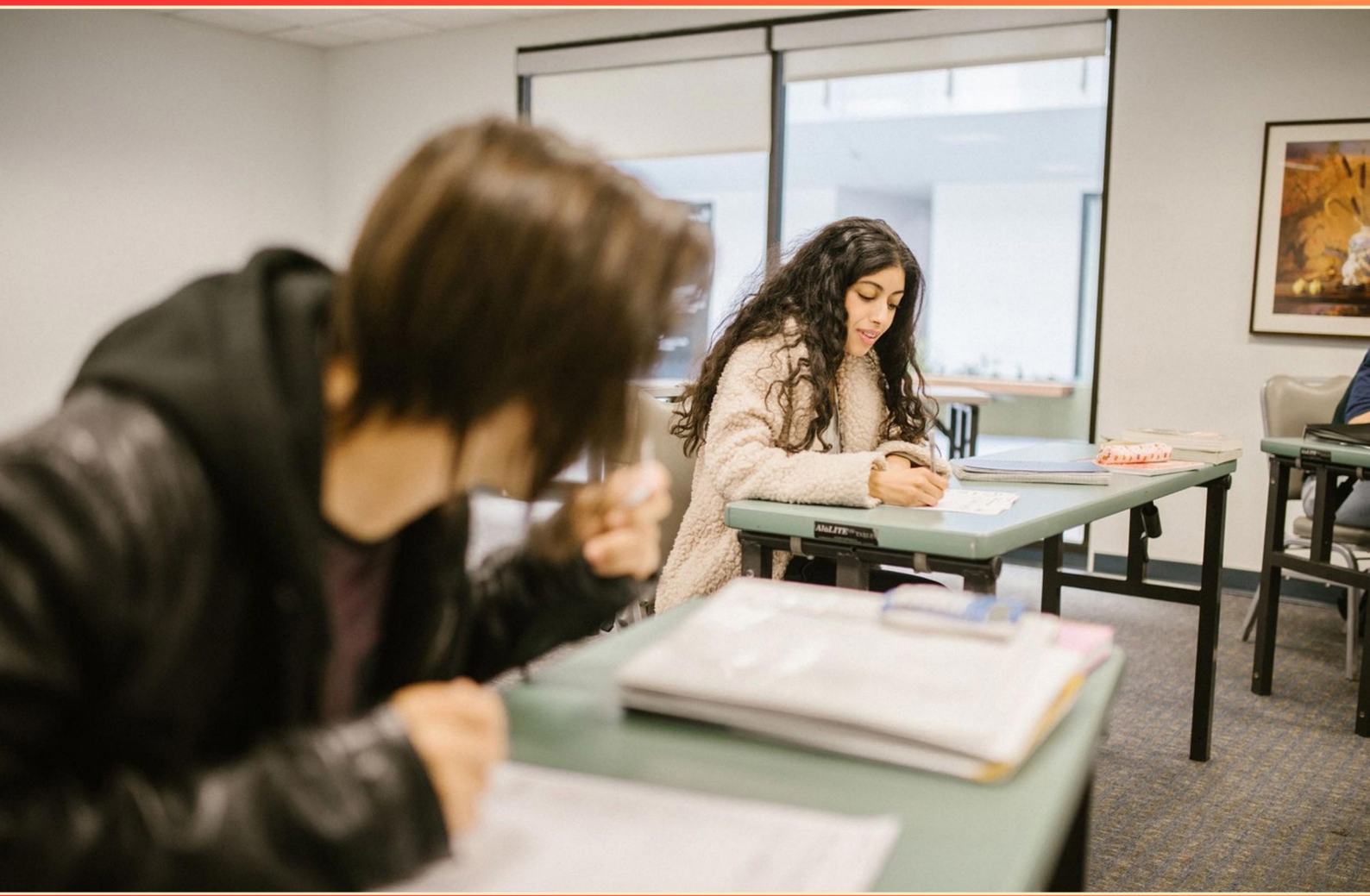
MULTIDIMENSIONAL CARE II (MDC II) EXAM 2 PRACTICE (SAMPLE)

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. Which drugs can decrease lower esophageal sphincter pressure and contribute to reflux?

