

PNLE NURSING PRACTICE I (NP1) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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	15

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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 does the SBAR communication framework stand for and how is it used?**
 - A. Situation, Background, Assessment, Recommendation; used to convey concise, structured clinical information.
 - B. Symptoms, Baseline, Analysis, Response; used to track patient history.
 - C. Safety, Background, Action, Review; used in safety committees.
 - D. Situation, Behavior, Assessment, Review; used in counseling.
- 2. Which electrolyte imbalance is commonly associated with vomiting?**
 - A. Hyperchloremic metabolic acidosis with hyperkalemia
 - B. Hypochloremic metabolic alkalosis with hypokalemia
 - C. Hyponatremia with dehydration
 - D. Hypocalcemia with metabolic acidosis
- 3. What is the correct order of the nursing process steps (ADPIE)?**
 - A. Assess, Diagnose, Plan, Implement, Evaluate
 - B. Assess, Plan, Diagnose, Implement, Evaluate
 - C. Diagnose, Assess, Plan, Implement, Evaluate
 - D. Assess, Diagnose, Plan, Implement, Evaluate
- 4. What does the suction control in a chest drainage system regulate?**
 - A. The amount of suction delivered to the patient based on the amount of water.
 - B. The rate of drainage collection.
 - C. The height of the water seal.
 - D. The air flow in ambient chest.
- 5. Expanded Nursing Roles typically include all EXCEPT:**
 - A. Licensed Practical Nurse
 - B. Advanced Practice Nurse
 - C. Clinical Nurse Specialist
 - D. Certified Registered Nurse Anesthetist

- 6. Which statement best defines orthostatic hypotension in terms of blood pressure changes?**
- A. SBP drop ≥ 20 mmHg or DBP drop ≥ 10 mmHg upon standing
 - B. SBP rise ≥ 20 mmHg upon standing
 - C. No change in BP with standing
 - D. HR increases without BP change
- 7. What is the first step in preventing infection during wound care?**
- A. Using sterile gloves
 - B. Cleaning with antibiotic ointment
 - C. Covering with dressing
 - D. Hand hygiene
- 8. Which statement describes a drawback of the Functional Nursing Model?**
- A. It leads to holistic continuity of care
 - B. It can lead to fragmentation of care
 - C. It requires no coordination
 - D. It ensures single accountability
- 9. In nursing documentation, SOAP stands for which of the following?**
- A. Subjective, Objective, Assessment, Plan
 - B. Subjective, Objective, Assessment, Protocol
 - C. Subjective, Operational, Assessment, Plan
 - D. Subjective, Objective, Analysis, Plan
- 10. Which of the following are characteristics of an ideal screening test?**
- A. High sensitivity.
 - B. High specificity.
 - C. Both High sensitivity and High specificity.
 - D. Neither.

Answers

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

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Explanations

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1. What does the SBAR communication framework stand for and how is it used?

- A. Situation, Background, Assessment, Recommendation; used to convey concise, structured clinical information.
- B. Symptoms, Baseline, Analysis, Response; used to track patient history.
- C. Safety, Background, Action, Review; used in safety committees.
- D. Situation, Behavior, Assessment, Review; used in counseling.

SBAR is a concise communication framework used in healthcare to convey patient information quickly and clearly during handoffs or urgent calls. It stands for Situation, Background, Assessment, Recommendation. In practice, you start with the Situation—the patient and the immediate concern; then provide Background—relevant history, current meds, allergies, and events leading up to the issue; next, share your Assessment—your clinical impression, vital signs, trends, and what you think is happening; and finish with the Recommendation—what you need, proposed actions, and who should respond. This structure helps ensure critical details aren't missed, reduces miscommunication, and supports timely decisions in fast-paced clinical settings. For example: "Situation: patient with sudden chest pain; Background: history of CAD, on aspirin, BP 150/90; Assessment: possible myocardial ischemia, ECG pending; Recommendation: please obtain ECG and cardiac enzymes and consider initiating appropriate orders."

2. Which electrolyte imbalance is commonly associated with vomiting?

- A. Hyperchloremic metabolic acidosis with hyperkalemia
- B. Hypochloremic metabolic alkalosis with hypokalemia
- C. Hypernatremia with dehydration
- D. Hypocalcemia with metabolic acidosis

Vomiting leads to loss of gastric acid (hydrochloric acid) and chloride from the body. Losing hydrogen ions raises the body's pH, producing metabolic alkalosis, and the loss of chloride makes this a hypochloremic state. The accompanying volume depletion triggers renal mechanisms that conserve sodium and water but waste potassium, resulting in hypokalemia. So the classic pattern with vomiting is hypochloremic metabolic alkalosis with hypokalemia. In other scenarios, you'd see different patterns: loss of bicarbonate or chloride-rich fluids (as with some diarrheal losses or certain kidney disorders) tends to cause metabolic acidosis or hyperchloremia, not the hypochloremic alkalosis described here. Dehydration alone can occur with vomiting but doesn't define the characteristic acid-base and electrolyte changes.

3. What is the correct order of the nursing process steps (ADPIE)?

- A. Assess, Diagnose, Plan, Implement, Evaluate
- B. Assess, Plan, Diagnose, Implement, Evaluate
- C. Diagnose, Assess, Plan, Implement, Evaluate
- D. Assess, Diagnose, Plan, Implement, Evaluate

Understanding the nursing process in order: Assessment, Diagnosis, Planning, Implementation, Evaluation. Start by collecting and analyzing data about the patient—physical findings, history, symptoms, and needs. This gathered information is essential for identifying actual and potential problems, expressed as nursing diagnoses. After pinpointing these diagnoses, you establish measurable goals and outline the interventions needed to address them during the planning phase. Then you carry out those planned actions in the implementation phase, delivering care, treatments, education, and support. Finally, you evaluate the patient's progress to determine if goals were met, if outcomes improved, and whether the plan should be continued, changed, or ended; this step may lead to a new cycle of assessment. Therefore, the correct sequence is Assess, Diagnose, Plan, Implement, Evaluate.

