Relias Licensed Practical Nurse (LPN) Practice Exam (Sample)

Study Guide

BY EXAMZIFY

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 is an expected urinary finding in a patient who has been newly diagnosed with diabetes with elevated glucose levels?**

   A. Anuria

   B. Polyuria

   C. Oliguria

   D. Dysuria

2. **A 65-year-old smoker with a history of high blood pressure presents to an ambulatory setting with eye complaints and facial paralysis: Which of the following vital signs would you find most alarming?**

   A. Heart rate of 88 bpm

   B. Blood pressure of 200/100

   C. Respiratory rate of 20 breaths per minute

   D. Temperature of 98.6°F

3. **What is a key sign of hypoglycemia that a nurse should monitor in diabetic patients?**

   A. Increased thirst

   B. Excessive urination

   C. Shakiness and sweating

   D. Weight gain

4. **Which of the following should you report to the registered nurse when caring for a patient with a mitten restraint?**

   A. Fingertips feel cool to touch

   B. Patient is calm and relaxed

   C. Body temperature is normal

   D. Patient is able to wiggle fingers

5. **A provider gives you a written order to give a medication STAT. Upon review you note the dose has been omitted. What would be your NEXT appropriate action?**

   A. Administer half the missing dose

   B. Contact provider for order clarification

   C. Guess and administer the common dose

   D. Document the missing dose without further action

6. Which patient will take the most time to ambulate?

A. A patient with COPD

B. A physically active postoperative patient

C. A patient with a sprained ankle

D. A patient recovering from knee surgery

7. A diabetic patient was found lying in bed lethargic and sweating profusely. What action would you perform first?

A. Check blood sugar

B. Administer insulin

C. Activate the emergency response

D. Turn the patient to their side

8. You have been asked to take a specimen immediately to the lab. What must you do first?

A. Wash your hands thoroughly

B. Confirm the specimen label and patient name

C. Prepare the specimen for transport

D. Notify the lab about the specimen

9. What change in vital signs might indicate pain in a patient without respiratory or cardiovascular disease?

A. Decrease in heart rate

B. Increase in heart rate

C. Decrease in blood pressure

D. Increase in respiratory rate

10. Why is patient education important when prescribing new medications?

A. It increases medication costs

B. It improves medication adherence

C. It decreases patient visits

D. It has no impact on outcomes

Answers

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

Explanations

1. What is an expected urinary finding in a patient who has been newly diagnosed with diabetes with elevated glucose levels?

A. Anuria

B. Polyuria

C. Oliguria

D. Dysuria

In a patient newly diagnosed with diabetes and experiencing elevated glucose levels, polyuria is an anticipated urinary finding. This occurs due to osmotic diuresis, a condition where excess glucose in the blood spills over into the urine. When glucose levels are significantly high, the kidneys cannot reabsorb all the glucose, leading to increased osmotic pressure in the renal tubules. This results in more water being drawn into the urine, causing an increase in urine volume. The body attempts to eliminate the excess glucose through urine, and this increased filtering of glucose leads to a higher volume of urine, which is characteristic of polyuria. This symptom can manifest alongside increased thirst, as the body loses more fluids, resulting in a cycle of further dehydration and elevated glucose levels. The other options represent urinary findings that are not typically associated with hyperglycemia as seen in diabetes. Anuria refers to the absence of urine production, oliguria denotes reduced urine output, and dysuria indicates painful urination, none of which align with the physiological changes associated with elevated glucose levels in diabetes. Therefore, polyuria is the expected finding in this context.

2. A 65-year-old smoker with a history of high blood pressure presents to an ambulatory setting with eye complaints and facial paralysis: Which of the following vital signs would you find most alarming?

