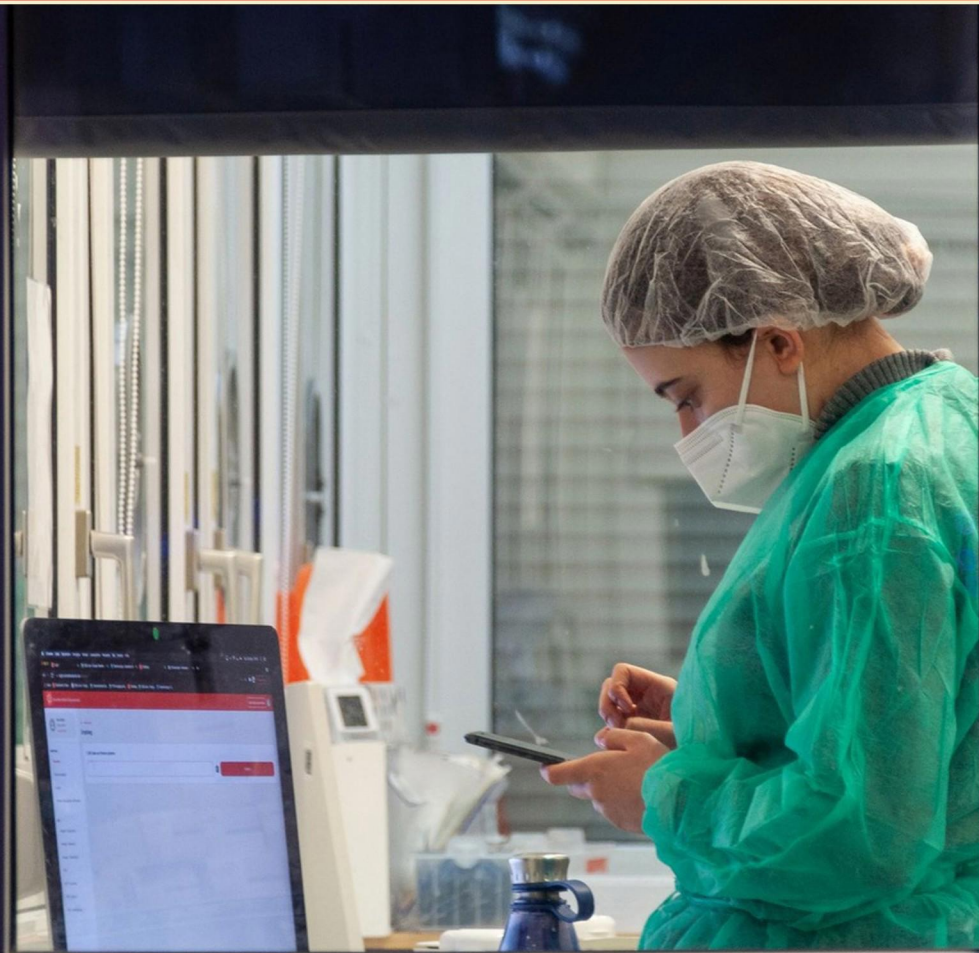


NURSING TRANSITION TO PRACTICE TEST 2 PRACTICE (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. A patient reports chest pain and diaphoresis. What is the most appropriate immediate action?**
 - A. Administer analgesia
 - B. Check blood sugar
 - C. Apply cold compress
 - D. Call emergency services and administer aspirin if not contraindicated; initiate STEMI protocol

- 2. How is intake and output tracked during a shift?**
 - A. Record only IV intake
 - B. Record all oral and IV intake and outputs; calculate net balance and report significant changes
 - C. Estimate intake at the end of shift
 - D. Track only urine output

- 3. If the plan was to give two units but the guideline says otherwise, what is the recommended initial approach?**
 - A. Start with one unit, draw labs, and go from there
 - B. Give two units immediately
 - C. Don't transfuse
 - D. Wait for physician instructions

- 4. A patient with type 1 diabetes presents with tremors, sweating, and confusion after missing meals. What is the immediate management?**
 - A. Administer a bolus of IV normal saline.
 - B. Administer insulin to rapidly correct hyperglycemia.
 - C. Place the patient in Trendelenburg position.
 - D. Check blood glucose and treat hypoglycemia with fast-acting carbohydrate or IV dextrose if unable to swallow.

