

HESI MANAGEMENT OF A MEDICAL UNIT CASE STUDY 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. How do you account for varying patient acuity when planning staffing?**
 - A. Use acuity-based staffing tools and adjust the mix of RNs/LPNs and experience to meet needs.
 - B. Ignore acuity and rely on random assignment.
 - C. Staff everyone at the same level regardless of acuity.
 - D. Only schedule physicians for high-acuity patients.
- 2. Distinguish diabetic ketoacidosis (DKA) from hyperosmolar hyperglycemic state (HHS) in a med-surg patient; what are key nursing considerations?**
 - A. DKA features hyperglycemia, metabolic acidosis with ketoacidosis; HHS features very high glucose with hyperosmolarity and little ketosis; manage fluids and electrolytes per protocol, monitor glucose, and assess for cerebral edema risk.
 - B. They are the same.
 - C. Only monitor glucose.
 - D. HHS includes significant ketosis.
- 3. Which symptom is commonly associated with uremia in advanced CKD?**
 - A. Itching
 - B. Nausea
 - C. Decreased appetite
 - D. Weight loss
- 4. Which statement accurately describes restraints use in the hospital?**
 - A. Use restraints only when less restrictive measures fail with physician order, ongoing evaluation, and regular reassessment; monitor safety and rights.
 - B. They can be used whenever a patient is agitated.
 - C. They do not require monitoring.
 - D. They can be removed only by physician order.
- 5. 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.

- 6. How should calcium acetate be administered for phosphate control in CKD?**
- A. With each meal
 - B. On an empty stomach
 - C. At bedtime
 - D. Between meals only
- 7. In the nursing process, which activity is part of the Evaluation phase?**
- A. Collect data.
 - B. Compare outcomes to criteria.
 - C. Formulate nursing diagnoses.
 - D. Plan interventions.
- 8. 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.
- 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 action is not a recommended practice when administering IV medications?**
- A. Verify compatibility with MAR and order.
 - B. Administer via infusion pump.
 - C. Use appropriate IV access.
 - D. Push potassium or other vesicants rapidly.

Answers

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

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Explanations

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1. How do you account for varying patient acuity when planning staffing?

- A. Use acuity-based staffing tools and adjust the mix of RNs/LPNs and experience to meet needs.
- B. Ignore acuity and rely on random assignment.
- C. Staff everyone at the same level regardless of acuity.
- D. Only schedule physicians for high-acuity patients.

Matching staffing to patient acuity means assessing how sick or complex each patient is and adjusting the number and skill level of staff to that workload. Using acuity-based staffing tools helps quantify patient needs—tracking required tasks, monitoring intensity, and anticipated interventions—and then translating that into the appropriate mix of nurses (such as RNs and LPNs) and the level of experience needed on the unit. This approach keeps care safe and consistent, preventing gaps when patient needs rise or fall and reducing nurse fatigue from under- or over-staffing. It also recognizes that higher-acuity patients demand more skilled, experienced nursing care and closer supervision, so the staffing plan shifts to match those demands. Choosing to ignore acuity, to staff everyone the same way regardless of patient needs, or to rely only on physicians for high-acuity patients fails to address the actual nursing workload and supervision requirements. It can lead to missed care, slower response times, and poorer patient outcomes.

2. Distinguish diabetic ketoacidosis (DKA) from hyperosmolar hyperglycemic state (HHS) in a med-surg patient; what are key nursing considerations?

- A. DKA features hyperglycemia, metabolic acidosis with ketoacidosis; HHS features very high glucose with hyperosmolality and little ketosis; manage fluids and electrolytes per protocol, monitor glucose, and assess for cerebral edema risk.
- B. They are the same.
- C. Only monitor glucose.
- D. HHS includes significant ketosis.

The essential idea here is that DKA and HHS are distinct metabolic emergencies, and nursing care hinges on recognizing those differences and applying protocol-based fluid and electrolyte management while watching for neurologic complications. DKA features metabolic acidosis with ketosis (typically with elevated anion gap and ketones) and often occurs in younger patients with type 1 diabetes; HHS features very high glucose with high serum osmolality and minimal or no ketosis, usually in older patients with type 2 diabetes. So the best approach emphasizes treating each condition according to its presentation: aggressive IV fluids and careful electrolyte management per protocol, continuous glucose monitoring, and vigilance for cerebral edema risk. In DKA, expect shifts in potassium with insulin and fluids and consider bicarbonate if pH is very low; in HHS, focus on correcting dehydration and osmolar balance with gradual glucose reduction. Along with fluids and electrolytes, monitor mental status and signs of neurological changes, and reassess frequently for triggers such as infection. The other options miss these distinctions or oversimplify management, which is why this integrated approach is the most accurate.

