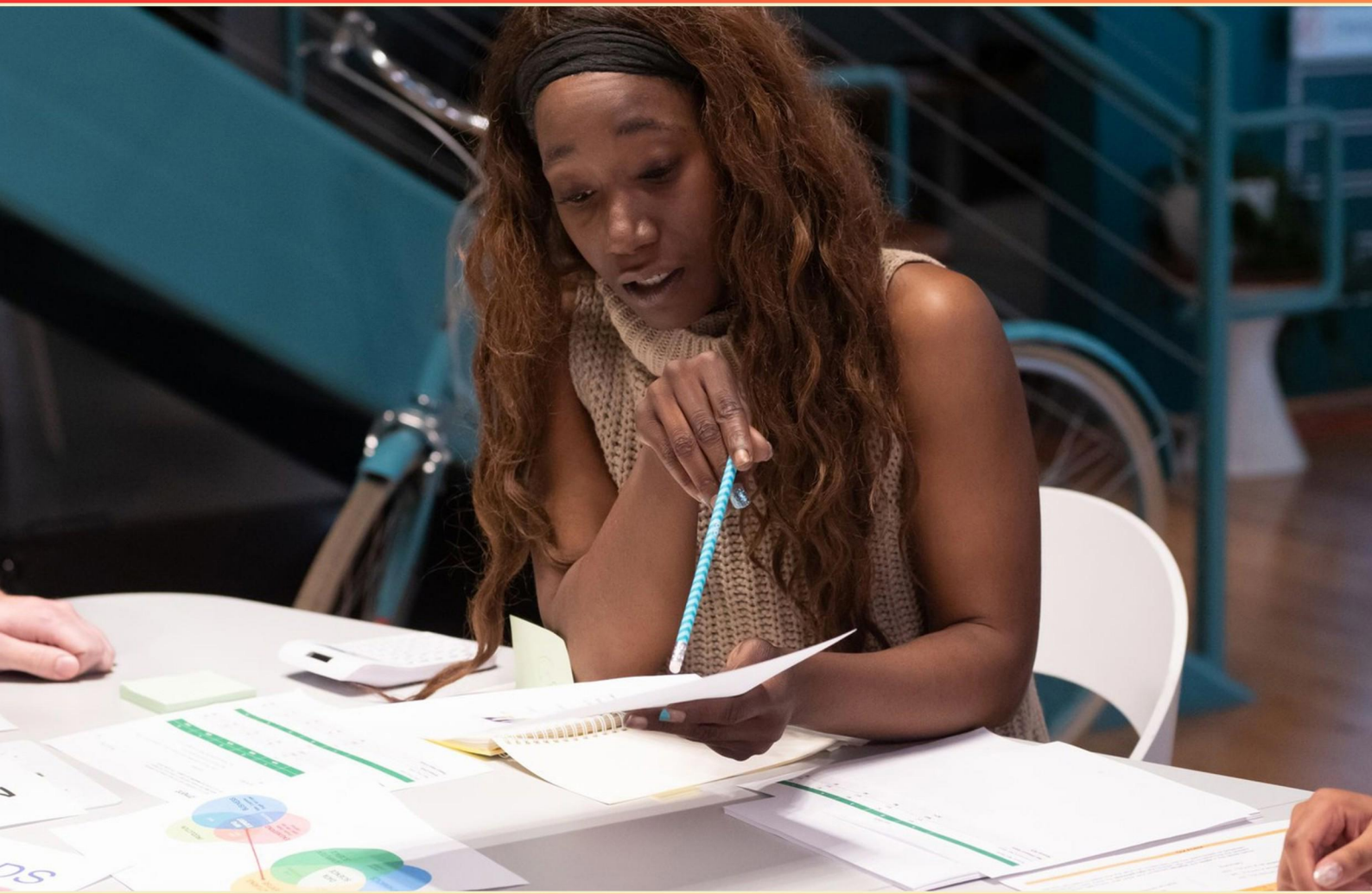


LAB VALUES FOR NURSES PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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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. Glucosuria on a urine test in adults not undergoing diabetes treatment may indicate what?**
 - A. Kidney failure
 - B. Possible undiagnosed diabetes or impaired renal threshold; requires evaluation.
 - C. Hyperthyroidism
 - D. Dehydration

- 2. What is the normal total calcium range?**
 - A. 7.5–9.5 mg/dL
 - B. 8.5–10.5 mg/dL
 - C. 9.5–11.5 mg/dL
 - D. 10.0–12.0 mg/dL

- 3. Which laboratory value is reported in mg/dL units in the provided ranges?**
 - A. Bilirubin
 - B. ALT
 - C. AST
 - D. ALP

- 4. HDL level is considered cardioprotective?**
 - A. <40 mg/dL
 - B. ≥ 50 mg/dL
 - C. 70 mg/dL or higher
 - D. ≥ 60 mg/dL

- 5. A BUN/creatinine ratio of 18:1 is typical and not suggestive of dehydration. Which statement about this ratio is true?**
 - A. A ratio around 10–20:1 is typical and not suggestive of dehydration.
 - B. A ratio above 40:1 indicates dehydration.
 - C. A ratio below 5:1 is typical.
 - D. A ratio exactly 30:1 is normal.

