MOSBY'S CANADIAN PRACTICAL NURSE (PN) 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

1. **If a patient expresses hopelessness about treatment, what is the most appropriate response?**

   A. Why do you feel this way?

   B. Everyone feels this after a diagnosis.

   C. Everything will be fine as soon as you start treatment.

   D. Let's discuss prognosis and treatment options.

2. **During the orientation session, which abbreviations should a practical nurse use in the client's health record?**

   A. Abbreviations learned in nursing school

   B. Abbreviations that have been approved by the hospital

   C. Abbreviations that are in common use on specific units within the hospital

   D. Abbreviations that have been approved by the Canadian Nurses Association

3. **Which of the following describes the first teeth to erupt in infants?**

   A. The upper two teeth, the frontal incisors

   B. The bottom two teeth, the central incisors

   C. The two 'eye teeth', or canine teeth

   D. His primary molars

4. **Which member of the interprofessional team would be most important to include on the OA management team to design an exercise program?**

   A. Naturopath

   B. Pharmacist

   C. Social worker

   D. Physiotherapist

5. **Which approach is appropriate when discussing restraints with a family of a confused patient?**

   A. Restraints should be ordered by any nurse if safety is a concern.

   B. The physician should never order restraints; family decides.

   C. A family member staying with the patient should be considered as an alternative.

   D. Restraints are illegal and never used.

6. The second step of the nursing process is validation of data collected. Which term best describes this phase?

A. Assessment

B. Diagnosis

C. Evaluation

D. Validation

7. In Canada, what is the leading cause of preventable child mortality and morbidity?

A. Cancer

B. Asthma

C. Injuries

D. Congenital anomalies

8. To confirm patent rectum and anus in a neonate, which step best confirms patency?

A. Confirm that the passage of meconium took place within 24-48 hours after birth

B. Stroke the anus and note a quick contraction of the sphincter

C. Introduce a rectal thermometer or cotton-tipped swab into the anus

D. Gently insert a gloved well-lubricated fifth finger into the rectum

9. What is the appropriate initial safety screening question when a patient reports intimate-partner violence?

A. Please describe the injuries you have suffered.

B. You should come to the clinic now for evaluation.

C. Do you know where the nearest shelter is?

D. Are you in a safe place?

10. Which statement best describes postoperative care for a patient scheduled for resection of the right lung?

A. There will be a right-sided chest tube, and you will be on bed rest until it is removed.

B. Leg exercises will be carried out every 2 hours while you are awake.

C. You will have incentive spirometry at least four times daily to prevent atelectasis.

D. Vigorous coughing will be necessary to expectorate excess sputum.

Answers

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

Explanations

1. If a patient expresses hopelessness about treatment, what is the most appropriate response?

A. Why do you feel this way?

B. Everyone feels this after a diagnosis.

C. Everything will be fine as soon as you start treatment.

D. Let's discuss prognosis and treatment options.

When a patient voices hopelessness about treatment, the focus is on supportive, informative communication that validates feelings while providing realistic options. The best response is to invite a discussion about prognosis and treatment options. This approach acknowledges the patient's emotional state and offers concrete information to help them understand what to expect, what choices are available, and how those choices might affect outcomes. It supports shared decision-making and helps restore a sense of control, rather than dismissing concerns or making promises that may not be true. Telling someone everything will be fine once treatment starts can feel dismissive and unrealistic, while suggesting that "everyone feels this way" after a diagnosis can minimize their individual experience. Asking "why do you feel this way?" can also come off as questioning the person's emotions rather than inviting a helpful dialogue.

2. During the orientation session, which abbreviations should a practical nurse use in the client's health record?

A. Abbreviations learned in nursing school

B. Abbreviations that have been approved by the hospital

C. Abbreviations that are in common use on specific units within the hospital

D. Abbreviations that have been approved by the Canadian Nurses Association

Use abbreviations that have been approved by the hospital. This keeps documentation consistent and clear for every member of the care team, reducing the risk of misinterpretation or errors in care. The orientation session teaches the facility's official list of approved abbreviations, reflecting safety policies specific to that site. Abbreviations learned in school or those specific to a single unit may not be understood by others outside that context, which can lead to confusion. While national professional guidelines provide direction, the actual abbreviations used in the client record are governed by the hospital's approved list to ensure uniform and safe communication.

3. Which of the following describes the first teeth to erupt in infants?

A. The upper two teeth, the frontal incisors

B. The bottom two teeth, the central incisors

C. The two 'eye teeth', or canine teeth

D. His primary molars

The first teeth to erupt are the lower central incisors. In most infants, eruption starts around 6 months, with the two bottom front teeth appearing before the upper ones. The typical sequence is lower central incisors first, then upper central incisors, followed by lateral incisors, first molars, canines, and second molars. So describing the bottom two teeth as the central incisors matches the usual earliest eruption pattern. The other options refer to teeth that come in later: upper central incisors after the bottom ones, canines, and molars erupt later in the sequence.

4. Which member of the interprofessional team would be most important to include on the OA management team to design an exercise program?

A. Naturopath

B. Pharmacist

C. Social worker

D. Physiotherapist

The person who designs and supervises exercise programs for osteoarthritis is the physiotherapist. They are trained to assess how OA affects movement—including joint range of motion, strength, balance, and functional tasks—and to create individualized, progressive exercise prescriptions that target pain reduction, improved function, and safer joint loading. A physiotherapist can choose the right mix of low impact aerobic work, strengthening exercises, flexibility, and functional training, and they adjust the plan as the patient's tolerance and goals evolve. They also educate on technique, pacing, and safe activity modification, and coordinate with the rest of the team to ensure the program fits with medications, pain management, and social support. While the other professionals contribute important aspects of OA care, they aren't primarily responsible for designing and guiding an exercise program.