3. Which symptom is commonly associated with uremia in advanced CKD?

- A. Itching
- B. Nausea**
- C. Decreased appetite
- D. Weight loss

Uremia results from the buildup of waste products in the blood when the kidneys fail, and those toxins affect multiple body systems. The gastrointestinal tract is particularly sensitive to this toxin load, leading to nausea as a direct and common symptom of advanced CKD. When nausea is present, patients often eat less, which explains accompanying weight loss and also contributes to malnutrition seen in later-stage kidney disease. Itching can occur in CKD due to mineral disturbances, but it's not as universally tied to the toxin accumulation driving uremia itself, and decreased appetite or weight loss are more often downstream effects of the nausea and overall illness. So nausea best fits as the symptom most commonly associated with uremia in advanced CKD.

4. Which statement accurately describes restraints use in the hospital?

- A. Use restraints only when less restrictive measures fail with physician order, ongoing evaluation, and regular reassessment; monitor safety and rights.**
- B. They can be used whenever a patient is agitated.
- C. They do not require monitoring.
- D. They can be removed only by physician order.

Restraints should be used only after less restrictive measures have failed and there is a physician's order, with ongoing evaluation and regular reassessment to determine continued need. The focus is on safety and protecting the patient's rights. This approach ensures you first try de escalation and environment-based strategies, obtain proper authorization, and continuously monitor for efficacy and potential harm. Staff must routinely check the patient's condition, ensure circulation and skin integrity, monitor vital signs, and reassess the need for restraint, removing it as soon as the patient can be safely managed without it. Using restraints simply because someone is agitated, or applying them without monitoring, or removing them only by physician order, does not align with proper practice.

5. 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.

6. How should calcium acetate be administered for phosphate control in CKD?

- A. With each meal
- B. On an empty stomach
- C. At bedtime
- D. Between meals only

Timing phosphate binders with meals is essential because calcium acetate binds dietary phosphate in the gut, and this binding only happens effectively when the binder is present at the time phosphate from the meal is being absorbed. Taking it with each meal ensures the binder is in the gut to capture the phosphate as it comes in, forming insoluble calcium phosphate that's excreted rather than absorbed. If the binder is taken on an empty stomach, between meals, or at bedtime, much of the dietary phosphate has already passed through or isn't present in the gut, so phosphate control will be less effective. In CKD, this timing helps manage hyperphosphatemia and its complications, but it's important to monitor calcium levels because calcium-based binders can raise calcium and potentially contribute to hypercalcemia. Follow prescribed dosing with meals and plan labs accordingly to balance phosphate management with calcium.

7. In the nursing process, which activity is part of the Evaluation phase?

- A. Collect data.
- B. Compare outcomes to criteria.
- C. Formulate nursing diagnoses.
- D. Plan interventions.

Evaluation focuses on determining whether patient outcomes were achieved by comparing actual results to predefined criteria or standards. This comparison reveals whether goals were met and informs whether the care plan should continue as is, be adjusted, or be terminated. For example, if the goal is pain reduction to a mild level, evaluation checks the current pain score against that target. Collecting data happens during the assessment phase, formulating nursing diagnoses occurs in the diagnostic phase, and planning interventions happens in the planning phase; evaluation uses the outcomes data across those phases to decide the next steps.

8. 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.

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 action is not a recommended practice when administering IV medications?

- A. Verify compatibility with MAR and order.
- B. Administer via infusion pump.
- C. Use appropriate IV access.
- D. Push potassium or other vesicants rapidly.**

Safe IV medication administration hinges on controlling the rate, dilution, and site to prevent harm. Pushing potassium or other vesicants rapidly is not recommended because potassium chloride, even when diluted, can cause life threatening cardiac arrhythmias if given too quickly. It must be delivered at a prescribed, slow rate through a regulated infusion—often via an infusion pump or IV piggyback—and with appropriate dilution and monitoring. Verifying compatibility with the MAR and order helps ensure the right drug and dose are given, using the infusion pump maintains precise control over the rate, and selecting appropriate IV access reduces complications like infiltration or phlebitis. In short, rapid IV push of potassium or vesicants can cause serious harm, so controlled, prescribed administration is essential.

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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