

HESI Gerontology Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. Which bacteria is most likely responsible for watery, yellow-green stools with abdominal pain in an elderly patient?**
 - A. Shigella.**
 - B. Adenovirus.**
 - C. Campylobacter jejuni.**
 - D. Salmonella.**
- 2. In terms of managing Vitamin D deficiency in older patients, which is important to address?**
 - A. Ensuring adequate sun exposure**
 - B. Encouraging dietary changes**
 - C. Recognizing the need for supplements**
 - D. All of the above**
- 3. A patient with which condition may have trouble understanding nonverbal communication?**
 - A. Hearing impairment**
 - B. Visual impairment**
 - C. Limited mobility**
 - D. Chronic pain**
- 4. Which condition is defined as pain persisting for at least one month after rash healing?**
 - A. Acute herpes zoster.**
 - B. Postherpetic neuralgia.**
 - C. Herpes simplex.**
 - D. Chronic pain syndrome.**
- 5. What is true regarding the Varicella vaccine?**
 - A. The Varicella vaccine is administered only to adults over 50**
 - B. The vaccine provides temporary passive immunity to infection**
 - C. Women who do not have immunity should receive the first dose upon completion of pregnancy**
 - D. The vaccine provides minimal protection against invasive Varicella**

- 6. What should be a priority in managing a patient with C. difficile infection who is on clindamycin?**
- A. Give metronidazole.**
 - B. Treat the diarrhea, give metronidazole.**
 - C. Stop the clindamycin, treat the diarrhea.**
 - D. Stop the clindamycin if possible, give metronidazole.**
- 7. Which teaching style is best suited for a patient identified as an "Interested Learner"?**
- A. Facilitator**
 - B. Delegator**
 - C. Authority, expert**
 - D. Salesperson, motivator**
- 8. How is a mosquito bite most appropriately diagnosed?**
- A. Cyst**
 - B. Bulla**
 - C. Wheal**
 - D. Plaques**
- 9. With a Giardia lamblia diagnosis, which medication would the NP most likely prescribe?**
- A. Metronidazole**
 - B. Erythromycin**
 - C. Ampicillin**
 - D. Trimethoprim-sulfamethoxazole**
- 10. At what age is an individual initially classified as an older adult?**
- A. 70**
 - B. 65**
 - C. 60**
 - D. 75**

Answers

SAMPLE

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

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Explanations

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1. Which bacteria is most likely responsible for watery, yellow-green stools with abdominal pain in an elderly patient?

A. Shigella.

B. Adenovirus.

C. Campylobacter jejuni.

D. Salmonella.

The choice of Shigella as the responsible bacteria for watery, yellow-green stools accompanied by abdominal pain in an elderly patient is well-founded in clinical understanding. Shigella is known for causing gastroenteritis, typically presenting with symptoms such as diarrhea (which can be watery and sometimes bloody), abdominal cramps, fever, and nausea. The stools can often appear mucoid and may have a yellowish-green tint, which aligns with the symptom description. Moreover, elderly patients are particularly vulnerable to infections due to factors such as a weakened immune system, coexisting health conditions, and potentially diminished gastric acid production, which can make them more susceptible to pathogens like Shigella. This organism is transmitted via the fecal-oral route and can lead to significant morbidity in this age group, necessitating prompt medical attention. In comparison, other pathogens listed, while also capable of causing gastrointestinal symptoms, may not align as closely with the described stool characteristics or the typical presentation in elderly patients. For instance, Adenovirus generally causes viral gastroenteritis, leading to less severe symptoms and is not as classically associated with the color and type of stools described. Campylobacter jejuni typically causes diarrhea that is often bloody rather than watery and can have a distinct association with

