

NCLEX HIV/AIDS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nclexhiv aids.examzify.com>



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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 statement about casual contact and HIV transmission is correct?**
 - A. HIV is transmitted through casual contact.
 - B. HIV is transmitted via casual contact only during close, prolonged exposure.
 - C. HIV is not transmitted via casual contact.
 - D. HIV is transmitted through casual contact via saliva.
- 2. Which defense mechanism involves the unconscious adoption of the ideas or attitudes of others?**
 - A. Introjection
 - B. Denial
 - C. Projection
 - D. Suppression
- 3. Which hormone is released by the posterior pituitary during the alarm stage?**
 - A. ADH
 - B. ACTH
 - C. Cortisol
 - D. Epinephrine
- 4. Which defense mechanism might be illustrated by an adult engaging in thumb-sucking to feel secure?**
 - A. Regression
 - B. Repression
 - C. Sublimation
 - D. Undoing
- 5. Which statement best defines stress?**
 - A. Any disturbance in a person's normal balanced state
 - B. The body's only response to danger
 - C. A fixed, universal reaction
 - D. A temporary state with no impact on health

- 6. A co-worker snaps at the nurse and hurls papers onto the desk before the shift. Why might this occur?**
- A. Hostility and resentment of the late nurse
 - B. Depression related to something occurring outside the workplace
 - C. Anger due to being reprimanded earlier in the day
 - D. Anxiety about information they just received regarding their health
- 7. Which prophylaxis guidelines are correct for opportunistic infections based on CD4 counts?**
- A. No prophylaxis is recommended.
 - B. PJP prophylaxis only when CD4 < 200.
 - C. PJP prophylaxis with TMP-SMX when CD4 < 100; toxoplasma prophylaxis with TMP-SMX when CD4 < 100; MAC prophylaxis with azithro/clarithro when CD4 < 50.
 - D. Prophylaxis for MAC when CD4 < 100.
- 8. How do NNRTIs differ in mechanism from NRTIs?**
- A. NNRTIs inhibit integrase; NRTIs inhibit protease.
 - B. NNRTIs increase mutation rate; NRTIs repair DNA.
 - C. NNRTIs bind non-competitive to reverse transcriptase, while NRTIs are nucleoside analogs that terminate DNA chain elongation after phosphorylation.
 - D. NNRTIs block entry; NRTIs block fusion.
- 9. Which of the following best describes the adverse effects commonly associated with protease inhibitors?**
- A. Renal toxicity and hypoglycemia with minimal metabolic effects.
 - B. No significant adverse effects; well tolerated in all patients.
 - C. Hyperglycemia, dyslipidemia, lipodystrophy, hepatotoxicity, GI upset; drug interactions via CYP450.
 - D. Hypertension and thrombocytopenia as the primary effects.
- 10. During GAS alarm stage, ACTH is released by which gland?**
- A. Anterior pituitary
 - B. Hypothalamus
 - C. Adrenal cortex
 - D. Adrenal medulla

Answers

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

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Explanations

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1. Which statement about casual contact and HIV transmission is correct?

- A. HIV is transmitted through casual contact.
- B. HIV is transmitted via casual contact only during close, prolonged exposure.
- C. HIV is not transmitted via casual contact.**
- D. HIV is transmitted through casual contact via saliva.

HIV is not transmitted through casual contact. Transmission happens only when the virus is carried in certain body fluids (blood, semen, vaginal and rectal fluids, breast milk) comes into contact with another person's blood or mucous membranes, or directly enters the bloodstream. This means everyday interactions like hugging, sharing utensils, kissing on a closed-mouth basis, or being in the same room do not spread HIV. Saliva does not transmit the virus, so casual contact via saliva is not a risk. The real routes are unprotected sex, sharing contaminated needles or syringes, and mother-to-child transmission during pregnancy, birth, or breastfeeding, plus some occupational exposures. Therefore, the statement that HIV is not transmitted via casual contact is the correct understanding.

