

# HESI Level 1 Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

- 1. What is a common side effect of opioid analgesics?**
  - A. Nausea**
  - B. Constipation**
  - C. Drowsiness**
  - D. Dry mouth**
- 2. When making the bed of a client who needs a bed cradle, which action should the nurse include?**
  - A. Teach the client to call for help before getting out of bed.**
  - B. Keep both the upper and lower side rails in a raised position.**
  - C. Keep the bed in the lowest position while changing the sheets.**
  - D. Drape the top sheet and covers loosely over the bed cradle.**
- 3. What does the term "informed consent" mean in the healthcare setting?**
  - A. A patient's agreement to treatment after being fully informed of risks and benefits.**
  - B. A legal document that patients must sign before treatment.**
  - C. A verbal discussion about treatment options without details.**
  - D. A procedure that requires only verbal acknowledgment from the patient.**
- 4. In the context of pharmacology, what does the term "therapeutic range" refer to?**
  - A. The range of drug side effects**
  - B. The concentration of a drug in the blood that achieves the desired effect without toxicity**
  - C. The minimum effective dose of a medication**
  - D. The interval between doses to avoid toxicity**
- 5. What response by a client with a nursing diagnosis of "Spiritual distress" indicates to the nurse that a desired outcome measure has been met?**
  - A. Expresses concern about the meaning and importance of life.**
  - B. Remains angry at God for the continuation of the illness.**
  - C. Accepts that punishment from God is not related to illness.**
  - D. Refuses to participate in religious rituals that have no meaning.**



- 6. What type of knowledge is assessed in the Microbiology section of the HESI Level 1 exam?**
- A. Basic microbiology concepts**
  - B. Infection control and immune response**
  - C. Microbial genetics**
  - D. Antibiotic resistance mechanisms**
- 7. To prevent nosocomial infections in a resident with candidiasis, what protocol should be reinforced?**
- A. Follow contact isolation procedures**
  - B. Wash hands after caring for the client**
  - C. Wear gloves when providing personal care**
  - D. Restrict pregnant staff or visitors into the room**
- 8. In assessing a client with severe osteoarthritis using a goniometer, which measurement is the nurse primarily looking for?**
- A. Adequate venous blood flow to the lower extremities.**
  - B. Estimated amount of body fat by an underarm skinfold.**
  - C. Degree of flexion and extension of the client's knee joint.**
  - D. Change in the circumference of the joint in centimeters.**
- 9. What is the primary focus of health promotion in nursing?**
- A. Managing chronic illnesses**
  - B. Preventing illness and maintaining wellness**
  - C. Providing palliative care**
  - D. Conducting research on disease prevention**
- 10. What should the nurse consider when adding sterile liquids to a sterile field?**
- A. Use an outdated sterile liquid if the bottle is sealed and has not been opened.**
  - B. Consider the sterile field contaminated if it becomes wet during the procedure.**
  - C. Remove the container cap and lay it with the inside facing down on the sterile field.**
  - D. Hold the container high and pour the solution into a receptacle at the back of the sterile field.**

## **Answers**

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

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## **Explanations**

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## 1. What is a common side effect of opioid analgesics?

- A. Nausea
- B. Constipation**
- C. Drowsiness
- D. Dry mouth

Opioid analgesics are widely used for their effectiveness in managing pain, but they are also known for their range of side effects, with constipation being one of the most common. This occurs because opioids bind to receptors in the gastrointestinal tract, leading to a decrease in gastrointestinal motility. As a result, intestinal movement slows down, causing stools to become harder and less frequent, which leads to constipation. The mechanism by which opioids cause constipation involves their action on the mu-opioid receptors in the brain and the gastrointestinal (GI) tract. This creates a significant challenge for patients requiring long-term pain management with opioids, requiring them to potentially implement preventive measures, such as increasing fluid intake, dietary changes, or using laxatives. While nausea, drowsiness, and dry mouth are also recognized side effects of opioid use, constipation is particularly notable due to its prevalence and potential impact on patient comfort and compliance with opioid therapy. Managing and anticipating this side effect is crucial for healthcare providers in order to support their patients effectively during treatment.

## 2. When making the bed of a client who needs a bed cradle, which action should the nurse include?

- A. Teach the client to call for help before getting out of bed.
- B. Keep both the upper and lower side rails in a raised position.
- C. Keep the bed in the lowest position while changing the sheets.
- D. Drape the top sheet and covers loosely over the bed cradle.**

When caring for a client who requires a bed cradle, it's important to drape the top sheet and covers loosely over the bed cradle. The purpose of the bed cradle is to elevate the bedding away from the client's body, which helps to prevent pressure sores and allows for comfort, especially for individuals with sensitive skin or conditions that may lead to skin breakdown. By loosely draping the covers, the client can have sufficient airflow and avoid unnecessary pressure on areas of the body that may be prone to injury. This action not only enhances the client's comfort but also supports their overall safety by minimizing the risk of entrapment or discomfort from tightly wrapped bedding. This approach is especially beneficial for clients with conditions that require careful management of skin integrity.