A. Heart rate of 88 bpm

B. Blood pressure of 200/100

C. Respiratory rate of 20 breaths per minute

D. Temperature of 98.6°F

A blood pressure reading of 200/100 is concerning for several reasons, particularly in the context of this patient's history of high blood pressure and other symptoms. Hypertensive readings at this level indicate a significant elevation in blood pressure, which could lead to acute complications such as hypertensive crisis, stroke, or myocardial infarction. In the case of a 65-year-old smoker with facial paralysis and eye complaints, these could suggest a transient ischemic attack (TIA) or stroke, both of which are more likely with elevated blood pressure. The combination of high blood pressure and neurological symptoms requires immediate further assessment and intervention to prevent potential long-term damage or life-threatening conditions. While the heart rate, respiratory rate, and temperature may indicate various levels of health or distress, the critically elevated blood pressure stands out as the most urgent issue requiring attention due to its potential to cause serious cardiovascular or neurological emergencies.

3. What is a key sign of hypoglycemia that a nurse should monitor in diabetic patients?

A. Increased thirst

B. Excessive urination

C. Shakiness and sweating

D. Weight gain

The key sign of hypoglycemia that should be monitored in diabetic patients is shakiness and sweating. These symptoms are part of the body's acute response to low blood sugar levels. When glucose levels drop, the adrenal glands release adrenaline (epinephrine) as a counter-regulatory response, which can lead to increased sympathetic nervous system activity. This manifests as shakiness, sweating, irritability, increased heart rate, and sometimes confusion or dizziness. Recognizing these signs is crucial for timely intervention, as hypoglycemia can lead to more severe symptoms and complications if not addressed quickly. The other options, while important in the context of diabetes, do not specifically indicate hypoglycemia. Increased thirst and excessive urination are more characteristic of hyperglycemia or poorly controlled diabetes. Weight gain is typically associated with long-term management of diabetes, particularly with certain medications, but is not a direct symptom of hypoglycemic events. Monitoring for shakiness and sweating allows for prompt treatment and management, helping to maintain stability in diabetic patients.

4. Which of the following should you report to the registered nurse when caring for a patient with a mitten restraint?

A. Fingertips feel cool to touch

B. Patient is calm and relaxed

C. Body temperature is normal

D. Patient is able to wiggle fingers

Reporting that the fingertips feel cool to touch is critical when caring for a patient in mitten restraints. Coolness in the fingertips can indicate compromised circulation or inadequate blood flow to the extremities. This is particularly concerning in the context of restraints, as they can restrict blood circulation or cause pressure injuries if not monitored closely. Any signs of altered blood flow, such as coolness, discoloration, or swelling, must be communicated to the registered nurse to ensure timely assessment and intervention. The other options do not indicate immediate concerns. A patient who is calm and relaxed suggests that the restraint may be effectively managing their agitation without causing distress. A normal body temperature also reflects stability in the patient's condition. The ability to wiggle fingers might indicate that there is no severe restriction of movement, suggesting that circulation may still be adequate. However, the primary focus with restraints remains on ensuring the patient's safety and the proper functioning of limbs, making the report of cool fingertips essential.

5. A provider gives you a written order to give a medication STAT. Upon review you note the dose has been omitted. What would be your NEXT appropriate action?

A. Administer half the missing dose

B. Contact provider for order clarification

C. Guess and administer the common dose

D. Document the missing dose without further action

When a medication order is received that is missing critical information, such as the dose, the next appropriate action is to contact the provider for clarification. This ensures patient safety and adherence to best practices for medication administration. Administering any medication without a complete order could lead to negative patient outcomes, including underdosing or overdosing, both of which pose significant health risks. Clarifying the order with the provider not only protects the patient but also complies with legal and ethical standards in nursing practice. It demonstrates a commitment to safety and accurate medication administration, ensuring that the nurse is acting on valid and comprehensive information. Other options, such as administering half the missing dose or guessing the common dose, could endanger the patient's well-being. Documenting the missing dose without further action would ignore the responsibility to verify medication orders accurately and could lead to legal and professional repercussions. Therefore, seeking clarification from the provider is the most appropriate and responsible course of action.

