

HESI INET PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. In a patient who faints during exercise, the nurse's initial assessment should be to check what?**
 - A. Check blood glucose level
 - B. Auscultate lungs
 - C. Apply cold compress
 - D. Check blood pressure
- 2. A client with Hodgkin's disease undergoes cervical lymph node biopsy under local anesthesia. Which intervention is most important to include in the plan of care?**
 - A. Monitor for tracheal deviation and swelling at biopsy site.
 - B. Assess for drainage on dressing covering cervical incision.
 - C. Auscultate blood pressure every 15 minutes for one hour.
 - D. Perform neurological assessment prior to discharge.
- 3. On a post-surgical ICU unit, which client should the nurse assess first?**
 - A. A teenager who had a gunshot wound repair yesterday and has quarter-size dark drainage on the dressing.
 - B. A young adult who had an abdominoperineal resection 3 days ago and is currently complaining of chills.
 - C. An older adult who had a mastectomy 2 days ago and has 50 mL serosanguinous fluid in the Jackson-Pratt (JP) drain.
 - D. An adult who has a collapsed lung related to a fall from ladder 8 hours ago and now has 100 mL chest tube drainage.
- 4. A client with a duodenal ulcer was taught dairy milk to coat the ulcer; what is the best follow-up action?**
 - A. Remind the client to switch to decaffeinated coffee and tea.
 - B. Review the need to avoid foods rich in milk and cream.
 - C. Reinforce by asking the client to list dairy foods they might select.
 - D. Suggest to eat frequent small meals to reduce discomfort.
- 5. For a patient on dialysis, which statement about protein intake is correct?**
 - A. The intake of protein should be increased due to dialysis.
 - B. The intake of protein should be decreased due to loss through dialysis.
 - C. The intake of protein should be maintained.
 - D. The intake of protein should be increased to prevent muscle wasting.

- 6. A nurse seeks to alter a state's Nurse Practice Act regarding nurse-to-patient ratios; which action is most likely to influence a ruling by the state's Board of Nursing?**
- A. Notify the state's Board about the matter anonymously.
 - B. File a grievance at the medical center where the nurse is employed.
 - C. Send a letter of concern to the American Nurses' Association.
 - D. Consult with the appropriate state legislative representative.
- 7. A patient with stage I bone cancer reports severe pain (8/10). Which intervention aligns with multimodal analgesia?**
- A. Administer opioid and non-opioid medication simultaneously.
 - B. Give maximum dosage when score reaches 10.
 - C. Educate client on signs and symptoms of narcotic dependency.
 - D. Alternate IV and IM analgesic medications.
- 8. For a client with acute pancreatitis whose abdominal pain is not as severe as it was on admission, which laboratory test should the nurse review to evaluate clinical recovery?**
- A. Lipase
 - B. Creatinine
 - C. Bilirubin
 - D. Glucose
- 9. Which ventilator adjustment is appropriate to correct respiratory acidosis in a patient with shallow breaths?**
- A. Increase the ventilator rate.
 - B. Increase FiO₂.
 - C. Increase PEEP.
 - D. Decrease the rate.
- 10. A 70 kg patient develops febrile neutropenia after chemotherapy and is prescribed filgrastim 5 mcg/kg subQ every 12 hours. The vial contains 300 mcg/mL. How many milliliters should be administered?**
- A. 0.8
 - B. 1.2
 - C. 1.6
 - D. 2.0

Answers

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

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Explanations

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1. In a patient who faints during exercise, the nurse's initial assessment should be to check what?

- A. Check blood glucose level**
- B. Auscultate lungs
- C. Apply cold compress
- D. Check blood pressure

When someone faints during exercise, the most immediate information you can obtain quickly is whether hypoglycemia is present. A rapid blood glucose check can reveal a reversible metabolic cause of loss of consciousness and guide prompt treatment, such as giving glucose if it's low. This quick test helps you decide whether to address a metabolic trigger right away or move on to other assessments. If the glucose is normal, you would then evaluate other potential causes, starting with cardiovascular status (monitoring blood pressure and pulse) to assess for issues like hypotension or arrhythmias. Tests focused on the lungs or a cold compress don't address the likely immediate trigger of fainting in this scenario.

2. A client with Hodgkin's disease undergoes cervical lymph node biopsy under local anesthesia. Which intervention is most important to include in the plan of care?

