

HESI GERONTOLOGY – AGE-RELATED RISKS CASE STUDY PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 safety risk assessment tool, beyond the Morse Fall Scale, is commonly used to evaluate overall fall risk in older adults?**
 - A. Berg Balance Scale
 - B. Tinetti Balance Assessment
 - C. STOP-BANG
 - D. Hendrich II Fall Risk Model

- 2. In older adults, decreased GFR leads to which pharmacokinetic change?**
 - A. Increased drug clearance and shorter half-life.
 - B. Reduced drug clearance and prolonged half-life; increased toxicity risk.
 - C. No change in pharmacokinetics.
 - D. Only hepatic metabolism is affected.

- 3. Name three modifiable risk factors for pressure injuries in older adults.**
 - A. Immobility, inadequate nutrition/hydration, and moisture from incontinence.
 - B. Age, gender, and ethnicity.
 - C. Vision impairment, hearing loss, social isolation.
 - D. Sleep duration, hydration, exercise.

- 4. During watchful waiting for BPH, which lifestyle change is most likely to improve symptoms?**
 - A. Reducing caffeine intake
 - B. Drinking more coffee to stimulate urination
 - C. Increasing alcohol use
 - D. Ignoring urinary symptoms

- 5. Which urinary symptom is of most concern to the nurse when reviewing elimination patterns with a patient taking gabapentin?**
 - A. I usually have to get up during the night at least once to urinate.
 - B. It takes me longer to urinate than it did when I was younger.
 - C. My urine had a foul smell this morning.
 - D. My urine is yellow and pale in color.

- 6. What IV fluid is used as the diluent for the insulin infusion?**
- A. 0.9% normal saline
 - B. 5% dextrose in water
 - C. Lactated Ringer's
 - D. Half-normal saline
- 7. Which statement best describes how sarcopenia contributes to age-related risk?**
- A. It leads to decreased muscle strength and gait instability, increasing fall risk.
 - B. It increases muscle strength and reduces fall risk.
 - C. It only affects cardiovascular health, not risk of falls.
 - D. It improves balance with age.
- 8. What equipment can help reduce pressure on the feet and ulcers in this patient?**
- A. Heel protectors.
 - B. Ice packs.
 - C. Elastic bandages.
 - D. Compression stockings.
- 9. Why is extra protein often required for older adults with diabetes and wounds?**
- A. To support healing of wounds and replacement of protein losses
 - B. To increase blood pressure
 - C. To decrease kidney function
 - D. To promote fat storage
- 10. Which symptom is commonly associated with autonomic activation during hypoglycemia and should be reported?**
- A. Headache
 - B. Irritability
 - C. Cold and clammy skin
 - D. Hot and dry skin

Answers

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

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Explanations

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1. Which safety risk assessment tool, beyond the Morse Fall Scale, is commonly used to evaluate overall fall risk in older adults?

- A. Berg Balance Scale
- B. Tinetti Balance Assessment
- C. STOP-BANG

D. Hendrich II Fall Risk Model

Evaluating fall risk in older adults is most effective when you use a tool that covers multiple risk domains—cognition, mobility, and medications—in a quick bedside format. The Hendrich II Fall Risk Model fits this need because it aggregates several common risk factors into a simple score that clinicians can obtain during routine care. It includes cognitive status (like confusion), mood factors (such as depression), dizziness or balance concerns, and exposure to high risk medications, along with other functional indicators. This breadth makes it a practical, widely used method to determine overall fall risk in settings like hospitals and long term care, guiding targeted precautions and interventions. In contrast, the Berg Balance Scale and the Tinetti Balance Assessment are primarily focused on balance and gait performance and require more time to administer; they don't integrate cognitive or medication-related risk as comprehensively. STOP-BANG is a screening tool for obstructive sleep apnea, not fall risk. So, Hendrich II provides the broader, efficient assessment of overall fall risk that's commonly used beyond the Morse Fall Scale.

2. In older adults, decreased GFR leads to which pharmacokinetic change?

- A. Increased drug clearance and shorter half-life.
- B. Reduced drug clearance and prolonged half-life; increased toxicity risk.**
- C. No change in pharmacokinetics.
- D. Only hepatic metabolism is affected.