2. Which defense mechanism involves the unconscious adoption of the ideas or attitudes of others?

- A. Introjection**
- B. Denial
- C. Projection
- D. Suppression

Introjection is the unconscious absorption of others' beliefs, values, or attitudes and treating them as your own. This happens without awareness, so a person adopts external viewpoints to feel closer to or aligned with those they care about, or to avoid inner conflict. In practice, you might see someone internalize a caregiver's or peer group's attitudes about illness or stigma, accepting those messages as if they're personally held beliefs, even when they don't consciously choose them. Denial is refusing to accept reality, not a product of taking on someone else's ideas. Projection is attributing your own unacceptable thoughts to someone else. Suppression is a conscious, deliberate withholding of thoughts. Introjection stands out because the adoption of external attitudes happens unconsciously and becomes part of the person's own belief system.

3. Which hormone is released by the posterior pituitary during the alarm stage?

- A. ADH**
- B. ACTH
- C. Cortisol
- D. Epinephrine

During the alarm stage of the stress response, the body activates systems to preserve volume and pressure. The posterior pituitary releases vasopressin, also known as antidiuretic hormone. ADH acts on the kidneys to increase water reabsorption in the collecting ducts, which helps maintain circulating blood volume and blood pressure when stress is detected. This rapid hormonal response complements the sympathetic surge that releases epinephrine from the adrenal medulla, but the hormone coming from the posterior pituitary is ADH. The other hormones listed come from different glands: ACTH from the anterior pituitary stimulates the adrenal cortex to release cortisol, and epinephrine is produced by the adrenal medulla in response to sympathetic activation.

4. Which defense mechanism might be illustrated by an adult engaging in thumb-sucking to feel secure?

- A. Regression**
- B. Repression
- C. Sublimation
- D. Undoing

Regression is when an adult copes with anxiety by reverting to behaviors from an earlier developmental stage. Thumb-sucking provides a soothing, familiar source of comfort from childhood, offering security in a stressful moment. This isn't about hiding thoughts (repression), nor about redirecting energy into a new, constructive outlet (sublimation), nor about trying to negate an action (undoing); it's about returning to a previous coping pattern to feel safe.

5. Which statement best defines stress?

- A. Any disturbance in a person's normal balanced state**
- B. The body's only response to danger
- C. A fixed, universal reaction
- D. A temporary state with no impact on health

Stress is a disruption of the body's normal balanced state (homeostasis) in response to a perceived or actual demand or challenge. It isn't limited to danger; it can arise from physical illness, emotional strain, work, or life events, and the body's response can be helpful or harmful depending on duration and intensity. Because of that, the best definition is that stress is a disturbance in a person's normal balanced state. It's not a fixed, universal reaction—people respond differently to the same stressor—and it can have real health consequences, especially when it's chronic or severe, which is important to consider in health contexts like HIV/AIDS management where stress can impact health and treatment adherence.

6. A co-worker snaps at the nurse and hurls papers onto the desk before the shift. Why might this occur?

- A. Hostility and resentment of the late nurse**
- B. Depression related to something occurring outside the workplace
- C. Anger due to being reprimanded earlier in the day
- D. Anxiety about information they just received regarding their health

When someone arrives late and then vents by snapping at a colleague and throwing papers, it often reflects underlying hostility or resentment toward that person. The delay directly affects the team's workload, pace, and stress level, so the reaction targets the late teammate who disrupted the shift. This behavior is an outward sign of built-up frustration about the impact of the lateness on patient care and the work environment. Depression tied to something outside the workplace would more likely show as subdued mood or withdrawal rather than a sudden, pointed outburst toward a coworker. Anger from being reprimanded earlier in the day could happen, but the phrasing suggests the anger is directed at the late nurse as the trigger, not at the reprimand in general. Anxiety about personal health tends to show as worry or fear rather than direct aggression toward a coworker. If you're faced with this situation, approach calmly and consider addressing the behavior or involving a supervisor if it repeats, but the immediate interpretation of the action points to hostility and resentment toward the late nurse being the best explanation.

7. Which prophylaxis guidelines are correct for opportunistic infections based on CD4 counts?

- A. No prophylaxis is recommended.
- B. PJP prophylaxis only when CD4 < 200.
- C. PJP prophylaxis with TMP-SMX when CD4 < 100; toxoplasma prophylaxis with TMP-SMX when CD4 < 100; MAC prophylaxis with azithro/clarithro when CD4 < 50.**
- D. Prophylaxis for MAC when CD4 < 100.

