

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 task should be performed by a registered nurse rather than a UAP?**
 - A. Ambulation**
 - B. Administering IV medications**
 - C. Auscultating lung sounds**
 - D. Planning care**

- 2. Which set of metrics best illustrates patient flow efficiency on a medical unit?**
 - A. Bed turnover rate.**
 - B. Admission/discharge times, bed occupancy, length of stay, transfer times, and wait times.**
 - C. Number of visitors per patient.**
 - D. Time since last audit.**

- 3. Why are hemodialysis grafts prone to infection?**
 - A. They are foreign materials that can harbor bacteria.**
 - B. They are highly resistant to antibiotics.**
 - C. They self-clean and do not require sterile technique.**
 - D. They are from the patient's own tissue.**

- 4. When assigning care to a high-acuity patient, which factor is most important?**
 - A. Seniority of staff regardless of acuity**
 - B. Actual care needs and acuity, with appropriate skill mix and experience of staff**
 - C. Random assignment based on schedule**
 - D. Patient preference alone**

- 5. Which action should be taken to prevent aspiration in a patient with preoperative NPO status during perioperative care?**
 - A. Maintain head of bed elevated, ensure swallowing safety, and implement aspiration precautions.**
 - B. Allow oral intake preoperatively.**
 - C. Place patient in steep Trendelenburg.**
 - D. Remove aspiration precautions.**

- 6. Which finding indicates steal syndrome requiring surgical intervention in a patient with vascular access?**
- A. Ischemia with cold or numb fingers in the hand.**
 - B. Thrill palpated at the graft site.**
 - C. Normal distal pulses with a palpable bruit.**
 - D. Redness at the access site without ischemic symptoms.**
- 7. Which action is not typically part of standard infection-control practices to reduce hospital-acquired infections?**
- A. Hand hygiene**
 - B. Proper use of PPE**
 - C. Environmental cleaning**
 - D. Sharing equipment without sterilization**
- 8. Which outcome is most directly supported by regular staff competency validation on a medical unit?**
- A. Increased patient satisfaction.**
 - B. Enhanced safety and reduced errors.**
 - C. Greater hospital profits.**
 - D. Longer shift durations.**
- 9. What is the role of patient-care partner involvement in discharge planning?**
- A. Schedule only follow-up appointments**
 - B. Limit involvement to clinical care**
 - C. Discharge planning is independent of family input**
 - D. Assess home support needs, provide education, and ensure follow-up resources are in place**

10. A patient refuses a recommended life-sustaining treatment due to personal beliefs. What ethical principle applies and what is the nursing action?

- A. Respect for autonomy; explore concerns, confirm decision-making capacity, involve the healthcare team, document, and involve ethics as needed.**
- B. Override the patient's decision if clinician disagrees.**
- C. Withhold information.**
- D. Do not discuss it.**

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Answers

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

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Explanations

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1. Which task should be performed by a registered nurse rather than a UAP?

- A. Ambulation**
- B. Administering IV medications**
- C. Auscultating lung sounds**
- D. Planning care**

Listening to and interpreting lung sounds is an assessment task that requires clinical judgment. The RN uses auscultation to detect abnormalities such as crackles, wheezes, or diminished breath sounds and to integrate these findings with other data to guide the care plan. UAPs handle delegated, task-oriented care like assisting with ambulation and activities of daily living, not performing nursing assessments or formulating care plans. Administering IV medications involves high-risk procedures and IV access that require licensed nursing staff, and planning care is part of the nursing process that cannot be delegated. So auscultating lung sounds is the task appropriate for a registered nurse.

