

# NCLEX HEPATIC AND BILIARY PRACTICE EXAM (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

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- 1. In acute liver failure with confusion and decreased level of consciousness, which diagnostic finding best explains this behavior?**
  - A. Elevated liver enzymes and low serum protein level.
  - B. Subnormal clotting factors and platelet count.
  - C. Elevated blood urea nitrogen and creatinine levels and hyperglycemia.
  - D. Subnormal serum glucose and elevated serum ammonia levels.
  
- 2. Which nursing intervention is most appropriate for a pancreatitis patient in the ICU?**
  - A. Reserving an antecubital site for a PICC
  - B. Providing plenty of PO fluids
  - C. Limiting IV fluid intake
  - D. Providing generous servings at mealtime
  
- 3. How many lobes does the liver have?**
  - A. Three
  - B. Two
  - C. Four
  - D. Five
  
- 4. A client reports severe right shoulder pain 24 hours after laparoscopic cholecystectomy. Which statement provides correct information for the nurse to convey?**
  - A. This pain may be caused by a bile duct injury. You will need to go to the hospital immediately to have this evaluated.
  - B. This pain is caused from the gas used to inflate your abdomen during surgery. Sitting upright in a chair, walking, or using a heating pad may ease the discomfort.
  - C. This pain is caused from your incision. Take analgesics as needed and as prescribed and report to the surgeon if pain is unrelieved even with analgesic use.
  - D. This pain may be an infection; you should contact the surgeon today for evaluation.

- 5. Which is NOT a function of the liver?**
- A. Absorbing water
  - B. Producing bile
  - C. Producing albumin
  - D. Removing hormones from the body
- 6. Elevated ammonia with changes in mental status indicates which condition?**
- A. Hepatic encephalopathy
  - B. Portal hypertension
  - C. Cirrhosis
  - D. Asterixis
- 7. Which laboratory test is elevated to help confirm suspected pancreatitis?**
- A. Serum Bilirubin
  - B. Serum Calcium
  - C. Serum Potassium
  - D. Serum Amylase
- 8. A patient with esophageal varices is at risk for hemorrhagic shock. Which sign indicates potential hypovolemia?**
- A. Warm moist skin
  - B. Bradycardia
  - C. Hypotension
  - D. Polyuria
- 9. A client scheduled for an endoscopic retrograde cholangiopancreatography (ERCP) asks what to expect. The nurse identifies the need for further information if the client says which statement?**
- A. I know I must sign the consent form.
  - B. I'm glad some IV medication will be given to relax me.
  - C. I hope the throat spray keeps me from gagging.
  - D. I'm glad I don't have to lie still for this procedure.



**10. A client being treated for pancreatitis faces the risk of atelectasis. Which intervention would be important to minimize this risk?**

- A. Monitor pulse oximetry every hour.
- B. Use incentive spirometry every hour.
- C. Withhold analgesics unless necessary.
- D. Instruct the client to cough only when necessary.

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## **Answers**

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

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## **Explanations**

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**1. In acute liver failure with confusion and decreased level of consciousness, which diagnostic finding best explains this behavior?**

- A. Elevated liver enzymes and low serum protein level.
- B. Subnormal clotting factors and platelet count.
- C. Elevated blood urea nitrogen and creatinine levels and hyperglycemia.
- D. Subnormal serum glucose and elevated serum ammonia levels.**

*When the liver fails, its ability to detoxify ammonia is lost. Ammonia produced by gut bacteria builds up in the blood, crosses into the brain, and perturbs neurotransmission, leading to cerebral edema and hepatic encephalopathy. This brain dysfunction—confusion and decreased level of consciousness in acute liver failure—is best explained by elevated serum ammonia. Subnormal glucose can occur with liver dysfunction, but it doesn't directly account for the characteristic neuropsychiatric changes. So the diagnostic finding that most clearly explains the behavior is high ammonia levels in the blood.*

**2. Which nursing intervention is most appropriate for a pancreatitis patient in the ICU?**

- A. Reserving an antecubital site for a PICC**
- B. Providing plenty of PO fluids
- C. Limiting IV fluid intake
- D. Providing generous servings at mealtime