A. Prokinetic Agents

B. Calcium Channel Blockers, NSAIDs, Nitrates, Sedatives, Oral Contraceptives, and Anticholinergics

C. Proton Pump Inhibitors

D. Antacids

2. The nurse is evaluating the lab work of a patient who has uncontrolled metabolic acidosis. Which lab result would result from this condition?

A. pH 7.4

B. PaO2 98 mm Hg

C. bicarbonate 38 mEq/L

D. serum potassium 5.7 mEq/L

3. Which assessment variable requires immediate nursing intervention post esophagectomy?

A. Respiratory rate of 28

B. Blood pressure of 170/88

C. Temperature of 38.1° C

D. Pain assessment of 6 on a scale of 0 to 10

4. How can you differentiate hypovolemic shock from distributive shock?

A. Hypovolemic: low preload, high SVR; distributive: low SVR with vasodilation and relative hypovolemia; manage with fluid resuscitation and vasopressors as indicated

B. Hypovolemic: high preload; distributive: high SVR

C. Hypovolemic: low SVR; distributive: high SVR

D. Hypovolemic: high preload, high SVR; distributive: low SVR with vasodilation

5. A patient's cultural beliefs conflict with standard care. What approach supports culturally responsive care?

A. Assess beliefs, involve patient and family, provide interpreter services, respect values, document preferences.

B. Proceed with standard care regardless of beliefs.

C. Ignore cultural beliefs if treatment is urgent.

D. Only provide interpreter services if requested.

6. What is the normal serum potassium range?

A. 1.5–2.5 mEq/L

B. 3.5–5.0 mEq/L

C. 5.5–7.0 mEq/L

D. 0.5–2.0 mEq/L

7. Which initial test can help diagnose diabetes?

A. Random plasma glucose

B. Urine glucose test

C. Fasting plasma glucose or HbA1c

D. Oral glucose tolerance test

8. A client has acute alcohol intoxication. What acid-base imbalance is the client at risk for?

A. Metabolic Acidosis

B. Respiratory Alkalosis

C. Respiratory Acidosis

D. Metabolic Alkalosis

9. Which condition is most directly associated with COPD with CO2 retention?

A. COPD with CO2 retention

B. Asthma

C. Pneumonia

D. Pulmonary embolism

10. What is a primary purpose of antiemetic prophylaxis after surgery?

A. To prevent nausea and vomiting, reduce aspiration risk, enhance comfort and recovery.

B. To strengthen bone healing.

C. To reduce the need for analgesics.

D. To prevent infection.

Answers

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

Explanations

1. Which drugs can decrease lower esophageal sphincter pressure and contribute to reflux?

A. Prokinetic Agents

B. Calcium Channel Blockers, NSAIDs, Nitrates, Sedatives, Oral Contraceptives, and Anticholinergics

C. Proton Pump Inhibitors

D. Antacids

Lower esophageal sphincter (LES) tone is the barrier that keeps stomach contents from refluxing into the esophagus. When drugs relax smooth muscle or dampen neuromuscular control, they can lower LES pressure and make reflux more likely. Calcium channel blockers decrease calcium availability in smooth muscle, which relaxes the LES and reduces its resting pressure. Nitrates, used for angina, also relax smooth muscle via a cGMP-mediated pathway, lowering LES pressure. Sedatives can blunt central and reflex control of muscle tone, which can translate to a lower baseline LES tone. Anticholinergics block acetylcholine, reducing esophageal muscle activity and LES tone, contributing to reflux risk. Hormonal therapies—especially those containing progesterone—promote smooth muscle relaxation, so oral contraceptives can worsen reflux by lowering LES tone. NSAIDs, while primarily irritating the stomach lining, can worsen reflux symptoms and may be associated with changes in the gastric environment that promote reflux, contributing indirectly to lower barrier function. Prokinetic agents, by contrast, increase LES tone and speed gastric emptying, helping reduce reflux. Proton pump inhibitors and antacids address acid and mucosal protection rather than LES pressure, so they don't directly decrease LES tone.

2. The nurse is evaluating the lab work of a patient who has uncontrolled metabolic acidosis. Which lab result would result from this condition?