- 5. 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

- 6. Which findings suggest fluid volume deficit?**
- A. Tachycardia, dry mucous membranes, oliguria; elevated BUN and hematocrit
 - B. Hypotension with edema and polyuria
 - C. Jaundice and elevated bilirubin
 - D. Hyperglycemia with fruity breath
- 7. Glass bottles used for certain IV solutions must be what before administration?**
- A. Vented
 - B. Heated
 - C. Left at room temperature
 - D. Light-protected
- 8. What is the meaning of 'first medical contact' in STEMI care?**
- A. The time the patient arrives at the emergency department.
 - B. The time when a patient first interacts with qualified medical personnel for the condition.
 - C. The time of discharge.
 - D. The time of first ECG.
- 9. How often should IV dressings and tubing be changed for patients receiving transfusions?**
- A. Every 24 hours
 - B. Every 7 days
 - C. Every 96 hours
 - D. Only if there is a problem
- 10. Which description best reflects central line dressing care?**
- A. Change dressing every seven days, or when visibly soiled or compromised
 - B. Daily
 - C. Weekly
 - D. Monthly

Answers

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

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Explanations

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1. A patient reports chest pain and diaphoresis. What is the most appropriate immediate action?

- A. Administer analgesia
- B. Check blood sugar
- C. Apply cold compress
- D. Call emergency services and administer aspirin if not contraindicated; initiate STEMI protocol**

Suspecting an acute coronary syndrome, the priority is rapid emergency response and initiation of reperfusion-oriented care. The most appropriate immediate action is to call emergency services and administer aspirin if not contraindicated, and start the STEMI protocol. Getting EMS involved quickly ensures early ECG assessment and activation of the cath lab, which speeds up reperfusion and reduces heart muscle damage. Giving aspirin at once helps inhibit platelet aggregation, lowering mortality and limiting infarct size when ACS is present. Other actions don't address the urgent need for rapid ACS evaluation and treatment. Analgesia may help pain but won't prevent ongoing myocardial injury and can delay definitive care. Checking blood sugar is useful in certain chest-pain contexts but isn't the priority when ACS is strongly suspected. A cold compress isn't beneficial for a suspected cardiac event.

2. How is intake and output tracked during a shift?

- A. Record only IV intake
- B. Record all oral and IV intake and outputs; calculate net balance and report significant changes**
- C. Estimate intake at the end of shift
- D. Track only urine output

Tracking intake and output focuses on maintaining an accurate fluid balance for the patient. This means documenting every source of fluids the patient consumes or receives—oral fluids, IV fluids, and any other liquid medications or nutrition—and every way fluids leave the body—urine, vomiting, diarrhea, wound drainage, suctioned fluids, drains. From these records you calculate the net balance for the shift (total intake minus total output) and note any significant changes or trends to report to the team. This comprehensive approach is essential because it provides the full picture of hydration status, guides fluid and electrolyte management, and helps detect problems early, such as dehydration, fluid overload, or impaired renal function. Recording only IV intake, or only urine output, or estimating intake at the end of the shift can miss important information and lead to delayed or inappropriate decisions.

3. If the plan was to give two units but the guideline says otherwise, what is the recommended initial approach?

- A. Start with one unit, draw labs, and go from there**
- B. Give two units immediately
- C. Don't transfuse
- D. Wait for physician instructions

Start with a single unit and reassess with labs and the patient's clinical response before deciding about a second unit. This follows a restrictive transfusion approach: use the smallest amount of blood product necessary and verify improvement before giving more. After giving one unit, check hemoglobin/hematocrit, monitor vitals and symptoms, and reevaluate the need for a second unit based on lab results and how the patient is doing. This minimizes exposure to transfusion risks (reactions, volume overload, alloimmunization) while still addressing the patient's oxygen-carrying needs. Giving two units immediately bypasses this important check, and waiting for physician instructions or avoiding transfusion altogether may not align with the patient's current needs.

4. A patient with type 1 diabetes presents with tremors, sweating, and confusion after missing meals. What is the immediate management?

