

IVY TECH FUNDAMENTALS OF NURSING TEST 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. Which statement best describes the profession of nursing?**
 - A. A discipline focused on laboratory research
 - B. A role that involves nourishing, protecting, and caring for the sick, injured, and aged
 - C. An occupation limited to administrative duties in hospitals
 - D. A field dedicated to training physicians
- 2. Hyperkalemia is most likely to cause which clinical concern?**
 - A. Seizures.
 - B. Muscle cramps.
 - C. Cardiac conduction problems.
 - D. Bruising.
- 3. Which data source is used to formulate a nursing diagnosis?**
 - A. Assessment findings, patient responses, and behaviors
 - B. Medical test results only
 - C. Physician notes only
 - D. Billing information
- 4. What is the proper hand hygiene technique and when should it be performed?**
 - A. Use soap and water for at least 20 seconds or alcohol-based hand sanitizer; perform before and after patient contact, after glove removal, and after exposure to body fluids.
 - B. Wash hands only after patient contact.
 - C. Use only water; no soap.
 - D. Hand hygiene is optional.
- 5. Which range defines Stage 2 hypertension?**
 - A. 120-129/<80
 - B. <120/ <80
 - C. $\geq 140/\geq 90$
 - D. 130-139/80-89

- 6. Define DNR and other code status terms commonly used in hospitals.**
- A. DNR means Do Not Resuscitate; DNI means Do Not Intubate; "Full code" means resuscitation attempted.
 - B. DNR means Do Not Retry; DNI means Do Not Initiate; "Full code" means resuscitation not attempted.
 - C. DNR means Do Not Resuscitate; DNI means Do Not Involve; "Full code" means resuscitation advised only if necessary.
 - D. DNR means Do Not Resuscitate; DNI means Do Not Inhale; "Full code" means resuscitation attempted.
- 7. Hyperpyrexia is defined as a temperature of 106 F or higher.**
- A. 90 F
 - B. 99 F
 - C. 100 F
 - D. 106 F or higher
- 8. In a head-to-toe assessment, which area is typically evaluated after the chest and lungs?**
- A. Head/face/neck
 - B. Abdomen
 - C. Heart
 - D. Extremities
- 9. When delivering oxygen therapy, which are important nursing considerations?**
- A. Monitor SpO₂; assess for anxiety; monitor skin breakdown; ensure humidification as needed; use devices safely.
 - B. Do not monitor SpO₂; always use a non-humidified high-flow device.
 - C. Oxygen therapy requires no assessment beyond initial prescription.
 - D. Oxygen should be delivered via the nearest window for natural airflow.
- 10. Which term refers to tapping on a surface to determine density differences in the underlying structure?**
- A. Percussion
 - B. Direct percussion
 - C. Fist percussion
 - D. Indirect percussion

Answers

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

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Explanations

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1. Which statement best describes the profession of nursing?

- A. A discipline focused on laboratory research
- B. A role that involves nourishing, protecting, and caring for the sick, injured, and aged**
- C. An occupation limited to administrative duties in hospitals
- D. A field dedicated to training physicians

Nursing centers on caring for people across health challenges, focusing on nourishing, protecting, and caring for the sick, injured, and aged. Nurses assess needs, plan and provide direct care, monitor health status, administer treatments, offer comfort, and educate patients and families to support recovery and well-being. They also advocate for patients and coordinate care within the health system, emphasizing holistic well-being and safety. The other descriptions miss the heart of nursing: lab research is the realm of scientific study unrelated to day-to-day patient care; administrative duties can be part of a nurse's role but don't define what nursing is; training physicians describes medical education rather than nursing practice.

2. Hyperkalemia is most likely to cause which clinical concern?

- A. Seizures.
- B. Muscle cramps.
- C. Cardiac conduction problems.**
- D. Bruising.