A. pH 7.4

B. PaO2 98 mm Hg

C. bicarbonate 38 mEq/L

D. serum potassium 5.7 mEq/L

In metabolic acidosis, the primary disturbance is a decrease in bicarbonate and a drop in pH. The body's electrolyte balance shifts to try to keep charge neutral, so excess hydrogen ions in the extracellular fluid push H+ into cells and potassium ions (K+) move out of cells into the serum. This causes serum potassium to rise, leading to hyperkalemia. So a lab showing elevated serum potassium, such as 5.7 mEq/L, fits with uncontrolled metabolic acidosis. Other options would not reflect the acid-base change: pH would be acidic (below 7.35), not 7.4; bicarbonate would be low, not elevated to 38 mEq/L; and PaO2 is a measure of oxygenation and is not the hallmark of metabolic acidosis.

3. Which assessment variable requires immediate nursing intervention post esophagectomy?

A. Respiratory rate of 28

B. Blood pressure of 170/88

C. Temperature of 38.1° C

D. Pain assessment of 6 on a scale of 0 to 10

Postoperative respiratory status is the most urgent concern after an esophagectomy. A respiratory rate of 28 breaths per minute signals tachypnea, which can indicate inadequate ventilation and risking hypoxemia and atelectasis in the immediate recovery period. This requires immediate nursing action to assess airway and breathing, check oxygen saturation, listen to lung sounds, and ensure adequate oxygenation (with supplemental oxygen as ordered). Prompt interventions also include encouraging deep breathing and incentive spirometry and monitoring closely for other signs of respiratory distress. The other vitals—elevated blood pressure, fever, and moderate pain—are important to monitor but do not, by themselves, indicate an immediate threat to breathing that requires urgent intervention.

4. How can you differentiate hypovolemic shock from distributive shock?

A. Hypovolemic: low preload, high SVR; distributive: low SVR with vasodilation and relative hypovolemia; manage with fluid resuscitation and vasopressors as indicated

B. Hypovolemic: high preload; distributive: high SVR

C. Hypovolemic: low SVR; distributive: high SVR

D. Hypovolemic: high preload, high SVR; distributive: low SVR with vasodilation

The key idea is the different hemodynamic profiles of these shocks, focusing on preload and systemic vascular resistance (SVR). In hypovolemic shock, reduced venous return means the heart fills less (low preload). To preserve blood pressure, the body constricts vessels, raising SVR (vasoconstriction). In distributive shock, widespread vasodilation lowers SVR, and there's a relative loss of intravascular volume due to pooling and capillary leak, so preload can be reduced or normal but the vasculature is dilated. Therefore the best description is that hypovolemia features low preload with high SVR, while distributive shock features low SVR from vasodilation and a relative hypovolemia. Management aligns with this: give fluids to restore preload in hypovolemia and use vasopressors as needed to maintain perfusion; in distributive shock you also need vasopressors to counteract vasodilation, with fluids as appropriate. The other options misstate preload or SVR for one or both shock types.

5. A patient's cultural beliefs conflict with standard care. What approach supports culturally responsive care?

A. Assess beliefs, involve patient and family, provide interpreter services, respect values, document preferences.

B. Proceed with standard care regardless of beliefs.

C. Ignore cultural beliefs if treatment is urgent.

D. Only provide interpreter services if requested.

Culturally responsive care means actively weaving the patient's beliefs, values, and preferences into every part of the care plan. Start by assessing what the patient believes about illness and treatment, then involve the patient and, when appropriate, family members in decisions. Providing interpreter services ensures accurate understanding and informed consent, while respecting the patient's values keeps care aligned with their worldview. Documenting preferences so the entire care team can follow them across settings is essential for continuity. This approach is better than applying standard care without regard to beliefs, which can erode trust and violate patient autonomy. Ignoring cultural beliefs even in urgent situations can lead to conflict, poor adherence, and ethical concerns. Interpreter services should be available to all patients who need them, not only when specifically requested.

