

HURST READINESS EXAM 2 PRACTICE (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 hospitalized client is to receive nadolol. Which finding should prompt the nurse to hold the medication and notify the provider?**
 - A. Blood pressure 102/68
 - B. Glucose 118
 - C. UOP 440 mL over previous 8 hour shift
 - D. Heart rate 56/min

- 2. A client had an abnormal MSAFP at 18 weeks; amniocentesis completed at 22 weeks. Which nursing action has priority?**
 - A. Monitor the needle entry site for signs of infection.
 - B. Encourage the client to express her feelings.
 - C. Assess the maternal blood pressure for hypertension.
 - D. Monitor fetal heart tones and uterine activity.

- 3. Which statement about HIPAA privacy is NOT correct?**
 - A. Primary healthcare providers employed at the facility where a client receives treatment can legally access any client's health information at any time.
 - B. Health related information revealed by a client to healthcare personnel must be kept confidential.
 - C. The client has the right to access personal healthcare records and to obtain copies of those records.
 - D. A client's information can be revealed only with the client's permission, or when the primary healthcare provider or facility is required by law to do so.

- 4. A client at a mental health center has expressed suicidal thoughts and has access to firearms at home. Which action is priority?**
 - A. Empathize with the client and listen to feelings.
 - B. Ask the client to return to the clinic tomorrow for further evaluation.
 - C. Inform the family and ask them to remove the guns.
 - D. Chart the thinking pattern and make a follow up appointment.

- 5. A newly diagnosed diabetic learns about regular insulin. When is the greatest risk for hypoglycemia after the 8:00 a.m. dose?**
 - A. 8:30 AM
 - B. 11:00 AM
 - C. 1:30 PM
 - D. 4:00 PM

6. Which test is most appropriate for screening lead exposure in a child at risk from living in an old, lead-painted home?
- A. Blood lead level test
 - B. Urine lead test
 - C. X-ray
 - D. Skin biopsy
7. Which dietary change is accurate for constipation management to promote softer stools and easier passage?
- A. Fiber adds bulk to stools and helps passage.
 - B. Fiber reduces stool bulk.
 - C. Fiber decreases intestinal transit time.
 - D. Fiber causes dehydration.
8. The nurse is caring for a client on the surgical unit. The primary healthcare provider prescribed morphine sulfate 20 mg IM as a one-time dose. The nurse has available morphine sulfate in a 20 mL vial labeled 15 mg per mL. How many mL should the nurse administer? Round to one decimal place.
- A. 1.0 mL
 - B. 1.3 mL
 - C. 1.5 mL
 - D. 2.0 mL
9. A psychiatric unit patient with obsessive-compulsive disorder has frequent hand-washing rituals. Which nursing intervention would be advisable?
- A. Allow time for ritual.
 - B. Provide positive reinforcement for nonritualistic behavior.
 - C. Remove all soap and water sources from the client's environment.
 - D. Create a regular schedule for taking client to bathroom.
10. A client with glaucoma is prescribed a prostaglandin agonist. Which client statement indicates a lack of understanding of the regimen?
- A. I must only use the drops in the eye with the increased pressure.
 - B. My eyes may be different colors, so I will use the drops in both eyes.
 - C. I must be careful not to overmedicate even if it is just an eye drop.
 - D. The eyelashes in the eye with the higher pressure may get longer.

Answers

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

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Explanations

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1. A hospitalized client is to receive nadolol. Which finding should prompt the nurse to hold the medication and notify the provider?

- A. Blood pressure 102/68
- B. Glucose 118
- C. UOP 440 mL over previous 8 hour shift

D. Heart rate 56/min

Nadolol is a nonselective beta-blocker that slows heart rate and reduces conduction through the heart's electrical system. When the pulse is too slow, cardiac output can drop, leading to decreased tissue perfusion and potential hypotension. A heart rate of 56/min indicates clinically significant bradycardia, which is a clear reason to hold the medication and notify the provider for guidance on dose adjustment or alternative therapy. The other findings don't point to an immediate need to stop nadolol: a blood pressure of 102/68 is borderline but not necessarily dangerous by itself, glucose is normal, and urine output is reduced but not directly caused by the beta-blocker. The key safety cue here is the bradycardia.

