

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

Study Guide



Everything you need from our exam experts!

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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 of the following actions is NOT advised when caring for a patient with a nasotracheal catheter who is gagging?**
 - A. Remove the catheter.**
 - B. Clamp the catheter.**
 - C. Monitor the patient's vital signs.**
 - D. Apply suction while inserting.**
- 2. What is the primary purpose of the Nursing Acceleration Challenge Exam (NACE) PN-RN?**
 - A. To assess clinical skills in a simulated environment**
 - B. To evaluate the knowledge and skills of candidates transitioning from Practical Nurse (PN) to Registered Nurse (RN) roles**
 - C. To provide continuing education for registered nurses**
 - D. To certify nurses in specialized fields**
- 3. What action should a nurse take first when a postoperative patient complains of severe nausea?**
 - A. Turn the patient on one side.**
 - B. Advise the patient to take deep breaths.**
 - C. Check orders for an antiemetic.**
 - D. Notify the physician.**
- 4. What intervention is critical for a nurse to perform before administering medications to ensure safety?**
 - A. Checking the patient's insurance coverage**
 - B. Verifying the patient's identity and medications**
 - C. Consulting with a family member**
 - D. Scheduling the next appointment**
- 5. A poorly controlled diabetic patient is likely to have which electrolyte imbalance when presenting with dry mucous membranes and high serum glucose?**
 - A. Hyponatremia**
 - B. Hypernatremia**
 - C. Hypokalemia**
 - D. Hyperkalemia**

6. What should be prioritized in an emergency situation where a patient shows signs of respiratory distress?

- A. Administering bronchodilators.**
- B. Ensuring airway patency.**
- C. Assessing blood pressure.**
- D. Providing patient education.**

7. 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**

8. What is the primary risk associated with a dehisced surgical wound?

- A. Infection.**
- B. Evisceration.**
- C. Necrosis.**
- D. Seroma formation.**

9. In medication administration, what does the "five rights" refer to?

- A. Right patient, right medication, right time, right location, and right documentation**
- B. Right patient, right medication, right dose, right route, and right time**
- C. Right medication, right side effects, right instructions, and right time**
- D. Right medication, right pharmacy, right prescription, and right time**

10. Which type of pain management includes the use of anti-inflammatory medications?

- A. Neuropathic pain management**
- B. Nociceptive pain management**
- C. Somatic pain management**
- D. Chronic pain management**

Answers

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

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Explanations

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1. Which of the following actions is NOT advised when caring for a patient with a nasotracheal catheter who is gagging?

- A. Remove the catheter.**
- B. Clamp the catheter.**
- C. Monitor the patient's vital signs.**
- D. Apply suction while inserting.**

In the context of caring for a patient with a nasotracheal catheter who is gagging, applying suction while inserting the catheter is not advised. This is primarily because suctioning during the insertion process can cause irritation to the airway, increase the gag reflex, and lead to distress for the patient. The gagging itself is a sign that the airway may already be compromised or that the patient is responding negatively to the catheter, and introducing suction at that moment could exacerbate the situation, leading to further complications such as hypoxia or injury to the airway. Maintaining appropriate care involves removing the catheter if the gagging persists, as this action can help alleviate discomfort and prevent potential airway obstruction. Clamping the catheter may also be advisable in situations of gagging to prevent further irritation or airway irritation while other interventions are initiated. Monitoring the patient's vital signs is essential for assessing the overall stability and any changes in their condition. Ensuring the patient remains safe and comfortable should always be the priority in such scenarios.