6. What is the normal serum potassium range?

A. 1.5–2.5 mEq/L

B. 3.5–5.0 mEq/L

C. 5.5–7.0 mEq/L

D. 0.5–2.0 mEq/L

Potassium levels in the blood are kept within a tight window because they determine the excitability of nerves and muscles, especially the heart. The normal serum potassium concentration is about 3.5 to 5.0 mEq/L. This range maintains stable resting membrane potentials and proper conduction. If the level drops below this window, cells become harder to excite, leading to weakness and risk of arrhythmias. If the level rises above this window, cells become easier to depolarize, increasing the risk of dangerous arrhythmias. The other ranges represent values that are either too low (hypokalemia) or too high (hyperkalemia); thus the normal range is 3.5 to 5.0 mEq/L.

7. Which initial test can help diagnose diabetes?

A. Random plasma glucose

B. Urine glucose test

C. Fasting plasma glucose or HbA1c

D. Oral glucose tolerance test

Diagnosing diabetes relies on stable blood glucose measurements rather than a single post-meal reading or urine tests. The best initial options are fasting plasma glucose and HbA1c because they give a reliable picture of glucose status that isn't heavily influenced by recent meals. A fasting plasma glucose test is done after an overnight fast, and a value at or above 126 mg/dL on two separate occasions meets diagnostic criteria. HbA1c reflects average blood glucose over roughly three months, with a value of 6.5% or higher also meeting criteria for diabetes. Using either of these tests as the first step is practical and robust for establishing diabetes. Other options have limitations for initial diagnosis. Random plasma glucose can indicate diabetes if the person has classic symptoms, but it's not as reliable as a screening test due to day-to-day variability. Urine glucose isn't diagnostic by itself and doesn't quantify hyperglycemia accurately. The oral glucose tolerance test is very sensitive and useful in certain situations, but it's more time-consuming and is typically reserved when initial tests are inconclusive or in specific contexts like pregnancy. So, using fasting plasma glucose or HbA1c as the initial diagnostic tests provides the most straightforward and dependable starting point.

8. A client has acute alcohol intoxication. What acid-base imbalance is the client at risk for?

A. Metabolic Acidosis

B. Respiratory Alkalosis

C. Respiratory Acidosis

D. Metabolic Alkalosis

When alcohol is metabolized, the body's redox state shifts toward a high NADH level. That change pushes pyruvate toward lactate formation and promotes ketone body production, so organic acids begin to accumulate. The buildup of these acids lowers the blood pH and reduces bicarbonate, producing metabolic acidosis. The body tries to compensate by increasing ventilation to blow off carbon dioxide, so you'd expect faster, deeper breathing as a sign of metabolic acidosis. While acute intoxication can be associated with other disturbances in different contexts, metabolic acidosis is the typical acid-base imbalance linked to ethanol metabolism and its effect on lactate and ketoacid production.

9. Which condition is most directly associated with COPD with CO_2 retention?

A. COPD with CO_2 retention

B. Asthma

C. Pneumonia

D. Pulmonary embolism

Hypercapnia results when the lungs can't remove CO_2 efficiently. In COPD, chronic airflow limitation and expiratory flow obstruction cause alveolar ventilation to drop and dead space to increase, so CO_2 builds up in the blood. Over time the kidneys compensate by retaining bicarbonate, which buffers the pH but leaves elevated CO_2 levels. This direct impairment of CO_2 elimination is why this condition is most closely associated with COPD with CO_2 retention. While asthma, pneumonia, and pulmonary embolism can affect breathing, they don't inherently cause the persistent hypercapnia that characterizes COPD with CO_2 retention.

10. What is a primary purpose of antiemetic prophylaxis after surgery?

A. To prevent nausea and vomiting, reduce aspiration risk, enhance comfort and recovery.

B. To strengthen bone healing.

C. To reduce the need for analgesics.

D. To prevent infection.

Preventing postoperative nausea and vomiting is the main goal of antiemetic prophylaxis. Nausea and vomiting after surgery are common due to anesthesia and opioid use, and they can lead to dehydration, electrolyte issues, and, importantly, aspiration risk during emergence from anesthesia. By preventing these symptoms, antiemetics help patients stay comfortable, tolerate early feeding, and recover more quickly. They don't directly affect bone healing, infection prevention, or the need for analgesics—their primary effect is on preventing nausea and vomiting and the downstream complications of that.

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://mdc2exam2.examzify.com

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