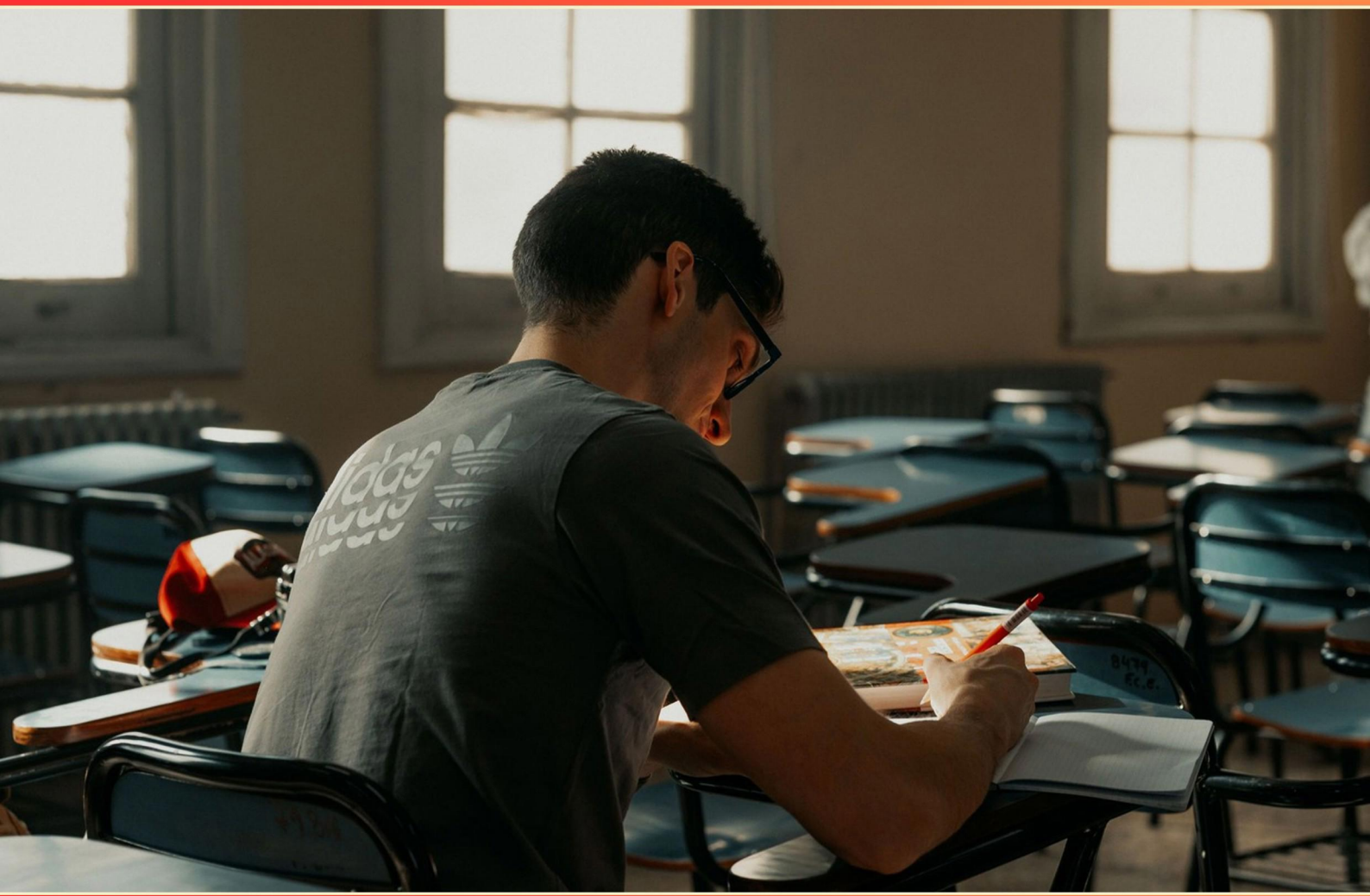
NURSING ACROSS THE LIFESPAN EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. What is the appropriate approach to obtaining assent from a pediatric patient?

A. Assent from the child when they are capable, in addition to parental consent

B. Assent is not needed if parents consent

C. Assent should replace parental consent

D. Assent is only for teenagers above 16

2. Which statement about physiologic jaundice in newborns is accurate?

A. Appears after 24 hours and resolves by 1-2 weeks

B. Appears immediately at birth

C. Resolves by 6 weeks

D. Persists beyond 2 months

3. Which of the following describes the effect of immobility on the integumentary system?

A. Hair growth slows

B. Skin breakdown

C. Skin tanning increases

D. Diaphoresis increases

4. Which of the following describes urinary system consequences of immobility?

A. Increased urine production

B. Renal calculi, urinary stasis, and infection

C. Urinary incontinence due to detrusor overactivity

D. Acute kidney injury from dehydration

5. Infants of diabetic mothers are at risk for which immediate postpartum complication?

A. Neonatal jaundice

B. Neonatal hypoglycemia

C. Hypocalcemia

D. Respiratory distress

6. What is the most typical CBC finding in iron deficiency anemia in children?

A. Microcytic, hypochromic anemia with low ferritin

B. Macrocytic anemia

C. Normocytic anemia

D. Leukocytosis

7. What is equity in nursing and health care?

A. The equal treatment of all individuals regardless of differences.

B. The recognition of differences in resources that serve as obstacles to participation and ensuring fair access to opportunities and resources.