2. What is the primary purpose of the Nursing Acceleration Challenge Exam (NACE) PN-RN?

- A. To assess clinical skills in a simulated environment**
- B. To evaluate the knowledge and skills of candidates transitioning from Practical Nurse (PN) to Registered Nurse (RN) roles**
- C. To provide continuing education for registered nurses**
- D. To certify nurses in specialized fields**

The primary purpose of the Nursing Acceleration Challenge Exam (NACE) PN-RN is to evaluate the knowledge and skills of candidates transitioning from Practical Nurse (PN) to Registered Nurse (RN) roles. This examination is specifically designed to assess whether individuals possess the competency and understanding necessary for the increased responsibilities associated with the RN role. As nursing practice evolves, bridging the gap between these two levels of nursing requires specific assessment tools that validate a nurse's readiness for the complexities of RN practice. Unlike assessments focused solely on skills in a simulated environment or those aimed at providing continuing education for already licensed nurses, the NACE is tailored to those making a pivotal transition in their nursing career. It is not a certification exam for specialized fields; rather, it addresses the fundamental concepts and applications that ensure a smooth transition from one nursing level to another, providing a comprehensive evaluation of candidates' readiness to advance in their profession.

3. What action should a nurse take first when a postoperative patient complains of severe nausea?

- A. Turn the patient on one side.**
- B. Advise the patient to take deep breaths.**
- C. Check orders for an antiemetic.**
- D. Notify the physician.**

When a postoperative patient complains of severe nausea, the priority action is to turn the patient on one side. This maneuver serves multiple purposes. It helps to prevent aspiration if the patient were to vomit, thereby ensuring airway safety. By positioning the patient laterally, the risk of inhaling stomach contents into the lungs decreases significantly, which can lead to serious complications such as aspiration pneumonia. Furthermore, turning the patient may provide some comfort and relieve the discomfort associated with nausea. It also allows for better drainage of any emesis if it occurs. While considering other options, checking orders for an antiemetic is important but should follow immediately after ensuring the patient's safety by addressing the immediate symptom of nausea. Advising deep breathing may help with anxiety but does not directly address the physical response of nausea. Notifying the physician could be necessary depending on the situation, but in the immediate context of severe nausea, ensuring the patient is in a safe and appropriate position should take precedence.

4. What intervention is critical for a nurse to perform before administering medications to ensure safety?

- A. Checking the patient's insurance coverage**
- B. Verifying the patient's identity and medications**
- C. Consulting with a family member**
- D. Scheduling the next appointment**

Verifying the patient's identity and medications is a critical intervention for a nurse to perform before administering any medications. This step ensures that the right patient receives the correct medication in the appropriate dose and via the intended route. Identity verification typically involves checking the patient's name and date of birth against the medication order and the patient's wristband, if available. This process minimizes the risk of medication errors, which can lead to serious adverse effects or even life-threatening situations. Additionally, verifying medications involves reviewing the patient's medication history and current medications to prevent contraindications, potential drug interactions, and allergies. This comprehensive check helps ensure patient safety and optimizes therapeutic outcomes. While checking a patient's insurance coverage, consulting with a family member, and scheduling next appointments may be important in overall patient care, they do not directly relate to the critical safety measures associated with medication administration.

5. A poorly controlled diabetic patient is likely to have which electrolyte imbalance when presenting with dry mucous membranes and high serum glucose?

- A. Hyponatremia**
- B. Hypernatremia**
- C. Hypokalemia**
- D. Hyperkalemia**

A poorly controlled diabetic patient presenting with dry mucous membranes and high serum glucose is likely experiencing hypernatremia. This condition occurs due to the osmotic effects of elevated glucose levels in the blood. When serum glucose is high, it can lead to osmotic diuresis, where the kidneys excrete excess glucose along with water. This results in a net loss of water and can lead to dehydration, which is reflected in the dry mucous membranes observed in the patient. As dehydration progresses, the concentration of sodium in the serum increases, leading to hypernatremia. Elevated sodium levels can have significant physiological effects, including increasing the risk of neurological deficits, as it can disrupt cellular function and fluid balance. While other electrolytes might fluctuate in response to the metabolic changes associated with uncontrolled diabetes, the primary concern in the scenario described focuses on the loss of water relative to sodium levels, resulting in hypernatremia.