2. Which set of metrics best illustrates patient flow efficiency on a medical unit?

- A. Bed turnover rate.**
- B. Admission/discharge times, bed occupancy, length of stay, transfer times, and wait times.**
- C. Number of visitors per patient.**
- D. Time since last audit.**

Efficient patient flow is about how smoothly patients move through the unit from admission to discharge, including how beds are used and where delays occur. The set that includes admission and discharge times, bed occupancy, length of stay, transfer times, and wait times provides the most complete picture of throughput and bed utilization. Admission and discharge times show how quickly patients enter and leave the unit; bed occupancy reflects current capacity and demand; length of stay indicates how long patients stay and influences how many patients can be treated over a period; transfer times reveal delays when patients move to another area or service; and wait times highlight holdups before care is delivered or before discharge. Together, these metrics identify bottlenecks, inform staffing and bed management decisions, and point to opportunities to move patients through the system more efficiently. Other metrics don't capture the full flow picture. Bed turnover rate focuses on how often beds become available but not the timing of stays or delays. The number of visitors per patient is not a measure of movement through care. Time since last audit relates to governance rather than patient movement and throughput.

3. Why are hemodialysis grafts prone to infection?

- A. They are foreign materials that can harbor bacteria.**
- B. They are highly resistant to antibiotics.**
- C. They self-clean and do not require sterile technique.**
- D. They are from the patient's own tissue.**

Grafts used for hemodialysis are foreign materials implanted to create a connection between an artery and a vein. Because they are not the patient's own tissue, bacteria can readily adhere to their surface and form biofilms. These biofilms are communities of bacteria encased in a protective matrix that shields them from the immune system and many antibiotics, making infections on grafts more likely and harder to treat. Sterile technique helps reduce risk, but the inherent susceptibility of a prosthetic surface to colonization remains. This contrasts with using the patient's own tissue for access (a fistula), which carries a lower infection risk since it is autogenous.

4. When assigning care to a high-acuity patient, which factor is most important?

- A. Seniority of staff regardless of acuity**
- B. Actual care needs and acuity, with appropriate skill mix and experience of staff**
- C. Random assignment based on schedule**
- D. Patient preference alone**

Allocating care for a high-acuity patient hinges on matching the patient's actual needs and level of urgency with the right mix of staff skills and experience. When the care needs and acuity are assessed, you bring in personnel whose training and competence align with those needs. This ensures tasks like continuous monitoring, complex medication administration, invasive procedures, and rapid response to changes are performed safely by those equipped to handle them. Relying on seniority alone doesn't guarantee the necessary clinical capabilities, and random assignment ignores patient safety and task complexity. Patient preferences matter, but they can't override the need for appropriate clinical judgment and skill mix in high-acuity situations. The best approach is to base assignment on actual care needs and acuity, with a suitable skill mix and supervision in place.

5. Which action should be taken to prevent aspiration in a patient with preoperative NPO status during perioperative care?

- A. Maintain head of bed elevated, ensure swallowing safety, and implement aspiration precautions.**
- B. Allow oral intake preoperatively.**
- C. Place patient in steep Trendelenburg.**
- D. Remove aspiration precautions.**

Preventing aspiration hinges on protecting the airway during perioperative care. Keeping the head of the bed elevated reduces the chance that gastric contents regurgitate toward the oropharynx when airway reflexes are blunted during anesthesia. Verifying swallowing safety ensures the patient can protect their airway and minimizes the risk of aspiration from secretions or residual contents. Having aspiration precautions in place—such as suction equipment ready and appropriate patient positioning—provides a safety net to manage any event promptly. Actions that would allow oral intake despite NPO, worsen reflux risk by placing the patient in a position that promotes regurgitation, or remove safety measures would increase aspiration risk. So the best approach is to maintain head elevation, assess swallowing safety, and uphold aspiration precautions.

6. Which finding indicates steal syndrome requiring surgical intervention in a patient with vascular access?

- A. Ischemia with cold or numb fingers in the hand.**
- B. Thrill palpated at the graft site.**
- C. Normal distal pulses with a palpable bruit.**
- D. Redness at the access site without ischemic symptoms.**

Steal syndrome happens when blood is redirected from the hand into the arteriovenous access, reducing distal arterial flow. The key warning sign that this has progressed to needing surgical intervention is distal ischemia—cold or numb fingers in the hand, or other ischemic symptoms—that show the hand isn't getting enough blood despite a functioning access. This contrast with other findings: a thrill at the graft site means the access is patent and carrying flow; normal distal pulses with a palpable bruit suggest good perfusion to the hand; redness at the access site without ischemic symptoms could indicate irritation or infection rather than compromised distal blood flow. When ischemia presents, it indicates the need to surgically revise the access to restore adequate distal perfusion.

