

# NURSING ACCELERATION CHALLENGE EXAM (NACE) PN-RN PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR  
THE FULL VERSION STUDY GUIDE

<https://nursing-ace.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 .....            | 16 |

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. Postoperative patients should be encouraged to do what to facilitate recovery?**
  - A. Stay completely still.
  - B. Engage in deep breathing exercises.
  - C. Refrain from fluids for 6 hours.
  - D. Limit interaction with healthcare providers.
- 2. A patient recently diagnosed with diabetes is stressed about the disease. Which coping strategy is emotion-focused?**
  - A. Working with a nutritionist
  - B. Attending diabetes education classes
  - C. Reading about the disease
  - D. Discussing fears and anxiety with the nurse
- 3. What does effective patient education in nursing practice prioritize?**
  - A. Understanding and participation of the patient
  - B. Strict adherence to instructions
  - C. Fast-tracking through necessary explanations
  - D. Focusing solely on diagnosis rather than holistic care
- 4. 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.
- 5. Which stimulation method should be avoided when assisting a patient with bowel training for fecal incontinence?**
  - A. Digital stimulation
  - B. Mini enema
  - C. Enema
  - D. Suppository

- 6. Which tube is specifically used for drainage and decompression in the small intestine?**
- A. Salem sump.
  - B. Miller-Abbott.
  - C. Cantor.
  - D. Levin.
- 7. If a patient in an air-fluidized bed requires CPR, what should the nurse first do?**
- A. Turn off the bed's motor
  - B. Remove the patient from the bed
  - C. Position the patient on a backboard
  - D. Proceed with CPR
- 8. A patient experiences urinary incontinence during coughing. This is classified as what type?**
- A. Urge incontinence.
  - B. Overflow incontinence.
  - C. Stress incontinence.
  - D. Functional incontinence.
- 9. What are signs of an allergic reaction to a medication?**
- A. Fever, diarrhea, and rash
  - B. Rash, itching, swelling, and difficulty breathing
  - C. Headache and nausea only
  - D. Increased appetite and fatigue
- 10. What breathing pattern involves shallow breaths followed by irregular apnea?**
- A. Biot's respirations
  - B. Kussmaul respirations
  - C. Cheyne-Stokes respirations
  - D. Bradypnea

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. Postoperative patients should be encouraged to do what to facilitate recovery?**

- A. Stay completely still.
- B. Engage in deep breathing exercises.**
- C. Refrain from fluids for 6 hours.
- D. Limit interaction with healthcare providers.

*Engaging in deep breathing exercises is crucial for postoperative patients as it helps prevent complications such as atelectasis, which is the collapse of part or all of a lung. Deep breathing promotes the expansion of the lungs, enhances oxygenation, and assists in clearing secretions that may have accumulated due to anesthesia and immobility during surgery. This practice can also reduce the risk of postoperative pneumonia by encouraging good ventilation in the lungs. Staying completely still can lead to complications such as muscle atrophy and decreased circulation, which may worsen recovery. Refraining from fluids for 6 hours can promote dehydration, which is generally not conducive to recovery unless specifically directed by the healthcare provider. Limiting interaction with healthcare providers can hinder proper monitoring and support, as these interactions are essential for addressing concerns and ensuring a smooth healing process.*

**2. A patient recently diagnosed with diabetes is stressed about the disease. Which coping strategy is emotion-focused?**

- A. Working with a nutritionist
- B. Attending diabetes education classes
- C. Reading about the disease
- D. Discussing fears and anxiety with the nurse**

*Emotion-focused coping strategies aim to manage the emotional distress associated with a situation rather than tackling the situation directly. In this case, discussing fears and anxiety with the nurse allows the patient to express and process their emotional response to the diabetes diagnosis. This type of coping helps to provide a sense of relief and can foster emotional support, which is crucial for managing stress and anxiety related to chronic illnesses. The other options are considered problem-focused strategies or proactive measures designed to address the diabetes directly, rather than dealing with the emotional weight of the diagnosis. Working with a nutritionist focuses on dietary management, attending diabetes education classes is about gaining knowledge and skills related to the disease, and reading about the disease provides information but does not inherently address the emotional aspects of coping with the diagnosis. Thus, discussing emotions directly aligns with the essence of emotion-focused coping.*

### 3. What does effective patient education in nursing practice prioritize?

- A. Understanding and participation of the patient
- B. Strict adherence to instructions
- C. Fast-tracking through necessary explanations
- D. Focusing solely on diagnosis rather than holistic care

Effective patient education in nursing practice prioritizes the understanding and participation of the patient. This is crucial because for education to be successful, the patient must not only receive information but also comprehend it in a way that is applicable to their individual circumstances. By fostering understanding, nurses can empower patients to take an active role in their care, which can lead to better health outcomes and increased adherence to treatment plans. Engaging patients in their education encourages them to ask questions, express concerns, and contribute to their care decision-making process. When patients are involved and understand their health conditions and treatment options, they are more likely to follow through with recommendations and participate in self-care practices, ultimately enhancing their overall well-being. In contrast, the other options do not align with the primary goals of effective patient education. For instance, focusing solely on strict adherence to instructions may overlook the patient's unique understanding or context, which is essential for meaningful engagement. Additionally, fast-tracking through necessary explanations can leave patients confused and uninformed, reducing their capability to manage their health effectively. Lastly, concentrating only on diagnosis neglects the holistic approach necessary for comprehensive patient care, which involves considering the physical, emotional, and social aspects of health.

