

NHS 111 ASSESSMENT 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

<https://nhs111assmt1.examzify.com>



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	8
Explanations	10
Next Steps	15

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. What can trigger angina in a person with heart disease?**
 - A. Exertion
 - B. Rest
 - C. Heat exposure
 - D. Eating a heavy meal

- 2. Which statement best describes the purpose of signposting in NHS 111?**
 - A. Directing the caller to the most appropriate service for timely care (GP, out-of-hours, urgent care)
 - B. Directing to A&E for all non-emergency calls
 - C. Asking caller to call back later
 - D. Referring to social services only

- 3. Can you name a condition, which as well as making a pregnant woman unwell, can also harm the baby?**
 - A. Gestational diabetes
 - B. Pre-eclampsia (high blood pressure)
 - C. Hyperemesis gravidarum
 - D. Anemia

- 4. Which scenario in a child requires immediate escalation rather than home care?**
 - A. A child under 3 months with fever and lethargy.
 - B. A child under 3 months with fever.
 - C. An older child with fever but drinking fluids.
 - D. A child with a mild sore throat.

- 5. When should you consider a pharmacist referral?**
 - A. If the caller needs safe medication guidance beyond basic advice or has complex medication issues.
 - B. Immediately refer regardless of complexity.
 - C. Only if there is no pharmacist available.
 - D. Never refer to a pharmacist.

- 6. What is the importance of time since onset in triage decisions?**
- A. Some conditions require immediate action based on onset time (e.g., stroke, chest pain).
 - B. Time since onset is irrelevant to triage decisions.
 - C. Only onset time matters for pediatric cases.
 - D. Onset time determines medication dosage.
- 7. What is COPD?**
- A. A disease of the heart.
 - B. An autoimmune disease.
 - C. A neurologic disorder.
 - D. Damage and inflammation to the lungs.
- 8. What is the recommended response for a patient with suspected severe dehydration in a child?**
- A. Urge home rehydration with fluids only.
 - B. Wait and observe for 24 hours.
 - C. Urgent medical assessment; arrange ambulance or urgent care as appropriate; advise on fluids.
 - D. Schedule a pediatric appointment in a week.
- 9. What is the appropriate approach when someone refuses consent for information sharing but safeguarding concerns exist?**
- A. Respect patient consent and do not share information
 - B. Follow safeguarding protocols; ensure safety and involve appropriate authorities; documentation
 - C. Share information with safeguarding authorities without consent
 - D. Do nothing
- 10. True or False: UTIs are more common in women because their urethra is shorter?**
- A. False
 - B. Not related
 - C. Unknown
 - D. True

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What can trigger angina in a person with heart disease?

- A. Exertion**
- B. Rest
- C. Heat exposure
- D. Eating a heavy meal

Angina happens when the heart muscle doesn't get enough oxygen to meet its needs. In heart disease, the arteries are narrowed, so blood flow to the heart is limited. During exertion, the heart beats faster and works harder, which raises its oxygen demand. Because the narrowed arteries can't boost blood flow quickly enough, the oxygen supply lags behind the demand, and ischemia occurs, producing the chest pain of angina. Rest reduces the heart's workload and lowers oxygen demand, often relieving the symptoms. While heavy meals can sometimes increase heart work and trigger angina in some people, and extreme temperatures can influence symptoms, exertion is the most typical trigger because it directly raises both heart rate and blood pressure, heightening the mismatch between oxygen supply and demand in a diseased heart.

2. Which statement best describes the purpose of signposting in NHS 111?

- A. Directing the caller to the most appropriate service for timely care (GP, out-of-hours, urgent care)**
- B. Directing to A&E for all non-emergency calls
- C. Asking caller to call back later
- D. Referring to social services only

Signposting in NHS 111 is about guiding the caller to the service that will provide timely care, choosing the right option such as a GP, out-of-hours service, or an urgent care center based on what's needed and the local availability. The goal is to match the level of need with the most appropriate resource quickly, rather than defaulting to the emergency department for every non-emergency issue. This helps people get care faster and protects emergency services for true emergencies. Directing all non-emergency calls to A&E would overwhelm urgent care and isn't appropriate. Asking someone to call back later delays necessary care, and referring only to social services ignores urgent medical needs.

3. Can you name a condition, which as well as making a pregnant woman unwell, can also harm the baby?

- A. Gestational diabetes
- B. Pre-eclampsia (high blood pressure)**
- C. Hyperemesis gravidarum
- D. Anemia

Pre-eclampsia is a condition that develops after about 20 weeks of pregnancy and involves high blood pressure with signs of organ involvement, such as protein in the urine. It can make the mother unwell with headaches, vision changes, swelling, upper abdominal pain, and sometimes vomiting. Crucially, it also reduces blood flow to the placenta, which can limit the baby's growth and increase the risk of preterm birth or even stillbirth. Because it directly affects both the mother's health and the baby's well-being, it best fits the description of a condition that can harm both. Gestational diabetes, hyperemesis gravidarum, and anemia can also impact mother or baby, but they don't as clearly present with dual risk to both in the same way as pre-eclampsia.

4. Which scenario in a child requires immediate escalation rather than home care?

- A. A child under 3 months with fever and lethargy.
- B. A child under 3 months with fever.**
- C. An older child with fever but drinking fluids.
- D. A child with a mild sore throat.

