

Prophecy Emergency Department Registered Nurse (RN) Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. What is a potential complication of a fracture?**
 - A. Deep vein thrombosis**
 - B. Compartment syndrome**
 - C. Aseptic necrosis**
 - D. Joint stiffness**
- 2. Which type of shock is primarily characterized by a significant loss of blood volume?**
 - A. Cardiogenic shock**
 - B. Hypovolemic shock**
 - C. Obstructive shock**
 - D. Septic shock**
- 3. In trauma care, what does the "ABCDE" approach encompass?**
 - A. Airway, Breathing, Circulation, Disability, Exposure**
 - B. Assessment, Breathing, Circulation, Diagnosis, Emergency**
 - C. Airway, Breathing, Communication, Diagnosis, Environment**
 - D. Assessment, Breathing, Control, Disability, Exposure**
- 4. What is the PRIORITY nursing intervention for a 24-year-old female presenting with severe abdominal pain after methotrexate treatment?**
 - A. Administer pain medication and fluids**
 - B. Prepare for a pelvic exam and assess for vaginal bleeding**
 - C. Perform a complete blood count**
 - D. Provide emotional support and comfort measures**
- 5. What is the appropriate action for a nurse if a patient reports feeling high levels of anxiety and restlessness?**
 - A. Administer antipsychotic medication**
 - B. Suggest they go home and rest**
 - C. Provide reassurance and assess mental status**
 - D. Discourage the patient from expressing feelings**

- 6. Which of the following medications is typically not used in the treatment of acute asthma?**
- A. Albuterol**
 - B. Levalbuterol**
 - C. Fluticasone**
 - D. Epinephrine**
- 7. Which of the following vitals might indicate inadequate perfusion in a trauma patient?**
- A. Blood pressure of 120/80**
 - B. Heart rate of 58**
 - C. Blood pressure of 70/40**
 - D. Oxygen saturation of 99%**
- 8. What is a common symptom of an opioid overdose?**
- A. Increased heart rate**
 - B. Respiratory depression**
 - C. Increased blood pressure**
 - D. Severe headache**
- 9. What is the priority nursing action for a patient in acute respiratory distress?**
- A. Administer oxygen**
 - B. Perform chest physiotherapy**
 - C. Administer antihistamines**
 - D. Reassure the patient**
- 10. What statement by a patient with trichomoniasis indicates understanding of discharge instructions regarding metronidazole?**
- A. I will avoid alcohol consumption while taking my medication**
 - B. I can resume normal activities immediately after treatment**
 - C. I should take the medication only if symptoms worsen**
 - D. It's safe to share medications with family members**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is a potential complication of a fracture?

- A. Deep vein thrombosis
- B. Compartment syndrome**
- C. Aseptic necrosis
- D. Joint stiffness

A fracture can lead to compartment syndrome, which is a serious condition that occurs when increased pressure within a closed anatomical space compromises the circulation and function of the tissues within that space. This condition is particularly relevant in the context of fractures because the swelling that often follows a fracture can increase intracompartmental pressure. If not identified and treated promptly, compartment syndrome can result in permanent muscle and nerve damage, and in severe cases, it can necessitate amputation. Compartment syndrome can manifest with symptoms such as severe pain, especially when the muscle is stretched, pallor, paralysis, and pulselessness. Timely recognition and intervention, often involving fasciotomy, are critical to preserving limb function and preventing long-term complications. Other potential complications of fractures are important to note, such as deep vein thrombosis, aseptic necrosis, and joint stiffness; however, compartment syndrome stands out due to its acute nature and the urgency required in treatment.

2. Which type of shock is primarily characterized by a significant loss of blood volume?

- A. Cardiogenic shock
- B. Hypovolemic shock**
- C. Obstructive shock
- D. Septic shock

Hypovolemic shock is characterized by a significant loss of blood volume, which results in inadequate circulating blood to maintain perfusion to vital organs. This can occur due to various reasons, such as severe bleeding from trauma, internal hemorrhage, or excessive fluid loss from conditions like diarrhea or vomiting. In hypovolemic shock, the decrease in blood volume leads to a drop in cardiac output and blood pressure, which can impair organ function and eventually lead to organ failure if not addressed promptly. The body responds by initiating compensatory mechanisms, such as increased heart rate and peripheral vasoconstriction, to maintain perfusion to essential organs. Understanding this type of shock is crucial for emergency department nurses, as prompt recognition and intervention can significantly impact patient outcomes. Treatment typically focuses on rapid fluid resuscitation to restore lost volume, as well as addressing the underlying cause of the fluid loss.

