

Hurst Readiness 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. If a client's digoxin level is 0.9 ng/mL, what should the nurse do before administering digoxin?**
 - A. Hold the digoxin**
 - B. Notify the primary healthcare provider**
 - C. Administer the digoxin**
 - D. Repeat the digoxin level**
- 2. In discharge planning, what is the priority action for a confused elderly client with a spiral fracture?**
 - A. Ask the family to restrict the client to the first floor.**
 - B. Instruct the client on home safety issues.**
 - C. Notify social services to arrange a home visit.**
 - D. Discuss cast care with client and family.**
- 3. What is the expected outcome for a client who has been vomiting for an extended period?**
 - A. Respiratory alkalosis**
 - B. Metabolic acidosis**
 - C. Hypokalemia**
 - D. Hypoglycemia**
- 4. In the context of care for clients, what is an important aspect of providing palliative care?**
 - A. Focusing solely on physical symptoms**
 - B. Enhancing quality of life and comfort**
 - C. Monitoring for signs of infection**
 - D. Restricting medications to pain relievers only**
- 5. A client is receiving an IV infusion of heparin mixed in D5W. How many units of heparin does the client receive per hour with an infusion rate of 60 mL/hr?**
 - A. 600 units/hr**
 - B. 300 units/hr**
 - C. 150 units/hr**
 - D. 1000 units/hr**

- 6. In maintaining care for a client with exophthalmos, which is an important nursing instruction?**
- A. Use a high sodium diet**
 - B. Avoid using eye drops**
 - C. Use protective eye ointments**
 - D. Limit fluid intake**
- 7. What is a sign that indicates a potential problem in a post-operative client using a PCA pump?**
- A. Increased sedation.**
 - B. Severe pain over the operated site.**
 - C. Decreased urine output.**
 - D. Frequent nausea.**
- 8. What type of airway management would be prioritized for a client with snoring respirations?**
- A. Head tilt-chin lift maneuver**
 - B. Endotracheal tube**
 - C. Jaw thrust maneuver**
 - D. Bag-mask ventilation**
- 9. What physiological change is common in a 3-month-old infant with cystic fibrosis?**
- A. Weight gain since last check-up.**
 - B. Foul-smelling, greasy stools.**
 - C. Ability to hold head upright.**
 - D. Increased appetite.**
- 10. Which nursing action is a priority for a client with numb feet and a history of diabetes?**
- A. Check blood glucose levels**
 - B. Assess for proper shoe size**
 - C. Check for signs of injury on the feet**
 - D. Test sensory perception in the feet**

Answers

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

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Explanations

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1. If a client's digoxin level is 0.9 ng/mL, what should the nurse do before administering digoxin?
- A. Hold the digoxin
 - B. Notify the primary healthcare provider
 - C. Administer the digoxin**
 - D. Repeat the digoxin level

When considering the administration of digoxin, it is important to understand the therapeutic range and implications of the digoxin level present. A digoxin level of 0.9 ng/mL falls within the generally accepted therapeutic range for digoxin, which is typically between 0.5 and 2.0 ng/mL. When a digoxin level is within this range, it indicates that the medication is effectively managing the client's condition without leading to toxicity. Therefore, administering the digoxin at this level is appropriate and aligns with the goal of maintaining therapeutic management of conditions such as heart failure or atrial fibrillation. In this scenario, the nurse should proceed with the administration of digoxin, as doing so will help ensure that the client receives the necessary treatment. It's essential for the nurse to remember that monitoring for signs of efficacy and potential toxicity continues even after administration, but in this case, the level does not warrant any additional actions like holding the medication, notifying the healthcare provider, or repeating the level unless there are other clinical concerns present.

2. In discharge planning, what is the priority action for a confused elderly client with a spiral fracture?
- A. Ask the family to restrict the client to the first floor.
 - B. Instruct the client on home safety issues.
 - C. Notify social services to arrange a home visit.**
 - D. Discuss cast care with client and family.

In the context of discharge planning for a confused elderly client with a spiral fracture, the priority action involves ensuring the client's safety and support in their home environment. Notifying social services to arrange a home visit is vital in this scenario. The confusion of the elderly client raises significant concerns regarding their ability to navigate their environment safely, manage their care, and adhere to medical advice independently. This action ensures that qualified professionals can assess the home situation, identify any potential hazards, and provide the necessary support systems. It also establishes a network that can assist the client after discharge, considering their specific needs due to both confusion and the challenges presented by the fracture. While other actions, like discussing cast care or home safety issues, are important, they may not address the immediate need for oversight and support comprehensively. The involvement of social services can facilitate broader assistance, which is crucial for the client's overall well-being, particularly when confusion can lead to an increased risk of falls or further injury.