Hyperkalemia disrupts the heart's electrical system. When potassium builds up outside cells, the resting membrane potential becomes less negative and sodium channels don't recover as well, slowing the spread of impulses through the conduction pathways. This makes the heart conduction slower and more prone to dangerous rhythms, so the most likely and clinically important concern is cardiac conduction problems that can progress to arrhythmias or arrest if not treated. Seizures and bruising aren't typical direct effects of high potassium, and cramps are more characteristic of other electrolyte issues; the heart's conduction disturbance is the primary risk with elevated potassium.

3. Which data source is used to formulate a nursing diagnosis?

- A. Assessment findings, patient responses, and behaviors**
- B. Medical test results only
- C. Physician notes only
- D. Billing information

Nursing diagnoses are based on the nurse's assessment data—what the patient reports, what is observed, and how the patient responds to health issues. This collection of assessment findings, patient responses, and behaviors provides the real-time picture of the patient's status and helps the nurse identify actual or potential problems that nursing care can address. That's why assessment findings, patient responses, and behaviors are the best data source for formulating a nursing diagnosis. Medical test results, physician notes, and billing information aren't the primary basis for a nursing diagnosis. Medical tests and physician notes guide medical diagnoses and treatment plans, while billing data serves administrative purposes. They may inform care in a broader sense, but the nursing diagnosis specifically rests on the nurse's own assessment data about the patient.

4. What is the proper hand hygiene technique and when should it be performed?

- A. Use soap and water for at least 20 seconds or alcohol-based hand sanitizer; perform before and after patient contact, after glove removal, and after exposure to body fluids.**
- B. Wash hands only after patient contact.
- C. Use only water; no soap.
- D. Hand hygiene is optional.

Hand hygiene is the essential practice to prevent infection transmission in healthcare. The best approach combines either soap and water for at least 20 seconds or an alcohol-based handrub, chosen based on the situation. Use soap and water when hands are visibly dirty or contaminated with body fluids, and use an alcohol-based sanitizer when hands are not visibly soiled for quick, effective microbial reduction. Perform hand hygiene before touching a patient, before performing a clean or sterile procedure, after potential exposure to body fluids, after finishing with a patient, and after removing gloves. If hands are visibly dirty, washing with soap and water is preferred; some organisms, like certain spores, may require thorough handwashing rather than sanitizer. The other options don't meet these essential moments or use the most effective method for the scenario, so they're not appropriate.

5. Which range defines Stage 2 hypertension?

- A. 120-129/<80
- B. <120/ <80
- C. ≥ 140 / ≥ 90**
- D. 130-139/80-89

Stage 2 hypertension is defined by blood pressure values that are significantly higher than normal: a systolic pressure of 140 mm Hg or higher, or a diastolic pressure of 90 mm Hg or higher. This level marks a more severe elevation than normal, elevated, or Stage 1 categories. The other ranges correspond to those lower categories (normal under 120/80, elevated around 120–129 with diastolic under 80, and Stage 1 around 130–139 or 80–89). The option that lists ≥ 140 on systolic or ≥ 90 on diastolic best fits Stage 2, reflecting the higher threshold that signals more pronounced hypertension.

6. Define DNR and other code status terms commonly used in hospitals.

- A. DNR means Do Not Resuscitate; DNI means Do Not Intubate; "Full code" means resuscitation attempted.**
- B. DNR means Do Not Retry; DNI means Do Not Initiate; "Full code" means resuscitation not attempted.
- C. DNR means Do Not Resuscitate; DNI means Do Not Involve; "Full code" means resuscitation advised only if necessary.
- D. DNR means Do Not Resuscitate; DNI means Do Not Inhale; "Full code" means resuscitation attempted.

Understanding code status terms used in hospitals. DNR means Do Not Resuscitate; in the event of cardiac or respiratory arrest, CPR and related aggressive resuscitation are not attempted. DNI stands for Do Not Intubate; the patient declines placement of a breathing tube for mechanical ventilation, but other resuscitation efforts may still be pursued depending on the orders. "Full code" means resuscitation is attempted with all available measures, including CPR, defibrillation, airway management, ventilation, and medications. The other options use terms that aren't standard for these concepts: Do Not Retry isn't how DNR is defined, Do Not Initiate isn't how DNI is defined, and resuscitation not attempted contradicts the meaning of a full code.