### 4. 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.

**5. Which stimulation method should be avoided when assisting a patient with bowel training for fecal incontinence?**

- A. Digital stimulation
- B. Mini enema
- C. Enema**
- D. Suppository

*When assisting a patient with bowel training for fecal incontinence, it is important to choose stimulation methods that promote regular bowel movements without causing undue stress or harm to the patient. In this context, using an enema may not be the best option. Enemas are often used to initiate a bowel movement but can lead to dependency if used too frequently. Over-reliance on enemas might disrupt the natural bowel function, making it harder for the patient to develop their own regular patterns and techniques for managing incontinence. Furthermore, enemas can sometimes irritate the rectal mucosa or lead to complications such as electrolyte imbalances or rectal perforation, especially if not administered properly. Other options, such as digital stimulation, mini enemas, and suppositories, can be more suitable in specific circumstances for encouraging bowel movements while allowing for a gradual reestablishment of control and normal function. These methods can help in training the bowel without creating a dependency that could undermine the patient's self-management capabilities in the long term.*

**6. Which tube is specifically used for drainage and decompression in the small intestine?**

- A. Salem sump.
- B. Miller-Abbott.**
- C. Cantor.
- D. Levin.

*The Miller-Abbott tube is specifically designed for drainage and decompression of the small intestine. This double-lumen tube is employed primarily in cases of intestinal obstruction. One lumen acts as a drainage channel to remove gastric and intestinal contents, while the other is used for suction or venting. The tube's design allows it to be inserted into the small intestine through the nasal passage, where it can help alleviate pressure by facilitating the removal of accumulated gas and fluid in cases of obstruction. The Miller-Abbott tube's effectiveness in relieving pressure and preventing complications makes it a key instrument in managing small intestinal conditions. Additionally, while other tubes such as the Salem sump, Cantor, and Levin can be used for various gastrointestinal purposes, they do not provide the same specific functionality for decompression and drainage in the small intestine as the Miller-Abbott tube does.*

**7. If a patient in an air-fluidized bed requires CPR, what should the nurse first do?**

- A. Turn off the bed's motor**
- B. Remove the patient from the bed
- C. Position the patient on a backboard
- D. Proceed with CPR

*The correct action is to turn off the bed's motor before proceeding with CPR. This step is crucial because an air-fluidized bed uses a motor to circulate warm air and create a fluid-like environment for the patient. When administering CPR, it is essential to have a stable surface to perform chest compressions effectively. By turning off the motor, the nurse ensures that the bed will not shift or move during the resuscitation efforts, allowing for better control and effectiveness of the CPR process. Moving directly to remove the patient from the bed or placing them on a backboard may introduce unnecessary delays that could impede timely resuscitation efforts. Furthermore, proceeding with CPR immediately without turning off the bed could complicate the process, potentially causing instability or difficulty in achieving effective compressions.*

**8. A patient experiences urinary incontinence during coughing. This is classified as what type?**

- A. Urge incontinence.
- B. Overflow incontinence.
- C. Stress incontinence.**
- D. Functional incontinence.

*The classification of urinary incontinence as stress incontinence is based on the mechanism of the condition, which involves involuntary leakage of urine occurring when there is increased pressure on the bladder. This pressure can result from physical activities such as coughing, sneezing, laughing, or exercise. In stress incontinence, the pelvic floor muscles and the sphincter mechanism do not provide sufficient support against this increased abdominal pressure, leading to involuntary leakage. In contrast, urge incontinence is characterized by a strong, sudden urge to urinate followed by involuntary loss of urine, often related to bladder contractions. Overflow incontinence occurs when the bladder is overfull and leaks due to an inability to completely empty during urination. Functional incontinence involves a person's physical or cognitive inability to reach the toilet in time, regardless of bladder function. Understanding these distinctions helps in accurately diagnosing and treating different types of urinary incontinence.*

## 9. What are signs of an allergic reaction to a medication?

- A. Fever, diarrhea, and rash
- B. Rash, itching, swelling, and difficulty breathing**
- C. Headache and nausea only
- D. Increased appetite and fatigue

*The signs of an allergic reaction to a medication commonly include rash, itching, swelling, and difficulty breathing. These symptoms result from the body's immune response when it mistakenly identifies a medication as a harmful substance. A rash often appears as hives or welts on the skin, characterized by itching or irritation. Swelling, particularly in the face, throat, or extremities, indicates a more systemic response that can lead to serious complications like anaphylaxis if it involves the respiratory tract. Difficulty breathing suggests that the airway may be constricted due to swelling or bronchoconstriction, which requires immediate medical intervention. The other options do not accurately reflect the distinct manifestations of an allergic reaction. Fever, diarrhea, and rash indicate a possible infection or other illness, while headache and nausea are more common side effects rather than allergic responses. Increased appetite and fatigue do not represent typical signs of an allergic reaction, as they may relate to other conditions or the effects of medications rather than an immune response.*

## 10. What breathing pattern involves shallow breaths followed by irregular apnea?

- A. Biot's respirations
- B. Kussmaul respirations
- C. Cheyne-Stokes respirations**
- D. Bradypnea

*The breathing pattern characterized by shallow breaths followed by irregular periods of apnea is known as Cheyne-Stokes respirations. This pattern is often seen in patients with certain medical conditions, such as heart failure or neurological issues, and is marked by a gradual increase in breathing depth followed by a decrease that leads to a temporary cessation of breathing. The cyclic nature of Cheyne-Stokes respirations, where periods of hyperventilation alternate with periods of apnea, distinguishes it from other respiratory patterns. In contrast, Biot's respirations involve clusters of rapid, shallow breaths followed by periods of apnea but do not present the gradual changes seen in Cheyne-Stokes. Kussmaul respirations are characterized by deep, labored breathing typically associated with metabolic acidosis and are not shallow. Bradypnea refers to abnormally slow breathing, which is also not in line with the description of shallow breaths followed by apneic episodes. Thus, the features of Cheyne-Stokes respirations align perfectly with the question's criteria.*

## 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](mailto: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!

SAMPLE