

Nursing Transition to Practice Test 2 Practice (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. What is an appropriate approach to verify understanding of discharge instructions?**
 - A. Ask patient to recite every step.**
 - B. Provide only oral instructions.**
 - C. Have patient demonstrate ability to perform self-care without explanation.**
 - D. Use teach-back to verify understanding of discharge instructions.**

- 2. Which of the following is one of the six rights of medication administration?**
 - A. Right patient**
 - B. Right documentation**
 - C. Right dose**
 - D. Right color**

- 3. What PPE is required for contact isolation?**
 - A. Goggles and mask; perform hand hygiene.**
 - B. Gloves and gown; hand hygiene.**
 - C. Gloves and gown; perform hand hygiene before and after patient contact.**
 - D. Gloves only; hand hygiene.**

- 4. How should you handle a patient requesting hospice referral?**
 - A. Assess goals, provide information, involve family, coordinate with social work and palliative care**
 - B. Refuse and continue curative treatment**
 - C. Schedule hospice without patient input**
 - D. Refer only after physician approval**

- 5. In a transfusion, what triggers an immune transfusion reaction when donor red blood cells are incompatible with the recipient?**
 - A. Recipient antibodies attacking donor antigens**
 - B. Donor antibodies attacking recipient antigens**
 - C. Donor antigens attacking recipient antibodies**
 - D. Recipient antibodies attacking donor platelets**

- 6. Which team members should be involved in coordinating hospice referral?**
- A. Social work and palliative care**
 - B. Cardiology and neurology**
 - C. Physical therapy and occupational therapy**
 - D. Nutritionist and pharmacy**
- 7. In nursing ethics, fidelity refers to which concept?**
- A. Veracity**
 - B. Autonomy**
 - C. Beneficence**
 - D. The obligation to be trustworthy and maintain confidentiality and promises**
- 8. Distinguish DNR from DNI.**
- A. DNR means do not resuscitate; DNI means do not intubate; both reflect patient wishes**
 - B. DNR means do not resuscitate; DNI means do not resuscitate**
 - C. DNR means do not resuscitate; DNI means do not treat**
 - D. DNR means do not resuscitate; DNI means never deliver oxygen**
- 9. When planning discharge, why is it important to involve both patient and caregivers?**
- A. It ensures support at home and adherence**
 - B. It increases hospital workload**
 - C. It slows the discharge process**
 - D. It overruns the patient's independence**
- 10. For suspected myocardial infarction, what is the primary nursing action?**
- A. Assess the patient and initiate STEMI protocol.**
 - B. Administer antibiotics.**
 - C. Collect urine sample before any treatment.**
 - D. Wait for diagnostic confirmation before acting.**

Answers

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

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Explanations

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1. What is an appropriate approach to verify understanding of discharge instructions?

- A. Ask patient to recite every step.**
- B. Provide only oral instructions.**
- C. Have patient demonstrate ability to perform self-care without explanation.**
- D. Use teach-back to verify understanding of discharge instructions.**

Verifying discharge instructions is about confirming that the patient truly understands what to do at home and can do it safely. The best approach is teach-back: ask the patient to explain in their own words what they will do, why it's needed, and when to do it, and have them demonstrate key self-care tasks if appropriate. This method uncovers gaps in understanding or miscommunications, so you can clarify in plain language and ensure they can perform the steps after leaving the hospital. It goes beyond just reciting steps from memory or giving instructions without checking comprehension—teach-back centers on actual understanding and practical ability, which supports safer discharge and better adherence.

2. Which of the following is one of the six rights of medication administration?

- A. Right patient**
- B. Right documentation**
- C. Right dose**
- D. Right color**

The main idea being tested is ensuring safe medication administration by adhering to the established rights that guide every dose. Documentation is one of these rights because it creates a permanent, traceable record of what was given, when, by whom, and any patient responses or adverse effects. This record helps ensure continuity of care, confirms that the dose matches the order, and provides accountability and legal protection for the clinician. Among the options, documenting the administration fits this standard exactly, since the other common rights—verifying the patient, the dose, and the route—are also essential, while a color detail is not recognized as a formal right in the medication administration framework.