3. What is the expected outcome for a client who has been vomiting for an extended period?

- A. Respiratory alkalosis**
- B. Metabolic acidosis**
- C. Hypokalemia**
- D. Hypoglycemia**

In the context of a client who has been vomiting for an extended period, the expected outcome includes the development of hypokalemia, which is a lower than normal level of potassium in the blood. Vomiting can lead to significant loss of gastrointestinal fluids, which not only results in dehydration but also contributes to the depletion of electrolytes, particularly potassium. During prolonged vomiting, the body's stores of potassium can become depleted because potassium is mainly found in the intracellular fluid, primarily located within cells. As the stomach contents are expelled, potassium is lost along with other electrolytes. This results in hypokalemia, which can cause various symptoms such as muscle weakness, fatigue, and arrhythmias, highlighting the importance of monitoring potassium levels in patients with prolonged vomiting. The other options, while they may present concerns for a client, do not align with the typical expected outcome of extended vomiting. For instance, respiratory alkalosis tends to occur due to hyperventilation, metabolic acidosis relates to conditions like renal failure or diabetic ketoacidosis, and hypoglycemia is generally not directly caused by vomiting but can result from starvation or inadequate carbohydrate intake. In this specific scenario, hypokalemia stands out as the primary concern due to electrolyte disturbances resulting from the loss of gastric contents

4. In the context of care for clients, what is an important aspect of providing palliative care?

- A. Focusing solely on physical symptoms**
- B. Enhancing quality of life and comfort**
- C. Monitoring for signs of infection**
- D. Restricting medications to pain relievers only**

The essence of palliative care lies in enhancing the overall quality of life and comfort for clients facing serious illnesses. This approach is holistic, addressing not just physical symptoms but also emotional, social, and spiritual needs. By focusing on comfort and supporting clients through challenging times, palliative care aims to relieve suffering and improve the well-being of patients and their families. Focusing solely on physical symptoms neglects the comprehensive nature of palliative care, which includes emotional and psychological support. Monitoring for signs of infection is more aligned with curative care rather than the overarching goal of palliative measures. Additionally, restricting medications to pain relievers only would limit the scope of care available to the patient, missing the opportunity to address other symptoms or discomforts they may experience, which is crucial in providing quality palliative care.

5. A client is receiving an IV infusion of heparin mixed in D5W. How many units of heparin does the client receive per hour with an infusion rate of 60 mL/hr?

- A. 600 units/hr**
- B. 300 units/hr
- C. 150 units/hr
- D. 1000 units/hr

To determine the number of units of heparin the client receives per hour with an infusion rate of 60 mL/hr, it's essential to first understand how the concentration of heparin in the solution affects the total units delivered. If the heparin is mixed in D5W, the concentration of heparin in that solution must be known. For example, if we assume that the heparin concentration is 1000 units per 1 mL of solution, then we can calculate the hourly dosage: At an infusion rate of 60 mL/hr, with a concentration of 1000 units/mL: 1. Multiply the infusion rate (60 mL/hr) by the concentration (1000 units/mL) to find the total units received: $60 \text{ mL/hr} \times 1000 \text{ units/mL} = 60,000 \text{ units/hr}$. However, if we reinterpret the problem with a different concentration, such as 10 units/mL: 1. At 60 mL/hr and a concentration of 10 units/mL: $60 \text{ mL/hr} \times 10 \text{ units/mL} = 600 \text{ units/hr}$. This means that under the assumption of 10 units/mL concentration, the client would

6. In maintaining care for a client with exophthalmos, which is an important nursing instruction?

- A. Use a high sodium diet
- B. Avoid using eye drops
- C. Use protective eye ointments**
- D. Limit fluid intake

Using protective eye ointments is essential for clients with exophthalmos, a condition often associated with Graves' disease where the eyes protrude from their orbits. This protrusion can lead to dryness and irritation due to inadequate tear production and exposure. Protective eye ointments help to lubricate the eyes, preventing damage and promoting comfort. Additionally, these ointments can create a barrier that shields the eyes from environmental irritants. Utilizing a high sodium diet would not be advisable as sodium can exacerbate fluid retention and swelling, which may worsen the symptoms associated with exophthalmos. Choosing not to use eye drops could also be detrimental, as many clients benefit from the moisture that eye drops provide to relieve dryness. Lastly, limiting fluid intake is not indicated and could lead to dehydration, which can further complicate the client's condition and overall health. Therefore, the use of protective eye ointments is a primary nursing instruction that addresses the care needs of a client experiencing exophthalmos effectively.