- A. Monitor for tracheal deviation and swelling at biopsy site.**
- B. Assess for drainage on dressing covering cervical incision.
- C. Auscultate blood pressure every 15 minutes for one hour.
- D. Perform neurological assessment prior to discharge.

Airway safety is the top priority after a cervical lymph node biopsy. In the neck, a biopsy can lead to bleeding that forms a hematoma in a tight space. That swelling can rapidly compress the trachea and block breathing. Watching for tracheal deviation and swelling at the biopsy site allows early detection of an expanding hematoma, so you can intervene quickly to protect the airway. Other concerns, like drainage on the dressing or routine vital signs, are important but not as immediately life-threatening as a potential airway emergency. Neurological status isn't typically affected by this procedure, so it's not the primary focus right after a neck biopsy.

3. On a post-surgical ICU unit, which client should the nurse assess first?

- A. A teenager who had a gunshot wound repair yesterday and has quarter-size dark drainage on the dressing.
- B. A young adult who had an abdominoperineal resection 3 days ago and is currently complaining of chills.
- C. An older adult who had a mastectomy 2 days ago and has 50 mL serosanguinous fluid in the Jackson-Pratt (JP) drain.
- D. An adult who has a collapsed lung related to a fall from ladder 8 hours ago and now has 100 mL chest tube drainage.**

Prioritize breathing status, especially with a chest tube after a lung injury. A client who recently had a collapse of the lung and now has a chest tube is at immediate risk for respiratory compromise if the tube is not functioning, if there is an ongoing air leak, or if the lung re-expansion is not progressing. A drainage amount of 100 mL is not automatically alarming by itself, but this patient must be assessed promptly for signs of a dislodged or occluded tube, persistent air leaks (continuous bubbling), a change in drainage pattern, new shortness of breath, decreased breath sounds on the affected side, or subcutaneous emphysema. If any of these occur, intervene quickly to verify the system is intact, ensure the collection chamber is below chest level, and notify the clinician as needed. The other postoperative findings are important, but the immediate threat to life is potential respiratory deterioration in the chest-tube patient.

4. A client with a duodenal ulcer was taught dairy milk to coat the ulcer; what is the best follow-up action?

- A. Remind the client to switch to decaffeinated coffee and tea.
- B. Review the need to avoid foods rich in milk and cream.**
- C. Reinforce by asking the client to list dairy foods they might select.
- D. Suggest to eat frequent small meals to reduce discomfort.

When managing a duodenal ulcer, the focus is on avoiding foods that irritate the stomach lining and on evidence-based dietary habits rather than relying on a coating effect from dairy. Dairy products, especially those high in milk and cream, may provide only temporary relief and can actually provoke acid production or slow gastric emptying, which can worsen symptoms or delay healing. Therefore, the best follow-up action is to review and reinforce the need to avoid foods rich in milk and cream, ensuring the patient understands that dairy should not be used as a primary healing strategy. This guidance helps prevent reliance on a temporary fix and aligns with maintaining a bland, non-irritating diet as part of comprehensive ulcer management. If symptoms persist, encourage adherence to prescribed medications and individualized dietary adjustments discussed with the healthcare provider.

5. For a patient on dialysis, which statement about protein intake is correct?

- A. The intake of protein should be increased due to dialysis.
- B. The intake of protein should be decreased due to loss through dialysis.**
- C. The intake of protein should be maintained.
- D. The intake of protein should be increased to prevent muscle wasting.

Dialysis increases protein needs because the procedure can remove amino acids and protein from the blood, and the body may be in a more catabolic state during kidney failure. If protein intake isn't increased to compensate for these losses, a negative nitrogen balance can develop, leading to malnutrition and loss of lean body mass. To prevent that, protein intake should be increased to replace the losses and support recovery and overall nutritional status. A typical goal is about 1.2 to 1.3 grams of protein per kilogram of body weight each day for adults on dialysis, with total daily calories around 30 to 35 kcal per kilogram to spare protein for tissue building. Distribute protein across meals to improve utilization and choose high-quality protein sources. Also, monitor phosphorus and potassium since dialyzed patients often need to manage these minerals, using binders as prescribed.

6. A nurse seeks to alter a state's Nurse Practice Act regarding nurse-to-patient ratios; which action is most likely to influence a ruling by the state's Board of Nursing?