4. What does the suction control in a chest drainage system regulate?

- A. The amount of suction delivered to the patient based on the amount of water.
- B. The rate of drainage collection.
- C. The height of the water seal.
- D. The air flow in ambient chest.

Suction control sets how much negative pressure is delivered to the pleural space, using a water column to regulate it. The height of the water in the suction control chamber determines the amount of suction transmitted to the chest—more water means more suction (within the device's safe range), and less water means less suction. This keeps the suction at a prescribed level to promote drainage without causing tissue injury. It's not about the rate of drainage itself, nor does it regulate the water seal height in the other chamber or ambient air flow.

5. Expanded Nursing Roles typically include all EXCEPT:

- A. Licensed Practical Nurse
- B. Advanced Practice Nurse
- C. Clinical Nurse Specialist
- D. Certified Registered Nurse Anesthetist

Expanded nursing roles involve advanced education and broader practice authority beyond the traditional registered nurse scope. The roles that fit this category include the Advanced Practice Nurse, Clinical Nurse Specialist, and Certified Registered Nurse Anesthetist, all of which require graduate-level training and typically autonomous clinical decision-making. The Licensed Practical Nurse, by contrast, usually completes a practical nursing program and provides bedside care under supervision with a more limited scope, lacking the independent practice and prescriptive authority typical of expanded roles.

6. Which statement best defines orthostatic hypotension in terms of blood pressure changes?

- A. SBP drop ≥ 20 mmHg or DBP drop ≥ 10 mmHg upon standing
- B. SBP rise ≥ 20 mmHg upon standing
- C. No change in BP with standing
- D. HR increases without BP change

When you stand, gravity pulls blood toward the legs and the body must quickly tighten vessels and raise heart rate to keep brain blood flow steady. Orthostatic hypotension happens when this adjustment is inadequate, causing a noticeable drop in blood pressure soon after standing. The best definition is a fall in systolic blood pressure of at least 20 mmHg or a fall in diastolic blood pressure of at least 10 mmHg within a few minutes of standing. This threshold captures the clinically meaningful decrease that can lead to dizziness or fainting. Other scenarios don't fit: a rise in systolic pressure on standing isn't hypotension; no change in blood pressure isn't hypotension; an increase in heart rate without a drop in blood pressure doesn't meet the diagnostic criterion for orthostatic hypotension.

7. What is the first step in preventing infection during wound care?

- A. Using sterile gloves
- B. Cleaning with antibiotic ointment
- C. Covering with dressing
- D. Hand hygiene**

Hand hygiene is the first step because hands are the main channel through which bacteria reach a wound. Cleaning hands with soap and water or an alcohol-based sanitizer before touching the wound or supplies dramatically reduces the risk of introducing infection to the patient. After hand hygiene, barrier protection like gloves can be used, but clean hands lay the foundation for safe wound care. Wound cleansing, appropriate topical treatments, and dressing come next, but they work best after ensuring hands are clean to prevent contaminating the wound from the start.

8. Which statement describes a drawback of the Functional Nursing Model?

- A. It leads to holistic continuity of care
- B. It can lead to fragmentation of care**
- C. It requires no coordination
- D. It ensures single accountability

Functional nursing divides care into tasks assigned to different staff by function (for example, one group handles medications, another handles dressing changes, another does vitals) rather than having one caregiver oversee all aspects of a patient's care. The key drawback here is fragmentation of care. Because multiple people focus on specific tasks and hand off to one another, there isn't a single, continuous point of coordination guiding the whole patient experience. This can break the sense of a cohesive care plan, lead to communication gaps, and make it harder to see the patient's overall needs and progress. In contrast to setups that emphasize a continuous, holistic approach by a primary nurse or team, functional nursing distributes responsibility in a way that can erode continuity.

9. In nursing documentation, SOAP stands for which of the following?

- A. Subjective, Objective, Assessment, Plan**
- B. Subjective, Objective, Assessment, Protocol
- C. Subjective, Operational, Assessment, Plan
- D. Subjective, Objective, Analysis, Plan

SOAP notes organize patient documentation into four parts: Subjective data, what the patient reports; Objective data, what you observe or measure; Assessment, your clinical interpretation or working diagnosis; and Plan, the actions you will take, tests to order, treatments to administer, and follow-up. This structure is the standard because it starts with the patient's own experience, moves to observable facts, then your clinical reasoning, and finally the concrete steps for management. The correct expansion—Subjective, Objective, Assessment, Plan—fits this sequence precisely. Other options introduce terms that aren't part of the standard SOAP framework (like Protocol, Operational, or Analysis), so they don't align with the established structure.

10. Which of the following are characteristics of an ideal screening test?

- A. High sensitivity.
- B. High specificity.
- C. Both High sensitivity and High specificity.**
- D. Neither.

An ideal screening test would both catch almost every person who has the disease and correctly rule out those who don't. This means high sensitivity (few false negatives) and high specificity (few false positives). With high sensitivity, you don't miss cases, which is crucial in screening, especially for serious conditions. With high specificity, you avoid labeling healthy people as diseased, reducing unnecessary anxiety, follow-up tests, and costs. In practice, tests often trade off one for the other, but the best-case scenario is achieving both.

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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://pnlenp1.examzify.com>

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

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