

Lab Values for Nurses Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 |

SAMPLE

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

SAMPLE

- 1. What is a common LDL target for adults at risk of ASCVD?**
 - A. LDL <120 mg/dL**
 - B. LDL <130 mg/dL**
 - C. LDL <100 mg/dL (some guidelines aim for <70-75 mg/dL in very high risk)**
 - D. LDL <110 mg/dL**

- 2. Which arterial blood gas pattern indicates metabolic alkalosis?**
 - A. Low pH, low HCO₃⁻, PaCO₂ low**
 - B. High pH, high HCO₃⁻, PaCO₂ may be high or normal depending on compensation.**
 - C. Low pH, low HCO₃⁻, PaCO₂**
 - D. High pH, low HCO₃⁻, PaCO₂ low**

- 3. An aPTT of 70 seconds in a patient on heparin most accurately indicates:**
 - A. Normal aPTT**
 - B. Shortened aPTT**
 - C. Heparin therapy is ineffective**
 - D. Prolonged aPTT due to anticoagulation**

- 4. What is the normal reference range for ALT?**
 - A. 10-50**
 - B. 7-56**
 - C. 0-10**
 - D. 60-100**

- 5. Which A1C value indicates normal glycemic control?**
 - A. 5.7-6.4%**
 - B. Below 5.7%**
 - C. Greater than 6.5%**
 - D. 5.0-5.6%**

- 6. Which enzyme is most associated with cholestasis when elevated?**
- A. ALP**
 - B. ALT**
 - C. AST**
 - D. Bilirubin**
- 7. Proteinuria on urinalysis suggests what, and what nursing actions may be required?**
- A. Possible kidney disease; monitor renal function, fluid status, and medications; track urine protein.**
 - B. Diabetes; increase insulin**
 - C. Liver disease; monitor bilirubin**
 - D. Dehydration; increase fluids**
- 8. When transferrin saturation is elevated, which test helps interpret possible iron overload?**
- A. Ferritin level**
 - B. Hematocrit**
 - C. Calcium**
 - D. Vitamin D**
- 9. What is the normal reference range for total protein in a standard adult panel?**
- A. 6.2-8.2 g/dL**
 - B. 5.0-7.0 g/dL**
 - C. 7.0-9.0 g/dL**
 - D. 6.0-7.0 g/dL**
- 10. HDL level is considered cardioprotective?**
- A. <40 mg/dL**
 - B. ≥50 mg/dL**
 - C. 70 mg/dL or higher**
 - D. ≥60 mg/dL**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is a common LDL target for adults at risk of ASCVD?

- A. LDL <120 mg/dL
- B. LDL <130 mg/dL
- C. LDL <100 mg/dL (some guidelines aim for <70-75 mg/dL in very high risk)**
- D. LDL <110 mg/dL

Lowering LDL cholesterol reduces the risk of future ASCVD events, so treatment targets aim to bring LDL-C down to a level that minimizes this risk. For adults at risk, a common target is LDL cholesterol less than 100 mg/dL. This level represents a balance between effective risk reduction and what is typically achievable with standard therapy. In individuals at very high risk or with established ASCVD, some guidelines advocate even lower goals, such as below 70-75 mg/dL, reflecting the greater benefit seen in those groups. The higher thresholds listed in the other options are less protective for someone at risk, so they're not the preferred target.

2. Which arterial blood gas pattern indicates metabolic alkalosis?

- A. Low pH, low HCO₃⁻, PaCO₂ low
- B. High pH, high HCO₃⁻, PaCO₂ may be high or normal depending on compensation.**
- C. Low pH, low HCO₃⁻, PaCO₂
- D. High pH, low HCO₃⁻, PaCO₂ low

Metabolic alkalosis shows an alkalemic pH with elevated bicarbonate (HCO₃⁻). The body's compensation tries to restore balance by retaining carbon dioxide, so the PaCO₂ tends to be higher than normal or, in early/less compensated cases, can be normal. Therefore an ABG pattern with high pH and high HCO₃⁻, with PaCO₂ that is high or normal depending on compensation, best indicates metabolic alkalosis.

3. An aPTT of 70 seconds in a patient on heparin most accurately indicates:

- A. Normal aPTT
- B. Shortened aPTT
- C. Heparin therapy is ineffective
- D. Prolonged aPTT due to anticoagulation**

The key idea is that unfractionated heparin works by slowing the clotting process, so the aPTT is used to gauge its effect. Heparin enhances antithrombin III, inhibiting thrombin and factor Xa, which prolongs the time it takes for a clot to form. An aPTT of 70 seconds in a patient on heparin indicates the test is showing the anticoagulant effect—blood is taking longer to clot. Normal aPTT is usually shorter (baseline around the mid-30s, depending on the lab), and a shortened aPTT would suggest faster clotting, not the effect of heparin. This prolonged value typically falls within the therapeutic range (about 1.5-2.5 times the normal value, depending on the lab), meaning anticoagulation is active; if it were much higher, bleeding risk would rise.

