

# HFHS General Orientation Practice Exam (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

- 1. Which of the following is considered an adverse reaction to steroid use?**
  - A. Cushingoid appearance**
  - B. Increased energy levels**
  - C. Improved muscle strength**
  - D. Weight loss**
- 2. When should a patient discontinue the use of sulfonamides?**
  - A. When experiencing mild headaches**
  - B. In case of allergic reactions**
  - C. When nausea occurs without vomiting**
  - D. With any common cold symptoms**
- 3. How many milliliters are contained in 1 liter?**
  - A. 10 mL**
  - B. 100 mL**
  - C. 500 mL**
  - D. 1000 mL**
- 4. When should a patient notify their doctor while taking Aminoglycosides?**
  - A. If experiencing insomnia or fatigue**
  - B. If there is hearing loss or dizziness**
  - C. If headaches worsen or new rashes develop**
  - D. If they notice weight gain**
- 5. How can patients schedule an appointment at HFHS?**
  - A. Only via in-person visits**
  - B. By sending a letter**
  - C. Online, through the patient portal, or by calling**
  - D. Only through referrals**

- 6. Which factor is NOT a reason for caution when prescribing Quinolones?**
- A. Geriatrics**
  - B. Pregnancy**
  - C. Hyperactivity**
  - D. Seizure disorders**
- 7. What is the duration of action for Regular Insulin?**
- A. 5-7 hours**
  - B. 1-3 hours**
  - C. 10-12 hours**
  - D. 24 hours**
- 8. What is an appropriate patient teaching for those on Lidocaine?**
- A. It should solely be taken on an empty stomach**
  - B. Notify the doctor for any unusual bleeding**
  - C. It can be taken with dairy products**
  - D. It is not affected by renal function**
- 9. Which eye condition is a known adverse effect of steroid therapy?**
- A. Glaucoma**
  - B. Cataracts**
  - C. Astigmatism**
  - D. Retinal detachment**
- 10. Which insulins should never be mixed?**
- A. Regular insulin and NPH**
  - B. Insulin U-500 and Regular insulin**
  - C. Insulin U-500 and long-acting insulins**
  - D. Short-acting insulins and long-acting insulins**



## **Answers**

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

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## **Explanations**

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**1. Which of the following is considered an adverse reaction to steroid use?**

- A. Cushingoid appearance**
- B. Increased energy levels**
- C. Improved muscle strength**
- D. Weight loss**

Cushingoid appearance is recognized as an adverse reaction to steroid use as it refers to a specific set of symptoms and physical characteristics resembling those seen in Cushing's syndrome, which occurs due to high levels of cortisol, a steroid hormone. This condition can manifest through weight gain, particularly in the face and trunk, as well as thinning skin, easy bruising, and other changes in body composition. The development of this appearance is directly linked to the excessive administration of corticosteroids, which can disrupt the balance of hormones within the body leading to these undesirable effects. The other options, such as increased energy levels, improved muscle strength, and weight loss, are not adverse reactions. In fact, steroids are often associated with improved physical performance and energy in the short term. Weight loss, although it can sometimes occur in certain contexts, is not typically linked to steroid use when considering the overall physiological changes that steroids can cause, which generally lead to weight gain rather than loss.

**2. When should a patient discontinue the use of sulfonamides?**

- A. When experiencing mild headaches**
- B. In case of allergic reactions**
- C. When nausea occurs without vomiting**
- D. With any common cold symptoms**

The use of sulfonamides should be discontinued in case of allergic reactions because these medications can potentially cause serious side effects, including severe skin reactions, fever, or other hypersensitivity responses. Allergic reactions can manifest in various ways, such as rashes, difficulty breathing, or swelling of the face. In these situations, the priority is to ensure the patient's safety by stopping the medication immediately and seeking further medical attention if necessary. Recognizing and responding to allergic reactions is crucial because if left unaddressed, they can lead to more severe complications. Mild headaches, nausea without vomiting, or common cold symptoms do not necessarily indicate the need to stop taking sulfonamides unless accompanied by more concerning signs of an allergic response.

**3. How many milliliters are contained in 1 liter?**

- A. 10 mL
- B. 100 mL
- C. 500 mL
- D. 1000 mL**

One liter is equivalent to 1000 milliliters, which is a standard metric conversion that reflects the relationship between these two units of volume. The metric system is based on powers of ten, and understanding this system helps in conversions like this. Therefore, when converting liters to milliliters, you multiply the number of liters by 1000 since "milli" means one-thousandth. This means that 1 liter contains 1000 milliliters, confirming that the choice provided is the correct answer. The other options reflect smaller volumes in milliliters, which do not accurately represent the conversion from liters.

**4. When should a patient notify their doctor while taking Aminoglycosides?**

- A. If experiencing insomnia or fatigue
- B. If there is hearing loss or dizziness**
- C. If headaches worsen or new rashes develop
- D. If they notice weight gain

Aminoglycosides, a class of antibiotics, are known for their potential ototoxicity, which can lead to hearing loss and balance issues. Therefore, it is critical for patients taking these medications to be vigilant about any signs of hearing loss or dizziness. These symptoms can indicate damage to the inner ear, which can occur especially with prolonged use or higher doses of aminoglycosides. Promptly notifying a doctor about these changes allows for timely intervention, potentially involving dose adjustment or switching to alternative medications to prevent further complications. While insomnia, fatigue, worsening headaches, new rashes, or weight gain can be concerning, they are not as directly related to the immediate risks associated with aminoglycoside therapy as hearing loss and dizziness. Sensitivity to changes in auditory and vestibular functions is crucial for patients undergoing treatment with this class of antibiotics, making it essential to report those particular symptoms to ensure patient safety and effective care management.

