

Nursing Acceleration Challenge Exam (NACE) PN-RN Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2025 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 from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

SAMPLE

- 1. What factor is important to assess in patients with chronic pain?**
 - A. Their sleep patterns**
 - B. Their nutritional habits**
 - C. Their social interactions**
 - D. All of the above**
- 2. If a patient suddenly loses consciousness after standing up from a prolonged sitting position, what condition does the nurse suspect?**
 - A. Postural hypotension**
 - B. Vasovagal reaction**
 - C. Slight stroke**
 - D. Cardiac abnormality**
- 3. What is an important assessment after medication administration showing signs of allergic reaction?**
 - A. Administer an oral antihistamine.**
 - B. Check for any bleeding.**
 - C. Monitor vital signs closely.**
 - D. Observe for changes in skin condition.**
- 4. For a patient undergoing a crucial procedure, which action by a nurse is considered supportive?**
 - A. Dismissal of their concerns**
 - B. Offering reassurance**
 - C. Discussing personal experiences**
 - D. Maintaining a distant demeanor**
- 5. How should a nurse respond if a patient expresses they are afraid of a treatment?**
 - A. Dismiss their concerns and proceed with the treatment**
 - B. Take time to listen and address their fears**
 - C. Encourage them to not worry**
 - D. Offer medication to sedate them**

- 6. What can the nurse do to help facilitate better communication with a patient exhibiting anxiety?**
- A. Speak loudly**
 - B. Maintain silence**
 - C. Use direct eye contact**
 - D. Provide detailed explanations**
- 7. What is the primary purpose of teaching patients diaphragmatic breathing?**
- A. Help clear the upper airways of secretions.**
 - B. Increase the volume of inspiration.**
 - C. Prevent respiratory infections.**
 - D. Increase the volume of expiration.**
- 8. How should a nurse respond to a patient displaying anxiety before surgery?**
- A. Reassure the patient everything will be okay.**
 - B. Notify the surgeon of the patient's concerns.**
 - C. Practice relaxation exercises with the patient.**
 - D. Provide detailed information about the surgery and recovery.**
- 9. If a patient is receiving 1000 mL of IV fluids over 8 hours, when should 250 mL remain in the IV bag if started at 8 a.m.?**
- A. 10 p.m.**
 - B. 12 noon.**
 - C. 2 p.m.**
 - D. 4 p.m.**
- 10. Define "telehealth" in nursing practice.**
- A. The use of paper records to document patient care**
 - B. The delivery of care and consultation via telephone or video conferencing technologies**
 - C. An in-person visit with the healthcare provider**
 - D. The use of telephones for scheduling appointments only**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What factor is important to assess in patients with chronic pain?

- A. Their sleep patterns**
- B. Their nutritional habits**
- C. Their social interactions**
- D. All of the above**

In patients with chronic pain, a comprehensive assessment is critical to understanding the multifaceted impact of their condition on various aspects of their lives. Each factor listed plays a significant role in the overall management and treatment of chronic pain. Assessing sleep patterns is essential because inadequate or disrupted sleep can exacerbate pain perception and hinder the healing process. Sleep disturbances are common in individuals experiencing chronic pain, and addressing these issues can improve both pain management and overall quality of life. Evaluating nutritional habits is equally important, as chronic pain can affect appetite and food intake. Certain dietary choices can influence inflammation and pain levels, and proper nutrition is vital for maintaining strength and health, which can aid in coping with pain. Social interactions also have a substantial impact on individuals with chronic pain. Social isolation can lead to increased feelings of depression and anxiety, which often accompany chronic pain conditions. Assessing social support networks can inform interventions that help alleviate some of the emotional burdens associated with chronic pain. By considering all of these factors—sleep, nutrition, and social interactions—healthcare providers can create a more holistic and effective approach to managing chronic pain, ultimately enhancing the patient's well-being and quality of life.

2. If a patient suddenly loses consciousness after standing up from a prolonged sitting position, what condition does the nurse suspect?