3. In trauma care, what does the "ABCDE" approach encompass?

A. Airway, Breathing, Circulation, Disability, Exposure

B. Assessment, Breathing, Circulation, Diagnosis, Emergency

C. Airway, Breathing, Communication, Diagnosis, Environment

D. Assessment, Breathing, Control, Disability, Exposure

The "ABCDE" approach is a systematic method used in trauma care to ensure that all critical aspects of a patient's condition are assessed and addressed promptly. The correct answer, which includes Airway, Breathing, Circulation, Disability, and Exposure, reflects the essential components that need to be evaluated in a trauma situation. Airway management is paramount to ensure that the patient can breathe adequately and is free from obstructions. Breathing follows to assess the effectiveness of ventilation and to identify any respiratory distress or failure. Circulation checks are crucial to evaluate blood flow and identify any signs of shock or hemorrhage. Disability assessment involves checking neurological status to determine the level of consciousness and any potential head injuries. Finally, Exposure is about removing clothing to fully examine the patient for hidden injuries while maintaining their body temperature to prevent hypothermia. By following this structured approach, healthcare providers can prioritize life-threatening conditions and provide timely interventions, which is vital in emergency medicine and trauma scenarios. Each element is interrelated, and failure to address one can lead to deterioration in the patient's condition.

4. What is the PRIORITY nursing intervention for a 24-year-old female presenting with severe abdominal pain after methotrexate treatment?

A. Administer pain medication and fluids

B. Prepare for a pelvic exam and assess for vaginal bleeding

C. Perform a complete blood count

D. Provide emotional support and comfort measures

In the context of a 24-year-old female experiencing severe abdominal pain after methotrexate treatment, the priority nursing intervention involves preparing for a pelvic exam and assessing for vaginal bleeding. This is crucial because methotrexate is often used in the treatment of ectopic pregnancies and certain malignancies, conditions that can lead to significant complications such as ruptured ectopic pregnancy or hemorrhage. Severe abdominal pain in this setting necessitates an immediate assessment of potential causes, including the possibility of an ectopic pregnancy or pelvic inflammatory disease, both of which can present with acute pain and may involve significant risk of bleeding. The pelvic examination is essential to identify any abnormal findings, such as adnexal tenderness or masses, and to assess for vaginal bleeding, which is a critical indicator of potential complications that require urgent intervention. Although administering pain medication and fluids can be supportive, it does not address the underlying issue that requires immediate attention. Similarly, while obtaining a complete blood count is helpful in evaluating for anemia or signs of infection, it is not an immediate intervention to address the acute presentation. Providing emotional support is important in nursing care, but in the face of severe abdominal pain and potential life-threatening conditions, prioritizing a thorough assessment through a pelvic exam is the

5. What is the appropriate action for a nurse if a patient reports feeling high levels of anxiety and restlessness?

- A. Administer antipsychotic medication**
- B. Suggest they go home and rest**
- C. Provide reassurance and assess mental status**
- D. Discourage the patient from expressing feelings**

When a patient reports high levels of anxiety and restlessness, providing reassurance and assessing their mental status is the most appropriate action. This approach allows the nurse to establish a supportive environment where the patient feels heard and understood, which can help alleviate some of their anxiety. Assessing the mental status is crucial as it helps the nurse determine the severity of the patient's symptoms and whether there might be underlying causes that require attention. In addition, it enables the nurse to tailor further interventions based on the patient's specific needs, whether they involve therapeutic communication techniques, referrals for additional support, or more intensive interventions if necessary. Engaging with the patient in this way also fosters trust and rapport, which can be vital in emergency settings where individuals are often experiencing significant distress. While medication and other interventions may ultimately be necessary, the initial step of reassurance and assessment is crucial for holistic care and prioritizing the patient's immediate emotional well-being.

6. Which of the following medications is typically not used in the treatment of acute asthma?

- A. Albuterol**
- B. Levalbuterol**
- C. Fluticasone**
- D. Epinephrine**

Fluticasone is a corticosteroid that is primarily used for long-term management of asthma and other chronic respiratory conditions rather than for the acute treatment of asthma attacks. It works by reducing inflammation in the airways and preventing asthma symptoms when taken regularly. In contrast, medications like Albuterol, Levalbuterol, and Epinephrine are bronchodilators or fast-acting medications directly targeting acute bronchospasm, providing rapid relief during an asthma exacerbation. Therefore, fluticasone is not suitable for immediate use in acute situations, as its effects are not seen right away and it does not provide the quick relief necessary during an asthma attack.

