

LVN Fundamentals 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. Which nursing intervention can help prevent falls in clients?**
 - A. Keeping all items out of reach**
 - B. Instructing clients to use call light for assistance before ambulating**
 - C. Removing beds from the room**
 - D. Providing loose footwear**
- 2. What should a nurse provide to a client who does not have advance directives?**
 - A. A verbal explanation of their rights**
 - B. A written document outlining rights related to health care decisions**
 - C. An appointment with a legal advisor**
 - D. A list of available treatment options**
- 3. What is meant by the nursing principle of nonmaleficence?**
 - A. The obligation to respect privacy**
 - B. First, do no harm**
 - C. The provision of necessary care**
 - D. The obligation to ensure fairness**
- 4. Which of the following is an indication for using High Fowler's position during feeding?**
 - A. Only for elderly clients**
 - B. Respiratory illness with dyspnea**
 - C. While the client is unconscious**
 - D. For all types of medication administration**
- 5. Which of the following is a common side effect of opioids?**
 - A. Nausea**
 - B. Drowsiness**
 - C. Constipation**
 - D. Headache**

- 6. What are examples of intentional torts in nursing practice?**
- A. Negligence and malpractice**
 - B. Assault, battery, and false imprisonment**
 - C. Fraud and breach of confidentiality**
 - D. Defamation and invasion of privacy**
- 7. In client care prioritization, which should be addressed first?**
- A. Pain management**
 - B. Acute problems over chronic problems**
 - C. Routine assessments**
 - D. Developmental concerns**
- 8. What should an LVN do if a patient refuses medication?**
- A. Force the medication upon the patient**
 - B. Respect the patient's decision and report it to the supervising nurse**
 - C. Ignore the refusal and continue with the care plan**
 - D. Inform the patient's family about the refusal**
- 9. Which of the following is a key component of patient-centered care?**
- A. Restricting patient autonomy**
 - B. Involving patients in their own decision-making**
 - C. Generalizing treatment plans for all**
 - D. Minimizing staff interaction with patients**
- 10. What is the correct order of the nursing process stages?**
- A. Assessment, Diagnosis, Planning, Implementation, Evaluation**
 - B. Diagnosis, Assessment, Implementation, Evaluation, Planning**
 - C. Planning, Diagnosis, Assessment, Evaluation, Implementation**
 - D. Evaluation, Planning, Implementation, Diagnosis, Assessment**

Answers

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

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Explanations

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1. Which nursing intervention can help prevent falls in clients?

- A. Keeping all items out of reach**
- B. Instructing clients to use call light for assistance before ambulating**
- C. Removing beds from the room**
- D. Providing loose footwear**

Instructing clients to use the call light for assistance before ambulating is an essential nursing intervention that helps prevent falls. This approach encourages clients to seek help rather than attempting to move independently, which can reduce the risk of falls, especially among individuals who may be unsteady on their feet or have limited mobility. By promoting the use of the call light, nurses not only provide a way for clients to communicate their needs but also reinforce safety awareness and encourage clients to engage in safer behaviors, contributing to a more secure environment. While other interventions may seem beneficial on the surface, they do not directly empower clients to seek assistance in a timely manner, which is crucial for their safety. Keeping items out of reach might limit access to necessary belongings and could lead to frustration or poor decision-making when a client tries to reach them independently. Removing beds from the room is impractical and detrimental to the care environment, as clients need a safe place to rest and recover. Providing loose footwear can increase the risk of tripping, as improper footwear does not offer adequate support or stability. Thus, ensuring clients are instructed to use the call light effectively promotes a culture of safety and proactive care.

2. What should a nurse provide to a client who does not have advance directives?

- A. A verbal explanation of their rights**
- B. A written document outlining rights related to health care decisions**
- C. An appointment with a legal advisor**
- D. A list of available treatment options**

Providing a written document outlining rights related to health care decisions is a critical step in ensuring that clients are fully informed about their options and rights. Advance directives are legal documents that allow individuals to convey their preferences about medical treatment in the event that they become unable to communicate these preferences themselves. By offering a written document, the nurse can ensure that clients have tangible information that they can refer to, which can aid in understanding complex healthcare decisions, including the rights to make choices about their own medical care and end-of-life options. Such documentation not only reinforces the client's autonomy but also fosters informed decision-making. It provides clarity about rights and protections under the law, which is particularly important for individuals who may be facing serious health issues or considering their future healthcare trajectory. The written format serves as a resource that clients can discuss with family and healthcare providers, facilitating conversations about their wishes and preferences.