2. In terms of managing Vitamin D deficiency in older patients, which is important to address?

A. Ensuring adequate sun exposure

B. Encouraging dietary changes

C. Recognizing the need for supplements

D. All of the above

Managing Vitamin D deficiency in older patients requires a comprehensive approach that incorporates various strategies. Each aspect plays a vital role in ensuring these individuals receive adequate vitamin D levels for optimal health. Ensuring adequate sun exposure is crucial because vitamin D synthesis occurs through the skin when exposed to sunlight. However, older adults often have decreased skin thickness and diminished ability to synthesize vitamin D, which makes reliance solely on sun exposure less effective. Encouraging safe sun exposure, while also considering the risks of skin damage, is an important component. Dietary changes are also significant because many older adults may have diets that do not provide sufficient levels of vitamin D. Foods rich in vitamin D, such as fatty fish, fortified dairy products, and eggs, can help to improve intake. By encouraging older adults to include these foods in their diets, healthcare providers can contribute to better nutritional status and overall health. Recognizing the need for supplements is essential as many older adults might not obtain enough vitamin D through sun exposure and diet alone. Vitamin D supplements can help achieve adequate serum levels, especially in individuals with higher deficiency risks, such as those with limited mobility or chronic illnesses. Considering all these factors, integrating safe sun exposure, promoting dietary changes, and recognizing the potential need for supplements forms a

3. A patient with which condition may have trouble understanding nonverbal communication?

- A. Hearing impairment**
- B. Visual impairment**
- C. Limited mobility**
- D. Chronic pain**

Individuals with visual impairment may have difficulty understanding nonverbal communication because they rely heavily on visual cues to interpret emotions and intentions. Nonverbal communication includes facial expressions, gestures, and body language, all of which are observed through sight. Without the ability to see these cues, a person with visual impairment may struggle to fully engage in social interactions and may misinterpret or miss important nonverbal signals. In contrast, while hearing impairment can affect the ability to hear verbal communication, individuals can still perceive nonverbal cues. Limited mobility does not directly impair one's ability to interpret nonverbal signals, as these signals are primarily visual. Chronic pain may affect a person's ability to engage socially or express themselves but does not inherently affect their understanding of nonverbal communication aspects. Thus, visual impairment poses a direct challenge to the understanding of nonverbal forms of communication.

4. Which condition is defined as pain persisting for at least one month after rash healing?

- A. Acute herpes zoster.**
- B. Postherpetic neuralgia.**
- C. Herpes simplex.**
- D. Chronic pain syndrome.**

Postherpetic neuralgia is defined as pain that continues for at least one month after the rash associated with herpes zoster (shingles) has healed. This condition occurs due to nerve damage from the varicella-zoster virus, leading to ongoing pain even after the visible symptoms have resolved. Individuals with postherpetic neuralgia often experience sharp, burning, or throbbing pain in the area where the rash occurred, which can significantly impact their quality of life. In contrast, acute herpes zoster refers to the active phase of the infection when the rash and pain are present, while herpes simplex refers to a different virus that causes oral or genital herpes. Chronic pain syndrome involves long-term pain that can arise from various conditions but does not specifically pertain to the aftermath of herpes zoster. Thus, postherpetic neuralgia is uniquely characterized by its timing in relation to the healing of the herpes zoster rash, making it the correct answer.

5. What is true regarding the Varicella vaccine?

- A. The Varicella vaccine is administered only to adults over 50
- B. The vaccine provides temporary passive immunity to infection
- C. Women who do not have immunity should receive the first dose upon completion of pregnancy**
- D. The vaccine provides minimal protection against invasive Varicella

The Varicella vaccine is designed to protect against chickenpox and is especially important for individuals who may not have developed immunity through previous infection or vaccination. When it comes to women who are pregnant or considering pregnancy, it is crucial to address immunity to Varicella. Women who do not have immunity to Varicella should indeed receive the first dose of the vaccine upon completion of pregnancy. This timing is recommended to ensure that the vaccine does not pose any risk to the fetus during pregnancy and allows the mother to develop immunity to protect both herself and her future children from chickenpox. This approach is aligned with public health recommendations, as the Varicella vaccine is a live attenuated virus vaccine and is not recommended during pregnancy due to the potential risks to the developing fetus. Therefore, vaccinating after pregnancy ensures that the woman can still gain immunity without any adverse effects on the pregnancy. The other answer choices do not accurately reflect the correct information about the Varicella vaccine, making them less suitable answers to the question.