6. Prolongation of an aPTT suggests abnormalities in which coagulation aspects?

- A. Intrinsic pathway abnormalities or heparin effect.
- B. Extrinsic pathway abnormalities.
- C. Fibrinogen deficiency.
- D. Vitamin K deficiency.

7. Which parameter has a normal male range of 0.6-1.2?

- A. Calcium
- B. Creatinine (male)
- C. Creatinine (female)
- D. Glucose (fasting)

8. What is the normal adult white blood cell count range?

- A. $4.0-11.0 \times 10^9/L$
- B. $2.0-6.0 \times 10^9/L$
- C. $7.0-12.0 \times 10^9/L$
- D. $9.0-14.0 \times 10^9/L$

9. A magnesium level of 1.2 mg/dL is found. What does this imply?

- A. Hypomagnesemia
- B. Hypophosphatemia
- C. Hypermagnesemia
- D. Normal magnesium

10. A magnesium level of 0.9 mg/dL indicates?

- A. Hypomagnesemia
- B. Hypermagnesemia
- C. Normal magnesium
- D. Severe magnesium deficiency

Answers

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

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Explanations

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1. Glucosuria on a urine test in adults not undergoing diabetes treatment may indicate what?

- A. Kidney failure
- B. Possible undiagnosed diabetes or impaired renal threshold; requires evaluation.**
- C. Hyperthyroidism
- D. Dehydration

Glucosuria in an adult not treated for diabetes most likely points to either undiagnosed diabetes or an impaired renal threshold for glucose. The kidneys normally reabsorb most filtered glucose until their transport capacity is reached; when blood glucose rises above about 180 mg/dL, glucose begins to spill into the urine. If someone isn't being treated for diabetes but has glucosuria, it raises concern that blood glucose may be elevated with undiagnosed diabetes. It could also reflect a renal glycosuria condition, where the kidneys don't reabsorb glucose properly even if blood glucose isn't extremely high. Either way, this finding warrants evaluation with blood glucose testing (such as fasting glucose or HbA1c) and assessment of kidney function. Dehydration or hyperthyroidism aren't typical primary causes of glucosuria in this context.

2. What is the normal total calcium range?

- A. 7.5–9.5 mg/dL
- B. 8.5–10.5 mg/dL**
- C. 9.5–11.5 mg/dL
- D. 10.0–12.0 mg/dL

Normal total calcium in adults is typically about 8.5 to 10.5 mg/dL. This value reflects all forms of calcium in the blood—calcium bound to proteins (mainly albumin), free ionized calcium, and calcium complexed with anions. The body maintains this range through hormonal regulation (parathyroid hormone, calcitriol, and calcitonin) and is influenced by albumin levels, since low albumin can lower the total calcium reading even if the active ionized calcium is normal. That's why 8.5–10.5 mg/dL is the standard reference range used to define normal total calcium. Values outside this range point to potential hypocalcemia or hypercalcemia and warrant further evaluation, with attention to albumin status to interpret total calcium correctly.

3. Which laboratory value is reported in mg/dL units in the provided ranges?

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

The key idea is that lab values use different units depending on what's being measured. Bilirubin is typically reported in mg/dL, while the liver enzymes ALT, AST, and ALP are usually reported in units per liter (U/L or IU/L). So the value shown in mg/dL would be bilirubin, not the enzymes. For context, total bilirubin normally ranges about 0.3–1.2 mg/dL (direct bilirubin 0–0.3 mg/dL), whereas ALT, AST, and ALP are commonly given in U/L with ranges that vary by lab.

4. 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.

5. A BUN/creatinine ratio of 18:1 is typical and not suggestive of dehydration. Which statement about this ratio is true?

- A. A ratio around 10–20:1 is typical and not suggestive of dehydration.**
- B. A ratio above 40:1 indicates dehydration.
- C. A ratio below 5:1 is typical.
- D. A ratio exactly 30:1 is normal.