7. What is a sign that indicates a potential problem in a post-operative client using a PCA pump?

- A. Increased sedation.**
- B. Severe pain over the operated site.**
- C. Decreased urine output.**
- D. Frequent nausea.**

Increased sedation can indicate a potential problem in a post-operative client using a PCA (patient-controlled analgesia) pump. This condition may signify that the patient is receiving too much opioid medication, which could lead to respiratory depression, impaired cognitive function, and decreased response to stimuli. For patients on PCA pumps, the goal is to manage pain effectively while minimizing side effects. Increased sedation is a critical side effect that requires prompt assessment and intervention, as it can lead to serious complications if not addressed. Severe pain over the operated site could be expected after surgery, especially if the anesthesia wears off, requiring potential adjustments in pain management but is not, in itself, an immediate sign of an issue with the PCA pump. Decreased urine output may indicate fluid balance issues or need for further evaluation, but it is not directly related to opioid over-sedation. Frequent nausea can occur with opioid use but is not as critical as sedation levels, which can have more immediate consequences.

8. What type of airway management would be prioritized for a client with snoring respirations?

- A. Head tilt-chin lift maneuver**
- B. Endotracheal tube**
- C. Jaw thrust maneuver**
- D. Bag-mask ventilation**

For a client exhibiting snoring respirations, the primary concern is airway obstruction, often caused by the collapse of the tongue or soft tissues in the upper airway. In this situation, the jaw thrust maneuver is essential as it allows the healthcare provider to open the airway without tilting the head, reducing the risk of further obstructing the airway which can happen if the neck is flexed. The jaw thrust maneuver works by pulling the mandible forward, which elevates the tongue away from the posterior pharyngeal wall, making it easier for air to pass through and reducing the risk of obstruction. This technique is particularly useful in cases where spinal injury is suspected, as it minimizes potential neck movement. The head tilt-chin lift maneuver can also open the airway but is less preferred in cases where there might be a cervical spine injury. Bag-mask ventilation could be necessary if the airway is compromised despite opening maneuvers, but it requires a clear airway to be effective. An endotracheal tube provides a more secure airway management option, but it is more invasive and not the immediate priority in a case of snoring respirations, where simpler maneuvers can often resolve the issue.

9. What physiological change is common in a 3-month-old infant with cystic fibrosis?

- A. Weight gain since last check-up.**
- B. Foul-smelling, greasy stools.**
- C. Ability to hold head upright.**
- D. Increased appetite.**

A common physiological change observed in a 3-month-old infant with cystic fibrosis is the presence of foul-smelling, greasy stools. This symptom occurs due to the impact of non-functioning or insufficient pancreatic enzymes, which are crucial for the digestion and absorption of fats and nutrients. In cystic fibrosis, the thick mucus that clogs the pancreatic ducts hinders these enzymes from reaching the intestines, leading to malabsorption. As a result, the undigested fat is excreted in the stool, making it appear greasy and giving it a foul odor. This is a significant clinical indicator that healthcare providers look for when diagnosing cystic fibrosis in infants. The other options do not typically align with the expected physiological responses in an infant diagnosed with cystic fibrosis at this age. For example, weight gain may not be observed due to malabsorption issues, while the ability to hold the head upright is a developmental milestone not directly related to cystic fibrosis symptoms. Increased appetite may also not correlate with the clinical picture, as malabsorption often leads to inadequate weight gain rather than an increase in appetite.

10. Which nursing action is a priority for a client with numb feet and a history of diabetes?

- A. Check blood glucose levels**
- B. Assess for proper shoe size**
- C. Check for signs of injury on the feet**
- D. Test sensory perception in the feet**

The priority nursing action for a client with numb feet and a history of diabetes is to check for signs of injury on the feet. Individuals with diabetes often experience neuropathy, which can lead to decreased sensation in the feet. This loss of sensation increases the risk of unnoticed injuries, such as cuts, blisters, or ulcers, that can lead to infections or more serious complications. Examining the feet for injuries is crucial because timely detection and intervention can prevent further complications, including possible amputation. Clients with diabetes must have their feet regularly inspected for any physical problems, especially when there are symptoms like numbness that can impair sensation. While checking blood glucose levels is important for managing diabetes, it does not directly address the immediate concern of potential foot injuries. Assessing for proper shoe size and testing sensory perception are also valuable actions; however, ensuring there are no existing injuries takes precedence in this scenario. Identifying and managing any current injuries can help safeguard the client's overall foot health and prevent further complications.

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://hurstreadiness.examzify.com>

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