

# NCLEX Heart Failure Practice Test (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. Which daily sodium intake is recommended for heart failure patients?**
  - A. 5-6 grams**
  - B. 2-3 grams**
  - C. 8-10 grams**
  - D. 0 grams**
  
- 2. 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**
  
- 3. Digoxin belongs to which drug family?**
  - A. Angiotensin-converting enzyme inhibitors**
  - B. Beta-blockers**
  - C. Angiotensin II receptor blockers**
  - D. Cardiac glycosides**
  
- 4. Which description matches first-line therapy for heart failure and mentions that some patients develop a nagging cough?**
  - A. Beta-blockers**
  - B. Vasodilators**
  - C. Angiotensin II receptor blockers**
  - D. Angiotensin-converting enzyme inhibitors**
  
- 5. A patient with acute decompensated heart failure becomes dyspneic. Before dangling the patient at the bedside, which assessment should be performed first?**
  - A. Urine output**
  - B. Heart rhythm**
  - C. Breath sounds**
  - D. Blood pressure**

- 6. A patient with left-sided systolic dysfunction has which findings?**
- A. EF 38% on echocardiogram.**
  - B. EF 65% on heart catheterization.**
  - C. Nocturnal paroxysmal dyspnea.**
  - D. Both EF 38% on echocardiogram and nocturnal paroxysmal dyspnea.**
- 7. Which symptom suggests digoxin toxicity?**
- A. Nausea and vomiting**
  - B. Constipation**
  - C. Headache**
  - D. Hearing loss**
- 8. What is the priority assessment for a patient receiving IV nesiritide (Natreacor) to treat heart failure?**
- A. Urine output**
  - B. Lung sounds**
  - C. Blood pressure**
  - D. Respiratory rate**
- 9. Which finding would most strongly suggest fluid overload in a patient with chronic heart failure?**
- A. Dry mouth**
  - B. Weight loss**
  - C. Weight gain due to fluid retention**
  - D. Increased exercise tolerance**
- 10. Which statement demonstrates correct self-management for a patient on Digoxin?**
- A. I should limit foods high in potassium.**
  - B. I should not take this medication if my heart rate is below 70 bpm.**
  - C. I should measure my pulse before each dose and hold if below 60 bpm.**
  - D. I should avoid taking this medication at night.**

## **Answers**

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

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## **Explanations**

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**1. Which daily sodium intake is recommended for heart failure patients?**

- A. 5-6 grams
- B. 2-3 grams**
- C. 8-10 grams
- D. 0 grams

Limiting sodium intake helps prevent fluid overload in heart failure. Sodium makes the body retain water, so reducing sodium lowers blood volume and edema, which in turn eases breathing and improves exercise tolerance. A target of about two to three grams per day is commonly recommended to help control symptoms and reduce hospitalizations. Practically, that means choosing mostly fresh foods, cooking with little or no added salt, and avoiding highly processed or salty items. Extremely low or zero sodium isn't typically necessary and can be hard to maintain and potentially unbalanced, so the goal is a moderate, individualized restriction guided by a clinician. If symptoms worsen, work with the healthcare team to adjust the plan.

**2. 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).

### 3. Digoxin belongs to which drug family?

- A. Angiotensin-converting enzyme inhibitors
- B. Beta-blockers
- C. Angiotensin II receptor blockers
- D. Cardiac glycosides**

Digoxin belongs to the cardiac glycoside family. This class increases the heart's pumping strength by inhibiting the Na<sup>+</sup>/K<sup>+</sup> ATPase pump on cardiac cells, which raises intracellular calcium and produces a positive inotropic effect. It also enhances vagal (parasympathetic) tone, slowing conduction through the AV node, which helps with rate control in atrial fibrillation. These actions are distinct from the other listed drug families: ACE inhibitors and ARBs are renin-angiotensin system blockers that cause vasodilation, while beta-blockers slow heart rate and reduce contractility through beta-adrenergic blockade. Cardiac glycosides like digoxin are mainly used for symptom relief in heart failure and for rate control in certain arrhythmias, with careful monitoring due to a narrow therapeutic index.

### 4. Which description matches first-line therapy for heart failure and mentions that some patients develop a nagging cough?

- A. Beta-blockers
- B. Vasodilators
- C. Angiotensin II receptor blockers
- D. Angiotensin-converting enzyme inhibitors**

The main idea here is that an ACE inhibitor is a common first-line medication for heart failure with reduced ejection fraction because it lowers mortality, reduces afterload, and helps prevent adverse remodeling by decreasing angiotensin II and aldosterone. A classic clue is the nagging, persistent dry cough some patients develop. That cough comes from bradykinin buildup when ACE is inhibited, a side effect not typically seen with ARBs. If the cough becomes troublesome, clinicians may switch to an ARB to maintain benefits without the cough, while continuing to monitor kidney function and potassium levels and watching for other reactions like angioedema.