7. Which action is not typically part of standard infection-control practices to reduce hospital-acquired infections?

- A. Hand hygiene**
- B. Proper use of PPE**
- C. Environmental cleaning**
- D. Sharing equipment without sterilization**

Preventing hospital-acquired infections relies on interrupting transmission at multiple points. Hand hygiene is the most fundamental step to prevent transfer of pathogens from one patient to another. Proper use of PPE creates a barrier that protects both patients and staff from exposure to infectious agents during care. Environmental cleaning and disinfection reduce the amount of pathogens present on surfaces and in the patient-care environment, lowering the chance of indirect transmission. Sharing equipment without sterilization contradicts these practices. Reusable equipment must be properly cleaned and then disinfected or sterilized between uses to prevent cross-contamination. For example, devices that contact sterile body sites or mucous membranes require thorough reprocessing before the next patient. Therefore, this action is not part of standard infection-control practices.

8. Which outcome is most directly supported by regular staff competency validation on a medical unit?

- A. Increased patient satisfaction.**
- B. Enhanced safety and reduced errors.**
- C. Greater hospital profits.**
- D. Longer shift durations.**

Regular staff competency validation is directly about keeping clinicians proficient in the essential skills and current protocols needed for safe care. When staff are routinely assessed and refreshed, there's a real decrease in preventable mistakes—medication administration errors, incorrect procedures, failure to follow infection control steps, and delayed recognition of deterioration. That directly translates into safer patient care and fewer adverse events on the unit. While patients may notice improvements in safety and may report higher satisfaction as care becomes more reliable, patient satisfaction is influenced by many factors and is not the most direct outcome of competency validation. Profits and longer shift durations aren't direct goals of validation; longer shifts can increase fatigue and risk, and profits depend on a broader set of variables.

9. What is the role of patient-care partner involvement in discharge planning?

- A. Schedule only follow-up appointments**
- B. Limit involvement to clinical care**
- C. Discharge planning is independent of family input**
- D. Assess home support needs, provide education, and ensure follow-up resources are in place**

Involving the patient-care partner in discharge planning is about ensuring a safe and smooth transition from hospital to home by addressing practical support and ongoing care needs. The best approach is to assess the home situation—what help is available, what tasks the patient may struggle with, and what safety concerns exist—then provide clear, understandable education about medications, wound care, activity limits, and warning signs. It also involves arranging follow-up resources such as the next clinic visit, home health services if needed, transportation, and access to medications or medical devices. This comprehensive planning helps prevent confusion, missed doses, or delays in care after discharge and supports better outcomes. Other approaches fall short because they either focus on a single task like scheduling an appointment, ignore the social and logistical aspects of care after discharge, or treat discharge planning as something that can be done without input from the patient or family. In contrast, engaging the patient-care partner recognizes that care after leaving the hospital depends on understanding the home environment, ensuring appropriate education, and securing the needed supports and resources.

10. A patient refuses a recommended life-sustaining treatment due to personal beliefs. What ethical principle applies and what is the nursing action?

- A. Respect for autonomy; explore concerns, confirm decision-making capacity, involve the healthcare team, document, and involve ethics as needed.**
- B. Override the patient's decision if clinician disagrees.**
- C. Withhold information.**
- D. Do not discuss it.**

Autonomy is the guiding principle here—the patient has the right to accept or refuse medical treatment, even life-sustaining care, based on personal beliefs. The nursing action is to support an informed, voluntary decision. Begin by exploring the patient's concerns and beliefs to understand the reasoning behind the choice. Next, assess decision-making capacity: does the patient understand the medical situation, appreciate the consequences, reason about options, and clearly express a choice? If capacity is present, respect the decision and ensure it is informed by providing necessary information about risks, benefits, and alternatives, while coordinating with the healthcare team to honor the patient's wishes. Document the discussion and the refusal clearly, and involve ethics as needed if there are questions about capacity or emerging conflicts. If capacity is lacking, follow appropriate surrogate decision-making processes and policies. Avoid overriding the decision, withholding information, or avoiding discussion, as that would violate the patient's autonomy.

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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