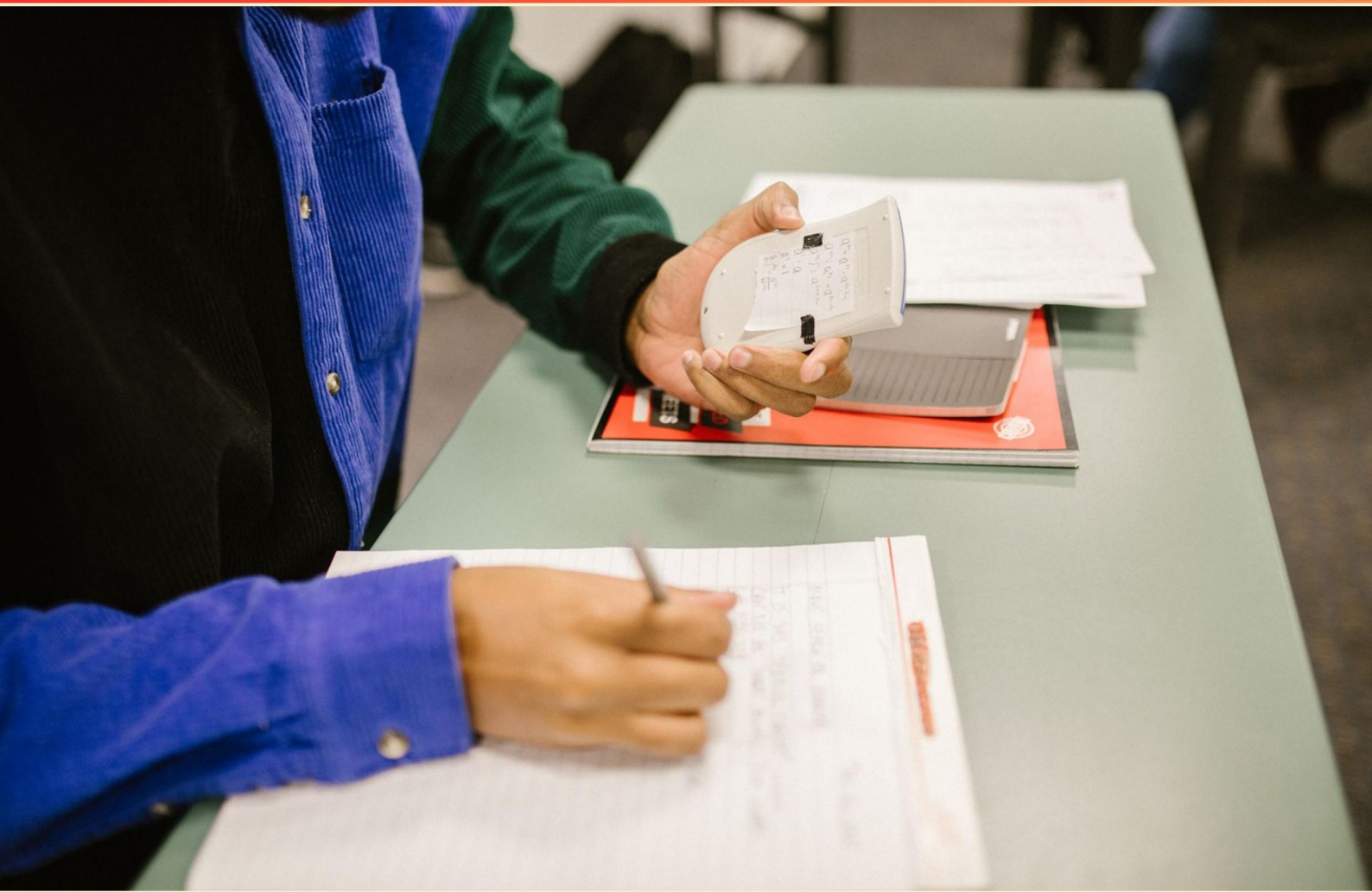


KAPLAN FOUNDATION B PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://kaplanfoundationb.examzify.com>



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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 guideline is part of proper body mechanics when lifting a heavy object?**
 - A. Keep back straight while bending from the hips
 - B. Twist at the waist while lifting
 - C. Bend knees and keep back straight
 - D. Hold objects away from your body
- 2. Which nursing technique involves restating or reflecting the patient's message to confirm understanding?**
 - A. Open-ended questions
 - B. Active listening
 - C. Reflection
 - D. Giving feedback
- 3. After giving a pain medication, which item should be documented?**
 - A. The patient's favorite color
 - B. The last meal served
 - C. The room temperature
 - D. The patient's response to pain relief
- 4. Which option reflects appropriate preoperative teaching content?**
 - A. Eating a large meal before surgery
 - B. Staying in bed all day
 - C. Not getting any information
 - D. Coughing, deep breathing, incentive spirometer use, and early ambulation
- 5. Which statement correctly distinguishes assault from battery?**
 - A. Assault requires actual physical contact; Battery is a threat
 - B. Assault is a threat of touching without consent; Battery is intentional touching without consent
 - C. Assault and Battery are the same thing
 - D. Assault requires consent; Battery requires no consent