### 5. A patient with acute decompensated heart failure becomes dyspneic. Before dangling the patient at the bedside, which assessment should be performed first?

- A. Urine output
- B. Heart rhythm
- C. Breath sounds
- D. Blood pressure**

Assessing perfusion and stability through blood pressure is the priority before changing the patient's position. In acute decompensated heart failure with new or worsening dyspnea, knowing whether the blood pressure is adequate or dropping helps determine if it's safe to reposition. If the BP is low or unstable, dangling could cause a further drop in pressure or syncope, so you'd stabilize first. If the BP is reassuring, you can carefully raise the head of the bed to ease dyspnea while continuing to monitor. Breath sounds and heart rhythm are important for ongoing assessment, but they don't provide the immediate safety signal that blood pressure does before a positional change.

**6. A patient with left-sided systolic dysfunction has which findings?**

- A. EF 38% on echocardiogram.**
- B. EF 65% on heart catheterization.**
- C. Nocturnal paroxysmal dyspnea.**
- D. Both EF 38% on echocardiogram and nocturnal paroxysmal dyspnea.**

Left-sided systolic dysfunction means the heart's pumping ability is reduced, so the ejection fraction (EF) falls below normal. An EF of 38% on an echocardiogram shows decreased contractility consistent with systolic heart failure. In contrast, an EF of 65% on catheterization indicates preserved systolic function, which would not align with systolic dysfunction. Nocturnal paroxysmal dyspnea is a classic symptom of left-sided heart failure: when lying down, fluid shifts toward the chest and pulmonary congestion worsens, causing sudden nighttime shortness of breath. Seeing both a reduced EF and nocturnal dyspnea fits the diagnosis of left-sided systolic dysfunction, whereas the preserved EF does not.

**7. Which symptom suggests digoxin toxicity?**

- A. Nausea and vomiting**
- B. Constipation**
- C. Headache**
- D. Hearing loss**

Nausea and vomiting are classic early signs of digoxin toxicity. Digoxin has a narrow therapeutic window, so even small increases in level can produce GI symptoms before more serious effects appear. These early gastrointestinal manifestations reflect the drug's systemic effect and often prompt evaluation for potential toxicity. Headache can occur with many conditions and is not specific to digoxin toxicity. Hearing loss and constipation are not typical features of digoxin toxicity, making them less likely indicators. When digoxin toxicity is suspected, assess for GI symptoms, monitor heart rhythm for possible arrhythmias, and check digoxin level and potassium, since electrolyte imbalances can influence toxicity risk.

**8. What is the priority assessment for a patient receiving IV nesiritide (Natrekor) to treat heart failure?**

- A. Urine output**
- B. Lung sounds**
- C. Blood pressure**
- D. Respiratory rate**

Nesiritide is a vasodilator used in acute heart failure, so the most important thing to monitor is blood pressure. Its effect is to lower systemic vascular resistance and blood pressure, which can lead to hypotension and reduced organ perfusion. Therefore, checking the patient's BP closely during the IV infusion is essential to detect hypotension early and adjust or stop the infusion if needed. While urine output, lung sounds, and respiratory rate provide useful information about fluid status and pulmonary congestion, they do not carry the same immediate safety risk as a potential drop in blood pressure with this therapy.

**9. Which finding would most strongly suggest fluid overload in a patient with chronic heart failure?**

- A. Dry mouth**
- B. Weight loss**
- C. Weight gain due to fluid retention**
- D. Increased exercise tolerance**

In chronic heart failure, fluid overload happens because reduced cardiac output triggers the body to retain sodium and water, increasing total body fluid. This excess fluid most clearly shows up as weight gain from fluid retention, making it the strongest sign of overload. The other options don't fit: dry mouth suggests dehydration, weight loss points away from fluid buildup, and increased exercise tolerance would not indicate fluid overload. Daily weight monitoring is a practical way to detect early fluid shifts in heart failure.

**10. Which statement demonstrates correct self-management for a patient on Digoxin?**

- A. I should limit foods high in potassium.**
- B. I should not take this medication if my heart rate is below 70 bpm.**
- C. I should measure my pulse before each dose and hold if below 60 bpm.**
- D. I should avoid taking this medication at night.**

The main idea here is safe self-management with a drug that has a narrow therapeutic window and can slow the heart. Digoxin can cause or worsen bradycardia, so the patient must monitor the heart rate and only take the dose if the rate is not dangerously low. Measuring the pulse before each dose and withholding the dose if the rate is below 60 beats per minute is the prudent, correct action. If the pulse is 60 or higher, take the medication as prescribed and don't double doses. It's also important to maintain normal potassium levels, because electrolyte imbalances can increase the risk of digoxin toxicity, but this doesn't translate to restricting potassium-rich foods as a blanket rule. Other options aren't aligned with safe practice: setting a higher threshold like 70 bpm for withholding isn't supported, and there's no general rule to avoid taking digoxin at night—the timing should be consistent with the prescribed plan.

## 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](mailto: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!**

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