

MCC BLOCK 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 is a sign of hyperglycemia?**
 - A. Polydipsia
 - B. Hypotension
 - C. Cough
 - D. Rash
- 2. Which side effect is associated with Risperidone?**
 - A. Massive weight gain
 - B. Slows HR
 - C. Gynecomastia and lactation
 - D. Must be taken with food for efficacy
- 3. Which vectors are associated with transmitting encephalitis as described?**
 - A. Ticks and mosquitoes
 - B. Fleas and lice
 - C. Snails and slugs
 - D. Mosquitoes and cockroaches
- 4. What is a key consideration when treating hypokalemia?**
 - A. Oral potassium is sufficient
 - B. Urine output must be established before IV potassium
 - C. IV potassium must be given after urine output is established
 - D. Potassium is not required
- 5. Paroxetine is an SSRI described as which of the following?**
 - A. Paroxetine
 - B. Fluoxetine
 - C. Sertraline
 - D. Citalopram
- 6. Emphysema is characterized by which of the following?**
 - A. Mucus hypersecretion with chronic productive cough
 - B. Inflammation of the pleural membranes
 - C. Abnormal enlargement and destruction of alveolar walls, air is trapped and scars alveoli
 - D. Pneumonia

- 7. Clozapine is associated with which serious side effect?**
- A. Hepatotoxicity
 - B. Agranulocytosis
 - C. Hyponatremia
 - D. Renal failure
- 8. A bicarbonate level of 20 mEq/L would indicate which state?**
- A. Alkalosis
 - B. Normal
 - C. Acidosis
 - D. Hypokalemia
- 9. Which side effect can appear within 1 to 5 days after starting an antipsychotic?**
- A. Acute dystonia
 - B. Pseudoparkinsonism
 - C. Akathisia
 - D. Tardive dyskinesia
- 10. If BUN is high but creatinine is normal, what interpretation is most likely?**
- A. Acute kidney injury
 - B. Dehydration with preserved kidney function
 - C. Liver disease
 - D. Anemia

Answers

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

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Explanations

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1. Which is a sign of hyperglycemia?

- A. Polydipsia**
- B. Hypotension
- C. Cough
- D. Rash

High blood sugar leads to osmotic diuresis: when glucose is elevated, the kidneys spill more glucose into the urine, and water follows. That causes dehydration, which triggers increased thirst. So polydipsia is a classic sign of hyperglycemia. The other options don't fit this pattern—cough points to respiratory issues, rash to skin conditions, and low blood pressure isn't a typical direct sign of high glucose (though severe dehydration can affect blood pressure, it's not a defining symptom of hyperglycemia).

2. Which side effect is associated with Risperidone?

- A. Massive weight gain
- B. Slows HR
- C. Gynecomastia and lactation**
- D. Must be taken with food for efficacy

Risperidone can raise prolactin levels because it blocks dopamine D2 receptors, including in the tuberoinfundibular pathway that normally keeps prolactin in check. When this dopamine inhibition is blocked, prolactin secretion increases, leading to breast tissue growth and milk production—gynecomastia and lactation. This hormonal effect is a hallmark of risperidone's side effects, making it the best choice. Weight changes can occur with antipsychotics, but "massive weight gain" isn't the most characteristic side effect of risperidone. Slowing the heart rate isn't a typical or defining effect of this medication, and risperidone does not require taking with food for efficacy; it can be taken with or without food.

3. Which vectors are associated with transmitting encephalitis as described?

- A. Ticks and mosquitoes**
- B. Fleas and lice
- C. Snails and slugs
- D. Mosquitoes and cockroaches

Encephalitis is typically spread by arthropod vectors that carry viral agents and transmit them to humans during feeding. Ticks can transmit tick-borne encephalitis and related viruses, while mosquitoes carry a variety of encephalitic viruses such as West Nile and Japanese encephalitis. Because of this, the vectors most commonly associated with transmitting encephalitis are ticks and mosquitoes. The other pairings don't fit: fleas and lice mainly transmit diseases like plague or typhus, snails and slugs are hosts for certain parasites but not encephalitis, and cockroaches are not known vectors for these viruses.

4. What is a key consideration when treating hypokalemia?

- A. Oral potassium is sufficient
- B. Urine output must be established before IV potassium
- C. IV potassium must be given after urine output is established**
- D. Potassium is not required

When replacing potassium, the ability of the kidneys to excrete potassium is the deciding factor. IV potassium is concentrated and can rapidly raise serum potassium if renal function is poor, so you must confirm the patient is producing urine before giving IV potassium. If there is little or no urine, administering IV potassium risks dangerous hyperkalemia and arrhythmias, so IV potassium should be delayed until urine output is established and renal function is adequate. In adults, a practical check is ensuring a minimum urine output (about 0.5 mL/kg/hour) before starting IV replacement, and then administering potassium cautiously with continuous monitoring. Oral potassium can be used when renal function is adequate and slower correction is acceptable, but it won't be appropriate if the patient isn't producing urine or needs rapid stabilization. Potassium is indeed required in hypokalemia, so choosing not to replace it would be incorrect.