3. What PPE is required for contact isolation?

- A. Goggles and mask; perform hand hygiene.
- B. Gloves and gown; hand hygiene.
- C. Gloves and gown; perform hand hygiene before and after patient contact.**
- D. Gloves only; hand hygiene.

For contact isolation, the goal is to prevent transmission through direct contact with the patient or contaminated surfaces. The protective outfit should include gloves to shield your hands and a gown to protect your clothes and skin from contact with the patient or their environment. Hand hygiene is essential and should occur both before you touch the patient (to prevent introducing organisms) and after you finish contact (to avoid spreading organisms to others or to your next patient). Eye protection or a mask isn't routinely required for standard contact precautions unless there's a specific risk of splashes or a pathogen that warrants it. So the correct approach is gloves and gown, with hand hygiene before and after patient contact.

4. How should you handle a patient requesting hospice referral?

- A. Assess goals, provide information, involve family, coordinate with social work and palliative care**
- B. Refuse and continue curative treatment
- C. Schedule hospice without patient input
- D. Refer only after physician approval

When a patient requests hospice, the key is to center the conversation on the patient's goals and coordinate a team-based plan to support those goals. Begin by exploring what matters most to the patient: what quality of life looks like, acceptable burdens of care, and desired level of intervention. Provide clear, compassionate information about what hospice offers, including symptom relief, support for daily living, and how it fits with prognosis and current care. Involve the family as appropriate to ensure they understand the patient's wishes and can support decision-making, while always honoring the patient's autonomy. Then bring in the right help: coordinate with social work to review benefits, insurance coverage, and practical needs like transportation and home support. Include the palliative care team to help with symptom management, ongoing goals-of-care discussions, and advance care planning. This multidisciplinary, patient-centered approach ensures the patient can make an informed choice and access hospice in a timely, appropriate way. Refusing discussion or continuing curative treatment by default, scheduling hospice without input, or waiting for physician approval alone would not respect the patient's preferences or streamline a plan aligned with their values.

5. In a transfusion, what triggers an immune transfusion reaction when donor red blood cells are incompatible with the recipient?

A. Recipient antibodies attacking donor antigens

B. Donor antibodies attacking recipient antigens

C. Donor antigens attacking recipient antibodies

D. Recipient antibodies attacking donor platelets

When donor red blood cells are not compatible, the recipient's immune system recognizes the donor's red cell antigens as foreign. The recipient's antibodies then bind to those donor antigens on the transfused cells and activate processes that destroy the donor red cells (hemolysis). This antibody-mediated attack on donor antigens is what drives an acute hemolytic transfusion reaction. So, the best description is that the recipient's antibodies attack donor antigens. The idea that donor antibodies would attack recipient antigens is not the typical mechanism for a standard RBC transfusion reaction, and antibodies attacking recipient platelets would relate to a different situation altogether (platelet-focused problems rather than red cell hemolysis).

6. Which team members should be involved in coordinating hospice referral?

A. Social work and palliative care

B. Cardiology and neurology

C. Physical therapy and occupational therapy

D. Nutritionist and pharmacy

Coordinating hospice referral rests on immediate, patient-centered planning that combines understanding the goals of care with practical support for the family. Social workers bring critical psychosocial assessment and navigation skills—helping with advance directives, caregiver needs, financial and insurance questions, and arranging resources like transportation and home supports. Palliative care specialists focus on aligning treatment with the patient's goals, managing symptoms, discussing prognosis, and coordinating the transition to hospice with the receiving team. This duo is best equipped to guide the process, ensure informed consent, and smooth the referral to hospice services. Other team members have valuable roles in overall patient care, but they aren't the primary coordinators for hospice referral. Cardiology and neurology address disease-specific issues; physical and occupational therapists concentrate on function and rehabilitation goals; nutritionists and pharmacists handle nutrition and medication management. Their contributions matter, but the central coordination for hospice referral comes from social work and palliative care.

