

HESI MCA I 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. A patient with COPD on oxygen therapy should have SpO2 target within which range?**
 - A. 95–100%
 - B. 88–92%
 - C. 96–100%
 - D. 92–96%
- 2. Which statement shows appropriate understanding of post-TURP urinary incontinence?**
 - A. Incontinence is not expected after TURP.
 - B. Incontinence is common for several weeks after TURP.
 - C. I should call the doctor if incontinence occurs.
 - D. Incontinence means the surgery failed.
- 3. Which foods are typically avoided in patients with oxalate kidney stones?**
 - A. Milk and cheese.
 - B. Spinach and tomatoes.
 - C. Sardines and liver.
 - D. Legumes and dried fruit.
- 4. Which practice should be avoided during the drying of a plaster cast?**
 - A. Elevating the limb to reduce swelling.
 - B. Handling the cast with fingertips.
 - C. Covering the cast with a blanket to absorb moisture.
 - D. Moving the joints above and below the cast.
- 5. When teaching about finasteride for BPH, the nurse informs the patient that:**
 - A. He should change position from lying to standing slowly to avoid dizziness.
 - B. His interest in sexual activity may decrease while he is taking the medication.
 - C. Improvement in obstructive symptoms should occur within about 2 weeks.
 - D. He will need to monitor his blood pressure frequently to assess for hypertension.

- 6. In wound healing, what daily protein intake range supports tissue regeneration in adults?**
- A. Approximately 1.2–1.5 g/kg/day
 - B. 0.8–1.0 g/kg/day
 - C. 2.0–2.5 g/kg/day
 - D. 0.5–0.7 g/kg/day
- 7. During acute urinary tract infection treatment, which beverage should be avoided as a bladder irritant?**
- A. Citrus juice
 - B. Water
 - C. Cranberry juice
 - D. Milk
- 8. Sickle cell disease painful episodes are primarily caused by what process?**
- A. Sequestration crisis
 - B. Vaso-occlusive crisis causing tissue ischemia
 - C. Hyperhemolytic crisis
 - D. Acute chest syndrome
- 9. In a patient with cirrhosis and ascites who is started on spironolactone, which electrolyte should be monitored closely?**
- A. Sodium
 - B. Potassium
 - C. Calcium
 - D. Magnesium
- 10. HIV infection is a risk factor for which condition?**
- A. Urinary tract calculi
 - B. Renal cell carcinoma
 - C. Glomerulonephritis and nephrotic syndrome
 - D. Bladder cancer

Answers

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

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Explanations

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1. A patient with COPD on oxygen therapy should have SpO2 target within which range?

- A. 95–100%
- B. 88–92%**
- C. 96–100%
- D. 92–96%

The key idea here is to oxygenate COPD patients without pushing oxygen levels so high that carbon dioxide buildup becomes a problem. In chronic CO2-retaining COPD, giving too much oxygen can blunt drive to breathe and worsen hypercapnia, so the target saturation is kept modest. Maintaining SpO2 around 88–92% provides enough arterial oxygen for tissues while minimizing the risk of CO2 retention and oxygen-induced respiratory depression. Higher targets like 95–100% or 92–96% increase the chance of hyperoxia and CO2 retention, which is undesirable in stable COPD on oxygen therapy. So, the best target range is 88–92% to balance safety and oxygenation.

2. Which statement shows appropriate understanding of post-TURP urinary incontinence?

- A. Incontinence is not expected after TURP.
- B. Incontinence is common for several weeks after TURP.**
- C. I should call the doctor if incontinence occurs.
- D. Incontinence means the surgery failed.

Post-TURP, urinary leakage is usually temporary as the healing urethra and bladder neck recover from the procedure. This healing phase can cause some incontinence and urgency, and it's actually expected to last for several weeks after catheter removal. This understanding is the best because it normalizes the post-op experience and reassures that the procedure can be successful even with transient leakage. Over time, swelling subsides and the sphincter and support tissues regain function, so most people see improvement within weeks to a few months. If leakage persists beyond several weeks, or if there are alarming signs like fever, significant blood in the urine, or difficulty urinating, contacting a clinician is warranted.

3. Which foods are typically avoided in patients with oxalate kidney stones?

- A. Milk and cheese.
- B. Spinach and tomatoes.**
- C. Sardines and liver.
- D. Legumes and dried fruit.

Limiting foods high in oxalate helps prevent calcium oxalate stones, the most common type of kidney stone. Spinach is one of the richest dietary sources of oxalate, and tomatoes contribute a noticeable amount as well, so avoiding these reduces the oxalate that reaches the urine and lowers stone risk. Milk and cheese aren't avoided because they provide calcium, which can actually help bind oxalate in the gut and reduce absorption. Sardines and liver bring other concerns (like high purine content, which relates more to uric acid stones), and legumes or dried fruit contain oxalate too but are not as strongly linked to stone formation as spinach and tomatoes.

4. Which practice should be avoided during the drying of a plaster cast?

- A. Elevating the limb to reduce swelling.
- B. Handling the cast with fingertips.
- C. Covering the cast with a blanket to absorb moisture.**
- D. Moving the joints above and below the cast.