*Prophylaxis for opportunistic infections is guided by how suppressed the immune system is, judged by the CD4 count, and it targets the infections most likely to occur at each level. TMP-SMX is the go-to drug because it protects against both *Pneumocystis jirovecii* pneumonia and *toxoplasma gondii*. When the immune system is sufficiently weakened (the lower CD4 range), you use TMP-SMX to prevent these two infections. As the immune suppression becomes deeper, the risk for *Mycobacterium avium* complex increases, and prophylaxis with a macrolide such as azithromycin or clarithromycin is added. The option aligns with this approach by recommending TMP-SMX to prevent *Pneumocystis* and toxoplasmosis at the same threshold, and adding azithromycin or clarithromycin to prevent MAC at the deeper level of immunosuppression. This combination covers the major opportunistic infections at their respective risk levels, which is why it is the best match among the choices. The other options are incomplete: removing prophylaxis entirely isn't appropriate for someone with significant immune suppression, and noting MAC alone without addressing *Pneumocystis* and *toxoplasma* leaves out common, preventable risks.*

8. How do NNRTIs differ in mechanism from NRTIs?

- A. NNRTIs inhibit integrase; NRTIs inhibit protease.
- B. NNRTIs increase mutation rate; NRTIs repair DNA.
- C. NNRTIs bind non-competitive to reverse transcriptase, while NRTIs are nucleoside analogs that terminate DNA chain elongation after phosphorylation.**
- D. NNRTIs block entry; NRTIs block fusion.

NNRTIs and NRTIs both target reverse transcriptase, but they do so in different ways. NNRTIs bind to a specific pocket on reverse transcriptase and inhibit its activity through a noncompetitive mechanism—binding alters the enzyme's shape so it can't synthesize DNA efficiently, and they are not incorporated into the viral DNA. In contrast, NRTIs are nucleoside or nucleotide analogs that must be phosphorylated inside the cell to become active. Once activated, they compete with natural nucleotides and are incorporated into the growing DNA chain during reverse transcription, but they lack a 3' hydroxyl group, causing immediate chain termination and stopping DNA synthesis. Thus, NNRTIs block RT activity by changing the enzyme's shape, while NRTIs act as substrate analogs that terminate DNA elongation after incorporation.

9. Which of the following best describes the adverse effects commonly associated with protease inhibitors?

- A. Renal toxicity and hypoglycemia with minimal metabolic effects.
- B. No significant adverse effects; well tolerated in all patients.
- C. Hyperglycemia, dyslipidemia, lipodystrophy, hepatotoxicity, GI upset; drug interactions via CYP450.**
- D. Hypertension and thrombocytopenia as the primary effects.

Protease inhibitors frequently produce a metabolic and hepatic toxicity pattern along with significant drug interactions. The most common and clinically important effects include hyperglycemia and dyslipidemia, which contribute to a lipodystrophy syndrome characterized by changes in fat distribution; hepatotoxicity with elevated liver enzymes; gastrointestinal upset; and interactions mediated by the cytochrome P450 system, especially when boosted with ritonavir or cobicistat. This combination captures the real-world safety profile of these drugs and explains why this option is the best description of adverse effects. Other statements miss the mark by suggesting minimal adverse effects, or by highlighting hypertension and thrombocytopenia, or by emphasizing renal toxicity and hypoglycemia, which are not the hallmark adverse effects of protease inhibitors.

10. During GAS alarm stage, ACTH is released by which gland?

- A. Anterior pituitary**
- B. Hypothalamus
- C. Adrenal cortex
- D. Adrenal medulla

The gland releasing ACTH during the alarm stage is the anterior pituitary. In the stress response, the hypothalamus first releases corticotropin-releasing hormone (CRH), which stimulates the anterior pituitary to secrete ACTH. ACTH then travels to the adrenal cortex, triggering the production of cortisol to help mobilize energy and support the stress response. The adrenal medulla releases catecholamines, and the hypothalamus releases CRH, not ACTH, so those aren't the source of ACTH.

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:

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

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