

Registered Nurse Comprehensive Predictor 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

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- 1. Arterial blood gas shows pH 7.30, PaCO₂ 50 mmHg, HCO₃⁻ 22 mEq/L. What is the acid-base disorder?**
- A. Primary respiratory acidosis (acute, with no metabolic compensation yet)
 - B. Primary metabolic acidosis with metabolic compensation
 - C. Primary respiratory alkalosis
 - D. Mixed metabolic and respiratory disturbances
- 2. What is the purpose of medication reconciliation at transitions of care?**
- A. To ensure accuracy and completeness of a patient's medication list, prevent omissions, duplications, and interactions
 - B. To simplify billing and paperwork
 - C. To reduce the cost of medications
 - D. To document a patient's allergies
- 3. Which of the following is a contraindication to combined oral contraceptives?**
- A. Regular exercise
 - B. Controlled hypertension
 - C. Thromboembolic disease
 - D. Migraine without aura
- 4. Which of the following is a complication of breast cancer?**
- A. Cardiomyopathy
 - B. Mastitis
 - C. Lymphedema
 - D. Pneumonia
- 5. In SALT triage, which color represents 'expectant' status?**
- A. Red
 - B. Grey
 - C. Black
 - D. Green

- 6. A postoperative patient reports moderate pain. What is an appropriate initial nursing action?**
- A. Administer prescribed analgesic immediately
 - B. Document pain level only
 - C. Assess pain, administer prescribed analgesic (opioid if ordered), and monitor respirations and sedation
 - D. Provide ice pack
- 7. Which statement describes the first phase of crisis?**
- A. Escalating anxiety from a threat activates increased defense responses
 - B. Anxiety continues to escalate
 - C. Trial and error methods of resolution fail
 - D. Overwhelming anxiety leads to anguish
- 8. In labor induction, oxytocin should be started no sooner than how many hours after misoprostol and dinoprostone administration?**
- A. Immediate
 - B. 2 hours after misoprostol
 - C. No sooner than 4 hours after misoprostol and 6-12 hours after dinoprostone
 - D. 24 hours after misoprostol
- 9. Which statement is true about contraindications to combined oral contraceptives?**
- A. They are contraindicated in pregnancy
 - B. They are safe during breastfeeding immediately after birth
 - C. They have no interactions with liver enzyme inducers
 - D. They are recommended for smokers over 35
- 10. Which distance defines the safe boundary for droplet precautions?**
- A. Within 6 feet (2 meters)
 - B. Within 3 feet (about 1 meter)
 - C. No distance requirement
 - D. Within 10 feet

Answers

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

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Explanations

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1. Arterial blood gas shows pH 7.30, PaCO₂ 50 mmHg, HCO₃⁻ 22 mEq/L. What is the acid-base disorder?

- A. Primary respiratory acidosis (acute, with no metabolic compensation yet)
- B. Primary metabolic acidosis with metabolic compensation
- C. Primary respiratory alkalosis
- D. Mixed metabolic and respiratory disturbances

Acid-base pattern here hinges on pH and the driving gas. A pH of 7.30 shows acidemia. The PaCO₂ is elevated at 50 mmHg, which means carbon dioxide retention is causing the acidosis—this is a respiratory origin. The bicarbonate level is 22 mEq/L, which is at the lower end of normal and not elevated to compensate for a respiratory problem. That lack of metabolic compensation indicates this is an acute respiratory acidosis rather than a chronic one (where the kidneys would raise bicarbonate to compensate). If this were a metabolic disturbance, the bicarbonate would be low or show a compensatory change, and if it were a respiratory alkalosis, the CO₂ would be low. So the pattern fits primary respiratory acidosis, acute with no metabolic compensation yet.

2. What is the purpose of medication reconciliation at transitions of care?

- A. To ensure accuracy and completeness of a patient's medication list, prevent omissions, duplications, and interactions
- B. To simplify billing and paperwork
- C. To reduce the cost of medications
- D. To document a patient's allergies

Medication reconciliation during transitions of care focuses on creating an accurate, complete list of what the patient is truly taking, including meds, doses, routes, frequencies, and any over-the-counter or herbal products. The goal is to compare this current list with new orders and with the prior record to identify and fix discrepancies such as omissions, duplications, wrong doses, or potential interactions. This directly enhances safety and continuity of care because transitions between settings (hospital to home, between providers) are when errors commonly happen. It's not primarily about billing, paperwork simplification, or reducing medication costs, and while recording allergies is important, the central purpose is ensuring the medication list itself is accurate and safe to guide all future prescribing and administration.

3. Which of the following is a contraindication to combined oral contraceptives?

- A. Regular exercise
- B. Controlled hypertension
- C. Thromboembolic disease
- D. Migraine without aura

Estrogen in combined oral contraceptives raises the risk of blood clotting. In someone with thromboembolic disease, adding estrogen can increase the chance that clots form or worsen, leading to serious events like deep vein thrombosis, pulmonary embolism, or stroke. That elevated clotting risk makes thromboembolic disease an absolute contraindication to these pills. Regular exercise itself isn't a contra indication. Controlled hypertension isn't an absolute contraindication in many cases, though it may require assessment. Migraine without aura isn't the same level of concern as migraine with aura, which is more associated with stroke risk and estrogen-containing contraception; thus it's not an absolute contraindication like thromboembolic disease.