5. Which approach is appropriate when discussing restraints with a family of a confused patient?

A. Restraints should be ordered by any nurse if safety is a concern.

B. The physician should never order restraints; family decides.

C. A family member staying with the patient should be considered as an alternative.

D. Restraints are illegal and never used.

The main idea is using the least restrictive approach to keep the patient safe, which often means involving the family as part of the care plan. Having a family member stay with a confused patient provides continuous observation, helps prevent wandering or agitation, and can calm and reorient the patient. This allows safety and comfort to be maintained without resorting to physical restraints. Restraints require a physician's order and should be used only after assessing and trying alternatives, with ongoing reevaluation. So, supporting the patient with a family sitter is a preferred option that respects dignity and autonomy. Restraints aren't automatically required or appropriate, and they aren't decided by the family; they're governed by policy and medical orders.

6. The second step of the nursing process is validation of data collected. Which term best describes this phase?

A. Assessment

B. Diagnosis

C. Evaluation

D. Validation

Validation of data collected focuses on confirming that the information gathered is accurate, complete, and consistent with the patient's status. This step involves clarifying uncertain details with the patient or family, cross-checking subjective reports with objective findings (like vital signs, lab results, or physical assessments), and identifying any discrepancies. By validating data, the nurse ensures that subsequent nursing judgments and actions are based on trustworthy information. Assessment refers to the initial data gathering process, Diagnosis is the interpretation that identifies problems, and Evaluation is judging whether outcomes were met after care. The act of verifying data quality itself is best described by the term Validation.

7. In Canada, what is the leading cause of preventable child mortality and morbidity?

A. Cancer

B. Asthma

C. Injuries

D. Congenital anomalies

Injuries are the leading preventable cause of death and illness among children in Canada. Many pediatric deaths and hospitalizations come from unintentional events like motor vehicle crashes, drownings, falls, burns, and poisonings. These tragedies aren't inevitable and can be markedly reduced with everyday safety measures: using appropriate car seats and seat belts, wearing bike and helmet protection, supervising children around water and at play, securing medications and household cleaners, guarding stairs and windows, and creating safe sleep environments. While cancer, congenital anomalies, and asthma are important health concerns, they do not account for the largest share of preventable pediatric mortality and morbidity. Focusing on injury prevention through education, safer environments, and policy changes has the greatest impact on reducing preventable injuries in children.

8. To confirm patent rectum and anus in a neonate, which step best confirms patency?

A. Confirm that the passage of meconium took place within 24-48 hours after birth

B. Stroke the anus and note a quick contraction of the sphincter

C. Introduce a rectal thermometer or cotton-tipped swab into the anus

D. Gently insert a gloved well-lubricated fifth finger into the rectum

Patency of the rectum and anus in a neonate is most directly shown by the passage of meconium within the first 24 to 48 hours after birth. When meconium passes, it demonstrates that the anal canal and distal rectum are open and able to carry stool, indicating patency without obstruction. Other actions don't confirm the lumen is open: testing the anal reflex shows nerve function rather than lumen patency, and inserting a rectal thermometer or finger is invasive and risks injury without reliably proving patency. If meconium hasn't passed by 24–48 hours, that prompts further evaluation for anorectal malformations or other distal obstructions.

9. What is the appropriate initial safety screening question when a patient reports intimate-partner violence?

A. Please describe the injuries you have suffered.

B. You should come to the clinic now for evaluation.

C. Do you know where the nearest shelter is?

D. Are you in a safe place?

Assessing immediate safety is the first step when intimate-partner violence is reported. Asking "Are you in a safe place?" directly gauges the person's current risk and prompts immediate safety planning. It's simple, nonjudgmental, and respects autonomy, giving a clear yes/no about whether there is urgent danger. If the patient isn't in a safe place, you can, with consent, help develop a safety plan and connect them with resources; if they are in a safe place, you can continue with supportive options and follow-up. Other options shift focus to injuries, timing for a clinic visit, or shelter resources, which don't address the immediate safety concern in the moment. This approach reflects trauma-informed care and priority safety assessment.

10. Which statement best describes postoperative care for a patient scheduled for resection of the right lung?

A. There will be a right-sided chest tube, and you will be on bed rest until it is removed.

B. Leg exercises will be carried out every 2 hours while you are awake.

C. You will have incentive spirometry at least four times daily to prevent atelectasis.

D. Vigorous coughing will be necessary to expectorate excess sputum.

After a lung resection, the aim is to prevent complications from immobility while promoting lung expansion and circulation. Doing leg exercises every couple of hours while you're awake helps move blood back toward the heart, reducing venous stasis and the risk of deep vein thrombosis and pulmonary embolism. This emphasis on regular movement aligns with early mobilization and active anticipation of recovery, rather than bed rest. Incentive spirometry is important to expand the lungs and prevent atelectasis, but it's typically done more than just a few times a day—it's used repeatedly during wakeful hours to maximize lung inflation. Chest tubes may be present, but care focuses on mobility and protection of the surgical site rather than prolonged bed rest. Coughing is necessary for airway clearance, yet it's done gently with splinting to avoid stressing the operative area. Vigorous coughing is not routinely encouraged early on.

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:

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