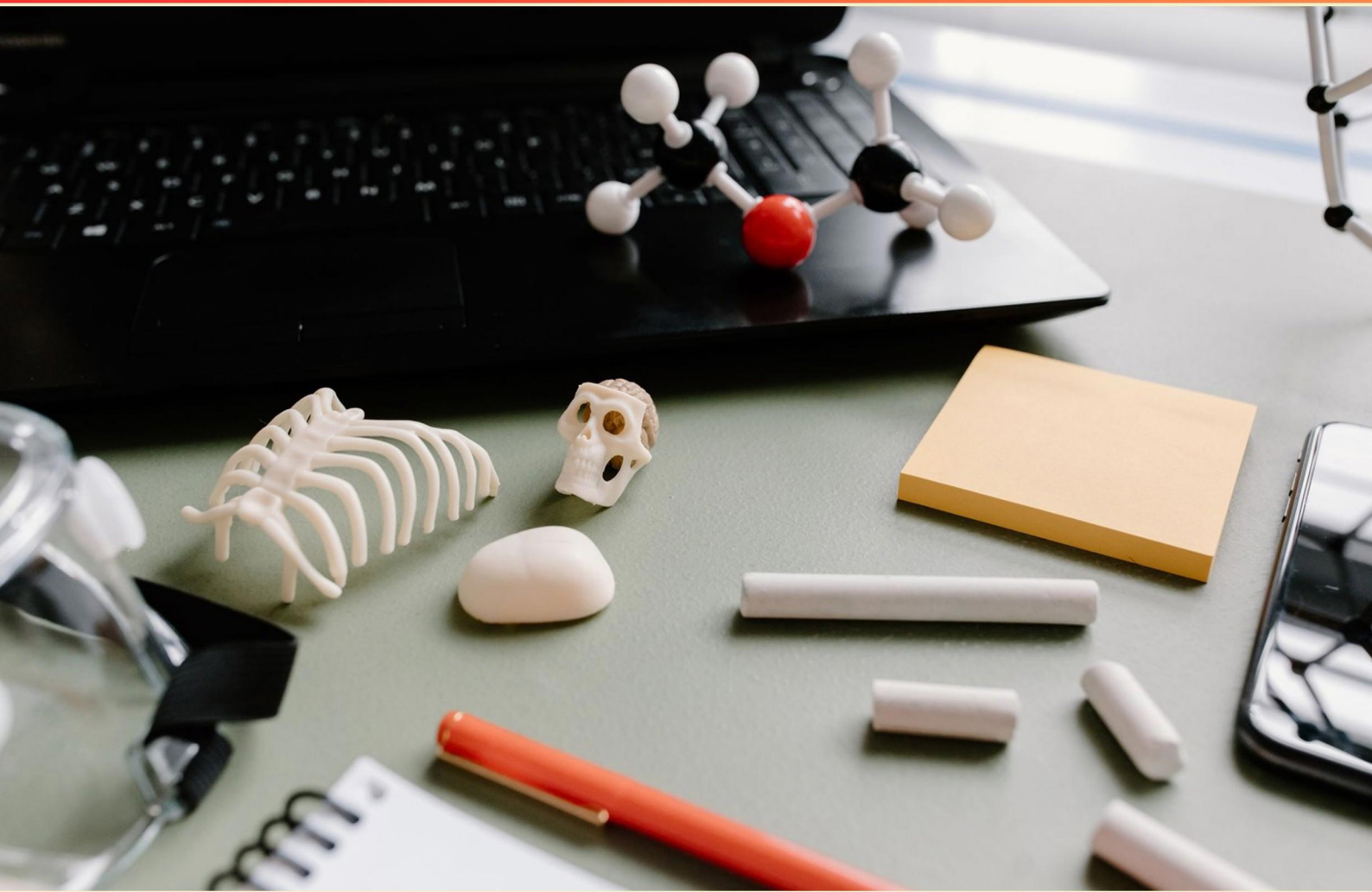


NIGHTINGALE PATHOPHYSIOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

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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. If a patient's history indicates that the cardiac valve disease is autosomal dominant, which diagnosis will the nurse observe written in the chart?**
 - A. Aortic stenosis
 - B. Pulmonary stenosis
 - C. Mitral valve prolapse
 - D. Tricuspid regurgitation

- 2. Benign ovarian cysts can be categorized as which of the following groupings?**
 - A. Serous cystadenomas, mucinous cystadenomas, and endometriomas
 - B. Mature cystic teratomas, fibromas, and serous cystadenomas
 - C. Functional cysts, paraovarian cysts, and mucinous cystadenomas
 - D. Follicular, corpus luteum/luteal, or dermoid

- 3. In AIDS, which laboratory parameter should be monitored closely to assess immune status?**
 - A. Hematocrit
 - B. Platelet count
 - C. Red blood cell indices
 - D. Lymphocyte counts

- 4. A patient has a dilated ureter from an obstructed upper urinary tract. Which term describes this condition?**
 - A. Hydroureter
 - B. Hydronephrosis
 - C. Ureterocele
 - D. Ureteritis