7. Hyperpyrexia is defined as a temperature of 106 F or higher.

- A. 90 F
- B. 99 F
- C. 100 F
- D. 106 F or higher**

Hyperpyrexia is an extreme fever. It means the body temperature has risen to about 41°C (106°F) or higher, a level where the body's heat-regulating systems can be overwhelmed. This threshold marks a medical emergency because the risk of brain injury, dehydration, electrolyte imbalance, and organ dysfunction increases significantly. Fever, in general, is a rise above normal body temperature, but hyperpyrexia is far above that, at 106°F or higher. Temperatures like 90°F are below normal, and 99°F or 100°F are not in the hyperpyrexia range; they reflect normal low-grade fever or just a mild elevation, not the extreme level defined here.

8. In a head-to-toe assessment, which area is typically evaluated after the chest and lungs?

- A. Head/face/neck
- B. Abdomen
- C. Heart**
- D. Extremities

In a head-to-toe assessment, you move from top to bottom, examining major body systems in a logical sequence. After you've assessed the chest and lungs, the next area to evaluate is the heart because the cardiovascular system directly affects how well blood is circulating and how the lungs are behaving. When you inspect and listen to the heart, you check rate and rhythm and use the stethoscope at the standard valve sites to hear S1 and S2, looking for any extra sounds or murmurs that might indicate valvular issues or other cardiac problems. This step also helps you correlate findings with the lung exam—for example, fluid overload may show both crackles in the lungs and signs of reduced perfusion. The other regions you would cover along the way are typically examined in their own order as you proceed downward: head/face/neck is usually assessed early, the abdomen is evaluated after the chest and heart for bowel sounds and tenderness, and the extremities are checked last for pulses, edema, and peripheral perfusion.

9. When delivering oxygen therapy, which are important nursing considerations?

- A. Monitor SpO₂; assess for anxiety; monitor skin breakdown; ensure humidification as needed; use devices safely.**
- B. Do not monitor SpO₂; always use a non-humidified high-flow device.
- C. Oxygen therapy requires no assessment beyond initial prescription.
- D. Oxygen should be delivered via the nearest window for natural airflow.

Delivering oxygen therapy safely hinges on ongoing assessment and proper management of the delivery method to optimize oxygenation while preventing complications. Monitoring the patient's SpO₂ continuously provides real-time feedback on whether the oxygen level is meeting needs and helps guide adjustments to flow or FiO₂. Assessing for anxiety is important because distress can worsen breathing, mask tolerance, and overall comfort; addressing anxiety improves cooperation and effectiveness of therapy. Skin integrity around the nares, lips, and behind the ears is a common area of trouble with prolonged device use, so inspecting for irritation or breakdown and adjusting the interface or fit as needed helps prevent injury. Humidification is important when dry oxygen could irritate mucous membranes or complicate secretion management, particularly at higher flows or with long-term therapy. Finally, using devices safely includes selecting the appropriate interface, ensuring a proper fit and no leaks, keeping alarms functional, and following safety precautions to prevent fire hazards in oxygen-rich environments. Together, these considerations help ensure the therapy is effective, tolerable, and safe.

10. Which term refers to tapping on a surface to determine density differences in the underlying structure?

- A. Percussion**
- B. Direct percussion
- C. Fist percussion
- D. Indirect percussion

Percussion involves tapping on a surface to reveal density differences in underlying structures. The sounds produced help distinguish air-filled from solid or fluid-filled tissues, guiding assessment of organs and masses. The term that describes this tapping to assess density differences is percussion. There are specific methods—direct percussion (tapping directly on the body), indirect percussion (striking with a finger on another finger placed on the body), and fist percussion (tapping with a clenched fist)—but the overall technique being described is percussion.

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://ivytechfundofnursing1.examzify.com>

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

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