- 6. Which option correctly describes contact precautions?**
- A. Influenza, RSV; gown and gloves.
 - B. Measles, TB; N95 respirator.
 - C. Routine precautions; no gear.
 - D. MRSA, VRE, C. difficile, and RSV; gown and gloves.
- 7. Preoperative teaching commonly includes which activities?**
- A. Administering antibiotics
 - B. Coughing, deep breathing, incentive spirometer use, and early ambulation
 - C. Limiting activity
 - D. None of the above
- 8. Which two identifiers are recommended to verify patient identity?**
- A. Name and date of birth
 - B. Room number and bed
 - C. Insurance number and room number
 - D. Medical record number and room number
- 9. Which elements are included in the priority assessment known as ABCs?**
- A. Temperature, Pulse, Blood Pressure
 - B. Vision, Hearing, Smell
 - C. Airway, Breathing, Circulation
 - D. Pain, Mobility, Nutrition
- 10. For language interpretation in healthcare, which practice is recommended?**
- A. Rely on a family member or friend to interpret
 - B. Rely on patient to translate
 - C. Use a translator app without verification
 - D. Use a qualified interpreter; do not use family members or children

Answers

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

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Explanations

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1. Which guideline is part of proper body mechanics when lifting a heavy object?

- A. Keep back straight while bending from the hips
- B. Twist at the waist while lifting
- C. Bend knees and keep back straight**
- D. Hold objects away from your body

Lifting safely hinges on using your leg muscles and keeping the spine in a neutral position, with the object held close to your body. The best guideline is to bend your knees and squat to lower the load, then straighten your legs to lift while keeping the back as straight as possible. This uses the stronger leg muscles to do the heavy work and reduces strain on the lower back by avoiding excessive forward bending or twisting. Twisting at the waist creates torsional stress on the spine, which increases the risk of injury. Holding objects away from your body lengthens the lever arm, making the back work harder to control the load. Bending from the hips with a straight back doesn't engage the legs adequately and can still put undue stress on the back.

2. Which nursing technique involves restating or reflecting the patient's message to confirm understanding?

- A. Open-ended questions
- B. Active listening
- C. Reflection**
- D. Giving feedback

Restatement of the patient's message, often called reflection, is the technique used to confirm understanding by echoing or paraphrasing what the patient has said, sometimes including the emotion behind the words. This approach helps ensure accuracy in communication and shows the patient that they're being heard, which fosters trust and invites them to share more. For example, if a patient says they're anxious about surgery and can't sleep, a reflective reply would be, "You're feeling anxious about the surgery and that's affecting your sleep." This both confirms the message and invites the patient to expand on their concerns. Open-ended questions prompt the patient to share more information but don't restate their message. Active listening is the broader skill of fully attending, conveying interest, and responding appropriately, of which reflection is a specific technique. Giving feedback provides information or guidance rather than restating the patient's message.

3. After giving a pain medication, which item should be documented?

- A. The patient's favorite color
- B. The last meal served
- C. The room temperature
- D. The patient's response to pain relief**

After giving a pain medication, you must document the patient's response to the pain relief. This means recording how the pain level changes after the dose, the exact time the medication was administered, the dose and route, and any side effects or changes in alertness or function. This information shows whether the medication is effective and safe, and it guides any needed follow-up treatment or adjustments. Items like the patient's favorite color, the last meal served, or room temperature don't reflect the medication's effect on pain and aren't the focus of postmedication documentation. They may be part of a broader assessment, but they don't inform whether the pain control worked or whether safety concerns arose.

4. Which option reflects appropriate preoperative teaching content?

- A. Eating a large meal before surgery
- B. Staying in bed all day
- C. Not getting any information
- D. Coughing, deep breathing, incentive spirometer use, and early ambulation**

Preoperative teaching should prepare the patient for postoperative care that prevents complications and promotes recovery. The best choice emphasizes pulmonary hygiene and early mobilization, which are key to avoiding atelectasis and pneumonia after surgery and helping circulation resume quickly. Coughing and deep breathing exercises clear the airways and expand the lungs, incentive spirometry encourages sustained deep breaths, and early ambulation gets blood flowing, reduces the risk of blood clots, and speeds overall recovery. The other options don't fit because a large meal before surgery raises the risk of aspiration, staying in bed all day delays recovery, and not receiving information leaves the patient unprepared for what comes after surgery.

5. Which statement correctly distinguishes assault from battery?

- A. Assault requires actual physical contact; Battery is a threat
- B. Assault is a threat of touching without consent; Battery is intentional touching without consent**
- C. Assault and Battery are the same thing
- D. Assault requires consent; Battery requires no consent

The main idea is that assault and battery hinge on whether there is actual contact. Assault involves a threat or attempt to cause harmful or offensive contact that is without the other person's consent, meaning it can happen even if no physical contact occurs. Battery is the actual, intentional touching that is without consent. The statement that matches captures this distinction: assault is the threat of touching without consent; battery is intentional touching without consent. It highlights that assault can be about the fear of danger without any contact, while battery requires real physical contact. The other options mix up these elements: one suggests assault requires physical contact, which isn't correct; another says they're the same thing, which they aren't; and another wrongly implies assault hinges on consent.