7. In nursing ethics, fidelity refers to which concept?

- A. Veracity**
- B. Autonomy**
- C. Beneficence**
- D. The obligation to be trustworthy and maintain confidentiality and promises**

Fidelity means being faithful to your professional obligations by being trustworthy and honoring commitments, including protecting patient confidentiality. In practice this is about keeping promises you make to patients and colleagues and handling information with discretion. Maintaining confidentiality and following through on stated commitments builds trust in the nurse-patient relationship and supports ethical care. Veracity is about truth-telling, autonomy is about respecting patient self-determination, and beneficence is about acting in the patient's best interest to promote well-being. For example, if you promise a patient you'll call with test results by end of shift, you do so, and you only share information with individuals who are authorized to receive it.

8. Distinguish DNR from DNI.

- A. DNR means do not resuscitate; DNI means do not intubate; both reflect patient wishes**
- B. DNR means do not resuscitate; DNI means do not resuscitate**
- C. DNR means do not resuscitate; DNI means do not treat**
- D. DNR means do not resuscitate; DNI means never deliver oxygen**

Understanding what DNR and DNI mean helps nurses honor patient preferences during emergencies. DNR means do not resuscitate; in a cardiac or respiratory arrest, CPR, defibrillation, and other resuscitation measures are not performed. It does not automatically deny other medical treatments; ongoing care that isn't part of resuscitation can still be provided if aligned with the patient's goals. DNI means do not intubate. This specifically refers to not placing an endotracheal tube for mechanical ventilation. It does not automatically mean that every other treatment is withheld—oxygen therapy or other noninvasive supports may still be used when appropriate and desired, depending on the situation and the patient's wishes. Both DNR and DNI are expressions of the patient's preferences and are usually documented in advance directives or physician orders, to guide care during illnesses or emergencies. In short, DNR is about refusing resuscitation, while DNI is about refusing intubation and ventilation; they reflect different aspects of desired care.

9. When planning discharge, why is it important to involve both patient and caregivers?

- A. It ensures support at home and adherence**
- B. It increases hospital workload**
- C. It slows the discharge process**
- D. It overruns the patient's independence**

Involving both the patient and caregivers in discharge planning ensures a safe and achievable transition home. When everyone who will be responsible for ongoing care participates, the plan reflects the actual home environment, available support, and the patient's own goals and preferences. This collaborative approach makes it more likely that medications are taken correctly, follow-up appointments are kept, and any needed equipment or home adjustments are in place. Caregivers can reinforce instructions, help monitor for warning signs, assist with daily activities, and arrange transportation, all of which reduce the chance of problems after leaving the hospital and support continuity of care. Including both sides also respects the patient's autonomy by incorporating their input into the plan. If only one party is involved, important pieces—like caregiver capacity or patient readiness—might be missed, leading to gaps in understanding or execution.

10. For suspected myocardial infarction, what is the primary nursing action?

- A. Assess the patient and initiate STEMI protocol.**
- B. Administer antibiotics.**
- C. Collect urine sample before any treatment.**
- D. Wait for diagnostic confirmation before acting.**

In suspected myocardial infarction, the priority is rapid assessment and initiation of treatment to restore blood flow to the heart. The nurse should quickly assess the patient, monitor vital signs and cardiac rhythm, and immediately initiate the STEMI protocol. Acting promptly helps minimize myocardial damage and improves outcomes. This often includes establishing IV access, administering aspirin if not contraindicated, providing oxygen if needed, and mobilizing the cath lab for urgent reperfusion while continuing continuous monitoring and supportive care. Antibiotics have no role in an acute MI unless there's a separate infection; collecting a urine sample before treatment wastes valuable time; and waiting for diagnostic confirmation before acting delays therapy that is time-critical for saving heart muscle.

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://nursingtransition2.examzify.com>

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

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