The BUN/creatinine ratio helps distinguish hydration status and prerenal issues from intrinsic kidney problems. The typical range is about 10–20:1, so a ratio in this range is considered normal and not indicative of dehydration. A ratio of 18:1 fits within that normal band, reflecting balanced urea production and clearance. Dehydration can push this ratio higher because BUN tends to rise more than creatinine when renal perfusion is reduced and the body reabsorbs more urea to conserve water, so ratios often exceed 20:1 in prerenal states, though they're not exclusively diagnostic. Very low ratios or specific nonnormal values (like a ratio around 30:1) are not considered normal for hydration assessment, reinforcing why the typical 10–20:1 range is the best descriptor for this context.

6. Prolongation of an aPTT suggests abnormalities in which coagulation aspects?

- A. Intrinsic pathway abnormalities or heparin effect.**
- B. Extrinsic pathway abnormalities.
- C. Fibrinogen deficiency.
- D. Vitamin K deficiency.

Prolonged aPTT points to problems in the intrinsic pathway or to substances that inhibit it, like heparin. The aPTT test specifically screens the intrinsic pathway factors (VIII, IX, XI, XII) and the common pathway (II, V, X, fibrinogen). When these elements are deficient or when heparin is present, the time it takes for clot formation lengthens, which is why aPTT is prolonged. The extrinsic pathway, assessed by PT/INR, relies mainly on factor VII and is more sensitive to vitamin K status; deficiencies here typically prolong PT rather than aPTT. While severe fibrinogen deficiency can affect clot formation, the hallmark association tested here is with intrinsic pathway abnormalities or heparin effect, making that option the best fit.

7. Which parameter has a normal male range of 0.6-1.2?

- A. Calcium
- B. Creatinine (male)**
- C. Creatinine (female)
- D. Glucose (fasting)

Creatinine in the blood is the value that fits a 0.6–1.2 range for healthy adult males. It's a waste product produced by muscle metabolism and cleared by the kidneys, so its level reflects both muscle mass and kidney function. Men typically have a slightly higher muscle mass than women, which is why the normal male range sits around 0.6–1.2 mg/dL. Calcium in the blood is normally about 8.5–10.5 mg/dL, not in this narrow, low range. Fasting glucose is normally about 70–100 mg/dL, also outside this creatinine range. So the parameter with a normal male range of 0.6–1.2 is creatinine.

8. What is the normal adult white blood cell count range?

- A. 4.0-11.0 x10⁹/L**
- B. 2.0-6.0 x10⁹/L
- C. 7.0-12.0 x10⁹/L
- D. 9.0-14.0 x10⁹/L

A normal adult white blood cell count is about 4.0 to 11.0 x10⁹/L (4,000 to 11,000 cells per microliter). This range is what most labs consider typical for a healthy immune system. When counts fall below this, leukopenia can occur, which may raise infection risk or reflect bone marrow suppression. When counts rise above this, leukocytosis can occur, often signaling infection, inflammation, or stress on the body. The options outside this range don't fit the standard adult reference: 2.0-6.0 x10⁹/L is generally low, 7.0-12.0 x10⁹/L and 9.0-14.0 x10⁹/L skew toward higher values. Remember that some labs use slightly different cutoffs (and factors like time of day, pregnancy, or medications can shift numbers), but 4.0-11.0 x10⁹/L is the commonly cited adult reference range.

9. A magnesium level of 1.2 mg/dL is found. What does this imply?

- A. Hypomagnesemia**
- B. Hypophosphatemia
- C. Hypermagnesemia
- D. Normal magnesium

Magnesium levels below the normal range indicate hypomagnesemia. The typical reference range for serum magnesium is about 1.7 to 2.2 mg/dL, so a value of 1.2 mg/dL is below normal. This low level can affect neuromuscular function and cardiac conduction. The other possibilities would involve either a high magnesium level (hypermagnesemia) or a normal level; hypophosphatemia refers to phosphate, not magnesium, so it doesn't apply to a magnesium value.

10. A magnesium level of 0.9 mg/dL indicates?

- A. Hypomagnesemia**
- B. Hypermagnesemia
- C. Normal magnesium
- D. Severe magnesium deficiency

Magnesium helps keep nerves and muscles electrically stable and supports various enzymatic reactions. The normal adult serum magnesium range is roughly 1.7 to 2.2 mg/dL. A level of 0.9 mg/dL is well below that, which means hypomagnesemia. When magnesium is deficient, you can see increased neuromuscular excitability (tremors, cramps, even seizures) and potential cardiac effects such as irregular conduction or arrhythmias, especially if other electrolyte disturbances are present. Hypomagnesemia often occurs with factors like poor intake, GI losses, alcoholism, or certain medications, and it can contribute to low calcium and potassium levels. Management centers on replenishing magnesium and treating the underlying cause, with careful monitoring of symptoms and renal function. This value clearly indicates a deficiency, not normal or elevated magnesium.

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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!

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