As people age, kidney function typically declines, lowering the glomerular filtration rate. This directly reduces the body's ability to clear drugs that are eliminated renally. When clearance drops, the elimination half-life lengthens ($t_{1/2} = 0.693 \times V_d / Cl$), so the drug stays in the body longer and can accumulate with repeated dosing. That accumulation raises the risk of toxicity, especially for drugs with a narrow therapeutic range. So the situation described—decreased GFR leading to reduced drug clearance and a longer half-life, with increased toxicity risk—fits the pharmacokinetic changes seen in older adults. The other statements don't align with renal elimination: clearance wouldn't increase, there wouldn't be no change, and the idea that only hepatic metabolism is affected ignores the impact of reduced GFR on renal clearance.

3. Name three modifiable risk factors for pressure injuries in older adults.

- A. Immobility, inadequate nutrition/hydration, and moisture from incontinence.**
- B. Age, gender, and ethnicity.
- C. Vision impairment, hearing loss, social isolation.
- D. Sleep duration, hydration, exercise.

Preventing pressure injuries relies on addressing factors you can change. The three modifiable risk factors are immobility, inadequate nutrition and hydration, and moisture from incontinence. Immobility leads to prolonged pressure on bony areas, which reduces blood flow to the skin and underlying tissues, causing ischemia and potential ulcer formation. This risk is reduced by regular repositioning, using pressure-relieving surfaces, and assisting with mobility or range-of-motion exercises to relieve points of sustained pressure. Inadequate nutrition and hydration compromise the skin's integrity and its ability to repair itself. Low protein and energy intake weaken connective tissue, slow healing, and make skin more susceptible to injury. Addressing this with a nutrition plan that supports protein needs, adequate calories, and proper fluids helps maintain skin resilience and accelerates recovery if breakdown occurs. Moisture from incontinence harms skin by causing maceration and increasing friction, which weakens the epidermal barrier and promotes breakdown. Managing moisture through effective incontinence care, timely cleansing, skin barrier creams, and the use of appropriate absorbent products or moisture-wicking fabrics helps protect the skin. Other factors like age, gender, or sensory impairments are less directly changeable, so the emphasis here is on actions that can actively reduce risk.

4. During watchful waiting for BPH, which lifestyle change is most likely to improve symptoms?

- A. Reducing caffeine intake**
- B. Drinking more coffee to stimulate urination
- C. Increasing alcohol use
- D. Ignoring urinary symptoms

Lifestyle adjustments can influence BPH symptoms when using watchful waiting. Caffeine acts as a diuretic and bladder irritant, which can increase urinary frequency, urgency, and nighttime urination. Reducing caffeine intake helps calm bladder activity and can lessen these symptoms, making sleep and daily life more comfortable. Drinking more coffee would worsen the problem by increasing urine production and bladder irritation. Increasing alcohol use similarly irritates the bladder and has diuretic effects that can worsen symptoms. Ignoring urinary symptoms isn't a beneficial change; addressing them with sensible lifestyle tweaks and close monitoring is safer and more effective during watchful waiting.

5. Which urinary symptom is of most concern to the nurse when reviewing elimination patterns with a patient taking gabapentin?

- A. I usually have to get up during the night at least once to urinate.
- B. It takes me longer to urinate than it did when I was younger.
- C. My urine had a foul smell this morning.**
- D. My urine is yellow and pale in color.

A new foul-smelling urine is the most concerning sign because it points to a possible urinary tract infection. In older adults, UTIs can develop quickly and lead to serious complications like delirium, dehydration, or sepsis, especially when polypharmacy and age-related changes are present. While nighttime urination, slower urination, or yellow/pale urine can be common variations with aging or hydration, they don't by themselves indicate an infection. When foul-smelling urine is reported, the nurse should prompt a urinalysis and culture, assess for other infection signs (fever, dysuria, flank pain, confusion), check hydration and vital signs, review medications, and involve the clinician for treatment.