When plaster casts are drying, the goal is to promote proper drying while protecting the skin and keeping the cast intact. The practice to avoid is covering the cast with a blanket to absorb moisture. A blanket traps moisture and heat, causing the plaster to stay damp longer, which can weaken the cast and irritate or macerate the skin beneath it. Let the cast air-dry instead, and keep the limb elevated to reduce swelling. Handle the cast with the palm rather than fingertips to prevent denting or creating pressure points, and keep joints above and below the cast gently moving to maintain circulation and prevent stiffness.

5. When teaching about finasteride for BPH, the nurse informs the patient that:

- A. He should change position from lying to standing slowly to avoid dizziness.
- B. His interest in sexual activity may decrease while he is taking the medication.**
- C. Improvement in obstructive symptoms should occur within about 2 weeks.
- D. He will need to monitor his blood pressure frequently to assess for hypertension.

Finasteride lowers dihydrotestosterone (DHT) levels, which gradually reduces prostate size and improves obstructive symptoms over weeks to months. A key teaching point is that sexual side effects can occur, including decreased interest in sexual activity. Therefore telling the patient that his interest in sexual activity may decrease while taking the medication is the best choice. The other statements are less accurate: dizziness on standing isn't a typical finasteride effect (more common with some alpha-blockers), improvement in urinary symptoms isn't expected within about 2 weeks, and monitoring blood pressure isn't required with finasteride since it doesn't affect BP.

6. In wound healing, what daily protein intake range supports tissue regeneration in adults?

- A. Approximately 1.2–1.5 g/kg/day**
- B. 0.8–1.0 g/kg/day
- C. 2.0–2.5 g/kg/day
- D. 0.5–0.7 g/kg/day

During wound healing, the body needs amino acids to build new tissue, support collagen synthesis, and keep the immune system functioning. This demand rises above normal maintenance, so protein intake should be increased to support tissue regeneration. The recommended range for adults to optimize healing is about 1.2–1.5 g of protein per kilogram of body weight each day. For a person weighing 70 kg, that's roughly 84–105 g of protein daily. Lower maintenance levels (around 0.8–1.0 g/kg/day) may meet basic needs but aren't usually enough for healing, while very high intakes (2.0–2.5 g/kg/day) are typically unnecessary unless there are specific medical conditions.

7. During acute urinary tract infection treatment, which beverage should be avoided as a bladder irritant?

- A. Citrus juice**
- B. Water
- C. Cranberry juice
- D. Milk

During acute UTI treatment, avoiding substances that irritate the bladder helps lessen symptoms like burning, urgency, and frequency. Citrus juice is highly acidic and can irritate the inflamed bladder lining, which tends to worsen discomfort, so it's best to skip it. Staying hydrated with water supports urine flow and helps flush out bacteria. Cranberry juice isn't typically considered a bladder irritant and is often thought to help prevent UTIs by reducing bacterial adherence, especially when unsweetened. Milk generally isn't irritating to the bladder for most people and can be consumed unless there's lactose intolerance or another sensitivity.

8. Sickle cell disease painful episodes are primarily caused by what process?

- A. Sequestration crisis
- B. Vaso-occlusive crisis causing tissue ischemia**
- C. Hyperhemolytic crisis
- D. Acute chest syndrome

Painful episodes in sickle cell disease arise mainly from vaso-occlusion in the microcirculation. When hemoglobin S releases oxygen, it polymerizes and the red blood cells become rigid and misshapen, sticking to the endothelium and piling up in small vessels. This blocks blood flow to tissues, causing ischemia and infarction in bones and soft tissues, which manifests as severe pain. Other crises exist—such as splenic sequestration, which causes anemia from blood pooling; hyperhemolytic crises, which involve rapid red cell destruction; and acute chest syndrome, which is a lung-specific vaso-occlusive/inflammatory event—but the hallmark painful episodes are driven by microvascular occlusion leading to tissue ischemia.

9. In a patient with cirrhosis and ascites who is started on spironolactone, which electrolyte should be monitored closely?

- A. Sodium
- B. Potassium**
- C. Calcium
- D. Magnesium

Spironolactone is a potassium-sparing diuretic that blocks aldosterone's action in the collecting ducts. This reduces potassium excretion into the urine, so potassium is retained and can rise, especially since patients with cirrhosis often have high aldosterone activity. Because hyperkalemia can cause dangerous heart rhythm problems, potassium levels must be monitored closely when starting spironolactone. While fluid balance and sodium are also affected in cirrhosis with ascites, the primary electrolyte risk with this medication is elevated potassium. Calcium and magnesium aren't the main concerns here.

10. HIV infection is a risk factor for which condition?

- A. Urinary tract calculi
- B. Renal cell carcinoma
- C. Glomerulonephritis and nephrotic syndrome**
- D. Bladder cancer

HIV infection can involve the kidneys, leading to HIV-associated nephropathy, a form of glomerular disease. This condition often presents with nephrotic-range proteinuria, edema, hypoalbuminemia, and high cholesterol, and can progress rapidly to kidney failure. Biopsy often shows focal segmental glomerulosclerosis with collapsing glomerular tufts. Because the virus can directly affect renal tissue and disrupt immune regulation, HIV is a risk factor for glomerulonephritis and nephrotic syndrome. The other conditions listed—urinary tract stones, bladder cancer, and renal cell carcinoma—are not characteristically linked to HIV infection.

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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://hesimca1.examzify.com>

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

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