**3. What does the term "informed consent" mean in the healthcare setting?**

- A. A patient's agreement to treatment after being fully informed of risks and benefits.**
- B. A legal document that patients must sign before treatment.**
- C. A verbal discussion about treatment options without details.**
- D. A procedure that requires only verbal acknowledgment from the patient.**

In the healthcare setting, "informed consent" refers to a patient's agreement to undergo a specific treatment or procedure after being thoroughly informed about the potential risks, benefits, alternatives, and implications associated with it. This process ensures that patients have the opportunity to understand the nature of their condition, the proposed interventions, and the consequences of not receiving treatment. The emphasis is on the patient's right to make an informed choice, which requires clear communication and a comprehensive explanation by the healthcare provider. This concept is rooted in ethical principles that respect patient autonomy and promote shared decision-making between the patient and the healthcare team. The definition captures the essence of autonomy in healthcare, ensuring that patients are not just passively agreeing but are actively involved in their healthcare decisions based on complete and accurate information.

**4. In the context of pharmacology, what does the term "therapeutic range" refer to?**

- A. The range of drug side effects**
- B. The concentration of a drug in the blood that achieves the desired effect without toxicity**
- C. The minimum effective dose of a medication**
- D. The interval between doses to avoid toxicity**

The term "therapeutic range" specifically refers to the concentration of a drug in the bloodstream that is effective for achieving the desired clinical effect while minimizing the risk of adverse effects or toxicity. This range is critical for ensuring that the drug is both safe and effective for the patient. When drug levels are within this range, they provide the intended therapeutic benefits without leading to harmful side effects, allowing healthcare providers to optimize medication dosing for individual patients. In contrast, other options address different aspects of drug administration or effects. For example, the range of drug side effects pertains to the potential adverse reactions that can occur with medication use but does not define the effective and safe concentration levels in the blood. Meanwhile, the minimum effective dose refers to the smallest amount of a drug necessary to elicit a therapeutic response, which does not encompass the concept of a range of concentrations or the nuance of safely balancing efficacy and toxicity. Finally, the interval between doses relates to scheduling medication administration to maintain therapeutic effects or prevent toxicity, but this concept does not directly define the therapeutic range itself.

5. What response by a client with a nursing diagnosis of "Spiritual distress" indicates to the nurse that a desired outcome measure has been met?
- A. Expresses concern about the meaning and importance of life.
  - B. Remains angry at God for the continuation of the illness.
  - C. Accepts that punishment from God is not related to illness.**
  - D. Refuses to participate in religious rituals that have no meaning.

The chosen response indicates that the client has achieved a level of understanding and acceptance regarding their situation, which is central to alleviating spiritual distress. By accepting that punishment from God is not related to their illness, the client is moving away from feelings of guilt, shame, and anger that may have been contributing to their spiritual distress. This acceptance signifies a shift in perspective that can lead to a more peaceful state of mind and a healthier relationship with their spirituality. In the context of spiritual distress, individuals often grapple with questions of meaning, purpose, and their relationship with a higher power. When a client begins to separate their illness from feelings of divine punishment, it suggests they are processing their experiences in a healthier way. This change can contribute significantly to overall well-being, signaling that the nursing interventions aimed at addressing the client's spiritual needs have been effective. The other responses do not reflect a resolution of spiritual distress. For instance, expressing concern about the meaning and importance of life indicates an ongoing struggle, while remaining angry at God shows a lack of reconciliation with spiritual beliefs. Refusing to participate in rituals suggests a disconnection, rather than an acceptance of faith, which does not signify a positive outcome in this context.

6. What type of knowledge is assessed in the Microbiology section of the HESI Level 1 exam?
- A. Basic microbiology concepts
  - B. Infection control and immune response**
  - C. Microbial genetics
  - D. Antibiotic resistance mechanisms

The Microbiology section of the HESI Level 1 exam primarily assesses knowledge related to infection control and immune response. This emphasis aligns with the importance of understanding how infectious agents affect the body, how the immune system responds to these agents, and the strategies that can be employed to prevent and control infections in healthcare settings. Infection control is critical for ensuring patient safety and preventing the spread of pathogens within a clinical environment. This includes understanding standard precautions, transmission-based precautions, and sterilization techniques. Similarly, knowledge about the immune response helps healthcare professionals grasp how the body defends itself against infections and the implications of different immune responses in patient care. While basic microbiology concepts provide foundational knowledge and microbial genetics focus on the hereditary aspects of microorganisms, and antibiotic resistance mechanisms deal specifically with the challenges presented by resistant strains, the core focus in this context is on infection control and the body's defenses against infection. This is crucial for nursing competencies and effective patient management.