- A. Administer a bolus of IV normal saline.
- B. Administer insulin to rapidly correct hyperglycemia.
- C. Place the patient in Trendelenburg position.
- D. Check blood glucose and treat hypoglycemia with fast-acting carbohydrate or IV dextrose if unable to swallow.**

Hypoglycemia is the immediate concern when a person with type 1 diabetes misses meals, evidenced by tremors, sweating, and confusion as the brain and autonomic system react to low glucose. The priority is to confirm the low blood sugar and raise it quickly. Check the blood glucose right away. If it's low, treat with a fast-acting carbohydrate that the patient can swallow (for example, juice, regular soda, glucose tablets) and recheck in about 15 minutes. If the patient remains hypoactive or cannot swallow safely, or if there's no IV access, escalate to IV dextrose to rapidly raise the glucose, or administer glucagon if IV access isn't available. Insulin would worsen the situation, and giving normal saline alone does not correct hypoglycemia. Trendelenburg position isn't helpful in this scenario.

5. 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.

6. Which findings suggest fluid volume deficit?

- A. Tachycardia, dry mucous membranes, oliguria; elevated BUN and hematocrit**
- B. Hypotension with edema and polyuria
- C. Jaundice and elevated bilirubin
- D. Hyperglycemia with fruity breath

Fluid volume deficit presents as signs of reduced intravascular volume and concentrated blood constituents. Tachycardia arises as the body tries to maintain cardiac output with less circulating fluid. Dry mucous membranes reflect dehydration, while oliguria shows the kidneys conserving water in response to decreased perfusion. Laboratory values like elevated BUN and hematocrit occur because plasma volume loss concentrates the blood components (hemoconcentration). Other patterns don't fit deficit: edema with hypotension and polyuria suggests fluid imbalance with excess or redistribution rather than a deficit; jaundice with elevated bilirubin points to liver dysfunction; hyperglycemia with fruity breath points to diabetic ketoacidosis.

7. Glass bottles used for certain IV solutions must be what before administration?

- A. Vented**
- B. Heated
- C. Left at room temperature
- D. Light-protected

When using glass IV bottles, air must be able to enter as fluid is withdrawn. If the bottle isn't vented, a vacuum can form inside as volume decreases, which resists further flow or stops it altogether. A vented closure or vented stopper allows air to re-enter the bottle while keeping the solution uncontaminated, ensuring a smooth, continuous flow into the IV line. Heating, room-temperature storage, or light-protection aren't the actions required to prepare the bottle for administration in this context.

8. What is the meaning of 'first medical contact' in STEMI care?

- A. The time the patient arrives at the emergency department.
- B. The time when a patient first interacts with qualified medical personnel for the condition.**
- C. The time of discharge.
- D. The time of first ECG.

First medical contact refers to the moment the patient first interacts with a qualified medical professional who can recognize STEMI and initiate initial management. This can be EMS personnel on scene, or any healthcare provider the patient encounters first, not just when they arrive at the emergency department. This timing matters because all time-to-treatment metrics in STEMI start from that initial contact, including decisions to obtain an ECG, activate the cath lab, or start reperfusion therapy. So the option describing the first interaction with trained medical personnel best captures FMC. The other options miss that broader contact moment—arrival at the ED happens after FMC, discharge occurs much later, and while an ECG is essential, it is an action, not the contact itself.

9. How often should IV dressings and tubing be changed for patients receiving transfusions?

- A. Every 24 hours
- B. Every 7 days
- C. Every 96 hours**
- D. Only if there is a problem

Regular IV maintenance focuses on preventing infection while keeping the line usable for the patient. When a peripheral IV is in place for transfusions and the site is clean, dry, and intact, changing the dressing and the tubing on a routine schedule helps minimize microbial entry and unnecessary manipulation. The four-day interval (every 96 hours) is a common standard for routine changes in many practice settings, balancing safety with practicality. If any sign of trouble appears—such as redness, swelling, leakage, or a soiled or damp dressing—the site should be changed sooner. While transfusion policies may also address tubing changes around units or time frames, the routine approach supports changing dressing and tubing every 96 hours unless a problem arises.

10. Which description best reflects central line dressing care?

- A. Change dressing every seven days, or when visibly soiled or compromised**
- B. Daily
- C. Weekly
- D. Monthly

Central line dressing care aims to keep the insertion site as a sterile barrier to infection as possible while allowing you to inspect the site. The best practice is to change the dressing every seven days if it remains clean, dry, and intact, and to change sooner if it becomes visibly soiled, damp, loose, or compromised. This interval minimizes unnecessary manipulation of the catheter while still maintaining a protective seal against infection. Daily changes are unnecessary when the dressing is in good condition and the site looks clean. Monthly changes are far too infrequent and increase infection risk if the dressing is not intact. The key is to ensure a sterile change when needed and to inspect the site regularly.

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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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