- A. Notify the state's Board about the matter anonymously.
- B. File a grievance at the medical center where the nurse is employed.
- C. Send a letter of concern to the American Nurses' Association.
- D. Consult with the appropriate state legislative representative.**

The main idea here is that changing nurse-to-patient ratios in a state is a change to state law, not something a regulatory board does on its own. The Nurse Practice Act sets the legal framework for scope of practice and ratios, and the Board of Nursing enforces that law and writes regulations within its authority. To actually alter the Act, you need to engage the state legislative process—work with a state legislative representative to sponsor or support a bill that amends the Act. Legislators draft, debate, and vote on changes, often holding hearings with input from nurses, employers, patients, and other stakeholders. If the legislation passes and is signed into law, the Board then adjusts its rules to align with the new statute. Other options don't directly change the law. Notifying the Board anonymously doesn't trigger statutory change. Filing a grievance at a medical center tackles workplace issues rather than the statutory framework. Contacting a national association can raise awareness, but it doesn't directly alter state law or the Board's authority. The legislative route is the direct path to influence the ruling by the Board because it changes the statute that governs practice and ratios.

7. A patient with stage I bone cancer reports severe pain (8/10). Which intervention aligns with multimodal analgesia?

A. Administer opioid and non-opioid medication simultaneously.

B. Give maximum dosage when score reaches 10.

C. Educate client on signs and symptoms of narcotic dependency.

D. Alternate IV and IM analgesic medications.

Multimodal analgesia means using more than one kind of pain relief at the same time to attack pain through different mechanisms. In cancer pain, combining an opioid with a non-opioid (like acetaminophen or an NSAID) provides additive relief and can allow lower doses of each drug, improving overall pain control while potentially reducing side effects. Administering both an opioid and a non-opioid together embodies this approach, offering stronger, more comprehensive relief than using a single medication alone. Waiting until pain reaches the maximum score to push more of one drug relies on escalating a single mechanism instead of engaging multiple pathways. While educating about narcotic dependency is important for safe use, it doesn't implement multimodal analgesia by itself. Rotating or alternating administration routes doesn't inherently combine different drug classes, so it isn't the multimodal strategy either.

8. For a client with acute pancreatitis whose abdominal pain is not as severe as it was on admission, which laboratory test should the nurse review to evaluate clinical recovery?

A. Lipase

B. Creatinine

C. Bilirubin

D. Glucose

Monitoring recovery in acute pancreatitis relies on tracking pancreatic enzymes. Lipase is preferred because it is more specific to pancreatic injury and tends to stay elevated longer than other enzymes, providing a dependable trend of inflammation as the patient improves. If the abdominal pain is easing, a declining lipase level supports that healing is progressing and the inflammatory process is resolving. Creatinine reflects kidney function, bilirubin indicates biliary or liver issues, and glucose shows endocrine function or stress response; none of these track pancreatic inflammation as directly or reliably as lipase when evaluating recovery.

9. Which ventilator adjustment is appropriate to correct respiratory acidosis in a patient with shallow breaths?

A. Increase the ventilator rate.

B. Increase FiO₂.

C. Increase PEEP.

D. Decrease the rate.

Respiratory acidosis occurs when ventilation fails to remove enough CO₂, causing CO₂ retention and a fall in pH. If breaths are shallow, the tidal volume is small, so minute ventilation (rate × tidal volume) is low, leading to CO₂ buildup. The most direct way to boost CO₂ elimination is to raise minute ventilation, which is typically done by increasing the ventilator rate. This increases the number of breaths per minute and helps normalize CO₂ levels and pH. Increasing FiO₂ would improve oxygenation but not CO₂ removal. Increasing PEEP helps with airway recruitment and oxygenation rather than directly correcting CO₂. Decreasing the rate would reduce ventilation and worsen the acidosis. After adjusting, monitor arterial blood gases and ventilator pressures to ensure CO₂ decreases appropriately without causing overdistension.

10. A 70 kg patient develops febrile neutropenia after chemotherapy and is prescribed filgrastim 5 mcg/kg subQ every 12 hours. The vial contains 300 mcg/mL. How many milliliters should be administered?

A. 0.8

B. 1.2

C. 1.6

D. 2.0

When a dose is given per kilogram, first find the total micrograms needed per administration, then convert that amount to milliliters using the vial's concentration. For this patient: weight is 70 kg and the dose is 5 mcg per kg. Total per dose = $70 \times 5 = 350$ mcg. The vial is 300 mcg per mL, so the volume to draw = $350 \text{ mcg} \div 300 \text{ mcg/mL} \approx 1.17$ mL. Round to the nearest tenth for practical dosing, giving 1.2 mL per dose.

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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:

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

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