**7. To prevent nosocomial infections in a resident with candidiasis, what protocol should be reinforced?**

- A. Follow contact isolation procedures**
- B. Wash hands after caring for the client**
- C. Wear gloves when providing personal care**
- D. Restrict pregnant staff or visitors into the room**

To prevent nosocomial infections in a resident with candidiasis, reinforcing the protocol to wash hands after caring for the client is essential. Hand hygiene is one of the most effective ways to prevent the transmission of infections in healthcare settings. By thoroughly washing hands after interactions with the patient, healthcare providers can significantly reduce the risk of spreading pathogens, including yeast infections like candidiasis, to other patients or surfaces within the facility. This practice is critical in controlling the spread of infections. In environments where individuals may be immunocompromised or have existing infections, maintaining strict hand hygiene helps protect not only the patient with candidiasis but also those around them from acquiring similar or opportunistic infections. While wearing gloves is important when providing personal care and contact isolation procedures are relevant for certain infections, the fundamental technique of hand hygiene remains the cornerstone of infection prevention in healthcare settings. Restricting pregnant staff or visitors may not be necessary unless specifically indicated for certain high-risk infections, making proper handwashing the most universally applicable protocol in this scenario.

**8. In assessing a client with severe osteoarthritis using a goniometer, which measurement is the nurse primarily looking for?**

- A. Adequate venous blood flow to the lower extremities.**
- B. Estimated amount of body fat by an underarm skinfold.**
- C. Degree of flexion and extension of the client's knee joint.**
- D. Change in the circumference of the joint in centimeters.**

The primary measurement a nurse is looking for when assessing a client with severe osteoarthritis using a goniometer is the degree of flexion and extension of the client's knee joint. The goniometer is a specific instrument used to measure the range of motion in joints, which is particularly relevant in osteoarthritis. In this condition, the integrity and movement capabilities of the joint can be significantly impaired due to pain, swelling, and degeneration of cartilage. Measuring the flexion and extension allows the nurse to assess the degree of limitation in movement, which can guide treatment plans and monitor progression or improvement of the condition. This focus on joint movement is crucial because it provides insight into the functional capabilities of the knee and can help identify potential needs for physical therapy, surgical interventions, or modifications in activities to enhance the client's quality of life.



**9. What is the primary focus of health promotion in nursing?**

- A. Managing chronic illnesses
- B. Preventing illness and maintaining wellness**
- C. Providing palliative care
- D. Conducting research on disease prevention

The primary focus of health promotion in nursing is centered around preventing illness and maintaining wellness. This approach emphasizes the importance of proactive measures in healthcare, aiming to enhance the overall well-being of individuals and communities rather than merely reacting to illnesses after they occur. Health promotion encompasses a range of activities that include educating patients about lifestyle choices, encouraging regular health screenings, and implementing community health initiatives. By focusing on prevention and wellness, nurses play a crucial role in helping individuals adopt healthier behaviors, reduce risk factors for disease, and achieve a higher quality of life. While managing chronic illnesses, providing palliative care, and conducting research on disease prevention are essential components of nursing and healthcare, they are more reactive or specific in nature compared to the overarching goal of promoting health and preventing illness. The focus on wellness reflects a holistic view of healthcare, prioritizing the enhancement of patients' quality of life and the prevention of health issues before they arise.

**10. What should the nurse consider when adding sterile liquids to a sterile field?**

- A. Use an outdated sterile liquid if the bottle is sealed and has not been opened.
- B. Consider the sterile field contaminated if it becomes wet during the procedure.**
- C. Remove the container cap and lay it with the inside facing down on the sterile field.
- D. Hold the container high and pour the solution into a receptacle at the back of the sterile field.

When adding sterile liquids to a sterile field, considering that the sterile field is contaminated if it becomes wet during the procedure is crucial. Maintaining the integrity of the sterile field is essential in preventing infection and ensuring patient safety. Any moisture on the field can create pathways for microorganisms to transfer, thus compromising sterility. This is critical in surgical and procedural settings where infection control is paramount. Maintaining a dry environment helps ensure that all sterile instruments and surfaces remain uncontaminated. Recognizing the importance of this aspect reinforces the nurse's responsibility in upholding aseptic technique throughout the procedure and underscores the need for constant vigilance when managing sterile fields.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://hesilvl1.examzify.com>**

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