

# HESI Level 2 Practice Test (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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**SAMPLE**

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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. When taking the history of a newly diagnosed Type 2 diabetic, which piece of subjective information is most crucial for the nurse to document?**
  - A. A history of obesity.**
  - B. An allergy to sulfa drugs.**
  - C. Cessation of smoking three years ago.**
  - D. Numbness in the soles of the feet.**
- 2. What action should a nurse take to reduce the risk of cold stress in a low-birth-weight newborn with a body temperature of 97.7°F (36.5°C)?**
  - A. Apply warmed blankets that are stored in a warmer.**
  - B. Keep disposable diapers under the warming lights.**
  - C. Maintain a low-humidity atmosphere.**
  - D. Use humidified oxygenation via a hood.**
- 3. What is the priority nursing diagnosis for a client with atrophic vaginitis and perineal candidiasis?**
  - A. Risk for injury.**
  - B. Impaired comfort.**
  - C. Disturbed body image.**
  - D. Ineffective health maintenance.**
- 4. What is a key sign that may indicate an adverse reaction in a patient receiving growth hormone?**
  - A. Sudden headaches.**
  - B. Joint discomfort.**
  - C. Skin rash.**
  - D. Increased appetite.**
- 5. Which factor is the most important for successful teaching of the gravid client?**
  - A. The client's readiness to learn.**
  - B. The client's educational background.**
  - C. The order in which the information is presented.**
  - D. The extent to which the pregnancy was planned.**



- 6. What task should a nurse teach a 5-year-old child with type 1 diabetes mellitus?**
- A. Selection of high carbohydrates foods from a chart.**
  - B. Administration of subcutaneous insulin injections.**
  - C. Performance of glucose testing.**
  - D. Preparation of the correct insulin dose.**
- 7. What factor should the nurse consider when providing care to recently immigrated clients?**
- A. Cultural changes may be difficult for the client.**
  - B. The client desires to adapt to the new culture.**
  - C. The client views their cultural differences as abnormal.**
  - D. Information may be given to help the client adapt to the new culture.**
- 8. Which factors should a nurse document as health risks for a young, unmarried pregnant client with a history of drug addiction?**
- A. Youth.**
  - B. Drug addiction.**
  - C. History of abuse.**
  - D. All of the above.**
- 9. In a client with a history of heart failure, taking which medication requires additional monitoring for potassium levels?**
- A. Beta blockers.**
  - B. ACE inhibitors.**
  - C. Antidepressants.**
  - D. Calcium channel blockers.**
- 10. What are the initial signs of a transfusion reaction to watch for in a pediatric patient?**
- A. Headache and nausea**
  - B. Diarrhea and vomiting**
  - C. Rash and itching**
  - D. Fever and chills**

## **Answers**

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

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## **Explanations**

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**1. When taking the history of a newly diagnosed Type 2 diabetic, which piece of subjective information is most crucial for the nurse to document?**

- A. A history of obesity.**
- B. An allergy to sulfa drugs.**
- C. Cessation of smoking three years ago.**
- D. Numbness in the soles of the feet.**

The most crucial piece of subjective information to document in this context is an allergy to sulfa drugs. This is essential because understanding a patient's allergies is vital for ensuring safe medication administration. Type 2 diabetics often require medication to manage their condition, including oral hypoglycemics or insulin, and knowing about any drug allergies helps prevent potentially serious allergic reactions. The history of obesity, while strongly associated with Type 2 diabetes and important for treatment planning and lifestyle modification discussions, does not have the immediate impact on medication safety that knowledge of allergies does. Cessation of smoking three years ago is relevant to overall health but is less urgent than being aware of an allergic reaction risk when it comes to prescribing treatment. Numbness in the soles of the feet may indicate complications of diabetes like neuropathy, which is important to note but does not directly affect medication safety in the same way that known allergies do.

**2. What action should a nurse take to reduce the risk of cold stress in a low-birth-weight newborn with a body temperature of 97.7°F (36.5°C)?**

- A. Apply warmed blankets that are stored in a warmer.**
- B. Keep disposable diapers under the warming lights.**
- C. Maintain a low-humidity atmosphere.**
- D. Use humidified oxygenation via a hood.**

To reduce the risk of cold stress in a low-birth-weight newborn, applying warmed blankets that have been stored in a warmer is crucial. Newborns, especially those with low birth weight, are particularly susceptible to hypothermia due to their larger body surface area relative to their weight, which can lead to rapid heat loss. Warmed blankets provide immediate thermal support, helping to elevate the newborn's body temperature and prevent further heat loss. The use of heated blankets is a standard nursing practice aimed at maintaining normothermia in vulnerable infants. By ensuring that these blankets are warmed and readily available, the nurse creates a stable environment for the newborn's thermal regulation. Other methods, such as keeping disposable diapers under warming lights, may not provide adequate coverage or warmth needed for the entire body and are not as effective as direct application of warmed blankets. Maintaining a low-humidity atmosphere can actually exacerbate heat loss, as low humidity can lead to increased evaporative cooling. Humidified oxygen via a hood is essential for some respiratory support but does not directly address the issue of maintaining body temperature. Thus, applying warmed blankets is the most effective and immediate intervention for managing the risk of cold stress in this scenario.