*In pancreatitis managed in the ICU, securing reliable IV access for aggressive hydration, medications, and potential nutrition is essential. A PICC line provides long-term venous access through a peripheral arm vein (often in the antecubital area) that can support continuous IV fluids, antibiotics, pain meds, and even nutrition if needed, without repeated needle sticks. Reserving the antecubital site for a PICC ensures a ready pathway for this important therapy and helps minimize delays or trauma from trying to place IVs repeatedly in a critically ill patient. Providing PO fluids isn't ideal in this setting because many pancreatitis patients can't take or tolerate oral intake, and the priority is maintaining adequate circulating volume with IV fluids to prevent hypovolemia or organ hypoperfusion. Limiting IV fluids goes against the typical goal of aggressive hydration early in pancreatitis to support perfusion and reduce complications. Offering large meals isn't appropriate either; pancreatitis care usually involves NPO or small, bland meals later on to minimize pancreatic stimulation, not generous food servings. So, reserving an antecubital site for a PICC best aligns with the need for reliable, longer-term IV access to support the patient's fluid, medication, and nutritional needs in the ICU.*

**3. How many lobes does the liver have?**

- A. Three
- B. Two**
- C. Four
- D. Five

*The main idea is that the liver is divided into two major lobes: the right and the left, separated by the falciform ligament on the diaphragmatic surface. This two-lobe division is what's most commonly taught for gross anatomy and is what exam questions typically expect. On the visceral surface, you'll sometimes hear about the caudate and quadrate lobes, but these are smaller subdivisions rather than separate major lobes. So, for this question, two is the best answer because it reflects the standard clinical and educational framing of liver anatomy. The four-lobe description you may see in more detailed surface anatomy is more nuanced and not the typical answer in introductory nursing exams.*

**4. A client reports severe right shoulder pain 24 hours after laparoscopic cholecystectomy. Which statement provides correct information for the nurse to convey?**

- A. This pain may be caused by a bile duct injury. You will need to go to the hospital immediately to have this evaluated.
- B. This pain is caused from the gas used to inflate your abdomen during surgery. Sitting upright in a chair, walking, or using a heating pad may ease the discomfort.**
- C. This pain is caused from your incision. Take analgesics as needed and as prescribed and report to the surgeon if pain is unrelieved even with analgesic use.
- D. This pain may be an infection; you should contact the surgeon today for evaluation.

*Pain in the right shoulder after this surgery is most often from the gas used to inflate the abdomen during the procedure irritating the diaphragmatic peritoneum, which refers pain to the shoulder via the phrenic nerve. This is a common, expected finding in the first day after lap chole. The best nurse message is that sitting upright, walking, or using a heating pad can help ease this discomfort by promoting movement of the gas and reducing diaphragmatic irritation. This explanation fits the timing and nature of the pain better than attributing it to a bile duct injury or to incision pain alone. Bile duct injury would usually come with additional signs such as unusual RUQ tenderness, jaundice, fever, or drainage issues requiring urgent evaluation, while incision pain would be more localized to the wound and managed with prescribed analgesics. If infection signs develop—fever, redness, foul drainage, or systemic symptoms—then medical evaluation is warranted.*

**5. Which is NOT a function of the liver?**

- A. Absorbing water**
- B. Producing bile
- C. Producing albumin
- D. Removing hormones from the body

*Absorbing water is not a function of the liver. The liver carries out a range of metabolic and detoxification tasks, with key roles including producing bile to aid digestion of fats, and synthesizing albumin, the major plasma protein that helps maintain Oncotic pressure and serves as a carrier for various substances. It also helps regulate hormones by metabolizing and clearing them from circulation. Water absorption, on the other hand, occurs mainly in the gastrointestinal tract—especially the small intestine and colon—so this activity does not come from the liver.*

**6. Elevated ammonia with changes in mental status indicates which condition?**

- A. Hepatic encephalopathy**
- B. Portal hypertension
- C. Cirrhosis
- D. Asterixis