6. Which patient will take the most time to ambulate?

A. A patient with COPD

B. A physically active postoperative patient

C. A patient with a sprained ankle

D. A patient recovering from knee surgery

Ambulating a patient with chronic obstructive pulmonary disease (COPD) typically requires more time compared to the other options due to several factors associated with the condition. Patients with COPD often experience shortness of breath, fatigue, and limited exercise tolerance, which can significantly slow down their ambulation. They may need frequent breaks to rest and catch their breath, complicating the walking process. In contrast, a physically active postoperative patient is likely to have better mobility and strength, thereby enabling them to ambulate more quickly, despite being in recovery. A patient with a sprained ankle may experience mild discomfort but is often still able to walk with some assistance or guidance. Lastly, a patient recovering from knee surgery can vary in their mobility ability, but many will be on a rehabilitation program designed to encourage ambulation sooner, which would typically allow them to ambulate faster than those struggling with respiratory issues like COPD.

7. A diabetic patient was found lying in bed lethargic and sweating profusely. What action would you perform first?

A. Check blood sugar

B. Administer insulin

C. Activate the emergency response

D. Turn the patient to their side

In this scenario, checking the blood sugar is the most critical first action to take. The patient is exhibiting signs of possible hypoglycemia, which is a low blood sugar level that can lead to lethargy, sweating, confusion, and potentially loss of consciousness or seizures. By checking the blood sugar, you can confirm whether this is the case and determine the appropriate intervention. If the blood sugar reading indicates that the patient is indeed hypoglycemic, immediate steps such as administering glucose or another quick-acting carbohydrate could be necessary to stabilize the patient. Conversely, if the blood sugar is elevated, then insulin may be indicated, but this can only be determined after assessment. Activating the emergency response or turning the patient to their side are actions that may be necessary depending on the situation, but they do not address the immediate need to assess the patient's blood glucose level. Immediate assessment is crucial to guide the correct and timely intervention in a diabetic emergency.

8. You have been asked to take a specimen immediately to the lab. What must you do first?

A. Wash your hands thoroughly

B. Confirm the specimen label and patient name

C. Prepare the specimen for transport

D. Notify the lab about the specimen

It is essential to confirm the specimen label and patient name as the first step when preparing to take a specimen to the lab. This action ensures that the specimen is correctly identified and linked to the right patient, reducing the risk of errors that could lead to misdiagnosis or inappropriate treatment. Mislabeling or misidentifying specimens can have serious repercussions for patient care, as lab results are critical for making informed clinical decisions. Once the identification process is confirmed, other steps such as washing hands, preparing the specimen for transport, and notifying the lab can follow. While those steps are important for maintaining safety and efficiency, verifying the specimen details takes precedence to ensure accurate and safe handling of the specimen.

9. What change in vital signs might indicate pain in a patient without respiratory or cardiovascular disease?

A. Decrease in heart rate

B. Increase in heart rate

C. Decrease in blood pressure

D. Increase in respiratory rate

An increase in heart rate can be a significant indicator of pain in a patient who does not have underlying respiratory or cardiovascular disease. When a person experiences pain, the body activates its stress response, also known as the "fight or flight" response. This response includes the release of stress hormones such as adrenaline, which can lead to an increase in heart rate. The physiological rationale behind this response is that an elevated heart rate helps to ensure that more oxygenated blood is delivered to vital organs and tissues in times of distress, such as when a person is in pain. Additionally, the body may increase heart rate to manage the metabolic demands that come with experiencing pain. It's important to note that while other vital signs can also change due to pain, an increased heart rate is a common and reliable indicator in clinical practice, especially in patients who do not exhibit other issues related to their cardiovascular or respiratory systems.

10. Why is patient education important when prescribing new medications?

A. It increases medication costs

B. It improves medication adherence

C. It decreases patient visits

D. It has no impact on outcomes

Patient education is vital when prescribing new medications because it significantly improves medication adherence. When patients understand the purpose of their medications, how to take them properly, potential side effects, and the importance of following the prescribed regimen, they are more likely to take their medications as directed. This adherence leads to better health outcomes, as patients are less likely to miss doses, misunderstand instructions, or experience adverse effects due to lack of knowledge. Informed patients can make better decisions about their health, engage in discussions with healthcare providers, and feel empowered in managing their treatment. Overall, comprehensive patient education fosters trust and collaboration between the patient and healthcare professionals, which is crucial in achieving optimal therapeutic results.

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://reliaslpn.examzify.com

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