6. What IV fluid is used as the diluent for the insulin infusion?

- A. 0.9% normal saline**
- B. 5% dextrose in water
- C. Lactated Ringer's
- D. Half-normal saline

Insulin infusions are prepared in a fluid that won't add glucose, so we can titrate the dose accurately based on frequent glucose monitoring. Using a glucose-free, isotonic diluent keeps the insulin's effect clear and maintains stable intravascular volume. 0.9% normal saline fits this requirement perfectly: it is isotonic and does not introduce additional sugars, allowing precise insulin titration and straightforward glucose tracking. Using a dextrose-containing fluid would adulterate glucose measurements and make dose adjustments more difficult, and fluids like lactated Ringer's or half-normal saline bring electrolyte or tonicity changes that aren't ideal for an insulin drip. So, the best choice for the diluent is normal saline.

7. Which statement best describes how sarcopenia contributes to age-related risk?

- A. It leads to decreased muscle strength and gait instability, increasing fall risk.**
- B. It increases muscle strength and reduces fall risk.
- C. It only affects cardiovascular health, not risk of falls.
- D. It improves balance with age.

Sarcopenia is the age-related loss of skeletal muscle mass and strength. As this muscle decline progresses, the ability to generate force and control movement diminishes, leading to slower, less stable gait and impaired balance. That combination directly raises the risk of falls, a major source of injury and decline in older adults. So the statement that best describes its contribution to age-related risk is that it leads to decreased muscle strength and gait instability, increasing fall risk. Falls can lead to fractures, hospitalization, and a loss of independence, which underscores why sarcopenia is a critical factor in aging-related health risk. The other ideas—muscle strength increasing, only affecting cardiovascular health, or improving balance with age—do not align with how sarcopenia actually affects the musculoskeletal system and functional safety.

8. What equipment can help reduce pressure on the feet and ulcers in this patient?

- A. Heel protectors.**
- B. Ice packs.
- C. Elastic bandages.
- D. Compression stockings.

Reducing pressure on vulnerable areas of the feet is essential to prevent and heal ulcers in older adults. The heel is a common site for pressure and shear injuries, especially in people who are immobile or have reduced sensation. Heel protectors provide a cushioned barrier and a designated heel pocket that distributes weight more evenly and minimizes direct pressure on the calcaneus. This offloading helps preserve tissue perfusion, reduces ongoing friction, and supports skin integrity during moves and transfers. Ice packs address pain and inflammation but don't relieve the ongoing pressure that drives ulcer formation, and they can cause tissue damage if used long-term or on fragile skin. Elastic bandages offer support but don't specifically offload the heel and can constrict circulation if not applied correctly. Compression stockings improve venous return and reduce edema along the legs, but they're not designed to offload the heel and can even worsen a wound if misapplied. So, heel protectors best meet the goal of lowering plantar-heel pressure to help prevent or heal foot ulcers.

9. Why is extra protein often required for older adults with diabetes and wounds?

- A. To support healing of wounds and replacement of protein losses**
- B. To increase blood pressure
- C. To decrease kidney function
- D. To promote fat storage

The main idea is that healing and tissue repair surge protein needs. When a wound forms, the body enters a repair mode that requires amino acids to build new tissues, collagen, enzymes, and immune components. This creates a higher protein demand, and older adults already have less lean mass and sometimes slower healing. Diabetes can worsen healing because of vascular changes, neuropathy, and infection risk, further increasing the need for amino acids to support repair and immune defense. Providing extra protein helps maintain nitrogen balance, supports wound closure, preserves muscle, and boosts the immune response, all of which contribute to more effective healing. While kidney function and overall calories must be watched, the goal of higher protein is to supply the building blocks needed for repair rather than to alter blood pressure or fat storage.

10. Which symptom is commonly associated with autonomic activation during hypoglycemia and should be reported?

- A. Headache
- B. Irritability
- C. Cold and clammy skin**
- D. Hot and dry skin

Autonomic activation during hypoglycemia triggers the body's fight-or-flight response, releasing adrenaline and related signals that produce symptoms such as sweating and pale, cold skin. Cold and clammy skin directly reflects this sympathetic response and is a clear sign that blood glucose is dropping, so it should be reported and acted on promptly with a fast-acting carbohydrate or medical guidance as needed. Headache and irritability can occur during hypoglycemia but are not the classic autonomic signals, and hot, dry skin points away from hypoglycemia and toward other conditions like heat exposure or fever. Recognizing cold and clammy skin as an autonomic sign helps prevent further glucose decline by ensuring quick treatment.

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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