C. A sense of belonging and equal voice for all groups.

D. The absence of discrimination.

8. Which of the following indicates dehydration in an infant?

A. Rapid weight gain without edema

B. Increased skin turgor and full fontanel

C. Moist mucous membranes with warm skin

D. Poor skin turgor and sunken fontanel; dry mucous membranes

9. What is the main goal of pediatric palliative care?

A. Relieve pain and suffering, improve quality of life, and support the family; align care with goals

B. Cure the disease

C. Focus only on the child

D. Delay treatment

10. Which statement best defines inclusion?

A. Inclusion is primarily about ensuring equal access to resources.

B. Inclusion means having a seat at the table for all voices.

C. Inclusion is a sense of belonging; feeling respected, valued, and perspectives are valued, embraced and celebrated and have an equal voice.

D. Inclusion is only about physical accessibility.

Answers

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

Explanations

1. What is the appropriate approach to obtaining assent from a pediatric patient?

A. Assent from the child when they are capable, in addition to parental consent

B. Assent is not needed if parents consent

C. Assent should replace parental consent

D. Assent is only for teenagers above 16

Respecting a child's developing autonomy is essential in pediatric care. Obtain assent from the child when they are capable, in addition to obtaining consent from a parent or guardian. Assent means explaining the plan of care in language appropriate to the child's age and understanding, checking that they grasp what will happen, and obtaining their voluntary agreement to participate. It is not a substitute for parental consent; parents remain the legal decision-makers and must authorize the care. Involving the child through assent helps reduce fear, builds trust, and respects the child's preferences. If a child cannot assent or refuses, proceed with the parent's consent while addressing the child's concerns and involving them as much as possible within the clinical context.

2. Which statement about physiologic jaundice in newborns is accurate?

A. Appears after 24 hours and resolves by 1-2 weeks

B. Appears immediately at birth

C. Resolves by 6 weeks

D. Persists beyond 2 months

Physiologic jaundice happens because a newborn's liver is not yet fully able to conjugate bilirubin. As the liver matures over the first days of life, bilirubin levels rise a bit and then fall naturally as conjugation improves and feeding stabilizes. This type of jaundice is typically first noticed after about 24 hours, often appearing on day 2 or 3, and it usually resolves within the first 1–2 weeks in term infants (up to about 3 weeks in preterm infants). So the statement that physiologic jaundice appears after 24 hours and resolves by 1–2 weeks accurately reflects its usual timeline. A jaundice that appears immediately at birth suggests a non-physiologic, pathologic cause. A resolution by 6 weeks or persistence beyond 2 months would be longer than expected for physiologic jaundice and would warrant evaluation for other conditions.

3. Which of the following describes the effect of immobility on the integumentary system?

A. Hair growth slows

B. Skin breakdown

C. Skin tanning increases

D. Diaphoresis increases

Prolonged immobility places constant pressure on the skin, especially over bony areas, which reduces blood flow to the tissue. This ischemia damages skin and underlying tissues, leading to breakdown and, if unrelieved, pressure ulcers. Friction and shear from movement, along with moisture from incontinence or sweating, further weaken the skin and promote injury. These factors make skin breakdown the most direct and common integumentary consequence of immobility. Hair growth, tanning, and sweating aren't primarily driven by immobility itself—hair growth depends on hormones and nutrition, tanning requires sun exposure, and diaphoresis is tied to thermoregulation. Prevention centers on repositioning, pressure-relieving surfaces, maintaining skin cleanliness and dryness, and ensuring adequate nutrition.

4. Which of the following describes urinary system consequences of immobility?

A. Increased urine production

B. Renal calculi, urinary stasis, and infection

C. Urinary incontinence due to detrusor overactivity

D. Acute kidney injury from dehydration

Immobility slows urine flow and bladder emptying, producing urinary stasis. When urine sits in the bladder, bacteria have a longer time to multiply, increasing the risk of infection. The concentrated urine and stasis also promote mineral precipitation, leading to renal calculi. Together, these factors explain why renal calculi, urinary stasis, and infection are the typical urinary system consequences of immobility. Increased urine production isn't a usual result of immobility, which doesn't inherently cause diuresis. Urinary incontinence from detrusor overactivity isn't the typical pattern linked to immobility; detrusor overactivity is more related to bladder muscle overactivity rather than prolonged inactivity. Acute kidney injury from dehydration can occur, but it's not the characteristic combination associated with immobility, which centers on stasis, stones, and infection.