2. A client had an abnormal MSAFP at 18 weeks; amniocentesis completed at 22 weeks. Which nursing action has priority?

- A. Monitor the needle entry site for signs of infection.
- B. Encourage the client to express her feelings.
- C. Assess the maternal blood pressure for hypertension.

D. Monitor fetal heart tones and uterine activity.

The most important focus after an amniocentesis is the fetus's status and the uterus's activity. Monitoring fetal heart tones shows whether the fetus is tolerating the procedure and remaining stable, while watching for uterine contractions or changes in tone helps detect potential complications such as preterm labor or fetal distress early. These immediate risks outweigh other concerns, making continuous assessment of fetal well-being the priority. After that, assessing the needle entry site for signs of infection is still due, but it's not the urgent priority compared with ensuring the fetus remains stable. Maternal blood pressure monitoring is important for overall pregnancy care but doesn't address the direct post-procedure risks to the fetus. Providing opportunity for the client to express feelings is important for support, yet it does not address the immediate physical risk to the fetus.

3. Which statement about HIPAA privacy is NOT correct?

- A. Primary healthcare providers employed at the facility where a client receives treatment can legally access any client's health information at any time.
- B. Health related information revealed by a client to healthcare personnel must be kept confidential.
- C. The client has the right to access personal healthcare records and to obtain copies of those records.
- D. A client's information can be revealed only with the client's permission, or when the primary healthcare provider or facility is required by law to do so.

The key idea is that access to a patient's protected health information is restricted to those who need it to provide care, and only the minimum necessary information should be seen. The statement that primary healthcare providers at the same facility can legally access any client's health information at any time contradicts this principle. HIPAA requires that access be limited to those involved in the patient's treatment and only to the extent needed to do their job, protecting confidentiality and reducing unnecessary exposure. The other statements align with HIPAA: information shared with healthcare personnel is kept confidential, patients have the right to access and obtain copies of their records, and disclosures can occur with the patient's permission or when required by law. There are also allowed disclosures without explicit patient consent in certain circumstances (such as for treatment, payment, or healthcare operations or as mandated by law), but blanket access to all patients' records at any time is not permitted.

4. A client at a mental health center has expressed suicidal thoughts and has access to firearms at home. Which action is priority?

- A. Empathize with the client and listen to feelings.
- B. Ask the client to return to the clinic tomorrow for further evaluation.
- C. Inform the family and ask them to remove the guns.
- D. Chart the thinking pattern and make a follow up appointment.

In this moment, the priority is to reduce the immediate risk of self-harm by removing access to lethal means. Firearms in the home dramatically raise the chance of a fatal outcome if someone is suicidal, so secure removing or significantly restricting access is the most effective, time-sensitive safety step. Informing the family and asking them to remove the guns mobilizes a support system that can help ensure the person stays safe while you assess and address their mental health needs. Empathizing and listening is essential for rapport and trust, but it doesn't reduce the imminent danger on its own. Asking the person to come back tomorrow delays safety. Charting the thinking pattern and arranging a follow-up, while useful for ongoing care, does not address the immediate risk. Prioritizing safety by removing access to the means of harm takes precedence, then you can proceed with a full risk assessment, ongoing support, and a concrete safety plan.

5. A newly diagnosed diabetic learns about regular insulin. When is the greatest risk for hypoglycemia after the 8:00 a.m. dose?

- A. 8:30 AM
- B. 11:00 AM**
- C. 1:30 PM
- D. 4:00 PM

Regular insulin has a clear action profile: it begins working about 30 minutes after injection, peaks around 2 to 4 hours after dosing, and lasts roughly 6 to 8 hours. After an 8:00 a.m. dose, the peak effect occurs roughly between 10:00 a.m. and noon. The risk of hypoglycemia is highest during this peak when insulin's glucose-lowering effect is strongest. So the time closest to the peak—around 11:00 a.m.—is when hypoglycemia risk is greatest. The earlier time is before the peak, and the later times are after the peak when insulin activity is waning, so the risk is lower then.

6. Which test is most appropriate for screening lead exposure in a child at risk from living in an old, lead-painted home?

