

NCLEX HEART FAILURE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. During initiation of a beta-blocker in HFrEF, which parameter should be closely watched?**
 - A. Heart rate and blood pressure.
 - B. Serum sodium.
 - C. Renal ultrasound.
 - D. Lactic acid.

- 2. Which laboratory parameter is most important to monitor due to loop diuretic use?**
 - A. Potassium level
 - B. Sodium level
 - C. Hemoglobin
 - D. Urine microalbumin

- 3. Which features are most characteristic of left-sided heart failure?**
 - A. Pulmonary edema with crackles and dyspnea
 - B. Peripheral edema and ascites
 - C. Jugular venous distension with hepatomegaly
 - D. Elevated liver enzymes only

- 4. Heart failure with reduced ejection fraction is defined as EF $\leq$ 40%.**
 - A. EF $\leq$ 50%
 - B. EF $\leq$ 40%
 - C. EF $\leq$ 30%
 - D. EF $\leq$ 60%

- 5. What is a key aspect of post-discharge heart failure care?**
 - A. Follow-up after 6 months only
 - B. No follow-up needed if asymptomatic
 - C. Only phone check-ins
 - D. Early follow-up within 1–2 weeks and medication reconciliation.

- 6. Which statement demonstrates understanding of sodium-restricted diet for heart failure?**
- A. Milk and cheese limited to 2 cups per day
 - B. Salt can be added during cooking
 - C. Diuretics should be taken only when eating salty foods
 - D. Reduced-sodium foods contain 75% less sodium than regular
- 7. After MI, a patient shows jugular venous distention, weight gain, edema, and a heart rate of 108 beats/min. Which heart failure is suspected?**
- A. Chronic HF
 - B. Left-sided HF
 - C. Right-sided HF
 - D. Acute decompensated HF
- 8. Which is a normal potassium range relevant to monitoring patients on Digoxin therapy?**
- A. 2.0-4.0 mEq/L
 - B. 3.5-5.1 mEq/L
 - C. 4.5-6.0 mEq/L
 - D. 3.0-5.0 mEq/L
- 9. A BNP level is significantly elevated in a patient with dyspnea. What does this indicate about heart failure status?**
- A. Elevated ventricular wall stress and filling pressures consistent with heart failure.
 - B. Decreased myocardial oxygen demand.
 - C. Reduced ventricular wall tension.
 - D. Immediate reduction in left atrial pressure after diuresis.
- 10. In congestive hepatopathy due to heart failure, which laboratory abnormalities may be seen?**
- A. Decreased AST/ALT and bilirubin.
 - B. Elevated AST/ALT and bilirubin due to hepatic venous congestion.
 - C. Normal AST/ALT and bilirubin.
 - D. Elevated alkaline phosphatase only.

Answers

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

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Explanations

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1. During initiation of a beta-blocker in HFrEF, which parameter should be closely watched?

- A. Heart rate and blood pressure.**
- B. Serum sodium.
- C. Renal ultrasound.
- D. Lactic acid.

Beta-blockers in HFrEF blunt the sympathetic drive that supports cardiac output, so the most important parameter to monitor during initiation is hemodynamic tolerance—specifically resting heart rate and systolic blood pressure. As the dose is started and gradually increased, watch for bradycardia and hypotension, which can cause dizziness, fatigue, or fainting and signal that the dose should be held or slowed. Ensuring these measures stay within a tolerable range helps the patient continue therapy that improves outcomes. Other tests like serum sodium, renal imaging, or lactic acid aren't the immediate focal points for this initiation step, though they may be relevant for other aspects of heart failure care.

2. Which laboratory parameter is most important to monitor due to loop diuretic use?

- A. Potassium level**
- B. Sodium level
- C. Hemoglobin
- D. Urine microalbumin

Loop diuretics increase the excretion of potassium in the distal nephron, which can quickly lead to hypokalemia. Potassium is essential for normal cardiac electrical activity, so falling potassium levels raise the risk of life-threatening arrhythmias in heart failure patients, especially if other meds like digoxin are used. Because of this, monitoring serum potassium closely and correcting any low levels is the most important parameter during loop diuretic therapy. Sodium levels can be affected and are important, but the immediate and most critical risk with loop diuretics is hypokalemia. Hemoglobin and urine microalbumin aren't the primary concerns with loop diuretic use in this context.

