

NCLEX Geriatric Exam 1 Practice (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

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- 1. What is a core safety intervention to reduce medication errors in older adults?**
 - A. Rely on paper records only**
 - B. Use computerized entry systems and bar-code technology**
 - C. Eliminate pharmacists from prescribing process**
 - D. Outsource medication management to family**

- 2. During a heritage assessment, which question is most appropriate to understand the client's beliefs on healthcare expectations?**
 - A. What was your prior occupation?**
 - B. Do you have an advanced directive?**
 - C. Do you have a specific dietary practice?**
 - D. Would you like to participate in your morning care?**

- 3. Which statement best reflects a health belief based on the perceived importance of taking action to promote health?**
 - A. I should get a physical every year so I can stay healthy**
 - B. I know that choosing to eat healthy or not will affect my health now and later on**
 - C. I know if I go for walks on a regular basis, I am less likely to have a health problem**
 - D. I understand if I continue to go to church and spend time with friends, I will feel less lonely**

- 4. Which statement about frailty screening criteria is true?**
 - A. Frailty requires three criteria including slowness**
 - B. Frailty uses memory loss as a criterion**
 - C. Frailty includes only weight loss**
 - D. Frailty is diagnosed by age alone**

- 5. Which age-related change best explains a patient who complains of weight gain despite a healthy diet?**
 - A. Body fat increases until middle age.**
 - B. Body weight increases after middle age.**
 - C. Fat is redistributed to the hips after middle age.**
 - D. Body fat promotes a pear-shaped appearance for aging women.**

- 6. How should the hospital administrator describe an acute care of the elderly (ACE) unit to the nursing staff?**
- A. It will be run like a nursing home**
 - B. It is no different from other hospital units**
 - C. It primarily aims to return patients to their homes**
 - D. It will be guided by nurse-driven protocols**
- 7. Which topic is NOT part of QSEN staff teaching for improving the quality of care in older residents?**
- A. Directions on accessing evidence-based practice resources**
 - B. Methods for ensuring effective team collaboration**
 - C. A plan for staff incentives for meeting care goals**
 - D. Examples of respectful team communication**
- 8. Which statement reflects understanding of ethnocultural heritage?**
- A. A client who cannot acculturate is displaying ethnocultural heritage**
 - B. A person can only value heritage-consistent characteristics**
 - C. As a client becomes Americanized, their beliefs will change**
 - D. Feeling disconnected from one's culture is a component of cultural marginality**
- 9. Which life experience stands out as an event in your heritage? (NOT asked as part of ethnocultural heritage questions)**
- A. What are examples of your ethnocultural life trajectories?**
 - B. Where were your parents and grandparents born?**
 - C. What do you see as seminal cultural events of your lifetime?**
 - D. Which life experience stands out as an event in your heritage?**
- 10. For a patient with dementia in a long-term care facility, which intervention best addresses wandering risk?**
- A. Increase sedation**
 - B. Interventions to maintain safety (supervision and environmental safety)**
 - C. Isolate the patient**
 - D. Do nothing**

Answers

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

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Explanations

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1. What is a core safety intervention to reduce medication errors in older adults?

- A. Rely on paper records only**
- B. Use computerized entry systems and bar-code technology**
- C. Eliminate pharmacists from prescribing process**
- D. Outsource medication management to family**

A powerful safety measure to reduce medication errors in older adults is using computerized entry systems coupled with bar-code technology. Computerized order entry standardizes and documents meds clearly, reducing errors from illegible handwriting and transcription mistakes. These systems also provide decision support—alerts for drug interactions, allergies, duplications, and inappropriate dosing based on age and organ function—helping prescribers choose safer options. Bar-code administration adds a real-time check at the bedside by matching the patient, the medication, the dose, and the time, so the right drug goes to the right person and is given correctly. This is especially important for older adults who often take multiple medications and have altered pharmacokinetics, where a small error can lead to serious harm. Relying on paper records alone leaves room for miscommunication; removing pharmacists or outsourcing to family removes essential safety oversight and is not appropriate.

2. During a heritage assessment, which question is most appropriate to understand the client's beliefs on healthcare expectations?