4. Which of the following is a complication of breast cancer?

- A. Cardiomyopathy
- B. Mastitis**
- C. Lymphedema
- D. Pneumonia

Lymphedema is a common complication after breast cancer treatment because removing or irradiating axillary lymph nodes can disrupt lymph drainage from the arm. This disruption allows fluid to accumulate, leading to swelling, heaviness, and potential skin changes or infections. Proper management focuses on limb elevation, compression garments, meticulous skin care, and, when appropriate, manual lymph drainage. Cardiomyopathy is typically a chemotherapy-related toxicity rather than a direct cancer-related complication. Mastitis is an infection of the breast tissue more commonly seen with lactation or breast-feeding issues, not a typical cancer-related complication. Pneumonia can occur as a secondary issue but is not a direct complication of breast cancer itself.

5. In SALT triage, which color represents 'expectant' status?

- A. Red
- B. Grey**
- C. Black
- D. Green

In SALT triage, color coding helps responders rapidly decide who gets life-saving care first. The color for someone who is expectant is black. This category includes patients whose survival is unlikely even with available resources, so they are deprioritized to conserve care for those with a better chance of benefit. Grey isn't part of the standard SALT system; if you see grey in another guide, it's not the SALT designation. The other colors map to immediate (red), delayed (yellow), and minor/walking wounded (green).

6. A postoperative patient reports moderate pain. What is an appropriate initial nursing action?

- A. Administer prescribed analgesic immediately
- B. Document pain level only
- C. Assess pain, administer prescribed analgesic (opioid if ordered), and monitor respirations and sedation**
- D. Provide ice pack

Effective postoperative pain control hinges on quick, structured assessment plus safe relief. Begin by evaluating the patient's current pain level and factors that may affect pain management. If an analgesic is prescribed, give it as ordered, and, if an opioid is involved, closely monitor respirations and level of sedation to catch any respiratory depression or excessive drowsiness. Reassess pain after the medication to judge effectiveness and adjust plans if needed. This integrated approach treats the pain promptly while safeguarding the patient's breathing and alertness. Simply documenting pain without treatment, or administering analgesia without assessing safety, or relying on an ice pack alone, does not adequately address moderate postoperative pain or safety needs.

7. Which statement describes the first phase of crisis?

- A. Escalating anxiety from a threat activates increased defense responses**
- B. Anxiety continues to escalate
- C. Trial and error methods of resolution fail
- D. Overwhelming anxiety leads to anguish

In crisis theory, the first phase centers on the person's response to a threatening event with rising anxiety that triggers protective, defensive actions. The individual begins to mobilize coping resources and defenses to manage the threat, without yet settling on a concrete solution. This is why the statement describing the first phase—that escalating anxiety from a threat activates increased defense responses—best captures what happens initially. As the crisis unfolds, anxiety may continue to rise, problem-solving attempts may fail, and eventually distress can become overwhelming, which are features of later phases.

8. In labor induction, oxytocin should be started no sooner than how many hours after misoprostol and dinoprostone administration?

- A. Immediate
- B. 2 hours after misoprostol
- C. No sooner than 4 hours after misoprostol and 6-12 hours after dinoprostone**
- D. 24 hours after misoprostol

When inducing labor with ripening agents, the goal is to stimulate progress without overdoing contractions. Prostaglandins like misoprostol and dinoprostone soften and dilate the cervix and also provoke uterine contractions. Starting oxytocin too soon after giving these drugs can push the uterus into tachysystole (too many contractions too close together), which can compromise fetal oxygenation and distress. Because misoprostol acts quickly, you should wait about four hours before starting oxytocin to let its effects stabilize. Dinoprostone has a longer duration of action, so a longer waiting window—roughly six to twelve hours—is advised before initiating oxytocin. This timing helps reduce the risk of overstimulating the uterus while still allowing labor to progress safely. Choosing immediate oxytocin would increase contraction risk right after prostaglandin use, while waiting 24 hours after misoprostol is unnecessarily delaying labor. The recommended approach is no sooner than four hours after misoprostol and six to twelve hours after dinoprostone.

9. Which statement is true about contraindications to combined oral contraceptives?

- A. They are contraindicated in pregnancy**
- B. They are safe during breastfeeding immediately after birth
- C. They have no interactions with liver enzyme inducers
- D. They are recommended for smokers over 35

Combining estrogen and progestin in oral contraception is not used when pregnancy is present. Pregnancy is a clear contraindication because the hormones provide no benefit and can pose risks to both mother and fetus if the tablets are taken. The other statements aren't correct: estrogen-containing pills are not considered safe to use immediately after birth while breastfeeding, since the postpartum period carries higher risk of blood clots and can affect lactation; these pills also have interactions with liver enzyme inducers, which can reduce their effectiveness; and they are not recommended for smokers over 35 due to increased cardiovascular risk.

10. Which distance defines the safe boundary for droplet precautions?

- A. Within 6 feet (2 meters)
- B. Within 3 feet (about 1 meter)**
- C. No distance requirement
- D. Within 10 feet

Droplet precautions are used for infections spread by larger respiratory droplets that travel only short distances after a cough, sneeze, or talk. These droplets typically fall to surfaces within about 3 feet (roughly 1 meter) of the source, so the practical boundary where protection is most important is within that distance. Being within about 3 feet of the infected person is where exposure risk is highest, so precautions emphasize staying in that close range with appropriate PPE (such as a surgical mask for the caregiver and eye protection if there's a splash risk) and having the patient wear a mask when possible. Distances like 6 feet or 10 feet overestimate the typical reach of these droplets for most diseases, and saying there's no distance requirement ignores how far droplets can travel.

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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://rncomppredictor.examzify.com>

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

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