**3. What is the priority nursing diagnosis for a client with atrophic vaginitis and perineal candidiasis?**

- A. Risk for injury.
- B. Impaired comfort.**
- C. Disturbed body image.
- D. Ineffective health maintenance.

The priority nursing diagnosis for a client with atrophic vaginitis and perineal candidiasis is impaired comfort. This condition often leads to significant discomfort due to inflammation and irritation of the vaginal and perineal tissues. Symptoms such as dryness, burning, and pain can greatly affect the client's quality of life and daily functioning. Therefore, addressing comfort is essential in the nursing care plan to alleviate these distressing sensations and enhance the client's overall well-being. While other diagnoses, such as disturbed body image or ineffective health maintenance, may also be relevant to a patient with these conditions, they do not take precedence over the immediate need for comfort. For instance, discomfort may hinder a client's ability to engage in self-care or maintain health practices, making it imperative to address comfort first to create a foundation for further interventions.

**4. What is a key sign that may indicate an adverse reaction in a patient receiving growth hormone?**

- A. Sudden headaches.
- B. Joint discomfort.**
- C. Skin rash.
- D. Increased appetite.

Joint discomfort is a key sign that may indicate an adverse reaction in a patient receiving growth hormone. This discomfort can result from the growth hormone stimulating growth not just in bones and muscles but also potentially leading to abnormal or excessive growth of joints and connective tissue. Such effects can contribute to discomfort or pain in the joints. Growth hormone therapy can lead to conditions like acromegaly if administered excessively, which is characterized by enlarged bones and soft tissues in adults, often manifesting as joint pain or stiffness. Identifying joint discomfort early is important for healthcare providers to ensure patient safety and to modify treatment as necessary. While sudden headaches, skin rash, and increased appetite can also be associated with various adverse reactions or changes in health, they are not as directly linked to the effects of growth hormone therapy in the way that joint discomfort is. Therefore, recognizing joint discomfort as a significant adverse reaction can lead to timely intervention and management.

**5. Which factor is the most important for successful teaching of the gravid client?**

- A. The client's readiness to learn.**
- B. The client's educational background.**
- C. The order in which the information is presented.**
- D. The extent to which the pregnancy was planned.**

The client's readiness to learn is crucial for successful teaching of the gravid client because it directly influences how effectively the client can absorb and apply the information provided. When a client is motivated and mentally prepared to engage with the material, they are more likely to retain the information and participate actively in their care. Factors such as anxiety, fatigue, or lack of interest can significantly inhibit learning, regardless of how well the information is structured or presented.

Understanding the client's readiness encompasses evaluating their emotional state, beliefs about childbirth, and their current circumstances. When clients feel ready and supported in a learning environment, they are more receptive, which enhances the teaching process and ultimately contributes to better outcomes for both the mother and the baby. This readiness fosters an open dialogue, encouraging clients to ask questions and seek clarification, leading to a more comprehensive understanding of their health and pregnancy.

**6. What task should a nurse teach a 5-year-old child with type 1 diabetes mellitus?**

- A. Selection of high carbohydrates foods from a chart.**
- B. Administration of subcutaneous insulin injections.**
- C. Performance of glucose testing.**
- D. Preparation of the correct insulin dose.**

Teaching a 5-year-old child with type 1 diabetes mellitus the performance of glucose testing is appropriate because it is a task that the child can understand and participate in with adult supervision. At this age, children are more likely to grasp the concept of checking their blood sugar levels, as it can be framed in a way that relates to how they're feeling or their energy levels, making it relevant to their daily experiences. Involvement in glucose testing can help children develop a sense of responsibility for their health and allows them to become more aware of their condition in a manageable way. It supports the development of self-care skills which will be essential as they grow older.