5. Paroxetine is an SSRI described as which of the following?

- A. Paroxetine**
- B. Fluoxetine
- C. Sertraline
- D. Citalopram

Paroxetine is an SSRI, and the question asks which option corresponds to Paroxetine itself. Among the listed drugs, the one that matches Paroxetine is Paroxetine, since it is one of the SSRIs. The other names are different SSRIs (fluoxetine, sertraline, citalopram) and do not describe Paroxetine.

6. Emphysema is characterized by which of the following?

- A. Mucus hypersecretion with chronic productive cough
- B. Inflammation of the pleural membranes
- C. Abnormal enlargement and destruction of alveolar walls, air is trapped and scars alveoli**
- D. Pneumonia

Emphysema is defined by abnormal enlargement of air spaces with destruction of the walls between alveoli, leading to loss of elastic recoil and air trapping. This combination—enlarged alveolar spaces due to wall destruction and air staying trapped—reduces the surface area for gas exchange and causes hyperinflated lungs. That's why this description fits emphysema: air is trapped and the alveolar walls are destroyed, leading to the characteristic breathing difficulty. Mucus hypersecretion with a chronic productive cough points to chronic bronchitis. Inflammation of the pleural membranes describes pleuritis. Pneumonia involves infection with alveolar consolidation.

7. Clozapine is associated with which serious side effect?

- A. Hepatotoxicity
- B. Agranulocytosis**
- C. Hyponatremia
- D. Renal failure

The main concept here is the risk of a life-threatening drop in a specific white blood cell type caused by certain medications. For clozapine, the serious concern is agranulocytosis, a severe reduction in neutrophils that leaves the body highly vulnerable to infections. Because of this risk, clozapine requires careful, ongoing blood monitoring to track neutrophil counts and prevent dangerous infections. Hepatotoxicity can occur with various drugs, but it isn't the hallmark danger associated with clozapine. Hyponatremia and renal failure are not the characteristic severe adverse effects linked to this medication.

8. A bicarbonate level of 20 mEq/L would indicate which state?

- A. Alkalosis
- B. Normal
- C. Acidosis**
- D. Hypokalemia

Bicarbonate buffers acids in the blood, so its level reflects the metabolic side of acid-base balance. Normal HCO_3^- is about 22–28 mEq/L. A value of 20 mEq/L is below normal, signaling metabolic acidosis—the buffering system is overwhelmed by extra acid or loss of base, leading to a more acidic blood environment. Alkalosis would raise bicarbonate above normal, a normal value is around the mid-20s, and hypokalemia involves potassium status rather than bicarbonate. Therefore, this bicarbonate level indicates acidosis.

9. Which side effect can appear within 1 to 5 days after starting an antipsychotic?

- A. Acute dystonia**
- B. Pseudoparkinsonism
- C. Akathisia
- D. Tardive dyskinesia

Timing of extrapyramidal symptoms after starting an antipsychotic is key to identifying which reaction appears first. Acute dystonia can show up within hours to a few days and presents with painful, involuntary muscle contractions or abnormal postures, often affecting the neck, eyes, or jaw. This early onset makes it the classic side effect that can occur within 1 to 5 days. In contrast, other extrapyramidal symptoms have later timelines: pseudoparkinsonism tends to develop over days to weeks with tremor and rigidity; akathisia presents with inner restlessness and need to move within days to weeks; tardive dyskinesia develops after months to years of continued antipsychotic exposure and involves repetitive facial or choreiform movements. Recognizing the rapid onset of acute dystonia allows prompt treatment with an anticholinergic agent, providing quick relief and preventing complications.

10. If BUN is high but creatinine is normal, what interpretation is most likely?

- A. Acute kidney injury
- B. Dehydration with preserved kidney function**
- C. Liver disease
- D. Anemia

The situation relies on how BUN and creatinine reflect kidney function and volume status. When you're dehydrated, blood flow to the kidneys drops, so the kidneys conserve water by reabsorbing more urea (BUN) in the tubules. This raises the BUN level, but if kidney filtration (GFR) is still preserved, creatinine stays normal. So a high BUN with a normal creatinine most likely points to dehydration with preserved kidney function. This fits better than the other possibilities: acute kidney injury would typically push creatinine up because filtration is reduced. Liver disease tends to lower BUN production, so BUN wouldn't be elevated. Anemia doesn't directly cause a rise in BUN, since it doesn't reflect kidney clearance or urea production in the same way.

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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://mccblock2.examzify.com>

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

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