3. What is meant by the nursing principle of nonmaleficence?

- A. The obligation to respect privacy
- B. First, do no harm**
- C. The provision of necessary care
- D. The obligation to ensure fairness

The nursing principle of nonmaleficence is fundamentally understood as the obligation to "first, do no harm." This principle emphasizes the moral and ethical commitment of healthcare providers to avoid actions that could cause harm to patients. It requires nurses and other healthcare professionals to consider the potential risks and benefits of their interventions, ensuring that their actions prioritize patient safety and well-being. In practice, nonmaleficence guides nurses to assess the possible negative outcomes of medications, treatments, and procedures, striving to minimize any unintended adverse effects. This foundational ethical guideline is critical in nursing, as it reinforces the responsibility to protect patients from harm while promoting their health. Other options touch on essential aspects of nursing practice but do not align with the specific definition of nonmaleficence. Respecting privacy is related to confidentiality and patient autonomy, the provision of necessary care pertains to beneficence, and the obligation to ensure fairness relates to justice in healthcare. Each of these principles plays a vital role in holistic patient care, but nonmaleficence specifically addresses the imperative to avoid causing harm.

4. Which of the following is an indication for using High Fowler's position during feeding?

- A. Only for elderly clients
- B. Respiratory illness with dyspnea**
- C. While the client is unconscious
- D. For all types of medication administration

High Fowler's position is particularly beneficial for clients with respiratory illnesses and dyspnea because it allows for maximum lung expansion and facilitates easier breathing. In this position, the head of the bed is elevated to 60 to 90 degrees, which helps alleviate pressure on the diaphragm and encourages optimal oxygenation. This is essential during feeding, as it decreases the risk of aspiration and enhances comfort for clients who may have difficulty breathing. Utilizing High Fowler's position for clients who are unable to breathe effectively is crucial, as it not only aids in their respiratory function but also supports proper swallowing mechanics, reducing the chance of choking or aspiration during meals. In this context, ensuring the client remains as upright as possible greatly contributes to their safety and well-being while eating.

5. Which of the following is a common side effect of opioids?

- A. Nausea
- B. Drowsiness
- C. Constipation**
- D. Headache

Opioids are known to have a range of side effects due to their action on the central nervous system and the gastrointestinal tract. Among these, constipation is particularly common because opioids bind to specific receptors in the gut, which slows down gastrointestinal motility. This slowed motility leads to decreased intestinal contractions and prolongs the time it takes for food and waste to move through the intestines, ultimately resulting in harder, less frequent stools. While nausea, drowsiness, and headaches can also occur as side effects of opioid use, constipation is the one that is most uniquely associated with their mechanism of action and tends to be a more consistent and persistent issue for patients using these medications. It's important for healthcare providers to monitor and manage this side effect actively, as it can significantly impact a patient's quality of life if left unaddressed.

6. What are examples of intentional torts in nursing practice?

- A. Negligence and malpractice
- B. Assault, battery, and false imprisonment**
- C. Fraud and breach of confidentiality
- D. Defamation and invasion of privacy

Intentional torts in nursing practice are actions taken by a healthcare provider that are deliberate and violate a patient's rights. The correct choice includes examples like assault, battery, and false imprisonment. Assault refers to the act of threatening a patient with harm or causing them to fear imminent injury. This could occur if a nurse were to make a threatening gesture towards a patient, even if actual physical harm does not occur. Battery involves actual physical contact that is harmful or offensive without the patient's consent; for instance, administering a treatment without the patient's approval. False imprisonment occurs when a patient is restrained against their will, whether through physical means or through coercion. These examples illustrate how intentional torts directly involve actions taken that are intentional and knowingly violate a patient's rights, differentiating them from other types of torts that may arise from a failure to act or a lack of proper care. While the other options provided include important concepts in nursing and healthcare, they do not specifically represent intentional torts in the same manner as assault, battery, and false imprisonment do.

