

NCLEX Heart Failure Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

SAMPLE

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

SAMPLE

- 1. Which patient is at MOST risk for developing Digoxin toxicity?**
 - A. A 30-year-old male patient with heart failure and hyperglycemia**
 - B. B 82-year-old male patient with atrial fibrillation and magnesium level of 1 mg/dL**
 - C. C 45-year-old female with potassium level of 4.2 mEq/L**
 - D. D 50-year-old female with a calcium level of 9 mg/dL**

- 2. What outcome indicates effectiveness of furosemide when treating heart failure?**
 - A. Promote vasodilation**
 - B. Reduction of preload**
 - C. Decrease in afterload**
 - D. Increase in contractility**

- 3. True or False: Patients with left-sided diastolic dysfunction heart failure usually have a normal ejection fraction.**
 - A. True**
 - B. False**
 - C. Not sure**
 - D. Not applicable**

- 4. Which of the following is a core measure for heart failure patients with reduced ejection fraction?**
 - A. Left ventricular function is documented**
 - B. Controlling dysrhythmias will eliminate HF**
 - C. Prescription for digoxin at discharge**
 - D. Education materials about activity, medications, weight monitoring, and what to do if symptoms worsen**

- 5. Which patient is at MOST risk for heart failure exacerbation?**
- A. A 55-year-old female who limits sodium and fluid intake regularly.**
 - B. A 73-year-old male not taking Amiodarone for one month and has atrial fibrillation.**
 - C. A 67-year-old female being discharged home after heart valve replacement surgery.**
 - D. A 78-year-old male with eczema and cystic fibrosis.**
- 6. Laboratory results show sodium 139 mEq/L, potassium 5.6 mEq/L, chloride 103 mEq/L, and glucose 106 mg/dL in a patient on digoxin. What is the priority action?**
- A. Withhold the daily dose until the following day**
 - B. Withhold the dose and report the potassium level**
 - C. Give the digoxin with a salty snack**
 - D. Give the digoxin with extra fluids to dilute the sodium level**
- 7. Which electrolyte abnormality should be monitored in a patient taking an ACE inhibitor in combination with a potassium-sparing diuretic?**
- A. Hypokalemia**
 - B. Hyperkalemia**
 - C. Hyponatremia**
 - D. Hypercalcemia**
- 8. What type of heart failure does this describe: The ventricle is unable to properly fill with blood because it is too stiff. Therefore, blood backs up into the lungs causing shortness of breath.**
- A. Left ventricular systolic dysfunction**
 - B. Left ventricular diastolic dysfunction**
 - C. Right ventricular diastolic dysfunction**
 - D. Left atrial dysfunction**

- 9. While assessing a patient with ascites, the nurse notes jugular venous distention with the head of the bed at 45 degrees. This finding indicates:**
- A. Decreased fluid volume**
 - B. Jugular vein atherosclerosis**
 - C. Increased right atrial pressure**
 - D. Incompetent jugular vein valves**
- 10. Which of the following is a common side effect of Spironolactone?**
- A. Renal failure**
 - B. Hyperkalemia**
 - C. Hypokalemia**
 - D. Dry cough**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which patient is at MOST risk for developing Digoxin toxicity?

- A. A 30-year-old male patient with heart failure and hyperglycemia**
- B. B 82-year-old male patient with atrial fibrillation and magnesium level of 1 mg/dL**
- C. C 45-year-old female with potassium level of 4.2 mEq/L**
- D. D 50-year-old female with a calcium level of 9 mg/dL**

Digoxin has a very narrow therapeutic window, and its toxicity risk rises when electrolytes are imbalanced, especially magnesium. Low magnesium levels potentiate digoxin's effect on the Na⁺/K⁺-ATPase pump, leading to more intracellular calcium, increased electrical instability, and a higher chance of dangerous arrhythmias. An older patient already has greater susceptibility due to age-related changes in clearance, but the critical factor here is hypomagnesemia (magnesium 1 mg/dL). The other scenarios show normal potassium and calcium levels (and a non-direct risk from hyperglycemia), so they're less likely to tip into toxicity. Hence, the patient with the low magnesium level is most at risk.