6. Which option correctly describes contact precautions?

- A. Influenza, RSV; gown and gloves.
- B. Measles, TB; N95 respirator.
- C. Routine precautions; no gear.
- D. MRSA, VRE, C. difficile, and RSV; gown and gloves.**

Contact precautions are used to stop the spread of infections that are mainly transmitted by direct contact or by touching contaminated surfaces. The protective gear required is a gown and gloves whenever you touch the patient or the patient's surroundings, to prevent microbes from transferring to your skin, clothing, or other surfaces. This approach applies to organisms spread by contact, such as MRSA, VRE, and C. difficile, and can apply to RSV as well when transmission occurs via contact with contaminated hands or surfaces. It's important to note that measles and TB require airborne precautions (N95 respirators and special rooms), and routine precautions refer to standard practices used for all patients without isolation. So describing contact precautions as involving gown and gloves for organisms like MRSA, VRE, C. difficile, and RSV best captures the concept.

7. Preoperative teaching commonly includes which activities?

- A. Administering antibiotics
- B. Coughing, deep breathing, incentive spirometer use, and early ambulation**
- C. Limiting activity
- D. None of the above

Preoperative teaching centers on reducing postoperative complications by preparing the lungs and promoting circulation. Coughing, deep breathing, incentive spirometer use, and early ambulation directly target common issues like atelectasis, pneumonia, and venous thromboembolism. Coughing and deep breathing keep airways open and clear secretions, while an incentive spirometer provides a focused way to practice taking deep breaths, helping expand the lungs and prevent collapse. Early ambulation improves circulation, reduces DVT risk, and supports faster recovery. Administering antibiotics is important around the time of surgery for infection prevention, but it's a perioperative medical intervention, not a patient teaching activity aimed at lung expansion and early mobility. Limiting activity contradicts the goal of promoting recovery, as mobility and breath-work are encouraged as tolerated after surgery.

8. Which two identifiers are recommended to verify patient identity?

- A. Name and date of birth**
- B. Room number and bed
- C. Insurance number and room number
- D. Medical record number and room number

Verifying patient identity safely hinges on using two identifiers. The best pair is the patient's name and date of birth. These pieces of information are consistently recorded on the wristband and in the chart, and they uniquely identify the person across most clinical settings. Using name plus date of birth helps ensure you're matching the correct patient before any procedure, medication administration, or diagnostic testing. Room number and bed can change and may be shared or misread, so they're not reliable for confirming identity. Insurance numbers and room numbers aren't consistently accessible at the point of care and aren't as directly tied to the person as name and birth date. Medical record numbers are unique identifiers but aren't typically known or displayed at the bedside in many settings, which makes them less practical for quick confirmation. By relying on name and date of birth, you align with standard patient-safety practices that reduce the risk of mixing up patients during care.

9. Which elements are included in the priority assessment known as ABCs?

- A. Temperature, Pulse, Blood Pressure
- B. Vision, Hearing, Smell
- C. Airway, Breathing, Circulation**
- D. Pain, Mobility, Nutrition

The priority assessment uses Airway, Breathing, Circulation. The idea is to address the most life-threatening issues first: ensure the airway is open and clear so air can reach the lungs; then verify that breathing is adequate to oxygenate the blood; and finally assess circulation to guarantee blood flow to vital organs. If the airway is blocked, oxygen delivery stops regardless of breathing effort; if breathing is insufficient, oxygenation still fails even with a clear airway; only after airway and breathing are stabilized do you focus on circulation to prevent shock and ensure perfusion. Other aspects like temperature, sensory functions, or pain and nutrition are important in broader care, but they don't define the immediate, ordered steps of the ABCs.

10. For language interpretation in healthcare, which practice is recommended?

- A. Rely on a family member or friend to interpret
- B. Rely on patient to translate
- C. Use a translator app without verification
- D. Use a qualified interpreter; do not use family members or children**

The main concept is using a qualified interpreter to ensure accurate, confidential communication in healthcare. Professional interpreters have training in medical terminology, ethics, and confidentiality, so they can convey information precisely, ask clarifying questions, and identify when something might be misunderstood. This supports patient safety and informed consent, because everything from diagnoses to risks and treatment instructions is accurately translated. Relying on a family member or friend as the interpreter can compromise privacy and introduce bias or emotional influence. Even well intentioned relatives may miss or reinterpret medical terms, omit details, or alter information, which can lead to misunderstandings about diagnosis, procedures, or consent. Depending on the patient to translate for clinicians places an unfair burden on the patient, and assumes they are bilingual enough to bridge every nuance. It can also hinder privacy and equity, since not all patients have the same language skills, and crucial medical information may be lost or distorted. Using a translator app without verification risks incorrect translations, miscommunication of medical terms, and privacy concerns. Apps can fail to capture nuances, tone, and consent language, which are essential in healthcare conversations. Therefore, employing a qualified interpreter and avoiding family members or informal methods best protects patient safety, privacy, and the accuracy of medical communication.

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://kaplanfoundationb.examzify.com>

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

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