

Prophecy Emergency Department Registered Nurse (RN) Practice Test (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

- 1. What laboratory finding is often associated with diabetic ketoacidosis?**
 - A. Low potassium levels**
 - B. High glucose levels**
 - C. Low sodium levels**
 - D. Elevated white blood cell count**
- 2. How often should vital signs be monitored after a patient receives sedation in the emergency department?**
 - A. Every 2-3 minutes**
 - B. Every 5-15 minutes**
 - C. Every 30 minutes**
 - D. Every hour**
- 3. What does a "flat" ECG line indicate?**
 - A. Normal sinus rhythm**
 - B. Bradycardia**
 - C. Asystole or absence of electrical activity in the heart**
 - D. Atrial fibrillation**
- 4. What is a common cause of chest pain in emergency department patients?**
 - A. Pneumonia**
 - B. Myocardial infarction**
 - C. Acidity in the stomach**
 - D. Muscle strain**
- 5. A child complains of excessive sleeping and has a pink rash on their torso. What is the most likely diagnosis?**
 - A. Strep throat**
 - B. Scarlet fever**
 - C. Mononucleosis**
 - D. Chickenpox**

- 6. Following the assessment of a new patient, what should be the initial nursing intervention for a patient presenting with narrow complex tachycardia?**
- A. Monitor vital signs**
 - B. Prepare for immediate defibrillation**
 - C. Administer IV fluids**
 - D. Gather a health history**
- 7. How can nurses assess the perfusion status of a patient?**
- A. By monitoring respiratory sounds**
 - B. Checking capillary refill, skin color, and pulse quality**
 - C. Evaluating blood pressure alone**
 - D. Assessing urine output**
- 8. How does hyperkalemia affect cardiac function?**
- A. It increases stroke volume**
 - B. It can lead to cardiac arrhythmias and potentially cardiac arrest**
 - C. It enhances heart contractility**
 - D. It lowers blood pressure**
- 9. What does 'drip factor' refer to in IV medication administration?**
- A. The size of the needle used**
 - B. The speed of administration**
 - C. The rate at which IV fluid drips into the patient's vein, usually expressed in gtt/mL**
 - D. The volume of fluid in the bag**
- 10. What is the recommended action if a patient in the ED presents with severe respiratory distress?**
- A. Obtain a chest X-ray immediately**
 - B. Start an IV line**
 - C. Administer supplemental oxygen**
 - D. Begin CPR**

Answers

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

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Explanations

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1. What laboratory finding is often associated with diabetic ketoacidosis?

- A. Low potassium levels**
- B. High glucose levels**
- C. Low sodium levels**
- D. Elevated white blood cell count**

High glucose levels are a hallmark finding in diabetic ketoacidosis (DKA). This condition typically arises in individuals with type 1 diabetes and can also occur in those with type 2 diabetes under stressful circumstances, such as infection or metabolic disorders. In DKA, the body is unable to sufficiently utilize glucose for energy due to a lack of insulin. As a result, glucose builds up in the bloodstream, leading to hyperglycemia. The elevated blood glucose levels in DKA are often accompanied by other metabolic derangements, including the production of ketone bodies due to fat breakdown, which contributes to the acidotic state. Recognizing high glucose levels in a patient presenting with symptoms of DKA, such as nausea, vomiting, abdominal pain, and altered mental status, is critical for timely diagnosis and treatment.

2. How often should vital signs be monitored after a patient receives sedation in the emergency department?

- A. Every 2-3 minutes**
- B. Every 5-15 minutes**
- C. Every 30 minutes**
- D. Every hour**

Monitoring vital signs after a patient receives sedation is crucial for ensuring their safety and well-being. Frequent assessments help detect any potential complications or adverse reactions to the sedative. The recommended practice of monitoring every 5-15 minutes strikes a balance between thorough oversight and patient comfort. This interval allows healthcare providers to identify changes in the patient's respiratory status, heart rate, blood pressure, and oxygen saturation in a timely manner, which is critical, especially in the emergency department setting where patients may have a higher risk for airway compromise and hemodynamic instability following sedation. In contrast, the more frequent intervals of every 2-3 minutes may be excessive and may cause unnecessary discomfort and anxiety for the patient, without providing significant additional benefit in terms of safety monitoring. On the other hand, waiting 30 minutes or an hour could potentially allow significant changes in the patient's condition to go unnoticed, increasing the risk of complications. Therefore, monitoring every 5-15 minutes is considered optimal for providing effective surveillance post-sedation.

