

PRIORITIZING HESI PRACTICE TEST (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

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- 1. For a patient with chest pain and dyspnea on arrival, what is the highest priority action?**
 - A. Assess ABCs and institute monitoring and rapid assessment
 - B. Administer analgesia first to relieve pain
 - C. Obtain a full trauma survey
 - D. Call the family to inform of diagnosis

- 2. During frostbite care, in what condition should rewarming occur at a water bath temperature of 106°F?**
 - A. When Immediate Action Is Required for Tissue Preservation
 - B. Only After Elevating the Limb Above Heart Level
 - C. Only After Assessing for Compartment Syndrome
 - D. Never Rewarm If The Skin Is Blistered

- 3. In the emergency department, a client arrives after a bomb blast. Which sequence correctly lists the nursing actions from first to last?**
 - A. Establish airway; Protect cervical spine by maintaining alignment; Assess breath sounds and respiratory effort; Monitor blood pressure and pulse rate; Evaluate client's level of consciousness; Cover the client with a blanket.
 - B. Protect cervical spine by maintaining alignment; Establish airway; Monitor blood pressure and pulse rate; Assess breath sounds and respiratory effort; Cover the client with a blanket; Evaluate client's level of consciousness.
 - C. Establish airway; Assess breath sounds and respiratory effort; Protect cervical spine by maintaining alignment; Evaluate client's level of consciousness; Monitor blood pressure and pulse rate; Cover the client with a blanket.
 - D. Evaluate client's level of consciousness; Establish airway; Protect cervical spine by maintaining alignment; Assess breath sounds; Monitor blood pressure and pulse rate; Cover the client with a blanket.

- 4. Before implementing primary nursing, what staffing factor must be determined to support the care model?**
 - A. Number of registered nurses needed
 - B. Salaries of care providers
 - C. Disposition of current support staff
 - D. Educational preparation of the staff

- 5. Which statement best describes the case management method of care delivery?**
- A. The case manager advocates for the client and family
 - B. The case manager identifies outcomes and coordinates care activities
 - C. Case managers help control costs for high-risk, high-cost client populations
 - D. Identifying tasks that can be performed by other care providers is just one activity
- 6. Which option best demonstrates the concept of prioritization in nursing care?**
- A. Addressing the most life-threatening issue first and adjust the plan as needed
 - B. Complete all tasks before assessing status
 - C. Delegating all decisions to a colleague
 - D. Documenting the rationale for prioritizing the top issues and begin interventions
- 7. After returning from surgery an infant suddenly becomes cyanotic. Which action would the nurse take first?**
- A. Checking vital signs
 - B. Administering oxygen
 - C. Suctioning the nasopharynx
 - D. Placing the infant in the side-lying position
- 8. Which principle guides ethical delegation when patient safety is at risk?**
- A. The nurse retains accountability for the overall outcomes; delegation is appropriate but must ensure safety and competency
 - B. The delegatee is fully responsible for outcomes
 - C. Patient safety is delegated
 - D. No accountability after delegation
- 9. Which sequence of priorities guides action during a respiratory emergency?**
- A. Airway, Breathing, Circulation
 - B. Breathing, Airway, Circulation
 - C. Circulation, Breathing, Airway
 - D. Circulation, Airway, Breathing

10. Which order would the nurse provide care for a client injured with frostbite?

- A. Observe for Signs of Frostbite and Preventing Further Tissue Damage; Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level; Assess for Development of Compartment Syndrome
- B. Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level; Observe for Signs of Frostbite and Preventing Further Tissue Damage; Assess for Development of Compartment Syndrome
- C. Observe for Signs of Frostbite and Preventing Further Tissue Damage; Assess for Development of Compartment Syndrome; Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level
- D. Assess for Development of Compartment Syndrome; Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level; Observe for Signs of Frostbite and Preventing Further Tissue Damage

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Answers

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

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Explanations

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1. For a patient with chest pain and dyspnea on arrival, what is the highest priority action?

A. Assess ABCs and institute monitoring and rapid assessment

B. Administer analgesia first to relieve pain

C. Obtain a full trauma survey

D. Call the family to inform of diagnosis

In emergency care, the first and most critical step is to ensure airway, breathing, and circulation while establishing continuous monitoring. A patient arriving with chest pain and shortness of breath could be deteriorating from a life-threatening condition such as airway obstruction, hypoxemia, respiratory failure, shock, or a potentially fatal cardiac event. By promptly assessing and securing the airway, supporting breathing (e.g., oxygen and monitoring of respiration and oxygen saturation), and evaluating circulation (vital signs, perfusion, and rhythm with ECG), you gain the information and stability needed to guide definitive treatment. This rapid assessment setup allows you to detect and respond to deterioration immediately and prevents delays in life-saving interventions. Analgesia, while important for comfort, should not take precedence over ensuring airway and breathing, because pain relief does not address possible hypoxia or compromised ventilation. A full trauma survey is appropriate when there is trauma, but in a non-traumatic chest pain scenario it isn't the immediate priority. Calling family to inform of diagnosis is unnecessary at this moment; patient care and stabilization come first, with communication and consent handled once the patient is stabilized.