- A. What was your prior occupation?**
- B. Do you have an advanced directive?**
- C. Do you have a specific dietary practice?**
- D. Would you like to participate in your morning care?**

Understanding how culture shapes health care expectations involves uncovering beliefs, practices, and values that influence what care is acceptable, how decisions are made, and how daily routines are carried out. Asking about dietary practices taps into a core way culture expresses these beliefs. Food rules and rituals—whether guided by religion, ethnicity, or personal conscience—often dictate what is permissible during medical treatment, when fasting is observed, and how meals are provided and shared. Learning about any dietary restrictions or preferences signals how the client expects care to be delivered, how meals will be accommodated, and who should be involved in decisions related to nutrition and treatment. This question creates a concrete opening to discuss respect for beliefs and to tailor care plans to align with the client's cultural expectations. Other questions may touch on practical or legal aspects, like long-standing decisions about future care or the client's daily autonomy, but they do not illuminate the client's beliefs about health care expectations as directly as dietary practices, which are frequently intertwined with cultural and religious identities.

3. Which statement best reflects a health belief based on the perceived importance of taking action to promote health?
- A. I should get a physical every year so I can stay healthy
 - B. I know that choosing to eat healthy or not will affect my health now and later on
 - C. I know if I go for walks on a regular basis, I am less likely to have a health problem**
 - D. I understand if I continue to go to church and spend time with friends, I will feel less lonely

The key idea is recognizing a belief that taking a specific action will promote health by reducing risk. The statement about walking regularly explicitly links the action to a lower likelihood of health problems, showing the person expects a real health benefit from the behavior. That aligns with the concept that people are more likely to engage in health-promoting actions when they believe those actions will help them. The other options don't emphasize the action's direct health benefit in the same way: an annual physical is preventive care but doesn't clearly state that the action itself reduces risk; recognizing that healthy eating affects health shows knowledge of consequences but not a belief that taking action now will prevent illness; and social activities address loneliness rather than a direct health-promoting behavior.

4. Which statement about frailty screening criteria is true?
- A. Frailty requires three criteria including slowness**
 - B. Frailty uses memory loss as a criterion
 - C. Frailty includes only weight loss
 - D. Frailty is diagnosed by age alone

Frailty screening uses a physical-phenotype approach with five observable criteria: unintentional weight loss, self-reported exhaustion, weakness (grip strength), slow walking speed, and low physical activity. A person is considered frail if they meet three or more of these criteria. Slowness (slow gait) is one of the five criteria and must be counted along with the others when determining frailty, which is why the statement that frailty requires three criteria including slowness is the best fit. In practice, someone might have weight loss, exhaustion, and slow walking speed, which would classify as frail. Memory loss isn't part of this frailty definition, frailty isn't diagnosed by weight loss alone, and age by itself does not determine frailty.

5. Which age-related change best explains a patient who complains of weight gain despite a healthy diet?

- A. Body fat increases until middle age.**
- B. Body weight increases after middle age.**
- C. Fat is redistributed to the hips after middle age.**
- D. Body fat promotes a pear-shaped appearance for aging women.**

Weight gain in aging is often due to changes in body composition rather than a change in eating alone. As people get older, lean muscle mass tends to decline while fat mass increases. This shift lowers resting energy expenditure, so calories that previously supported the same weight are more likely to be stored as fat. Because fat accumulation tends to rise up to middle age, this pattern best explains why someone can gain weight even with a healthy diet. The other ideas—weight increasing mainly after middle age, fat moving primarily to the hips creating a pear shape, or fat distribution changing in a way that isn't typical—don't align as well with how fat mass increases and how aging affects body composition.

6. How should the hospital administrator describe an acute care of the elderly (ACE) unit to the nursing staff?

- A. It will be run like a nursing home**
- B. It is no different from other hospital units**
- C. It primarily aims to return patients to their homes**
- D. It will be guided by nurse-driven protocols**

ACE units organize care around nurse-driven, evidence-based protocols that empower bedside nurses to initiate timely, standardized interventions for common geriatric issues. This approach helps prevent delirium and functional decline, promotes early mobilization and appropriate medication management, and ensures coordinated, geriatrics-focused care within the acute hospital setting. While discharge goals are important, the defining feature is that care is guided by nurse-led protocols, enabling consistent, efficient management tailored to older adults. The other options describe settings or aims that don't capture this core practical model.