3. Which features are most characteristic of left-sided heart failure?

- A. Pulmonary edema with crackles and dyspnea**
- B. Peripheral edema and ascites
- C. Jugular venous distension with hepatomegaly
- D. Elevated liver enzymes only

Left-sided heart failure shows up primarily as pulmonary congestion. When the left ventricle can't pump effectively, pressure backs up into the left atrium and then into the pulmonary veins. This raises hydrostatic pressure in the pulmonary capillaries, pushing fluid into the lung tissue and air spaces. The result is pulmonary edema, which you hear as crackles on auscultation and feel as shortness of breath or dyspnea. Patients may also experience orthopnea and paroxysmal nocturnal dyspnea as they lie down and fluid redistribution occurs, and they can become hypoxic. By contrast, signs like peripheral edema, ascites, and jugular venous distension with hepatomegaly reflect congestion of the systemic circulation, which is characteristic of right-sided heart failure. Elevated liver enzymes alone don't define left-sided failure and aren't the hallmark finding. So, the features most characteristic of left-sided heart failure are pulmonary edema with crackles and dyspnea.

4. Heart failure with reduced ejection fraction is defined as EF $\leq$ 40%.

- A. EF $\leq$ 50%
- B. EF $\leq$ 40%**
- C. EF $\leq$ 30%
- D. EF $\leq$ 60%

The main concept here is how ejection fraction (EF) defines the type of heart failure. EF is the percentage of blood the left ventricle pumps out with each beat, and normal EF is about 55–70%. When pumping ability is reduced due to weakened contraction, the EF falls, signaling systolic dysfunction. Heart failure with reduced ejection fraction is defined as EF of 40% or less, which reflects clinically meaningful impairment in systolic function and guides therapies that improve outcomes. So the statement EF $\leq$ 40% matches this standard definition. An EF of 50% or 60% would not be considered reduced by this criterion, and an EF of 30% is also reduced but the exam's defined cutoff for this category is 40% or less.

5. What is a key aspect of post-discharge heart failure care?

- A. Follow-up after 6 months only
- B. No follow-up needed if asymptomatic
- C. Only phone check-ins
- D. Early follow-up within 1–2 weeks and medication reconciliation.**

Post-discharge heart failure care centers on timely follow-up and accurate medication management. Checking in early—within one to two weeks—allows the clinician to reassess symptoms, weight, blood pressure, and signs of fluid overload, and to adjust diuretics and disease-modifying medications before problems escalate. Medication reconciliation is essential here: it ensures the patient's home meds are correct, dosages are appropriate, and there are no duplications or dangerous interactions. This combined approach helps optimize therapy, supports adherence, and reduces the risk of early readmission. Waiting longer, or assuming no follow-up if the patient feels fine, or relying only on phone calls, can miss early changes in status or medication issues that lead to decompensation. This makes early in-person follow-up with thorough medication reconciliation the best practice after discharge.

6. Which statement demonstrates understanding of sodium-restricted diet for heart failure?

- A. Milk and cheese limited to 2 cups per day**
- B. Salt can be added during cooking
- C. Diuretics should be taken only when eating salty foods
- D. Reduced-sodium foods contain 75% less sodium than regular

Limiting sodium intake helps reduce fluid volume and edema in heart failure, easing the heart's workload. Demonstrating this, limiting dairy to two cups per day shows applying the restriction to a common food group, since milk and cheese contribute sodium to the diet. By keeping portions small, total daily sodium intake is lowered, which helps prevent fluid retention and related symptoms. Adding salt during cooking would increase sodium, counteracting the diet plan. Diuretics are prescribed to manage fluid balance and are taken as directed, not only when salty foods are eaten. Reduced-sodium products exist, but labeling varies and doesn't guarantee a specific, large percentage reduction like 75%.

