

HESI Management of a Medical Unit Case Study Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 laboratory value above the reference range most clearly indicates hyperphosphatemia in CKD?**
 - A. Calcium 9.2 mg/dL**
 - B. Phosphorus 5.5 mg/dL**
 - C. Sodium 135 mEq/L**
 - D. Potassium 5.5 mEq/L**

- 2. Which statement reflects an accurate education point about palliative care?**
 - A. Palliative care provides relief from symptoms including pain.**
 - B. Palliative care focuses only on end-of-life decisions.**
 - C. Palliative care cures diseases.**
 - D. Palliative care has no role in quality-of-life improvement.**

- 3. Which option best describes an accurate aspect of palliative care goals?**
 - A. Palliative care provides relief from symptoms and improves quality of life.**
 - B. Palliative care aims to cure diseases whenever possible.**
 - C. Palliative care is only appropriate in the last hours of life.**
 - D. Palliative care disregards patient and family planning needs.**

- 4. Which lab value is used to monitor the response to epoetin alfa therapy?**
 - A. Hematocrit**
 - B. Serum phosphate**
 - C. Serum potassium**
 - D. Serum calcium**

- 5. Which medication in the regimen is used to treat anemia by stimulating red blood cell production?**
 - A. Calcium acetate**
 - B. Epoetin alfa**
 - C. Furosemide**
 - D. Potassium chloride**

- 6. Which laboratory finding would most directly indicate subtherapeutic immunosuppression?**
- A. Immunosuppressant drug level below therapeutic range.**
 - B. WBC elevated.**
 - C. Potassium high.**
 - D. Hb low.**
- 7. A patient with an estimated GFR of 28 mL/min/1.73 m² has CKD stage:**
- A. Stage 2**
 - B. Stage 3**
 - C. Stage 4**
 - D. Stage 5**
- 8. Which finding indicates a properly functioning arteriovenous graft (AV graft) during assessment?**
- A. Thrill present and palpated.**
 - B. Bruit heard without thrill.**
 - C. No distal pulses.**
 - D. Pain at the graft site.**
- 9. What is the dosing frequency for methylprednisolone sodium succinate in this postoperative regimen?**
- A. Every 8 hours**
 - B. Every 6 hours**
 - C. Every 12 hours**
 - D. Once daily**
- 10. Which medication in the regimen is a phosphate binder?**
- A. Calcium acetate**
 - B. Ferrous sulfate**
 - C. Epoetin alfa**
 - D. Furosemide**

Answers

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

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Explanations

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1. Which laboratory value above the reference range most clearly indicates hyperphosphatemia in CKD?

- A. Calcium 9.2 mg/dL
- B. Phosphorus 5.5 mg/dL**
- C. Sodium 135 mEq/L
- D. Potassium 5.5 mEq/L

Hyperphosphatemia is diagnosed by an elevated serum phosphorus level. In CKD, the kidneys lose the ability to excrete phosphate effectively, so phosphate builds up in the blood. A phosphorus value of 5.5 mg/dL is above the normal adult range (about 2.5-4.5 mg/dL) and directly shows hyperphosphatemia. The calcium value is normal, sodium is normal, and potassium is at the higher end but not the indicator of elevated phosphate. Thus, the phosphorus result is the one that clearly reflects hyperphosphatemia.

2. Which statement reflects an accurate education point about palliative care?

- A. Palliative care provides relief from symptoms including pain.**
- B. Palliative care focuses only on end-of-life decisions.
- C. Palliative care cures diseases.
- D. Palliative care has no role in quality-of-life improvement.

Palliative care is about relieving suffering by controlling symptoms and supporting comfort, function, and aligned goals of care throughout a serious illness. The statement that best captures this is that palliative care provides relief from symptoms, including pain. This emphasizes the core role: systematic symptom management to improve quality of life for both the patient and family, regardless of prognosis or treatment plan. Palliative care can be introduced at any stage of illness and often works alongside disease-directed treatments, rather than waiting until end of life. It addresses physical symptoms like pain, shortness of breath, fatigue, and nausea, as well as emotional, social, and spiritual needs. It is not a cure for the disease, nor is its purpose limited to making end-of-life decisions, and it certainly aims to enhance quality of life—not diminish it.

3. Which option best describes an accurate aspect of palliative care goals?

- A. Palliative care provides relief from symptoms and improves quality of life.**
- B. Palliative care aims to cure diseases whenever possible.
- C. Palliative care is only appropriate in the last hours of life.
- D. Palliative care disregards patient and family planning needs.

Palliative care centers on relief from distressing symptoms and preserving or improving quality of life, not on curing the disease. This care approach can be introduced early in the course of a serious illness and is often provided alongside disease-directed treatments. It also actively involves the patient and family in planning and decisions, including goals of care and advance directives. This is why the statement that best describes palliative care goals is the one about providing relief from symptoms and improving quality of life. Other descriptions don't fit because palliative care is not solely about curing disease, it isn't limited to the last hours of life, and it includes careful consideration of planning needs for patients and families.