7. Which of the following vitals might indicate inadequate perfusion in a trauma patient?

- A. Blood pressure of 120/80**
- B. Heart rate of 58**
- C. Blood pressure of 70/40**
- D. Oxygen saturation of 99%**

A blood pressure reading of 70/40 is a strong indicator of inadequate perfusion, particularly in a trauma patient. Normal blood pressure is crucial for ensuring adequate blood flow to vital organs. When blood pressure drops significantly, as it does in this scenario, it suggests that the body is not able to maintain sufficient circulation to meet metabolic demands, which can lead to organ dysfunction or failure. In trauma cases, especially those involving significant blood loss or injury, monitoring vital signs is essential. A low blood pressure reading, particularly in conjunction with a high heart rate, could indicate shock, characterized by inadequate tissue perfusion. In this context, a blood pressure of 70/40 strongly suggests severe hypotension, which is alarmingly low and often requires immediate medical intervention to stabilize the patient. Other options, like a blood pressure of 120/80 or an oxygen saturation of 99%, would typically be considered normal or acceptable, indicating adequate perfusion and oxygen delivery. In contrast, a heart rate of 58 might be bradycardic but does not by itself indicate inadequate perfusion if it is not coupled with other signs of instability. Therefore, the low blood pressure is the most critical indicator of inadequate perfusion in this situation.

8. What is a common symptom of an opioid overdose?

- A. Increased heart rate**
- B. Respiratory depression**
- C. Increased blood pressure**
- D. Severe headache**

Respiratory depression is a hallmark symptom of an opioid overdose. Opioids act on the central nervous system and can significantly reduce the brain's drive to breathe. This can lead to shallow or slow breathing, making it a critical concern in overdose situations. In severe cases, respiratory depression can progress to respiratory arrest, which can be life-threatening without prompt medical intervention. Other symptoms of an opioid overdose may include pinpoint pupils, extreme drowsiness, and altered mental status. In contrast, increased heart rate and blood pressure are generally not typical signs of opioid overdose; instead, patients may experience bradycardia (slowed heart rate) and hypotension (low blood pressure) due to the depressive effects on the cardiovascular system. Severe headaches are not associated with opioid overdoses, making respiratory depression the most indicative symptom of this condition.

9. What is the priority nursing action for a patient in acute respiratory distress?

- A. Administer oxygen**
- B. Perform chest physiotherapy**
- C. Administer antihistamines**
- D. Reassure the patient**

Administering oxygen is the priority nursing action for a patient in acute respiratory distress because it directly addresses the critical issue of impaired gas exchange and oxygenation. In situations where a patient is experiencing respiratory distress, their oxygen saturation levels may drop, leading to potential hypoxia, which can result in serious complications if not promptly managed. By providing supplemental oxygen, the nurse can help maintain adequate oxygen levels in the blood, which is essential for cellular metabolism and overall organ function. Ensuring the patient has sufficient oxygen availability can alleviate symptoms of distress and provide the immediate support needed while further assessments and interventions are carried out. Other interventions, such as performing chest physiotherapy, administering antihistamines, or reassuring the patient, may have roles in management but are not immediate priorities in the context of acute respiratory distress. These actions can be indicated depending on the underlying cause of the respiratory distress, but they do not directly address the urgent need for oxygenation, making them secondary to the priority of oxygen administration.

10. What statement by a patient with trichomoniasis indicates understanding of discharge instructions regarding metronidazole?

- A. I will avoid alcohol consumption while taking my medication**
- B. I can resume normal activities immediately after treatment**
- C. I should take the medication only if symptoms worsen**
- D. It's safe to share medications with family members**

The statement affirming the avoidance of alcohol consumption while taking metronidazole indicates a solid understanding of discharge instructions. Metronidazole is known to interact with alcohol, leading to a disulfiram-like reaction, which can cause flushing, nausea, vomiting, and abdominal pain. It's essential for patients to avoid alcohol not just during the treatment period but also for at least 48 hours after completing the medication to prevent these adverse effects. Patients on metronidazole should be aware of the risks associated with combining their medication and alcohol, thus demonstrating comprehension of the importance of this directive. This precaution is a critical component of the discharge instructions provided to ensure patient safety and effective recovery from trichomoniasis.