6. What should be a priority in managing a patient with C. difficile infection who is on clindamycin?

- A. Give metronidazole.
- B. Treat the diarrhea, give metronidazole.
- C. Stop the clindamycin, treat the diarrhea.
- D. Stop the clindamycin if possible, give metronidazole.**

When managing a patient with a Clostridium difficile infection who is currently on clindamycin, prioritizing the cessation of clindamycin, if clinically feasible, is critical. Clindamycin is known to disrupt the normal gut flora, which can lead to an overgrowth of C. difficile and potential infection. Stopping the antibiotic that precipitated the infection is essential in reducing the risk of exacerbating the condition and allows for the restoration of healthy gut flora. Administering metronidazole, an effective antibiotic for treating mild to moderate C. difficile infections, will help target the infection directly. By stopping clindamycin and providing metronidazole, there is a dual approach: minimizing further disruption of the gut flora and addressing the infection itself. Prioritizing the management of the infection in this manner aligns with established treatment protocols for C. difficile and enhances the likelihood of a positive outcome. This approach does not just focus on symptomatic treatment, such as addressing diarrhea, but instead targets the underlying cause of the infection while adjusting the contributing factors of antibiotic use.

7. Which teaching style is best suited for a patient identified as an "Interested Learner"?

- A. Facilitator**
- B. Delegator**
- C. Authority, expert**
- D. Salesperson, motivator**

For a patient identified as an "Interested Learner," the teaching style of a Salesperson or Motivator is the most effective. This style encourages engagement and enthusiasm about the learning material, which is essential for individuals who have a genuine interest in learning. It incorporates motivational techniques that can inspire the patient and enhance their desire to understand and retain information. This approach often involves dynamic interactions, personal stories, and real-life applications, making the subject matter more relatable and memorable. In contrast, the other teaching styles may not align as effectively with the characteristics of an Interested Learner. The Facilitator approach focuses on guiding and providing support rather than actively inspiring, which may not fully leverage the patient's inherent curiosity. The Delegator style might involve giving responsibilities to the learner without the encouragement or stimulation that an Interested Learner craves. The Authority, Expert style is more didactic and may come off as imposing rather than fostering an engaging atmosphere for learners who are already eager to absorb knowledge.

8. How is a mosquito bite most appropriately diagnosed?

- A. Cyst**
- B. Bulla**
- C. Wheal**
- D. Plaques**

A mosquito bite is most appropriately diagnosed as a wheal. This is because a wheal is a raised, itchy area of skin that occurs due to localized edema (swelling) and is often seen with allergic reactions or insect bites. The body responds to the mosquito's saliva by releasing histamines, leading to swelling and redness in the affected area, characteristic of a wheal. The formation of wheals is a common reaction to insect bites, as they are typically round and can vary in size depending on the individual's sensitivity to the bite. This reaction is part of the body's inflammatory response, which aims to protect against perceived threats like allergens or pathogens introduced through the skin. In contrast, a cyst is a closed sac filled with fluid or tissue, a bulla is a large blister filled with clear fluid, and plaques are raised areas of skin that can be thick and scaly. None of these terms accurately describe the typical response seen from a mosquito bite, highlighting why wheal is the most appropriate diagnosis in this context.

9. With a Giardia lamblia diagnosis, which medication would the NP most likely prescribe?

A. Metronidazole

B. Erythromycin

C. Ampicillin

D. Trimethoprim-sulfamethoxazole

Metronidazole is the drug of choice for treating Giardia lamblia infections due to its effectiveness in targeting anaerobic bacteria and certain parasites. Giardia lamblia is a protozoan parasite responsible for giardiasis, which often presents with gastrointestinal symptoms. Metronidazole works by inhibiting nucleic acid synthesis and disrupting the DNA of the organism, thereby eliminating the infection. While the other medications listed may be effective against different types of infections, they are not the primary choice for treating giardiasis. Erythromycin is primarily an antibiotic effective against a variety of bacterial infections but not indicated for Giardia. Ampicillin is also an antibiotic used for certain bacterial infections, and trimethoprim-sulfamethoxazole is typically used for a range of bacterial infections and some other protozoal infections, but not as a first-line treatment for Giardia. Therefore, the selection of metronidazole for Giardia lamblia highlights its specific efficacy against this parasite, making it the most appropriate medication in this scenario.

10. At what age is an individual initially classified as an older adult?

A. 70

B. 65

C. 60

D. 75

The classification of an individual as an older adult typically begins at the age of 65. This age is significant as it aligns with eligibility for various social programs, such as Medicare in the United States, which provides health coverage for individuals over this age. The designation of 65 as the starting point for older adulthood has become a standard in gerontology and public policy, reflecting societal perceptions of aging and the transition into retirement. This benchmark is supported by numerous studies and is widely accepted in the field of gerontology, making it a crucial point for understanding demographic trends and healthcare planning for the aging population.