Very young infants with fever require urgent assessment because fever can be the only sign of a serious infection in this age group. Babies under 3 months have immature immune systems and can deteriorate quickly, so home care is not appropriate. This is why a child under 3 months with fever should be escalated immediately to urgent medical care. In contrast, an older child with fever who is drinking fluids is often able to be managed at home if they remain well, and a mild sore throat in a child typically doesn't require immediate escalation unless other red flags appear.

5. When should you consider a pharmacist referral?

- A. If the caller needs safe medication guidance beyond basic advice or has complex medication issues.**
- B. Immediately refer regardless of complexity.
- C. Only if there is no pharmacist available.
- D. Never refer to a pharmacist.

Consider a pharmacist referral when the caller's needs go beyond basic medication guidance and involve safe medication issues or complex regimens. Pharmacists are medication experts who can review dosing, detect potential drug interactions, assess contraindications, and address allergy concerns or changes in therapy. In NHS 111 triage, you refer when you identify safety concerns or complexity such as polypharmacy, new prescriptions alongside OTC medicines, unclear dosing, or adverse effects, so the patient gets a specialist medication review. This is the best choice because it targets the situation where escalation adds real value to safety and effectiveness. It wouldn't be appropriate to refer in every case or to rely on pharmacist availability as the sole reason to escalate, and never referring misses important opportunities for expert input. For example, if someone is mixing multiple medications and an OTC cough medicine with a prescription drug could cause problematic interactions, a pharmacist referral is warranted.

6. What is the importance of time since onset in triage decisions?

- A. Some conditions require immediate action based on onset time (e.g., stroke, chest pain).
- B. Time since onset is irrelevant to triage decisions.
- C. Only onset time matters for pediatric cases.
- D. Onset time determines medication dosage.**

Time since onset is a key factor because many urgent medical conditions have strict time windows for evaluation and treatment. Knowing exactly when symptoms began helps decide how quickly a patient needs to be seen and what path to take. For example, stroke and certain heart attack scenarios require rapid activation of specific treatment routes within narrow time frames to improve outcomes. This timing information guides prioritization and routing in triage, ensuring the patient gets the right care as quickly as possible. The idea that onset time determines medication dosing isn't correct. Dosing depends on factors like age, weight, and the specific drug's guidelines, not merely how long ago symptoms started. Onset time informs urgency and the appropriate emergency pathway, not the dosage.

7. What is COPD?

- A. A disease of the heart.
- B. An autoimmune disease.
- C. A neurologic disorder.
- D. Damage and inflammation to the lungs.**

COPD is a chronic lung condition in which the airways and air sacs are damaged and inflamed, causing airflow limitation that makes it hard to breathe out. It's usually caused by long-term exposure to irritants like cigarette smoke, and it includes conditions such as emphysema and chronic bronchitis. This distinguishes it from heart disease, autoimmune disorders, or neurological disorders, because COPD's primary pathology is in the lungs, not in the heart, immune system, or nerves.

8. What is the recommended response for a patient with suspected severe dehydration in a child?

- A. Urge home rehydration with fluids only.
- B. Wait and observe for 24 hours.
- C. Urgent medical assessment; arrange ambulance or urgent care as appropriate; advise on fluids.**
- D. Schedule a pediatric appointment in a week.

Severe dehydration in a child is a medical emergency requiring rapid assessment and treatment. The priority is to get the child seen by healthcare professionals as soon as possible, with urgent medical assessment and access to appropriate care, which may mean an ambulance or rapid transfer to urgent care or A&E. While arranging urgent care, you should advise on fluids to prevent further dehydration—offer oral rehydration solution in small, frequent sips as tolerated and continue encouraging fluids, but do not delay escalation for assessment or treatment. This is why simply home rehydration with fluids only isn't enough, waiting and observing isn't safe when dehydration is severe, and scheduling a pediatric appointment in a week would miss a critical window for treatment.

9. What is the appropriate approach when someone refuses consent for information sharing but safeguarding concerns exist?

- A. Respect patient consent and do not share information
- B. Follow safeguarding protocols; ensure safety and involve appropriate authorities; documentation**
- C. Share information with safeguarding authorities without consent
- D. Do nothing

When there are safeguarding concerns, safety overrides the wish for confidentiality. In this situation you must follow safeguarding protocols: assess the risk, take steps to protect the person, involve the appropriate safeguarding authorities (such as social services or, if needed, police), and document all decisions, actions, and the rationale for sharing information. Sharing information without consent is appropriate here because the duty to protect from harm takes precedence and must be carried out through the established safeguarding process. This approach also helps ensure transparency and accountability, and it prevents doing nothing while someone may be at risk.

10. True or False: UTIs are more common in women because their urethra is shorter?

- A. False
- B. Not related
- C. Unknown

D. True

The main idea is that anatomy increases the likelihood of infection. A shorter urethra in women means bacteria have a shorter distance to climb up to the bladder, so ascending infections are more common. The urethral opening's proximity to the anus also raises exposure to gut bacteria such as E. coli, a common cause of UTIs. Because of these anatomical factors, UTIs occur more frequently in women, particularly during reproductive years, though other factors like sexual activity, menopause, diabetes, and catheter use can influence risk. Overall, the statement is true because there is a well-established anatomical reason for the higher incidence in women.

SAMPLE

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://nhs111assmt1.examzify.com>

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

SAMPLE