2. During frostbite care, in what condition should rewarming occur at a water bath temperature of 106°F?

A. When Immediate Action Is Required for Tissue Preservation

B. Only After Elevating the Limb Above Heart Level

C. Only After Assessing for Compartment Syndrome

D. Never Rewarm If The Skin Is Blistered

The main idea is that frostbite should be warmed promptly when doing so will preserve tissue viability. Using a water bath around 106°F (41°C) provides controlled, effective thawing that helps restore perfusion and reduce further tissue damage without causing thermal injury. Rewarming is indicated when delaying would jeopardize tissue preservation—i.e., immediate action is required to save the affected tissue. Other steps like elevating the limb or checking for compartment syndrome are important parts of care, and blistering does not by itself stop rewarming. What matters is the need to salvage tissue, prompt and controlled rewarming is the best approach.

3. In the emergency department, a client arrives after a bomb blast. Which sequence correctly lists the nursing actions from first to last?

- A. Establish airway; Protect cervical spine by maintaining alignment; Assess breath sounds and respiratory effort; Monitor blood pressure and pulse rate; Evaluate client's level of consciousness; Cover the client with a blanket.**
- B. Protect cervical spine by maintaining alignment; Establish airway; Monitor blood pressure and pulse rate; Assess breath sounds and respiratory effort; Cover the client with a blanket; Evaluate client's level of consciousness.
- C. Establish airway; Assess breath sounds and respiratory effort; Protect cervical spine by maintaining alignment; Evaluate client's level of consciousness; Monitor blood pressure and pulse rate; Cover the client with a blanket.
- D. Evaluate client's level of consciousness; Establish airway; Protect cervical spine by maintaining alignment; Assess breath sounds; Monitor blood pressure and pulse rate; Cover the client with a blanket.

Trauma care follows the ABCDE sequence, addressing life-threatening issues in order of priority. The very first action is to secure a patent airway, because without airway protection the patient cannot be oxygenated. At the same time, cervical spine injury is a real possibility in blast victims, so maintaining spinal alignment during airway management is essential rather than delaying stabilization. Once the airway is secured with spine protection, evaluate breathing to assess adequacy, look for respiratory effort limits, and identify chest injuries that may need immediate intervention. After breathing is addressed, check circulation by monitoring blood pressure and pulse and looking for uncontrolled bleeding or signs of shock. Then assess the patient's level of consciousness to gauge neurologic status. Finally, take steps to prevent hypothermia and provide comfort, such as covering with a blanket. This sequence ensures the most critical threats to life are managed first and that protection for the spine is maintained throughout.

4. Before implementing primary nursing, what staffing factor must be determined to support the care model?

- A. Number of registered nurses needed**
- B. Salaries of care providers
- C. Disposition of current support staff
- D. Educational preparation of the staff

The main idea is to know how many registered nurses are needed to provide continuous primary nurse coverage for all patients. In primary nursing, each patient is assigned a primary nurse who plans, coordinates, and monitors care around the clock. To make this model work, you must first determine how many RNs are required to cover all shifts given the patient census and acuity. Once you have that staffing level, you can align roles, schedules, and support staff accordingly. Salaries, current support staff disposition, and educational preparation matter for feasibility and budgeting, but they do not establish whether the model can be staffed in the first place—the essential factor is the number of RNs needed.

5. Which statement best describes the case management method of care delivery?

- A. The case manager advocates for the client and family
- B. The case manager identifies outcomes and coordinates care activities**
- C. Case managers help control costs for high-risk, high-cost client populations
- D. Identifying tasks that can be performed by other care providers is just one activity

The method centers on defining what outcomes the patient needs to achieve and then coordinating all the care activities to reach those outcomes. It's a systematic, collaborative process: assess the patient's needs and goals, plan the services required, assign responsibilities to appropriate providers, and ensure smooth communication and transitions across settings. Progress toward the defined outcomes is continually monitored, and the plan is adjusted as needed to stay on track. This focus on outcome-driven planning and the orchestration of multiple care activities across disciplines best captures how case management delivers care. Advocating for the client and family is important in practice, and cost considerations can influence decisions, but these elements describe roles or objectives rather than the method itself. Similarly, identifying tasks for others is a specific activity within coordinating care, not the overarching approach.