**5. How can patients schedule an appointment at HFHS?**

- A. Only via in-person visits
- B. By sending a letter
- C. Online, through the patient portal, or by calling**
- D. Only through referrals

Patients at HFHS can schedule an appointment in several convenient ways to ensure accessibility and ease of use. The correct approach is through online scheduling via the patient portal or by calling the facility directly. This flexibility allows patients to choose the method that best suits their needs, whether they prefer the immediacy of a phone call or the convenience of handling scheduling online. While in-person visits and referrals are options available in some healthcare settings, they are typically not the primary or most efficient methods for scheduling appointments. Allowing online and telephone options streamlines the process and improves patient experience by making it easier to secure appointments without unnecessary delays.

**6. Which factor is NOT a reason for caution when prescribing Quinolones?**

- A. Geriatrics**
- B. Pregnancy**
- C. Hyperactivity**
- D. Seizure disorders**

Quinolones are a class of antibiotics that are associated with various safety concerns, particularly in certain populations. The correct answer highlights a factor that is not typically a reason for caution when prescribing these medications. When considering geriatric patients, pregnancy, and seizure disorders, these groups face significant risks associated with quinolone use. In geriatric patients, the risk of tendon rupture and adverse effects on other organ systems increases. Pregnancy poses risks as quinolones may affect fetal development and are generally avoided. For individuals with seizure disorders, quinolones can lower the seizure threshold, increasing the likelihood of seizure events. In contrast, hyperactivity is not generally recognized as a specific risk factor warranting caution when prescribing quinolones. While it may be a consideration in a broader context of prescribing practices, it does not have the same established risks associated with the use of these antibiotics compared to the other factors mentioned. Therefore, it is seen as less relevant in the context of safety concerns for quinolone prescription, making it the correct choice for this question.

**7. What is the duration of action for Regular Insulin?**

- A. 5-7 hours**
- B. 1-3 hours**
- C. 10-12 hours**
- D. 24 hours**

The duration of action for Regular Insulin is typically around 5 to 7 hours. Regular Insulin, also known as short-acting insulin, is designed to be administered before meals to manage blood glucose levels post-prandially. After injection, Regular Insulin reaches its peak action within 2 to 3 hours and then begins to taper off after around 5 to 7 hours. This time frame allows it to effectively control blood sugar levels when used as part of a diabetes management plan. The other potential duration ranges mentioned do not accurately reflect the characteristics of Regular Insulin. The 1-3 hours duration is more representative of the onset and peak times rather than its overall effective duration. Durations like 10-12 hours and 24 hours would better describe long-acting insulin formulations rather than the short-acting properties of Regular Insulin.

**8. What is an appropriate patient teaching for those on Lidocaine?**

- A. It should solely be taken on an empty stomach**
- B. Notify the doctor for any unusual bleeding**
- C. It can be taken with dairy products**
- D. It is not affected by renal function**

When patients are prescribed Lidocaine, which is often used as an anesthetic or antiarrhythmic agent, one important aspect of patient teaching includes monitoring for adverse effects, such as unusual bleeding. This is vital because unexpected bleeding can be a sign of a serious reaction or an interaction with other medications, especially in patients who may be on anticoagulants or have underlying health conditions. Alerting a healthcare provider about these symptoms allows for timely intervention, which can be critical for patient safety. Other options present situations that may not align with proper usage or clinical guidelines for Lidocaine. For instance, while dietary restrictions can apply to some medications, Lidocaine does not require administration under strict empty stomach conditions. Additionally, although some medications have specific interactions with dairy, Lidocaine does not fall into that category, allowing it to be taken without concerns regarding dairy products. Lastly, the renal function of a patient can influence the metabolism and excretion of many drugs, including Lidocaine, so it is incorrect to state that it is not affected by renal function. Proper education regarding these aspects ensures that patients have a clear understanding of their treatment and can participate actively in their healthcare.

**9. Which eye condition is a known adverse effect of steroid therapy?**

- A. Glaucoma**
- B. Cataracts**
- C. Astigmatism**
- D. Retinal detachment**

Cataracts are a known adverse effect of steroid therapy due to the way steroids influence the eye's lens. Prolonged use of corticosteroids can lead to the development of cataracts by accelerating the natural aging process of the lens and altering its proteins, which can cloud the lens and impair vision. Patients on chronic steroid treatments are at a higher risk for this condition, often leading to the need for surgical correction. In comparison, while glaucoma can also be associated with steroid use, the development of cataracts is a more widely recognized and documented concern in the literature regarding steroid therapy. Astigmatism, being a refractive error, is not directly caused by steroid therapy, and retinal detachment is a condition that has various risk factors unrelated to steroid use. Therefore, cataracts stand out as the primary concern when discussing the adverse effects of steroid treatments on eye health.

**10. Which insulins should never be mixed?**

- A. Regular insulin and NPH**
- B. Insulin U-500 and Regular insulin**
- C. Insulin U-500 and long-acting insulins**
- D. Short-acting insulins and long-acting insulins**

The correct answer highlights the importance of understanding the unique properties of different insulin formulations. Insulin U-500, which is a concentrated form of regular insulin, is designed to be more potent and requires careful handling. Mixing it with long-acting insulins can lead to unpredictable absorption patterns and potential overdosing or underdosing. Each insulin type has its specific action profile, and when mixed, it may result in a change in the intended pharmacokinetics, ultimately complicating treatment and increasing the risk of adverse effects. In contrast, the other combinations listed, although they might have concerns regarding mixing, typically do not present the same level of risk as mixing U-500 with long-acting insulins. For example, mixing regular insulin with NPH is commonly practiced, as NPH serves as a medium-acting insulin that can complement the short-acting nature of regular insulin. Understanding these distinctions is crucial for safe and effective insulin management in diabetes care.



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

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