5. Infants of diabetic mothers are at risk for which immediate postpartum complication?

A. Neonatal jaundice

B. Neonatal hypoglycemia

C. Hypocalcemia

D. Respiratory distress

Maternal diabetes leads to fetal hyperglycemia, which stimulates the fetus to produce extra insulin. After birth, the baby loses the maternal glucose supply but still has high insulin levels, causing blood glucose to fall—neonatal hypoglycemia. This is an immediate postpartum risk because it can appear within hours after birth. Clinically, monitor glucose soon after delivery and during the first day; if screening shows low glucose, treat with early feeds and, if needed, IV dextrose to prevent potential neurologic injury. Other issues like respiratory distress or jaundice can occur with infants of diabetic mothers, but the scenario most closely tied to the birth transition and insulin excess is neonatal hypoglycemia.

6. What is the most typical CBC finding in iron deficiency anemia in children?

A. Microcytic, hypochromic anemia with low ferritin

B. Macrocytic anemia

C. Normocytic anemia

D. Leukocytosis

Iron is essential for making hemoglobin, so when iron stores run low, red blood cells become smaller and paler due to reduced hemoglobin synthesis. This leads to a microcytic, hypochromic pattern on the CBC. Ferritin reflects stored iron, so it falls when stores are depleted, making low ferritin the hallmark of iron deficiency. In children, this classic combo—small, pale RBCs with low ferritin—best captures the typical CBC finding. Macrocytic or normocytic patterns are not the usual presentation for iron deficiency, and leukocytosis is not a characteristic feature.

7. What is equity in nursing and health care?

A. The equal treatment of all individuals regardless of differences.

B. The recognition of differences in resources that serve as obstacles to participation and ensuring fair access to opportunities and resources.

C. A sense of belonging and equal voice for all groups.

D. The absence of discrimination.

Equity in nursing and health care means recognizing that people have different resources and face different barriers, and actively ensuring fair access to care and opportunities so that everyone can achieve similar health outcomes. It's not about treating everyone exactly the same; it's about adjusting supports and resources to meet individual needs and remove obstacles to participation. For example, providing interpreter services, helping with transportation, or offering sliding-scale fees are actions that reduce barriers and promote fair access. The option described captures this idea by emphasizing differences in resources and the goal of fair access. In contrast, equality focuses on the same treatment for all, which can overlook varying requirements. A sense of belonging and equal voice is about inclusion and participation but doesn't specify how to overcome resource-based barriers. Absence of discrimination means no prejudice, but equity requires proactive measures to level the playing field.

8. Which of the following indicates dehydration in an infant?

A. Rapid weight gain without edema

B. Increased skin turgor and full fontanel

C. Moist mucous membranes with warm skin

D. Poor skin turgor and sunken fontanel; dry mucous membranes

In infants, dehydration presents as a deficit in body fluids that shows up in several physical signs. Poor skin turgor means the skin stays tented after being gently lifted, reflecting decreased interstitial fluid. A sunken fontanelle indicates reduced intracranial and overall fluid volume. Dry mucous membranes show lack of moisture in the oral cavity, and decreased tearing can also occur. When these signs appear together—poor skin turgor, a sunken fontanel, and dry mucous membranes—they point to dehydration. The other options describe hydration or fluid overload rather than deficit: rapid weight gain without edema suggests excess fluid; increased skin turgor with a full fontanel implies good hydration or even overhydration; moist mucous membranes with warm skin indicate adequate fluid status.

9. What is the main goal of pediatric palliative care?

A. Relieve pain and suffering, improve quality of life, and support the family; align care with goals

B. Cure the disease

C. Focus only on the child

D. Delay treatment

The main aim of pediatric palliative care is to relieve pain and other distressing symptoms, improve the child's quality of life, and provide ongoing support to the family, while aligning care with the goals and values of both the child and the family. This approach focuses on comfort, symptom management, and psychosocial and spiritual support, and it can be provided alongside disease-directed or curative therapies rather than waiting until end of life. It treats the family as a unit in planning and decision-making, recognizing that what matters most is the child's comfort and the family's ability to cope. Delaying treatment or seeking cure as the sole objective does not capture this comprehensive, patient-and-family-centered goal.

10. Which statement best defines inclusion?

A. Inclusion is primarily about ensuring equal access to resources.

B. Inclusion means having a seat at the table for all voices.

C. Inclusion is a sense of belonging; feeling respected, valued, and perspectives are valued, embraced and celebrated and have an equal voice.

D. Inclusion is only about physical accessibility.

Inclusion centers on belonging and meaningful participation: people feel respected, valued, and that their perspectives are welcomed, embraced, and have an equal voice. This captures both the social belonging and the active, ongoing involvement that inclusive practice aims for in healthcare and teamwork. It's not enough to simply have access to services or to be present at a table; true inclusion means every person's contributions are listened to, honored, and acted upon as partners in care. Why this fits best: it conveys the full idea of welcoming diversity into the environment and ensuring everyone can participate equally, which is essential for patient-centered care and collaborative practice. Why the other ideas are narrower: limiting inclusion to access to resources focuses only on material fairness and not on belonging or voice. Ensuring a seat at the table suggests representation but doesn't guarantee that voices are genuinely valued or that all perspectives are given equal weight. Focusing only on physical accessibility addresses barriers to movement or entry but misses the relational and voice aspects that make people feel truly included.

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://nursingacrosslifespan2.examzify.com

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