- A. Postural hypotension**
- B. Vasovagal reaction**
- C. Slight stroke**
- D. Cardiac abnormality**

When a patient suddenly loses consciousness after standing up from a prolonged sitting position, the nurse would suspect postural hypotension, also known as orthostatic hypotension. This condition occurs when there is a significant drop in blood pressure upon standing, which can lead to insufficient blood flow to the brain and result in fainting or dizziness. During prolonged sitting, blood can pool in the lower extremities. Upon standing, the body typically compensates by increasing heart rate and constricting blood vessels to maintain blood pressure. However, if this compensatory mechanism fails or is insufficient, blood pressure drops, leading to symptoms such as lightheadedness, dizziness, and loss of consciousness, especially in older adults or those on certain medications. The other conditions may share some symptoms, but they do not specifically correlate with the scenario described as neatly as postural hypotension does. A vasovagal reaction is often triggered by stress or pain, and while it can lead to fainting, it doesn't exclusively relate to the act of standing after sitting. A stroke typically involves more pronounced neurological deficits and does not usually present with sudden loss of consciousness upon standing. Similarly, a cardiac abnormality could lead to syncope, but the specific context of sudden positional change points more clearly to

3. What is an important assessment after medication administration showing signs of allergic reaction?

- A. Administer an oral antihistamine.**
- B. Check for any bleeding.**
- C. Monitor vital signs closely.**
- D. Observe for changes in skin condition.**

Monitoring vital signs closely after medication administration when an allergic reaction is suspected is crucial because vital signs provide immediate insight into the patient's physiological response. An allergic reaction can lead to significant changes in vital signs; for instance, a rapid decrease in blood pressure or an increase in heart rate can indicate a severe reaction, such as anaphylaxis. Additionally, changes in respiratory rate may suggest airway compromise, which is a life-threatening condition. While observing for changes in skin condition is also important, it primarily focuses on dermatological symptoms, which may not give a comprehensive understanding of the overall impact of the allergic reaction. Administering an oral antihistamine is a potential treatment for milder reactions but may not address the immediate assessment needs or the status of the patient. Checking for bleeding is typically not directly related to allergic reactions unless there is a specific concern related to the medication's side effects or interactions. Therefore, closely monitoring vital signs is essential for timely and effective intervention in cases of allergic reactions.

4. For a patient undergoing a crucial procedure, which action by a nurse is considered supportive?

- A. Dismissal of their concerns**
- B. Offering reassurance**
- C. Discussing personal experiences**
- D. Maintaining a distant demeanor**

Offering reassurance is considered a supportive action for a patient undergoing a crucial procedure because it can help alleviate anxiety and promote a sense of safety and comfort. When patients are faced with surgical or medical interventions, they often experience fear or uncertainty about the outcomes, the procedure itself, and their overall well-being. By providing reassurance, the nurse can instill confidence, actively listening to the patient's concerns, and addressing them in a compassionate manner. This helps to foster a therapeutic relationship and reinforces the patient's trust in the healthcare team. In contrast, dismissing the patient's concerns can increase their anxiety and feelings of isolation, while discussing personal experiences may not be relevant or helpful for the patient in that moment, potentially shifting the focus away from the patient's needs. Maintaining a distant demeanor can make the patient feel unsupported and alone, which is contrary to the supportive environment that is crucial for a positive experience during stressful situations.

5. How should a nurse respond if a patient expresses they are afraid of a treatment?

- A. Dismiss their concerns and proceed with the treatment**
- B. Take time to listen and address their fears**
- C. Encourage them to not worry**
- D. Offer medication to sedate them**

Taking time to listen and address a patient's fears is crucial in nursing practice. Patients often express fear regarding treatments due to a lack of understanding, previous negative experiences, or concerns about potential side effects. By acknowledging these feelings, the nurse can foster a therapeutic relationship built on trust and communication. This approach allows the nurse to provide necessary information, clarify misconceptions, and support the patient emotionally. Listening to the patient not only validates their feelings but also opens a dialogue that can lead to informed decision-making. When a nurse takes the time to address fears, this can help to alleviate anxiety and empower the patient, ultimately leading to better adherence to treatment plans and improved patient outcomes. The act of engaging with the patient in this way emphasizes patient-centered care, which is essential in nursing.

6. What can the nurse do to help facilitate better communication with a patient exhibiting anxiety?

- A. Speak loudly**
- B. Maintain silence**
- C. Use direct eye contact**
- D. Provide detailed explanations**

Providing detailed explanations is an effective way to facilitate better communication with a patient experiencing anxiety. When patients are anxious, they may have difficulty processing information and can feel overwhelmed. By offering clear and comprehensive explanations, nurses can help demystify the situation and provide reassurance. This clarity can guide the patient in understanding their condition, the procedures they may undergo, and the rationale behind specific interventions. Furthermore, detailed explanations can address the patient's fears and uncertainties, which are often sources of anxiety. By breaking down complex information into understandable segments, nurses enable patients to engage more fully in their care, fostering a sense of control and empowerment. This approach reinforces the therapeutic relationship and helps build trust, making patients feel more supported during their difficult moments. In contrast, other approaches like speaking loudly may not address the emotional state of the patient and could even escalate feelings of anxiety. Maintaining silence might also lead to misinterpretations or assumptions that can heighten a patient's anxiety, while using direct eye contact, although important in some situations, can sometimes be perceived as confrontational depending on the individual's comfort level. Detailed explanations, therefore, play a crucial role in alleviating anxiety and facilitating effective communication.