- 5. Risk factors for the development of endometrial cancer include:**
 - A. Obesity, early menarche, and late menopause
 - B. Low BMI, late menopause, and early menopause
 - C. Smoking, late menarche, and early menopause
 - D. Regular exercise and high-fiber diet

- 6. Which outcome is most likely to cause death in pernicious anemia if left untreated?**
- A. Liver failure
 - B. Stroke
 - C. Heart failure
 - D. Kidney failure
- 7. A patient presents with a UTI. The most common causative pathogen is which of the following?**
- A. Staphylococcus saprophyticus
 - B. Klebsiella pneumoniae
 - C. Escherichia coli
 - D. Proteus mirabilis
- 8. Which of the following are common disorders of the scrotum?**
- A. All of the above
 - B. Hydrocele
 - C. Varicocele
 - D. Spermatocoele
- 9. A factor that contributes to osteoporosis in postmenopausal women is which of the following?**
- A. Decreased estrogen levels
 - B. Increased calcium absorption
 - C. Increased osteoblast activity
 - D. Elevated vitamin D
- 10. All disorders associated with ARDS cause massive pulmonary what?**
- A. Edema
 - B. Inflammation
 - C. Fibrosis
 - D. Purulent exudate

Answers

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

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Explanations

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1. If a patient's history indicates that the cardiac valve disease is autosomal dominant, which diagnosis will the nurse observe written in the chart?

- A. Aortic stenosis
- B. Pulmonary stenosis
- C. Mitral valve prolapse**
- D. Tricuspid regurgitation

Autosomal dominant inheritance means one mutated gene copy can cause the condition and often runs in families with both sexes affected equally. Mitral valve prolapse is the valvular disease most commonly linked to this inheritance pattern, and it is frequently seen in families with Marfan syndrome, which is itself autosomal dominant. Because of this strong genetic association, a history saying the valve disease is autosomal dominant would most likely be documented as mitral valve prolapse. The other options don't fit the typical autosomal dominant pattern as cleanly. Aortic stenosis can be degenerative or due to a congenitally bicuspid valve, but it's not classically described as autosomal dominant. Pulmonary stenosis and tricuspid regurgitation usually arise from other etiologies or inheritance patterns, not the common autosomal dominant familial pattern linked with MVP.

2. Benign ovarian cysts can be categorized as which of the following groupings?

- A. Serous cystadenomas, mucinous cystadenomas, and endometriomas
- B. Mature cystic teratomas, fibromas, and serous cystadenomas
- C. Functional cysts, paraovarian cysts, and mucinous cystadenomas
- D. Follicular, corpus luteum/luteal, or dermoid**

Benign ovarian cysts are grouped by origin: functional cysts tied to normal menstrual cycles and nonfunctional cysts that arise from other tissue types. Functional cysts come from the processes that regulate ovulation—follicular cysts form when a dominant follicle doesn't ovulate or becomes cystic, and corpus luteum cysts form when the corpus luteum persists after ovulation. These cysts are common and often resolve without intervention. Dermoid cysts, or mature cystic teratomas, are benign neoplasms arising from germ cells and are a common nonfunctional cystic mass. Other listed types—such as serous or mucinous cystadenomas (neoplastic tumors), endometriomas (associated with endometriosis), or paraovarian cysts (originating near the ovary but not from its follicles)—don't fit this functional vs nonfunctional grouping as neatly. So the combination of follicular and corpus luteum cysts with dermoid best reflects the typical benign categories.

3. In AIDS, which laboratory parameter should be monitored closely to assess immune status?

- A. Hematocrit
- B. Platelet count
- C. Red blood cell indices
- D. Lymphocyte counts**

In AIDS, the immune status is best reflected by the lymphocyte population, especially the CD4+ T cells. HIV targets these cells, so as the disease progresses the CD4+ (a subset of lymphocytes) count falls and the body's ability to mount an immune response weakens. Monitoring lymphocyte counts gives a direct sense of how protected the immune system remains, and in clinical practice the CD4+ T-cell count is the standard marker used to stage disease and guide prophylaxis and treatment decisions. Hematocrit, platelet count, and red blood cell indices reflect blood cell production and anemia rather than immune competence. They can be affected by conditions common in AIDS or its treatments, but they do not quantify the immune system's functional capacity.

4. A patient has a dilated ureter from an obstructed upper urinary tract. Which term describes this condition?

- A. Hydroureter**
- B. Hydronephrosis
- C. Ureterocele
- D. Ureteritis

When urine flow is obstructed in the upper urinary tract, pressure backs up and structures proximal to the blockage can dilate. The name used depends on which part is enlarged. If the ureter itself is dilated, the appropriate term is hydroureter. If the dilation involves the kidney's collecting system—the renal pelvis and calyces—that's hydronephrosis. In this scenario the dilation is described as a dilated ureter, so hydroureter is the correct term. Ureterocele refers to a cystic dilation at the distal ureter near the bladder, and ureteritis is inflammation of the ureter, not dilation.