- A. Blood lead level test**
- B. Urine lead test
- C. X-ray
- D. Skin biopsy

Measuring lead in the blood is the best way to detect exposure in a child at risk because it directly reflects the amount of lead circulating in the body and indicates recent exposure. This simple blood test is the standard screening tool used to identify elevated lead levels and guide further public health actions, environmental assessment, and treatment if needed. Urine testing isn't a reliable indicator of body lead burden in children, since lead excretion in urine can be variable and doesn't accurately reflect total exposure. X-ray can reveal some complications of heavy, long-term exposure but isn't a screening method for lead burden. Skin biopsy isn't relevant to assessing lead exposure.

7. Which dietary change is accurate for constipation management to promote softer stools and easier passage?

- A. Fiber adds bulk to stools and helps passage.**
- B. Fiber reduces stool bulk.
- C. Fiber decreases intestinal transit time.
- D. Fiber causes dehydration.

Increasing dietary fiber enables stools to form with more bulk and better water content, which softens them and makes them easier to pass. This happens because soluble fiber holds water and bulks up the stool, while insoluble fiber adds mass that stimulates bowel movements. Both types help normalize bowel habits when you're constipated, and they work best when paired with adequate fluid intake. That's why the statement that fiber adds bulk and aids passage is the accurate dietary change for constipation management. The other ideas—fiber reducing stool bulk, fiber decreasing transit time in a way that's not consistent with typical practice, or fiber causing dehydration—don't fit the usual, evidence-based effects of fiber on stool formation and movement.

8. The nurse is caring for a client on the surgical unit. The primary healthcare provider prescribed morphine sulfate 20 mg IM as a one-time dose. The nurse has available morphine sulfate in a 20 mL vial labeled 15 mg per mL. How many mL should the nurse administer? Round to one decimal place.

A. 1.0 mL

B. 1.3 mL

C. 1.5 mL

D. 2.0 mL

Dose calculations use the drug's concentration to convert the prescribed amount into a volume to administer. Here, the order is 20 mg of morphine. The vial provides 15 mg per 1 mL, so each milliliter contains 15 mg. Set up the equation: $15 \text{ mg/mL} \times V = 20 \text{ mg}$. Solve for V: $V = 20 / 15 = 1.333... \text{ mL}$. Rounding to one decimal place gives 1.3 mL. Therefore, administer about 1.3 mL. This approach ensures the patient receives the intended 20 mg dose based on the available concentration.

9. A psychiatric unit patient with obsessive-compulsive disorder has frequent hand-washing rituals. Which nursing intervention would be advisable?

A. Allow time for ritual.

B. Provide positive reinforcement for nonritualistic behavior.

C. Remove all soap and water sources from the client's environment.

D. Create a regular schedule for taking client to bathroom.

Structured routines help manage OCD compulsions by limiting ritual opportunities and supporting exposure with response prevention. By creating a regular schedule for bathroom visits, the nurse provides predictability and control, reducing the anxiety that drives repeated hand washing and giving the patient a clear, controlled context in which to tolerate urges without acting on them. This approach helps gradually shorten the time spent on rituals and integrates hygiene into daily life without reinforcing compulsions. Allowing time for the ritual would reinforce the behavior. Removing soap and water is unsafe and impractical for hygiene. While encouraging nonritualistic behaviors is supportive, a scheduled plan directly targets the pattern of compulsions by controlling when and how rituals can occur and by structuring opportunities for alternative activities.

10. A client with glaucoma is prescribed a prostaglandin agonist. Which client statement indicates a lack of understanding of the regimen?

A. I must only use the drops in the eye with the increased pressure.

B. My eyes may be different colors, so I will use the drops in both eyes.

C. I must be careful not to overmedicate even if it is just an eye drop.

D. The eyelashes in the eye with the higher pressure may get longer.

Prostaglandin agonists lower intraocular pressure by increasing the outflow of aqueous humor, and they're given as a daily eye drop in the eye (or eyes) that are affected. The key to the regimen is which eye actually has elevated pressure, not differences in eye color. Iris color changes and eyelash growth are known side effects, but they don't drive whether you treat both eyes. Saying you'll use the drops in both eyes because the eyes may be different colors shows a misunderstanding: you treat the eye with higher pressure, or both eyes if both are affected. The other statements align with proper use—don't overmedicate, and be aware of possible eyelash changes.

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://hurstreadiness2.examzify.com>

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

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