6. Which option best demonstrates the concept of prioritization in nursing care?

- A. Addressing the most life-threatening issue first and adjust the plan as needed
- B. Complete all tasks before assessing status
- C. Delegating all decisions to a colleague
- D. Documenting the rationale for prioritizing the top issues and begin interventions**

Prioritization in nursing care means deciding which issue poses the greatest risk to the patient and needs attention first, then communicating that plan so the team can act efficiently. The option that emphasizes documenting the rationale for prioritizing the top issues and beginning interventions best demonstrates this approach. Documenting the reasoning shows clear, intentional thinking about why certain problems are top priorities, which helps the whole care team understand the plan, ensures continuity of care, and provides a record for evaluation and accountability. Starting the interventions after setting those priorities ensures timely treatment of the most urgent concerns. While addressing the most life-threatening issue first is essential, doing so without documenting the justification leaves others unclear about the why behind the choice or how to proceed. Completing all tasks before assessing status ignores the need to reassess the patient to guide next steps. Delegating all decisions to a colleague bypasses the nurse's professional judgment.

7. After returning from surgery an infant suddenly becomes cyanotic. Which action would the nurse take first?

- A. Checking vital signs
- B. Administering oxygen
- C. Suctioning the nasopharynx**
- D. Placing the infant in the side-lying position

When a post-op infant becomes suddenly cyanotic, the top priority is restoring a clear airway. Suctioning the nasopharynx directly removes mucus, blood, or edema that can abruptly obstruct airflow. Clearing the airway allows air to enter the lungs and oxygen to reach the tissues, which is the quickest way to reverse cyanosis in a newborn. After the airway is cleared, you would support breathing with oxygen as needed and position the infant to maximize airway patency, while continuing to monitor vital signs. Other actions, like checking vitals, giving oxygen without clearing the obstruction, or just placing the infant on the side, don't address the immediate blockage and won't rapidly improve oxygenation.

8. Which principle guides ethical delegation when patient safety is at risk?

- A. The nurse retains accountability for the overall outcomes; delegation is appropriate but must ensure safety and competency**
- B. The delegatee is fully responsible for outcomes
- C. Patient safety is delegated
- D. No accountability after delegation

When patient safety is at risk, the essential idea is that the nurse who delegates remains accountable for the overall outcomes and must ensure the person taking on the task is competent and properly supervised. Delegation is appropriate only if the delegatee has the necessary training and skills, the task is within the delegatee's scope, and there is a plan for monitoring, communication, and intervention if safety concerns arise. This keeps patient safety as a shared but clearly governed responsibility, with the delegating nurse maintaining the ultimate responsibility for ensuring safe, effective care. The notion that the delegatee would bear complete responsibility is not accurate, because accountability in nursing practice does not transfer entirely. Similarly, the idea that patient safety itself can be delegated away is incorrect, since safety remains a professional responsibility of the caregiver and the supervising nurse. Finally, there is not a scenario in which there is no accountability after delegation; accountability continues for the delegating nurse to ensure safe outcomes.

9. Which sequence of priorities guides action during a respiratory emergency?

- A. Airway, Breathing, Circulation**
- B. Breathing, Airway, Circulation
- C. Circulation, Breathing, Airway
- D. Circulation, Airway, Breathing

In a respiratory emergency, the first priority is to ensure an open airway so air can actually reach the lungs. If the airway is blocked or not patent, even strong breathing efforts won't deliver oxygen to the body. So you first secure the airway—clear obstructions, reposition the head, or use appropriate maneuvers to keep the airway open. Once air can move in and out, you assess and support breathing with rescue breaths or oxygen as needed. Only after airway and breathing are stabilized do you turn to circulation, checking for pulse and perfusion and initiating CPR if there's no circulation. This order keeps oxygen moving to tissues rather than wasting effort on circulation without delivery of oxygen. Starting with breathing or with circulation first could delay opening the airway or providing breaths, which would hinder oxygen delivery and worsen hypoxia.

10. Which order would the nurse provide care for a client injured with frostbite?

- A. Observe for Signs of Frostbite and Preventing Further Tissue Damage; Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level; Assess for Development of Compartment Syndrome
- B. Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level; Observe for Signs of Frostbite and Preventing Further Tissue Damage; Assess for Development of Compartment Syndrome
- C. Observe for Signs of Frostbite and Preventing Further Tissue Damage; Assess for Development of Compartment Syndrome; Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level
- D. Assess for Development of Compartment Syndrome; Rewarm in a Water Bath at 106°F; Elevate the Injured Areas Above Heart Level; Observe for Signs of Frostbite and Preventing Further Tissue Damage

In frostbite care, you prioritize identifying and protecting the injured tissue before restoring warmth. Start by observing for signs of frostbite and taking steps to prevent further tissue damage, such as removing constrictive items and avoiding re-exposure to cold. Rewarm promptly in a circulating warm-water bath at about 106°F (40°C) to restore perfusion and minimize tissue ice crystal formation without causing thermal injury. After rewarming, elevate the injured areas above heart level to reduce edema and improve venous return. Finally, assess for development of compartment syndrome, since swelling after rewarming can increase pressure within a closed space and compromise circulation, so monitoring for severe pain, numbness, and color changes is essential. The sequence that places observation first, followed by rewarming, then elevation, and then monitoring for compartment syndrome best reflects the appropriate progression of frostbite care.

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:

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

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