3. What does a "flat" ECG line indicate?

- A. Normal sinus rhythm
- B. Bradycardia
- C. Asystole or absence of electrical activity in the heart**
- D. Atrial fibrillation

A "flat" ECG line, also known as asystole, indicates the absence of electrical activity in the heart. This condition signifies that there is no effective cardiac output, resulting in a lack of blood circulation to vital organs. In a flatline situation, the heart is not generating any impulses that would typically coordinate contractions of the heart muscle. Asystole is a critical emergency, often necessitating immediate intervention, such as cardiopulmonary resuscitation (CPR) and possible advanced cardiac life support (ACLS). In contrast, normal sinus rhythm reflects a healthy heart rhythm with organized electrical activity, bradycardia refers to an unusually slow heart rate with underlying electrical activity, and atrial fibrillation shows a chaotic rhythm with irregular heartbeats. Therefore, it is clear that a flat ECG line specifically signifies asystole, marking a serious medical condition requiring urgent care.

4. What is a common cause of chest pain in emergency department patients?

- A. Pneumonia
- B. Myocardial infarction**
- C. Acidity in the stomach
- D. Muscle strain

Myocardial infarction, commonly known as a heart attack, is a prevalent cause of chest pain in emergency department patients. When a myocardial infarction occurs, it typically results from a blockage in one or more of the coronary arteries, which supply blood to the heart muscle. This reduced blood flow can lead to ischemia and pain, primarily manifested as a sensation of pressure, squeezing, or tightness in the chest. Chest pain associated with myocardial infarction can also radiate to other areas like the left arm, back, neck, or jaw, making it a classic presentation that emergency department staff are trained to recognize. Given the potentially life-threatening nature of this condition, patients presenting with acute chest pain are prioritized for immediate evaluation and treatment, often involving an electrocardiogram (ECG), blood tests for cardiac enzymes, and potentially immediate interventions like medications or cardiac catheterization. The other options, while they can cause chest pain, are less immediately life-threatening or less common in the context of emergency presentations compared to myocardial infarction. For instance, pneumonia may present with chest pain but is typically associated with respiratory symptoms. Acidity in the stomach, such as from gastroesophageal reflux disease (GERD), may produce discomfort but is generally not

5. A child complains of excessive sleeping and has a pink rash on their torso. What is the most likely diagnosis?

- A. Strep throat**
- B. Scarlet fever**
- C. Mononucleosis**
- D. Chickenpox**

The symptoms presented, including excessive sleeping and a pink rash on the torso, align most closely with mononucleosis. This viral infection, often caused by the Epstein-Barr virus, commonly affects adolescents and young adults, but can also occur in younger children. The hallmark symptoms of mononucleosis include severe fatigue, fever, sore throat, and swollen lymph nodes, along with a distinctive rash that may appear as pink spots or a generalized erythematous rash. Excessive sleeping, or significantly increased fatigue, is a key indicator of mononucleosis, as the body requires more rest to fight off the viral infection. The presence of a pink rash also fits with mononucleosis, especially if the rash is associated with other symptoms like fever or sore throat. In contrast, conditions such as strep throat typically do not present with a rash; instead, they are characterized by a sore throat, fever, and sometimes a headache. Scarlet fever, which is a complication of strep throat, includes a more pronounced red rash and is usually accompanied by a high fever and a specific "strawberry tongue" appearance. Chickenpox is marked by a characteristic vesicular rash and is usually more itchy, presenting with different stages of lesions,

6. Following the assessment of a new patient, what should be the initial nursing intervention for a patient presenting with narrow complex tachycardia?

- A. Monitor vital signs**
- B. Prepare for immediate defibrillation**
- C. Administer IV fluids**
- D. Gather a health history**

In the context of narrow complex tachycardia, the initial nursing intervention should focus on stabilizing the patient's condition based on the presentation. Narrow complex tachycardia often reflects a reentrant circuit within the atria or junctional area, and while it can be symptomatic, the immediate treatment may not involve defibrillation unless the patient presents in a more unstable rhythm that is life-threatening. Defibrillation is typically indicated for life-threatening arrhythmias such as ventricular fibrillation or pulseless ventricular tachycardia, rather than narrow complex tachycardia where the patient may have a pulse. Instead, the priority should be on assessing and monitoring the patient, particularly since narrow complex tachycardia can evolve or be symptomatic, necessitating further intervention depending on vital signs, level of consciousness, and presence of symptoms such as chest pain or hypotension. Gathering a health history is crucial, but it typically follows the stabilization of the patient and initial assessment. Administering IV fluids may be relevant in cases of hypovolemia but is not the first line for managing tachycardia. Monitoring vital signs is essential to assess the efficacy of interventions and the stability of the patient condition. Therefore, the focus should primarily be on