2. What outcome indicates effectiveness of furosemide when treating heart failure?

- A. Promote vasodilation**
- B. Reduction of preload**
- C. Decrease in afterload**
- D. Increase in contractility**

The key idea is how diuretics help in heart failure by easing the heart's filling pressures. Furosemide is a loop diuretic that increases urine output, which lowers intravascular volume and venous return to the heart. This reduces end-diastolic volume and pressure—i.e., preload. When preload drops, the ventricles aren't as stretched before contraction, which lowers pulmonary and systemic congestion, improves shortness of breath, and reduces edema. That improvement in filling pressures is the primary and most direct measure of furosemide's effectiveness. Vasodilation and afterload reduction are beneficial in heart failure, but they're not the main action of a diuretic like furosemide. Increasing contractility is not an effect of a diuretic and isn't how this medication works.

3. True or False: Patients with left-sided diastolic dysfunction heart failure usually have a normal ejection fraction.

A. True

B. False

C. Not sure

D. Not applicable

Left-sided diastolic dysfunction causing heart failure is usually heart failure with preserved ejection fraction. The ejection fraction is a measure of systolic pumping, not filling. In diastolic dysfunction, the ventricle is stiff and has trouble relaxing to fill properly, which raises filling pressures and causes congestion, but the heart can still eject a normal proportion of the blood it holds. Therefore the ejection fraction typically remains normal (often defined as around 50% or higher). This is in contrast to systolic heart failure, where the pumping ability is reduced and the ejection fraction is low. If someone thought it was false, they'd be conflating diastolic problems with reduced systolic function.

4. Which of the following is a core measure for heart failure patients with reduced ejection fraction?

A. Left ventricular function is documented

B. Controlling dysrhythmias will eliminate HF

C. Prescription for digoxin at discharge

D. Education materials about activity, medications, weight monitoring, and what to do if symptoms worsen

In heart failure care, knowing how well the heart is pumping is essential. For patients with reduced ejection fraction, documenting the left ventricular function is the foundational step because it confirms the EF status and guides all further treatment decisions. An explicit record of LV function, usually from an echocardiogram or equivalent imaging, shows whether the patient has reduced EF and supports selecting guideline-directed therapies (such as appropriate medications) and planning prognosis and follow-up. Without this documented information, it's hard to tailor treatment or assess quality of care, even if other good practices like discharge education or getting certain meds started are in place. So, the most important and reliable indicator here is having left ventricular function documented.

5. Which patient is at MOST risk for heart failure exacerbation?
- A. A 55-year-old female who limits sodium and fluid intake regularly.
 - B. A 73-year-old male not taking Amiodarone for one month and has atrial fibrillation.**
 - C. A 67-year-old female being discharged home after heart valve replacement surgery.
 - D. A 78-year-old male with eczema and cystic fibrosis.

Uncontrolled atrial fibrillation with a rapid heart rate can precipitate acute heart failure decompensation. When rhythm control is poor and the rate is high, the ventricles fill more quickly but with less time for proper diastolic filling, reducing stroke volume and cardiac output. The loss of the atrial kick in AF also reduces LV preload, and persistent tachycardia can lead to tachycardia-induced cardiomyopathy, edema, and congestion. In this scenario, the patient is not taking amiodarone for a month, leaving AF unmanaged and the heart exposed to rapid, irregular rates ready to trigger decompensation, which makes this the highest risk among the options. Limiting sodium and fluids helps protect against fluid overload, the post-op patient may be monitored and stabilized after surgery, and CF with eczema is not a typical HF risk factor.

6. Laboratory results show sodium 139 mEq/L, potassium 5.6 mEq/L, chloride 103 mEq/L, and glucose 106 mg/dL in a patient on digoxin. What is the priority action?
- A. Withhold the daily dose until the following day
 - B. Withhold the dose and report the potassium level**
 - C. Give the digoxin with a salty snack
 - D. Give the digoxin with extra fluids to dilute the sodium level

Potassium levels influence how digoxin affects the heart. When a patient on digoxin has hyperkalemia, it can signal digoxin toxicity or an increased risk of it, because the digoxin effect is closely tied to cellular potassium handling. The priority action is to withhold the digoxin dose and report the elevated potassium to the prescriber so they can evaluate for toxicity, adjust therapy, and order appropriate testing (such as a digoxin level and repeat electrolytes). Giving the drug with a salty snack or extra fluids doesn't address the dangerous electrolyte change and could worsen the situation, and simply withholding until tomorrow wouldn't acknowledge the urgent warning that hyperkalemia represents in this context. While awaiting orders, monitor the patient's heart rate and rhythm and watch for signs of digoxin toxicity (nausea, vomiting, confusion, vision changes, or bradycardia).