4. What is the normal reference range for ALT?

- A. 10-50
- B. 7-56**
- C. 0-10
- D. 60-100

ALT is a liver-specific enzyme, and its level in the blood reflects hepatocellular health. For most adults, the normal reference range is about 7 to 56 units per liter (U/L). This window is widely used, though exact cutoffs can vary slightly by lab, method, and patient factors like age and sex. Values within this range generally indicate no meaningful hepatocellular injury, while higher values suggest liver cell damage—from hepatitis, fatty liver disease, medication effects, or other liver conditions. The other ranges listed fall outside the typical adult reference for ALT, which is why 7-56 U/L is the best choice.

5. Which A1C value indicates normal glycemic control?

- A. 5.7-6.4%
- B. Below 5.7%**
- C. Greater than 6.5%
- D. 5.0-5.6%

A1C shows the average blood glucose level over roughly the past three months, expressed as a percentage of glycated hemoglobin. Normal glycemic control is defined as an A1C below 5.7%. Values in the 5.7% to 6.4% range indicate prediabetes, while 6.5% or higher indicates diabetes. So the value that indicates normal glycemic control is the one below 5.7%.

6. Which enzyme is most associated with cholestasis when elevated?

- A. ALP**
- B. ALT
- C. AST
- D. Bilirubin

Cholestasis impairs bile flow, which causes a rise in enzymes released from the biliary tract. Alkaline phosphatase is abundant in bile duct epithelium, so its level increases when bile flow is obstructed or when cholestasis is present. Transaminases like ALT and AST reflect hepatocellular injury rather than bile flow problems, so they don't specifically indicate cholestasis. Bilirubin is a pigment, not an enzyme, though it can accumulate with impaired excretion. So the enzyme most associated with cholestasis when elevated is alkaline phosphatase.

7. Proteinuria on urinalysis suggests what, and what nursing actions may be required?

A. Possible kidney disease; monitor renal function, fluid status, and medications; track urine protein.

B. Diabetes; increase insulin

C. Liver disease; monitor bilirubin

D. Dehydration; increase fluids

Protein in the urine means the kidneys are leaking a protein that normally stays in the bloodstream, signaling possible kidney disease or glomerular injury. Because this finding points to renal involvement, the nursing focus is on protecting kidney function and determining the cause. Monitor and assess closely: check renal function tests such as creatinine and BUN, monitor fluid status with intake and output, watch for weight gain or edema, and measure blood pressure since hypertension can accompany kidney issues. Review medications for nephrotoxicity or drugs that affect kidney perfusion, and adjust as ordered to minimize further kidney stress. Track urine protein over time with repeat urinalyses or a 24-hour urine collection to quantify protein excretion and evaluate response to treatment. If proteinuria persists or is combined with edema, hypoalbuminemia, or rising creatinine, notify the provider promptly. While diabetes can involve the kidneys, proteinuria alone does not diagnose diabetes, and the finding isn't specific to liver disease or dehydration. It's a signal to assess renal function, fluid balance, and ongoing protein loss.

8. When transferrin saturation is elevated, which test helps interpret possible iron overload?

A. Ferritin level

B. Hematocrit

C. Calcium

D. Vitamin D

Transferrin saturation being high points you toward iron overload, so ferritin level is the test that best helps interpret the situation. Ferritin reflects the body's stored iron, so a high ferritin alongside high transferrin saturation supports iron overload (such as hemochromatosis or excessive iron intake). If ferritin is not elevated, iron overload is less likely despite the high transferrin saturation. The other options don't assess iron stores—hematocrit measures red blood cell volume, while calcium and vitamin D relate to bone metabolism, not iron overload.

9. What is the normal reference range for total protein in a standard adult panel?

- A. 6.2-8.2 g/dL**
- B. 5.0-7.0 g/dL**
- C. 7.0-9.0 g/dL**
- D. 6.0-7.0 g/dL**

Total protein is the combined amount of all proteins in serum, mainly albumin and globulins, and it reflects liver production, nutritional status, and immune activity. In adults, the normal reference range is about 6 to 8 g/dL. So a range like 6.2 to 8.2 g/dL fits squarely within that expected spread, accounting for slight lab-to-lab variation (many labs use roughly 6.0-8.3 g/dL). The other ranges either sit too low or are narrower than the typical interval, making them less consistent with standard reference values.

10. HDL level is considered cardioprotective?

- A. <40 mg/dL**
- B. ≥50 mg/dL**
- C. 70 mg/dL or higher**
- D. ≥60 mg/dL**

HDL helps remove cholesterol from the arteries, and higher levels are associated with a lower risk of heart disease. A level of 60 mg/dL or higher is considered cardioprotective because it meets the threshold many guidelines use to denote protective benefit. Values below 40 mg/dL are seen as low and linked to higher risk, which is why that option isn't considered protective. While an HDL around 50 mg/dL offers some benefit, it doesn't meet the established cutoff for cardioprotection. Very high HDL, like 70 mg/dL, would also be protective, but the standard threshold used in exams and practice is 60 mg/dL or higher, making that the best answer.

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://labvaluesfornurses.examzify.com>

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

SAMPLE