that starts, halts, and then may start again—so a pattern of stopping and starting during urination becomes a common and characteristic symptom of BPH. You'll also see other lower urinary tract symptoms in BPH, like a weaker or slower stream, difficulty starting, a sense of incomplete emptying, nocturnal urination, or dribbling at the end of urination. However, the stop-and-start pattern specifically reflects the intermittent obstruction caused by the enlarged prostate, making it a particularly telling sign.

4. After rehydration, creatinine levels typically do what?

- A. Increase
- B. Decrease**
- C. Remain unchanged
- D. Fluctuate

Hydration status directly affects kidney filtration. Creatinine is a waste product filtered by the kidneys, so when someone is dehydrated, reduced blood flow to the kidneys lowers the glomerular filtration rate, causing serum creatinine to rise. Rehydration increases circulating volume and renal perfusion, boosting GFR and allowing more creatinine to be cleared. As a result, serum creatinine typically decreases after rehydration, especially if the elevated level was due to a temporary prerenal issue rather than intrinsic kidney damage. If kidney damage is present, the drop may be less pronounced, but the general trend with proper fluids is a reduction in creatinine.

5. How is dehydration diagnosed?

- A. No single laboratory test confirms dehydration; diagnosis relies on multiple laboratory findings and clinical signs.**
- B. A single elevated BUN confirms dehydration.**
- C. Urine osmolality alone confirms dehydration.**
- D. Blood glucose level confirms dehydration**

Dehydration is diagnosed by putting together a clinical picture with supportive lab data; there isn't one test that proves it. When someone is dehydrated, you look for signs of fluid loss and how the body is responding overall. Clinically, you'd assess history of reduced intake or ongoing fluid losses, thirst, dry mucous membranes, skin turgor (not always reliable in older adults), rapid heartbeat, low blood pressure or orthostatic changes, decreased urine output, weight loss, and any mental status changes. Labs help but don't confirm on their own. You might see concentrated urine (high urine osmolality and high specific gravity), a hemoconcentrated state with elevated hematocrit, and a higher BUN relative to creatinine (often with a BUN/creatinine ratio above typical values), all of which support a volume-depleted condition. Serum osmolality can be elevated, and sodium may be high if hypernatremia is present. These findings point toward dehydration when they fit the clinical scenario, but none single value alone proves dehydration, and other conditions can mimic or influence these results. So the best choice reflects that no single laboratory test confirms dehydration; the diagnosis relies on multiple laboratory findings together with clinical signs.

6. Which EKG pattern is associated with hypokalemia and should be reported immediately?

- A. ST depression and U waves**
- B. Sinus tachycardia**
- C. Sinus bradycardia**
- D. Sinus arrhythmia**

Hypokalemia alters how the heart muscle repolarizes, so the ECG shows ST segment depression with prominent U waves. This combination is a classic sign of low potassium and indicates a need for urgent assessment and correction to prevent dangerous arrhythmias. Other patterns like sinus tachycardia, bradycardia, or sinus arrhythmia aren't specific to potassium levels and don't carry the same immediate implication.

7. Which adverse effect requires monitoring in a patient taking doxazosin for BPH?

- A. Orthostatic hypotension**
- B. Tinnitus**
- C. Hyperglycemia**
- D. Nephrotoxicity**

Orthostatic hypotension is the adverse effect to monitor with doxazosin for BPH. Doxazosin is an alpha-1 blocker that relaxes smooth muscle in the prostate and bladder but also causes vasodilation in the peripheral vessels. This can lead to a drop in blood pressure when moving from lying or sitting to standing, producing dizziness, lightheadedness, or even fainting. The first-dose effect is well known, so clinicians often start with a small dose and may have patients take the first dose at night to lessen falls risk. In practice, check blood pressure in different positions after starting or changing the dose, and educate patients to rise slowly, sit if they feel dizzy, and avoid driving until they know how they respond, especially if taking other blood-pressure-lowering medicines. Other options like tinnitus, hyperglycemia, or nephrotoxicity are not typical concerns with this medication.

8. The patient looks forward to increased independence after discharge to an assisted living facility. Which best describes this outcome?

- A. Decreased independence**
- B. Increased independence**
- C. No change in independence**
- D. Loss of independence**

Promoting independence is the goal when moving to an assisted living setting. Assisted living is designed to support autonomy by providing help with daily activities only as needed, while preserving choices and opportunities to participate in social and community life. When a patient looks forward to greater independence after discharge, it reflects the expectation that the environment will reduce barriers to self-care and decision-making—safety measures and access to services enable them to do more for themselves, not less. This is how independence is maintained or increased: residents keep control over routines, meals, medication management, transportation, and social activities, with staff available for help as needed. The other outcomes would imply more restrictions or no change, which wouldn't align with the intended role of assisted living in supporting autonomy.

9. To infuse 100 mL of ampicillin over 30 minutes, what infusion rate should the nurse set?

- A. 200 mL/hr
- B. 100 mL/hr
- C. 300 mL/hr
- D. 50 mL/hr

Infusion rate is found by dividing the volume to be given by the time over which it's delivered. Here, 100 mL must be infused in 30 minutes. Convert to hours: 30 minutes is 0.5 hours. $100 \text{ mL} \div 0.5 \text{ h} = 200 \text{ mL per hour}$. Set the IV pump to 200 mL/h to deliver the dose over 30 minutes. If you used 100 mL/h, it would take 1 hour; 300 mL/h would finish in about 20 minutes; 50 mL/h would take 2 hours. Therefore, 200 mL/h is the correct rate.

10. Which statement regarding diabetes management and community dining is most appropriate?

- A. Meals must be prepared exclusively in the individual's apartment
- B. The client should be unable to participate in community dining
- C. The client should be able to order or select dishes on a diabetic meal plan at the community dining center
- D. Sugar-containing items should be removed from all menus

Allowing the client to order or select dishes on a diabetic meal plan at the community dining center reflects how diabetes can be managed in daily life through individualized meal choices that fit into a consistent carbohydrate plan while preserving independence and social participation. This approach lets the client follow a structured plan for carbohydrate intake, portion control, and balanced nutrition, which helps maintain stable blood glucose and aligns with medications and activity. It also supports ongoing engagement with the community, reducing isolation and promoting quality of life. Staff or a dietitian can guide selections to stay within the plan and accommodate preferences and cultural needs. In contrast, requiring meals only in the apartment, excluding participation in community dining, or removing all sugar from menus are too restrictive or impractical and can undermine self-management and social well-being.

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://hesigerontologyagerelriskscasestudy.examzify.com>

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

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