7. Which electrolyte abnormality should be monitored in a patient taking an ACE inhibitor in combination with a potassium-sparing diuretic?

- A. Hypokalemia
- B. Hyperkalemia**
- C. Hyponatremia
- D. Hypercalcemia

Combining an ACE inhibitor with a potassium-sparing diuretic raises the risk of too much potassium in the blood. ACE inhibitors decrease aldosterone indirectly, and potassium-sparing diuretics either block aldosterone's action or conserve potassium in the kidneys. The two together reduce potassium excretion, so hyperkalemia becomes the main concern. This can lead to muscle weakness and dangerous heart rhythm changes, so it's essential to monitor potassium levels and kidney function after starting the therapy or adjusting doses. Advise patients to report symptoms like numbness, weakness, or palpitations, and avoid adding potassium-rich supplements or salt substitutes unless a clinician says it's safe. Hyperkalemia is the key electrolyte issue to watch for with this drug combination.

8. What type of heart failure does this describe: The ventricle is unable to properly fill with blood because it is too stiff. Therefore, blood backs up into the lungs causing shortness of breath.

- A. Left ventricular systolic dysfunction
- B. Left ventricular diastolic dysfunction**
- C. Right ventricular diastolic dysfunction
- D. Left atrial dysfunction

The scenario describes a problem with filling rather than pumping. When the ventricle is too stiff, it doesn't relax well enough to fill properly during diastole. This reduced compliance raises the pressure inside the left ventricle and, as a result, increases pressure in the left atrium and pulmonary veins. The backup of pressure into the lungs causes pulmonary congestion and shortness of breath. This is left ventricular diastolic dysfunction, often referred to as heart failure with preserved ejection fraction, where the heart's ability to pump forward may be preserved but filling is impaired. Why the other possibilities don't fit as well: systolic dysfunction involves trouble ejecting blood and a reduced ejection fraction, not primarily filling. Right ventricular diastolic dysfunction would cause systemic (not pulmonary) signs of congestion. Left atrial dysfunction isn't the common way this pathophysiology is described or diagnosed.

9. While assessing a patient with ascites, the nurse notes jugular venous distention with the head of the bed at 45 degrees. This finding indicates:

- A. Decreased fluid volume**
- B. Jugular vein atherosclerosis**
- C. Increased right atrial pressure**
- D. Incompetent jugular vein valves**

Jugular venous distention is a sign of elevated central venous pressure, reflecting increased right atrial pressure. When the patient's head is elevated to 45 degrees, observing a distended jugular vein indicates that the right atrial pressure is high, meaning there is venous congestion. In the context of ascites, this pattern commonly points to right-sided heart failure or systemic venous congestion, where blood backs up into the venous system. So the finding best indicates increased right atrial pressure. This isn't due to decreased fluid volume, which would lower venous pressure, nor is it due to jugular vein atherosclerosis or valve incompetence in this acute context.

10. Which of the following is a common side effect of Spironolactone?

- A. Renal failure**
- B. Hyperkalemia**
- C. Hypokalemia**
- D. Dry cough**

Spironolactone is a potassium-sparing diuretic that blocks aldosterone in the distal nephron, promoting sodium and water loss while conserving potassium. Because it reduces potassium excretion, the most common adverse effect is hyperkalemia. This risk rises with kidney dysfunction or when combined with other drugs that raise potassium. Recognizing hyperkalemia is important, as it can cause muscle weakness, fatigue, or arrhythmias. Dry cough is associated with ACE inhibitors, not spironolactone, and hypokalemia would opposite-case reduce potassium, which spironolactone does not cause. Renal failure isn't a typical direct side effect, though kidney function should be monitored due to the potassium risk.

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://nclexheartfailure.examzify.com>

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

SAMPLE