Additionally, it helps to foster a cooperative approach to their treatment, encouraging communication about their needs and feelings. On the other hand, while tasks like the selection of high carbohydrate foods, administration of insulin injections, and preparation of insulin doses are also important components of diabetes management, they may be too complex for a young child to handle independently. These tasks require a higher level of understanding, fine motor skills, and responsibility, which may not be developmentally appropriate for a 5-year-old. Involving parents or caregivers to perform these tasks while gradually teaching the child about them can help bridge the transition

**7. What factor should the nurse consider when providing care to recently immigrated clients?**

**A. Cultural changes may be difficult for the client.**

**B. The client desires to adapt to the new culture.**

**C. The client views their cultural differences as abnormal.**

**D. Information may be given to help the client adapt to the new culture.**

When providing care to recently immigrated clients, it is essential to consider that cultural changes may be difficult for the client. Migrating to a new country often involves significant adjustment challenges, including language barriers, different social norms, and unfamiliar healthcare practices. This transition can lead to feelings of isolation, confusion, or anxiety, as clients might struggle to navigate their new environment while retaining their cultural identity. Understanding that these cultural changes can be challenging is crucial for nurses in creating a supportive and empathetic care environment. By acknowledging this difficulty, nurses can better tailor their communication and care approaches to meet the emotional and practical needs of the client. This awareness allows healthcare providers to offer appropriate resources, support systems, and methods of care that honor the client's background while facilitating their adaptation to a new culture. The other options do not encapsulate the inherent challenges of adjusting to a new cultural context as effectively. While some clients may desire to adapt, view their differences, or benefit from information provided, recognizing the difficulty of cultural changes emphasizes the importance of sensitivity and understanding in the nursing care process.

**8. Which factors should a nurse document as health risks for a young, unmarried pregnant client with a history of drug addiction?**

**A. Youth.**

**B. Drug addiction.**

**C. History of abuse.**

**D. All of the above.**

The choice that encompasses all relevant factors as health risks includes youth, drug addiction, and a history of abuse. Each of these factors contributes significantly to the potential health risks that the young, unmarried pregnant client may face. Youth is a factor because younger mothers are often at a higher risk for complications during pregnancy and delivery, including issues related to inadequate prenatal care and higher rates of certain pregnancy-related conditions. Drug addiction is crucial to document as it can have profound effects on both the mother and the developing fetus. Substance use can lead to preterm birth, low birth weight, withdrawal symptoms in the newborn, and increased risk of developmental issues. A history of abuse is also an important health risk factor. It may affect the client's mental health and support systems, which are critical during pregnancy. Additionally, a history of abuse can also contribute to issues such as stress, anxiety, and complications in accessing adequate prenatal care. Therefore, documenting all these factors provides a comprehensive understanding of the client's health risks, allowing for better planning, support, and resources tailored to her specific needs throughout her pregnancy.



**9. In a client with a history of heart failure, taking which medication requires additional monitoring for potassium levels?**

**A. Beta blockers.**

**B. ACE inhibitors.**

**C. Antidepressants.**

**D. Calcium channel blockers.**

The choice of ACE inhibitors as the medication requiring additional monitoring for potassium levels in a client with a history of heart failure is based on how these medications affect electrolyte balance in the body. ACE inhibitors work by inhibiting the angiotensin-converting enzyme, which leads to a decrease in the production of angiotensin II, a hormone that narrows blood vessels and increases blood pressure. This action not only lowers blood pressure and helps with heart failure management but can also affect kidney function. One significant effect of ACE inhibitors is their potential to cause hyperkalemia, which is an elevated level of potassium in the blood. This occurs because ACE inhibitors can impair aldosterone production, a hormone responsible for promoting the excretion of potassium in the urine. When aldosterone levels are reduced, the body retains more potassium, necessitating careful monitoring of serum potassium levels to prevent complications associated with hyperkalemia, such as cardiac arrhythmias. For the other medications listed, while monitoring might be necessary for other reasons, they do not typically have the same significant effect on potassium levels in heart failure patients as ACE inhibitors. For example, beta blockers are mainly concerned with heart rate and contractility, while calcium channel blockers primarily affect vascular smooth muscle and can have other side effects.

**10. What are the initial signs of a transfusion reaction to watch for in a pediatric patient?**

**A. Headache and nausea**

**B. Diarrhea and vomiting**

**C. Rash and itching**

**D. Fever and chills**

When monitoring a pediatric patient for a transfusion reaction, one must be particularly vigilant for signs that indicate an adverse response to the transfusion. The presence of fever and chills is often the most common initial response associated with transfusion reactions. These symptoms can arise as the body reacts to the transfused blood, signaling an immune response. A fever may develop quickly after the transfusion is started, sometimes accompanied by chills as a result of the body's fight against what it perceives as foreign blood components. In pediatric patients, the ability to quickly recognize these signs is crucial, as the pediatric population can be more vulnerable to complications from transfusions. Headache and nausea, while concerning, may not be as direct indicators of a transfusion reaction compared to fever and chills. Similarly, diarrhea and vomiting can occur in various medical conditions and are not specifically indicative of a transfusion response. Rash and itching may signal an allergic reaction but are generally not the initial signs to monitor for in a transfusion context, making fever and chills the correct focus for early detection of potential complications.

## 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://hesilvl2.examzify.com>**

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