7. What is the primary purpose of teaching patients diaphragmatic breathing?

- A. Help clear the upper airways of secretions.**
- B. Increase the volume of inspiration.**
- C. Prevent respiratory infections.**
- D. Increase the volume of expiration.**

The primary purpose of teaching patients diaphragmatic breathing is to increase the volume of inspiration. This technique involves engaging the diaphragm, which is the main muscle responsible for breathing, allowing for deeper inhalation. When patients practice diaphragmatic breathing, they expand their lungs more fully and promote better oxygen exchange. It can enhance lung efficiency and improve overall respiratory function, which is particularly beneficial for individuals with respiratory conditions. While increasing the volume of expiration can also be a benefit of breathing techniques, the primary focus of diaphragmatic breathing is actually on enhancing the quality and depth of the inhalation. This method can help patients utilize their lung capacity more effectively, which leads to greater oxygen intake during breathing.

8. How should a nurse respond to a patient displaying anxiety before surgery?

- A. Reassure the patient everything will be okay.**
- B. Notify the surgeon of the patient's concerns.**
- C. Practice relaxation exercises with the patient.**
- D. Provide detailed information about the surgery and recovery.**

The choice of providing detailed information about the surgery and recovery addresses the root of many patients' anxieties, which often stem from uncertainty and fear of the unknown. By offering comprehensive information, the nurse can help demystify the surgical process, clarify what the patient can expect before, during, and after the procedure, and outline recovery timelines. This can significantly reduce feelings of helplessness and fear, as patients feel more informed and prepared for their experience. Moreover, providing detailed information allows patients to engage in shared decision-making and can enhance their sense of control, which is crucial in alleviating anxiety. This approach fosters a therapeutic relationship and encourages patients to ask questions, which can further address their concerns. Although other options such as practicing relaxation exercises or reassuring the patient can also help manage anxiety, they may not address the underlying fears. Similarly, notifying the surgeon may not be the most immediate response a nurse can offer to help the patient cope with their anxiety directly. Focusing on providing thorough information is a proactive strategy that empowers patients and supports their emotional well-being.

9. If a patient is receiving 1000 mL of IV fluids over 8 hours, when should 250 mL remain in the IV bag if started at 8 a.m.?

- A. 10 p.m.
- B. 12 noon.
- C. 2 p.m.**
- D. 4 p.m.

To determine when 250 mL should remain in the IV bag, we first need to calculate the rate at which the IV fluids are being administered. The total volume of fluids is 1000 mL, and they are to be infused over 8 hours. By dividing the total volume by the total time, we find that the infusion rate is 125 mL per hour (1000 mL divided by 8 hours). Next, we need to find out how long it will take for 750 mL to be infused from the bag. Since only 250 mL should remain in the bag at that point, we need to infuse 750 mL first (1000 mL - 250 mL). To find the time required to infuse 750 mL, we divide that volume by the infusion rate: $750 \text{ mL} \div 125 \text{ mL/hour} = 6 \text{ hours}$. Adding this time (6 hours) to the start time of 8 a.m. gives us a finishing time of 2 p.m. At 2 p.m., there should be 250 mL left in the IV bag, confirming that option 2 p.m. is indeed the correct response.

10. Define "telehealth" in nursing practice.

- A. The use of paper records to document patient care
- B. The delivery of care and consultation via telephone or video conferencing technologies**
- C. An in-person visit with the healthcare provider
- D. The use of telephones for scheduling appointments only

Telehealth in nursing practice refers to the delivery of care and consultation through technology, specifically utilizing telephone or video conferencing platforms. This approach allows healthcare providers to interact with patients remotely, offering a variety of services such as assessments, diagnoses, and health education without requiring a physical appointment. The effectiveness of telehealth has been particularly highlighted in enhancing access to care, especially for those in remote or underserved areas, and during situations that limit in-person visits, such as pandemics or mobility issues. Understanding telehealth's scope is crucial for modern nursing practice as it reflects the integration of technology in healthcare, which can lead to improved patient outcomes and satisfaction. Rather than relying on traditional face-to-face interactions, telehealth expands the possibilities for patient engagement and follow-up care, ensuring that continuous care can be delivered efficiently. This increased flexibility benefits both patients and healthcare providers, fostering a more adaptable healthcare system.