7. In client care prioritization, which should be addressed first?

- A. Pain management**
- B. Acute problems over chronic problems**
- C. Routine assessments**
- D. Developmental concerns**

In client care prioritization, addressing acute problems over chronic problems is essential because acute issues typically pose immediate threats to a patient's health or safety. Acute problems can manifest suddenly and may require urgent intervention to prevent further deterioration of the client's condition. For instance, if a patient is experiencing an acute respiratory distress situation, it demands immediate action to stabilize the situation, even if chronic health issues are also present. Acute problems often take precedence in clinical settings because they can lead to severe complications, require prompt treatments, and directly impact the client's immediate well-being. By prioritizing acute concerns, healthcare providers ensure that they are attending to situations that can have significant, noticeable changes in a patient's condition in a short amount of time. While pain management, routine assessments, and developmental concerns are also important aspects of patient care, they typically do not require as immediate an intervention as acute problems. Pain management might be urgent, but it often follows an acute event. Routine assessments are important for ongoing care, and developmental concerns are vital for long-term health but usually do not warrant immediate attention in crisis situations. Therefore, focusing on acute problems is critical to ensure the safety and recovery of patients in a healthcare setting.

8. What should an LVN do if a patient refuses medication?

- A. Force the medication upon the patient**
- B. Respect the patient's decision and report it to the supervising nurse**
- C. Ignore the refusal and continue with the care plan**
- D. Inform the patient's family about the refusal**

When a patient refuses medication, it's crucial for the LVN to respect the patient's autonomy and decision-making rights. Patients have the legal and ethical right to refuse treatment, which includes medication. This respect for patient autonomy is fundamental in nursing practice and promotes trust in the nurse-patient relationship. After acknowledging the patient's refusal, it is essential to report this decision to the supervising nurse. This step ensures that the healthcare team is informed and can discuss potential implications and next steps regarding the patient's care. Such collaboration is vital because it may lead to further assessment of the patient's reasons for the refusal, providing appropriate education about the medication, or exploring alternative options that the patient might feel more comfortable with. Moreover, reporting the refusal supports proper documentation in the patient's medical record, ensuring continuity of care and adherence to facility policies regarding patient refusals.

9. Which of the following is a key component of patient-centered care?

- A. Restricting patient autonomy**
- B. Involving patients in their own decision-making**
- C. Generalizing treatment plans for all**
- D. Minimizing staff interaction with patients**

In patient-centered care, a fundamental component is involving patients in their own decision-making. This approach prioritizes the preferences, needs, and values of patients, ensuring that they are not merely passive recipients of care but active participants in their treatment journey. By engaging patients in discussions about their health, treatment options, and expected outcomes, healthcare providers can enhance adherence to treatment plans, improve patient satisfaction, and contribute to better health outcomes. This involvement also helps to build a therapeutic relationship between patients and providers, fostering trust and encouraging open communication that is essential for effective care. It recognizes that each patient is unique and may have different perspectives on their health and treatment, which should be taken into account as part of the care process. Nurses and healthcare teams are encouraged to support this autonomy, providing information and resources that empower patients to make informed choices about their health care.

10. What is the correct order of the nursing process stages?

- A. Assessment, Diagnosis, Planning, Implementation, Evaluation**
- B. Diagnosis, Assessment, Implementation, Evaluation, Planning**
- C. Planning, Diagnosis, Assessment, Evaluation, Implementation**
- D. Evaluation, Planning, Implementation, Diagnosis, Assessment**

The correct order of the nursing process stages is Assessment, Diagnosis, Planning, Implementation, and Evaluation. This sequence reflects the systematic approach that nurses use to provide patient care. Beginning with Assessment, nurses gather comprehensive data about the patient's health status. This stage involves collecting both subjective and objective information that helps inform the next steps in the care process. Following that, the Diagnosis stage allows the nurse to identify patient problems based on the assessment data. A clear understanding of the patient's issues leads to the Planning stage, where specific, measurable objectives and interventions are outlined to meet the identified needs. The Implementation stage is where the nurse puts the care plan into action, providing the interventions designed in the previous stage. Finally, Evaluation involves assessing the effectiveness of the interventions to determine if the patient's health outcomes have improved. If the desired outcomes are not achieved, the cycle may return to a previous stage, necessitating reassessment and modification of the care plan. Understanding this order is fundamental for nurses, as it ensures a logical and organized approach to patient care, ultimately enhancing the effectiveness of nursing interventions.

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://lvnfundamentals.examzify.com>

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