6. What should be prioritized in an emergency situation where a patient shows signs of respiratory distress?

- A. Administering bronchodilators.**
- B. Ensuring airway patency.**
- C. Assessing blood pressure.**
- D. Providing patient education.**

In an emergency situation involving a patient with respiratory distress, ensuring airway patency is paramount. This is crucial because an obstructed airway can lead to inadequate oxygen supply to the lungs and subsequently to vital organs, potentially resulting in severe hypoxia or respiratory failure. Immediate assessment and intervention to open the airway can make a significant difference in the patient's outcome. While administering bronchodilators can be important in cases of bronchospasm or reactive airway disease, it is secondary to ensuring that the airway is open and functional. If the airway is compromised, no amount of medication will be effective until the airway is secured. Assessing blood pressure, although an important part of overall patient assessment, does not address the immediate threat posed by respiratory distress. Likewise, providing patient education, while beneficial for long-term management, is not appropriate in an acute emergency situation where the patient is in need of immediate medical attention. The focus must remain on stabilizing the patient first, starting with the airway.

7. 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

8. What is the primary risk associated with a dehisced surgical wound?

- A. Infection.**
- B. Evisceration.**
- C. Necrosis.**
- D. Seroma formation.**

The primary risk associated with a dehisced surgical wound is evisceration. Dehiscence refers to the reopening or separation of the wound edges after surgical closure, which creates a pathway for the internal structures to protrude through the wound. Evisceration is a more severe complication that can occur after dehiscence, where the abdominal contents, such as intestines or organs, may actually pop out from the open wound. Understanding this risk highlights the importance of proper wound care, monitoring for signs of wound separation, and implementing preventive measures. While infection is a significant concern with any surgical wound and can indeed occur alongside dehiscence, evisceration itself is a direct consequence of the wound's inability to stay closed, making it a critical risk to recognize and address promptly. Similarly, while necrosis and seroma formation can be related to wound healing complications, they do not directly stem from dehiscence in the way evisceration does. Therefore, recognizing evisceration as a primary risk allows for quicker intervention and management, ultimately improving patient outcomes.

9. In medication administration, what does the "five rights" refer to?

- A. Right patient, right medication, right time, right location, and right documentation**
- B. Right patient, right medication, right dose, right route, and right time**
- C. Right medication, right side effects, right instructions, and right time**
- D. Right medication, right pharmacy, right prescription, and right time**

The concept of the "five rights" in medication administration is essential for ensuring patient safety and effective pharmacological care. The correct option highlights the five critical elements that must be verified before administering medication: right patient, right medication, right dose, right route, and right time. - **Right patient** ensures that the medication is given to the correct individual, minimizing errors associated with patient mix-ups. - **Right medication** confirms that the healthcare provider is administering the correct drug as prescribed, preventing potentially harmful interactions or incorrect treatments. - **Right dose** checks that the patient receives the proper amount of the medication to achieve the desired therapeutic effect without risking toxicity or under-treatment. - **Right route** is vital since medications can have different effects based on whether they are administered orally, intravenously, topically, etc. - **Right time** ensures that medication is given at the correct intervals as prescribed, maintaining therapeutic levels and effectiveness. Understanding these five rights helps nurses and healthcare providers uphold safety standards in medication administration, reduce the likelihood of errors, and improve patient outcomes.

10. Which type of pain management includes the use of anti-inflammatory medications?

- A. Neuropathic pain management**
- B. Nociceptive pain management**
- C. Somatic pain management**
- D. Chronic pain management**

Nociceptive pain management is the appropriate answer as it involves treating pain that arises from damage to body tissues, often characterized by a sharp, aching, or throb. This type of pain typically results from a clear identifiable cause, such as injury or inflammation. Anti-inflammatory medications, such as non-steroidal anti-inflammatory drugs (NSAIDs), are commonly employed in nociceptive pain management to reduce inflammation and relieve pain associated with conditions like arthritis, muscle injuries, or surgical recovery. While neuropathic and somatic pain management can involve different approaches or medications, they do not specifically include anti-inflammatory medications as a primary treatment modality. Neuropathic pain management focuses more on nerve-related pain, often treated with anticonvulsants or antidepressants, while somatic pain management can encompass broader strategies, including physical therapy and possibly different classes of medications. Chronic pain management can incorporate various methodologies and medications, but anti-inflammatory medications are specifically aligned with nociceptive pain rather than being a generalized chronic pain solution.

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://nursing-ace.examzify.com>

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

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