7. After MI, a patient shows jugular venous distention, weight gain, edema, and a heart rate of 108 beats/min. Which heart failure is suspected?

- A. Chronic HF
- B. Left-sided HF
- C. Right-sided HF**
- D. Acute decompensated HF

Right-sided heart failure is suggested by signs of systemic venous congestion after a myocardial event. When the right ventricle cannot pump effectively, blood backs up into the venous system, raising central venous pressure. That produces jugular venous distention and leads to fluid accumulation in the body, causing edema and weight gain. The body often responds with tachycardia to maintain cardiac output. In this scenario, the prominent findings are JVD, edema, and weight gain, with no clear pulmonary symptoms such as cough, crackles, or dyspnea that would point to left-sided failure. After an MI, right ventricular involvement is common and can cause isolated right-sided HF, which fits these signs best. Left-sided heart failure would more likely present with pulmonary congestion (shortness of breath, orthopnea, crackles). Acute decompensated heart failure is a broader term and could involve either side, but the pattern here is systemic venous congestion without prominent pulmonary symptoms, pointing to right-sided failure.

8. Which is a normal potassium range relevant to monitoring patients on Digoxin therapy?

- A. 2.0-4.0 mEq/L
- B. 3.5-5.1 mEq/L**
- C. 4.5-6.0 mEq/L
- D. 3.0-5.0 mEq/L

Potassium level needs to stay in a normal range when a patient is on digoxin because potassium and digoxin interact at the same cellular site. If potassium is low, digoxin binds more readily, increasing the risk of digoxin toxicity and dangerous heart rhythms. If potassium is high, the drug's effect can be diminished and another set of problems can arise. Keeping potassium around the middle of the normal range helps maintain a safe, effective level of digoxin. The typical normal potassium range used for monitoring is about 3.5 to 5.0 mEq/L (often listed as 3.5–5.1 mEq/L on labs). Therefore, the option that falls within this normal range is the best choice. Ranges that drop below 3.5 suggest hypokalemia, increasing toxicity risk, while ranges above 5.0 suggest hyperkalemia, which is not ideal for safe monitoring.

9. A BNP level is significantly elevated in a patient with dyspnea. What does this indicate about heart failure status?

- A. Elevated ventricular wall stress and filling pressures consistent with heart failure.**
- B. Decreased myocardial oxygen demand.
- C. Reduced ventricular wall tension.
- D. Immediate reduction in left atrial pressure after diuresis.

BNP is released by ventricular cells when the heart is stretched by increased volume and pressure. In heart failure, the ventricles experience higher filling pressures and greater wall tension, so BNP levels rise. A significantly elevated BNP in someone with dyspnea points to this stressed, overloaded state and supports heart failure as the cause. The body uses BNP to help reduce preload and afterload through diuresis and vasodilation, but the key takeaway is that high BNP reflects more ventricular wall stress and elevated filling pressures. It doesn't indicate decreased oxygen demand, nor does it mean the wall tension is reduced, and diuresis doesn't produce an immediate, guaranteed drop in left atrial pressure.

10. In congestive hepatopathy due to heart failure, which laboratory abnormalities may be seen?

A. Decreased AST/ALT and bilirubin.

B. Elevated AST/ALT and bilirubin due to hepatic venous congestion.

C. Normal AST/ALT and bilirubin.

D. Elevated alkaline phosphatase only.

Hepatic venous congestion from right-sided heart failure damages liver tissue and impairs bile clearance. This image of injury leads to increased levels of both AST and ALT, reflecting hepatocellular injury, along with a rise in bilirubin from reduced hepatic clearance and cholestasis caused by the congested, congested liver. So the pattern of elevated AST/ALT with bilirubin best fits congestive hepatopathy. The other patterns don't fit as well: a decrease in AST/ALT and bilirubin would suggest less or no injury; normal values don't reflect the stress on the liver from back pressure; and an isolated rise in alkaline phosphatase implies cholestasis without the accompanying hepatocellular injury seen with congestion.

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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!

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