*Elevated ammonia with changes in mental status points to hepatic encephalopathy, a neuropsychiatric complication of liver dysfunction or portosystemic shunting. The liver normally detoxifies ammonia, a byproduct of protein metabolism produced by gut bacteria, by converting it to urea for excretion. When liver function is impaired or blood bypasses the liver, ammonia accumulates in the bloodstream and crosses into the brain. In the CNS, ammonia disrupts astrocyte function and neurotransmission, leading to cognitive changes, personality and mood alterations, sleep disturbances, and progressive confusion or coma. Asterixis is a common sign seen with hepatic encephalopathy, but it's a physical finding rather than the condition itself; portal hypertension and cirrhosis are related to liver disease but do not by themselves explain the acute mental-status changes caused by ammonia buildup. Management centers on reducing ammonia production and absorption (lactulose to acidify the gut and trap ammonia, rifaximin to decrease gut bacteria), addressing precipitating factors, and supporting liver function.*

**7. Which laboratory test is elevated to help confirm suspected pancreatitis?**

- A. Serum Bilirubin
- B. Serum Calcium
- C. Serum Potassium
- D. Serum Amylase**

*Pancreatitis causes enzymes from the pancreas to spill into the bloodstream, and amylase is one of the enzymes that rises in response. Serum amylase levels increase relatively early after onset, typically peaking within 24 to 48 hours, and may return to normal within a few days. While lipase is even more specific for pancreatitis, amylase elevation is a classic lab clue that helps confirm the diagnosis. The other values listed don't specifically indicate pancreatitis: bilirubin can rise with biliary obstruction, calcium levels may fall due to fat necrosis but aren't diagnostic, and potassium is not a pancreatitis marker.*

**8. A patient with esophageal varices is at risk for hemorrhagic shock. Which sign indicates potential hypovolemia?**

- A. Warm moist skin
- B. Bradycardia
- C. Hypotension**
- D. Polyuria

*The key idea is recognizing signs of reduced intravascular volume. When a patient loses a lot of blood from esophageal variceal bleeding, the circulating blood pool drops, so the body can't maintain arterial pressure. Hypotension directly signals this significant volume deficit and impending hypovolemic shock. The other options don't fit: warm, moist skin suggests good perfusion or a different shock pattern; bradycardia isn't typical in acute blood loss (tachycardia is more common as compensation); polyuria reflects kidney handling of fluids rather than a direct marker of volume loss.*

**9. A client scheduled for an endoscopic retrograde cholangiopancreatography (ERCP) asks what to expect. The nurse identifies the need for further information if the client says which statement?**

- A. I know I must sign the consent form.
- B. I'm glad some IV medication will be given to relax me.
- C. I hope the throat spray keeps me from gagging.**
- D. I'm glad I don't have to lie still for this procedure.

*The situation tests understanding of what to expect during an ERCP, particularly how gag reflex control works. During ERCP, you get IV sedation to help you relax and a local throat anesthetic spray to numb the oropharynx and lessen the gag reflex. But that numbness does not guarantee that you won't gag at all. Gagging or coughing can still occur despite the throat spray, and patients are not told to expect complete absence of gag sensations. This is the statement that reveals a misconception and would prompt the nurse to provide clarification before the procedure. The other expectations listed are accurate: you'll sign informed consent, you'll receive IV medications to relax, and you do need to lie still during the procedure for safety and accuracy.*

**10. A client being treated for pancreatitis faces the risk of atelectasis. Which intervention would be important to minimize this risk?**

- A. Monitor pulse oximetry every hour.
- B. Use incentive spirometry every hour.**
- C. Withhold analgesics unless necessary.
- D. Instruct the client to cough only when necessary.

*Preventing atelectasis comes from keeping lung volumes expanded with regular, deep breaths. In pancreatitis, pain often leads to shallow breathing and splinting, which allows alveoli to collapse. Incentive spirometry gives the patient a concrete, guided way to take slow, deep breaths. Using it every hour ensures continuous lung expansion, opens collapsed airways, and improves overall ventilation, which directly lowers the risk of atelectasis. While analgesia is important to allow comfortable deep breathing, the key preventive action is the structured breathing exercise provided by incentive spirometry. Monitoring oxygen helps detect problems, but it doesn't proactively prevent alveolar collapse. Coughing is helpful for clearing secretions, but waiting to cough or relying on coughing alone doesn't maintain the lung inflation needed to prevent atelectasis.*



## 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://nclexhepaticbiliary.examzify.com>

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

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