5. Risk factors for the development of endometrial cancer include:

- A. Obesity, early menarche, and late menopause**
- B. Low BMI, late menopause, and early menopause
- C. Smoking, late menarche, and early menopause
- D. Regular exercise and high-fiber diet

Endometrial cancer risk rises with longer lifetime exposure of the endometrium to estrogen, especially when there isn't enough counterbalancing progesterone. Obesity increases estrogen production in adipose tissue, raising circulating estrogen. Having menarche early starts that estrogen exposure sooner, and menopause late extends it later in life. So a combination that includes obesity plus early menarche and late menopause creates the highest estrogen exposure over a lifetime, making it the correct choice. Other options mix factors that don't elevate risk. Low body mass index reduces estrogen levels; smoking tends to lower estrogen and is not a risk factor for this cancer; regular exercise and a high-fiber diet support a healthier weight and can reduce estrogen exposure; and early menopause shortens estrogen exposure.

6. Which outcome is most likely to cause death in pernicious anemia if left untreated?

- A. Liver failure
- B. Stroke
- C. Heart failure**
- D. Kidney failure

Low oxygen delivery from pernicious anemia forces the heart to work harder to meet tissue needs. The body increases cardiac output by raising heart rate and stroke volume, but long-term strain on the heart can lead to high-output heart failure. That progressive cardiac decompensation is the most likely fatal outcome if the condition is not treated. Liver or kidney failure aren't typical primary endpoints of untreated pernicious anemia, and while vascular risk factors like elevated homocysteine can influence stroke risk, the direct, most dangerous consequence here is heart failure from chronic hypoxia and increased cardiac workload.

7. A patient presents with a UTI. The most common causative pathogen is which of the following?

- A. Staphylococcus saprophyticus
- B. Klebsiella pneumoniae
- C. Escherichia coli**
- D. Proteus mirabilis

The main idea is that urinary tract infections are most commonly caused by a bacterium that is abundant in the gut and has the ability to travel up the urethra to the bladder. *Escherichia coli* fits this pattern best. It normally resides in the intestinal tract, so it readily colonizes the perineal area and can ascend into the urinary tract, especially in women where the urethra is shorter and closer to the anus. *E. coli* has specific virulence factors—such as adhesins (type 1 and P fimbriae) that stick to the bladder and ureteral lining, along with other factors that help it resist flushing by urine and invade superficial bladder cells. These traits make it the most frequent cause of both uncomplicated and many complicated UTIs. *Staphylococcus saprophyticus* is a recognized cause, particularly in young sexually active women, but it is less common overall than *E. coli*. *Klebsiella pneumoniae* and *Proteus mirabilis* are more often associated with hospital-acquired, catheter-associated, or complicated infections; *Proteus* also has urease activity that can promote stone formation, which is a feature of specific UTI scenarios rather than the usual community-acquired pattern.

8. Which of the following are common disorders of the scrotum?

- A. All of the above**
- B. Hydrocele
- C. Varicocele
- D. Spermatocele

Common scrotal disorders often present as a swelling or lump in the scrotal sac, and they arise from different tissues within the scrotum. Hydrocele involves fluid collecting around the testicle within the tunica vaginalis, leading to a soft, painless swelling that usually transilluminates with light. Varicocele is a dilation of the pampiniform venous plexus, typically described as a “bag of worms” on exam and more often on the left side due to venous anatomy; it can impact fertility if left untreated. Spermatocele is a cystic dilation of the epididymal ducts, containing sperm, usually located at the head of the epididymis and also presenting as a painless lump that transilluminates. Because each of these conditions is a recognized, common scrotal issue, the option that includes all of them is the best choice. It's helpful to remember that while these are common, any new or acute scrotal swelling, especially if painful, should be evaluated promptly to rule out more urgent problems like torsion or infection.

9. A factor that contributes to osteoporosis in postmenopausal women is which of the following?

- A. Decreased estrogen levels**
- B. Increased calcium absorption
- C. Increased osteoblast activity
- D. Elevated vitamin D

Estrogen helps keep bone density by inhibiting bone resorption. After menopause, estrogen levels drop, removing that protective effect and letting osteoclast activity increase. This shifts the balance of bone remodeling toward more breakdown than formation, leading to decreased bone mineral density and osteoporosis. Calcium absorption increased would actually support bone health, not cause osteoporosis. Increased osteoblast activity builds bone, not degrades it. Elevated vitamin D improves calcium absorption and bone health, so it's not a contributor to osteoporosis.

10. All disorders associated with ARDS cause massive pulmonary what?

- A. Edema
- B. Inflammation**
- C. Fibrosis
- D. Purulent exudate

The fundamental process in ARDS disorders is a massive inflammatory reaction in the lungs. When the alveolar-capillary membrane is injured, inflammatory mediators recruit neutrophils and other immune cells, amplifying damage and increasing capillary permeability. This inflammatory assault lets protein-rich fluid flood the alveolar spaces, impairing gas exchange and leading to diffuse alveolar damage. That inflammatory cascade is what underpins ARDS across different triggers, so inflammation is the best overall descriptor. Edema occurs as a consequence of the permeability changes, not the initiating feature, and fibrosis or purulent exudate are not universal across all ARDS cases.

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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://nightingalepathophysio.examzify.com>

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

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