7. Which topic is NOT part of QSEN staff teaching for improving the quality of care in older residents?
- A. Directions on accessing evidence-based practice resources
 - B. Methods for ensuring effective team collaboration
 - C. A plan for staff incentives for meeting care goals**
 - D. Examples of respectful team communication

QSEN training for staff centers on building knowledge and skills to improve safety and quality of care, especially through evidence-based practice, teamwork and collaboration, communication, and quality improvement. Directions on accessing evidence-based practice resources fit right into applying EBP in daily care, helping staff locate and use the best available information. Methods for ensuring effective team collaboration align with teamwork and collaboration, teaching how to work together to coordinate care. Examples of respectful team communication reinforce the communication aspect that reduces errors and improves resident outcomes. A plan for staff incentives for meeting care goals, however, is not a typical QSEN teaching focus; incentives belong more to organizational policy or performance management rather than the educational competencies QSEN aims to develop.

8. Which statement reflects understanding of ethnocultural heritage?
- A. A client who cannot acculturate is displaying ethnocultural heritage
 - B. A person can only value heritage-consistent characteristics
 - C. As a client becomes Americanized, their beliefs will change
 - D. Feeling disconnected from one's culture is a component of cultural marginality**

Ethnocultural heritage includes not only traditions and beliefs but also how a person identifies with their culture and how social forces can impact that connection. Feeling disconnected from one's culture reflects cultural marginality, which is a real facet of heritage that can influence identity, belonging, and health-related behaviors. For older adults, such marginality may affect comfort with health care providers, willingness to share personal health practices, and preferences for culturally congruent care. The other statements oversimplify or misrepresent heritage: acculturation is a process that varies among individuals and isn't a fixed measure of heritage; valuing only heritage-consistent characteristics narrows heritage to a subset; and assuming beliefs automatically change with Americanization ignores the complexity and variability of how cultures influence beliefs. So recognizing that feeling culturally disconnected can be part of one's heritage and social experience best reflects understanding of ethnocultural heritage.

9. Which life experience stands out as an event in your heritage? (NOT asked as part of ethnocultural heritage questions)
- A. What are examples of your ethnocultural life trajectories?
 - B. Where were your parents and grandparents born?
 - C. What do you see as seminal cultural events of your lifetime?
 - D. Which life experience stands out as an event in your heritage?**

The main concept is inviting a person to share a personal, meaningful experience that reveals their heritage through a narrative rather than through facts. This option prompts you to describe a life event that stands out as part of your cultural background, which yields rich, authentic information about traditions, values, family roles, language, and health beliefs that influence care and interactions. It centers the individual's lived experience and helps clinicians understand how heritage shapes identity and preferences. Other prompts are less effective because they either seek broad or factual data, or they focus on external events rather than a personal heritage narrative. Asking about ethnocultural life trajectories is wide and abstract, lacking a specific moment that ties directly to heritage. Asking where parents and grandparents were born collects demographic background, not the person's lived cultural experience. Asking about seminal cultural events of your lifetime highlights public or generational milestones that may not reflect an individual's heritage or current health beliefs.

10. For a patient with dementia in a long-term care facility, which intervention best addresses wandering risk?
- A. Increase sedation
 - B. Interventions to maintain safety (supervision and environmental safety)**
 - C. Isolate the patient
 - D. Do nothing

Wandering in dementia is best addressed with safety-focused planning that combines close supervision with environmental safeguards. When someone with dementia wanders, the immediate risk is injury, elopement, or exposure to hazards. Providing ongoing supervision helps detect and intervene quickly if wandering begins, while environmental safety measures reduce the chance of harm if they do wander. This includes securing exits appropriately, removing tripping hazards, improving lighting, and creating safe, accessible spaces for movement, along with structured routines and engaging activities to reduce restlessness. Sedation is not suitable because it carries significant risks for older adults with dementia, including falls, increased confusion, and decreased function. Isolating the patient can worsen agitation and ethical concerns arise from restricting freedom. Doing nothing leaves the risk unaddressed and endangers safety.

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://nclexgeriatric1.examzify.com>

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

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