7. How can nurses assess the perfusion status of a patient?

- A. By monitoring respiratory sounds
- B. Checking capillary refill, skin color, and pulse quality**
- C. Evaluating blood pressure alone
- D. Assessing urine output

Assessing the perfusion status of a patient is crucial in understanding how well blood is circulating to the tissues and organs. Checking capillary refill, skin color, and pulse quality provides a comprehensive approach to evaluating perfusion. Capillary refill time is a quick test to assess peripheral circulation; a delay indicates poor perfusion. Skin color can offer insights into oxygenation and blood flow; for example, pale or cyanotic skin can be a sign of inadequate perfusion. Meanwhile, evaluating pulse quality—taking into account strength and regularity—helps determine if blood is being adequately pumped through the body. Together, these factors give nurses a robust view of the patient's perfusion status, highlighting areas where circulation may be compromised. Other options, such as monitoring respiratory sounds or focusing solely on blood pressure, do not provide the same detailed information on tissue perfusion. Evaluating urine output can offer additional information about kidney perfusion but does not address the immediate assessment of overall perfusion status as effectively as the combined evaluation of capillary refill, skin color, and pulse quality.

8. How does hyperkalemia affect cardiac function?

- A. It increases stroke volume
- B. It can lead to cardiac arrhythmias and potentially cardiac arrest**
- C. It enhances heart contractility
- D. It lowers blood pressure

Hyperkalemia, which refers to elevated potassium levels in the blood, significantly impacts cardiac function, primarily by affecting the electrical activity of the heart. Elevated potassium levels can lead to disturbances in cardiac conduction, resulting in various arrhythmias, such as premature ventricular contractions, ventricular tachycardia, or even ventricular fibrillation. These arrhythmias can disrupt the normal rhythm of the heart, making it less effective in pump function. In severe cases, hyperkalemia can lead to cardiac arrest, which is a life-threatening situation where the heart stops beating effectively. This is due to the inability of the cardiac muscle cells to depolarize and repolarize normally, which is essential for maintaining a stable heartbeat. Therefore, the adverse effects of hyperkalemia on the heart's electrical activity and rhythm underline the importance of closely monitoring potassium levels, especially in critically ill patients or those with preexisting cardiac conditions. This illustrates why the correct answer highlights the potential for serious cardiac complications arising from hyperkalemia.

9. What does 'drip factor' refer to in IV medication administration?

- A. The size of the needle used**
- B. The speed of administration**
- C. The rate at which IV fluid drips into the patient's vein, usually expressed in gtt/mL**
- D. The volume of fluid in the bag**

'Drip factor' specifically pertains to the rate at which intravenous (IV) fluids flow into a patient's vein, and is typically expressed in drops per milliliter (gtt/mL). This measurement is crucial for determining how quickly a medication or fluid should be administered to ensure that the patient receives the correct dosage in a timely manner. Each IV set has a specific drip factor, which varies depending on the equipment being used, such as macrodrip or microdrip sets. Understanding the drip factor helps healthcare providers calculate the flow rate required for delivering medications or fluids based on the prescribed dosage, thereby ensuring safe and effective treatment. This knowledge is particularly important in emergent situations where timely intervention can have significant outcomes.

10. What is the recommended action if a patient in the ED presents with severe respiratory distress?

- A. Obtain a chest X-ray immediately**
- B. Start an IV line**
- C. Administer supplemental oxygen**
- D. Begin CPR**

In the scenario where a patient in the emergency department is experiencing severe respiratory distress, the immediate priority is to ensure adequate oxygenation. Administering supplemental oxygen is crucial for addressing hypoxemia, which is often a significant concern in respiratory distress. By providing oxygen, the nurse can help improve the patient's oxygen saturation levels, which is vital for maintaining organ function and preventing further complications. Although obtaining a chest X-ray, starting an IV line, and beginning CPR are important actions in a comprehensive assessment and management plan, they do not address the immediate need for oxygenation that the patient requires in this critical moment. The focus should be on stabilizing the patient's breathing and ensuring they receive sufficient oxygen quickly. Thus, the correct action is to administer supplemental oxygen first to alleviate the respiratory distress.

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://prophecyemergencydeptrn.examzify.com>

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