4. Which lab value is used to monitor the response to epoetin alfa therapy?

- A. Hematocrit**
- B. Serum phosphate**
- C. Serum potassium**
- D. Serum calcium**

Hematocrit is used to monitor the response to epoetin alfa therapy. Epoetin alfa stimulates the bone marrow to produce more red blood cells, so the proportion of blood made up by these cells increases as the treatment takes effect. Hematocrit (the percentage of red blood cells in whole blood) directly reflects this change in red cell mass and helps clinicians gauge whether the dose is achieving the desired improvement without pushing values too high. While hemoglobin is also a common monitor, the other options—serum phosphate, potassium, and calcium—are measures of mineral or electrolyte status and do not indicate how well red blood cell production is responding to therapy. Monitoring aims to raise the red cell mass to a safe, target range while avoiding excessive hematocrit that could increase risks such as thrombosis or hypertension.

5. Which medication in the regimen is used to treat anemia by stimulating red blood cell production?

- A. Calcium acetate**
- B. Epoetin alfa**
- C. Furosemide**
- D. Potassium chloride**

Stimulation of red blood cell production is achieved by medications that mimic the body's own erythropoietin, signaling the bone marrow to produce more RBCs. Epoetin alfa is such a drug; it acts like erythropoietin and prompts erythroid progenitor cells in the bone marrow to increase RBC formation, helping to treat anemia. This is especially useful in conditions like chronic kidney disease or chemotherapy-induced anemia, where natural erythropoietin is deficient. Calcium acetate serves as a phosphate binder and does not drive red cell production; furosemide is a diuretic, and potassium chloride is used to replace potassium. Because epoetin alfa directly stimulates RBC synthesis, it is the appropriate choice for treating anemia by boosting red blood cell production.

6. Which laboratory finding would most directly indicate subtherapeutic immunosuppression?

- A. Immunosuppressant drug level below therapeutic range.**
- B. WBC elevated.**
- C. Potassium high.**
- D. Hb low.**

Maintaining immunosuppressant drug levels within a defined range is essential to provide enough suppression of the immune response to protect a transplanted organ while avoiding toxicity. The most direct indicator of subtherapeutic immunosuppression is the drug concentration in the blood falling below the therapeutic range, meaning there isn't enough medication to adequately suppress the immune system. This is why the trough level of the immunosuppressant is monitored and adjusted to stay within the target window. Elevated white blood cell count, high potassium, or low hemoglobin point to other issues—infection/inflammation, electrolyte imbalance, or anemia, respectively—not to whether the immunosuppressant level is adequate.

7. A patient with an estimated GFR of 28 mL/min/1.73 m² has CKD stage:

- A. Stage 2**
- B. Stage 3**
- C. Stage 4**
- D. Stage 5**

Staging CKD uses the estimated GFR to categorize how well the kidneys are filtering. An eGFR of 28 mL/min/1.73 m² falls in the 15-29 range, which corresponds to stage 4 CKD. This stage reflects a severe decrease in kidney function, distinguishing it from stage 3 (roughly 30-59), stage 2 (60-89), and stage 5 (<15 or dialysis-dependent). Recognizing stage 4 signals the need for close monitoring, management of complications, and planning for potential kidney replacement therapy if the function declines further.

8. Which finding indicates a properly functioning arteriovenous graft (AV graft) during assessment?

- A. Thrill present and palpated.**
- B. Bruit heard without thrill.**
- C. No distal pulses.**
- D. Pain at the graft site.**

A palpable thrill over the graft is the clearest sign that the AV graft is patent and functioning. That buzzing vibration results from high-velocity blood flow through the graft into the vein, so feeling it confirms the graft isn't obstructed. Hearing a bruit can also indicate flow, but the thrill is the direct, reliable indicator you can assess by touch. In contrast, the absence of a thrill or the presence of new pain at the graft site, or absent distal pulses, suggests problems such as stenosis, thrombosis, or infection and requires prompt evaluation. So, a palpable thrill reflects ongoing, unobstructed flow through the graft, which is why it's the best sign of proper functioning.

9. What is the dosing frequency for methylprednisolone sodium succinate in this postoperative regimen?

- A. Every 8 hours
- B. Every 6 hours**
- C. Every 12 hours
- D. Once daily

The key idea here is to maintain steady glucocorticoid activity during the immediate postoperative period. Methylprednisolone sodium succinate given IV acts quickly but its effects don't last long enough to cover the entire 24-hour cycle if given only once or twice daily. Don't let the drug's action dip between doses, because that can let inflammation and edema rebound and delay healing. Dosing every 6 hours keeps therapeutic levels relatively constant across the day, providing continuous anti-inflammatory and anti-edema effects when the patient is most vulnerable post-surgery. Longer intervals, like every 8, 12 hours or once daily, would create gaps in coverage and reduce the intended postoperative benefit.

10. Which medication in the regimen is a phosphate binder?

- A. Calcium acetate**
- B. Ferrous sulfate
- C. Epoetin alfa
- D. Furosemide

Phosphate binders work by binding dietary phosphate in the gut so it isn't absorbed into the bloodstream. Calcium acetate fits this role because it binds phosphate in the intestinal tract during meals to form insoluble calcium phosphate, which is excreted in the feces, thereby lowering serum phosphate levels. This helps manage hyperphosphatemia commonly seen in kidney disease and reduces related complications. The other medications serve different purposes: ferrous sulfate treats iron deficiency anemia, epoetin alfa stimulates red blood cell production, and furosemide is a diuretic. So calcium acetate is the one that acts as a phosphate binder.

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://hesimgmtofmedunitcasestudy.examzify.com>

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

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