

Relias Licensed Practical Nurse (LPN) Practice Exam (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. What is the primary role of an LPN in administering medications?**
 - A. To prescribe medications**
 - B. To administer medications as delegated**
 - C. To independently change medication doses**
 - D. To educate patients about drug formulation**

- 2. What action should be taken if a patient exhibits signs of an allergic reaction?**
 - A. Ignore the symptoms**
 - B. Immediately notify the physician and provide prescribed treatment**
 - C. Conduct a thorough patient interview**
 - D. Administer additional medications as needed**

- 3. What body language can you use to facilitate better communication when using an interpreter?**
 - A. Avoid eye contact**
 - B. Look at the interpreter**
 - C. Eye contact with the patient**
 - D. Point to visual aids**

- 4. What behavior might you expect to observe during the evaluation of a 2-year-old child?**
 - A. Uses a cup to drink**
 - B. Follows complex instructions**
 - C. Engages in cooperative play**
 - D. Recognizes colors and shapes**

- 5. Which symptom is often associated with hyperglycemia?**
 - A. Increased urination**
 - B. Excessive sweating**
 - C. Rapid heartbeat**
 - D. Confusion**

- 6. What should an LPN do if they suspect elder abuse?**
- A. Ignore the signs and monitor the situation**
 - B. Discuss concerns with the patient directly**
 - C. Report the suspicion according to facility policy**
 - D. Conduct an investigation independently**
- 7. 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**
- 8. Which of the following is a common symptom of dehydration?**
- A. Excessive sweating**
 - B. Dry skin**
 - C. Frequent urination**
 - D. Increased appetite**
- 9. What is the primary goal of pain management in nursing?**
- A. To eliminate all types of pain**
 - B. To enable patients to function at their best**
 - C. To rely on medication only for relief**
 - D. To decrease healthcare costs**
- 10. What is the significance of the Glasgow Coma Scale?**
- A. It assesses a patient's level of consciousness**
 - B. It measures blood pressure changes**
 - C. It determines body mass index**
 - D. It evaluates respiratory function**

Answers

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

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Explanations

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1. What is the primary role of an LPN in administering medications?

- A. To prescribe medications**
- B. To administer medications as delegated**
- C. To independently change medication doses**
- D. To educate patients about drug formulation**

The primary role of an LPN in administering medications is to administer medications as delegated. This means that LPNs work under the supervision of a registered nurse (RN) or a physician and follow established protocols to ensure that medications are given safely and effectively. The delegation aspect is crucial because it emphasizes that LPNs do not prescribe medications or independently make decisions regarding changes in medication doses. Instead, they are trained to follow specific orders and protocols that ensure patient safety and adherence to healthcare regulations. In the context of patient care, LPNs are essential in the medication administration process, as they have the skills required to prepare and give medications to patients. They monitor the patients for any adverse effects and report their findings to the supervising RN or physician, thereby maintaining communication within the healthcare team. The focus on administering medications as delegated is significant in the hierarchy of healthcare roles, as it delineates the responsibilities of LPNs from those of RNs and physicians, who are authorized to make critical decisions related to medication management. This role ensures that LPNs contribute effectively to patient care while working within their scope of practice.

2. What action should be taken if a patient exhibits signs of an allergic reaction?

- A. Ignore the symptoms**
- B. Immediately notify the physician and provide prescribed treatment**
- C. Conduct a thorough patient interview**
- D. Administer additional medications as needed**

When a patient shows signs of an allergic reaction, the most appropriate action is to immediately notify the physician and provide the prescribed treatment. This approach is essential for several reasons. First and foremost, allergic reactions can escalate quickly and may lead to severe complications, such as anaphylaxis, which is a life-threatening condition. Swift intervention is critical in managing the patient's safety and preventing the reaction from worsening. By notifying the physician, the healthcare provider ensures that the patient receives the appropriate and timely care, which may include administering medications like antihistamines or epinephrine, depending on the severity of the reaction. Additionally, having a set protocol for handling allergic reactions helps maintain a standard of care that promotes patient safety and emphasizes the importance of teamwork in healthcare settings. This action reflects a commitment to the well-being of the patient, ensuring that they receive the appropriate interventions based on their medical needs. In contrast, ignoring symptoms could lead to serious health risks for the patient. Conducting a thorough patient interview, while important for understanding the patient's history and potential allergens, should be secondary to ensuring immediate medical intervention. Administering additional medications without a physician's order could lead to errors and complications, further reinforcing the necessity of proper communication and authorized treatment in such situations.

3. What body language can you use to facilitate better communication when using an interpreter?

- A. Avoid eye contact**
- B. Look at the interpreter**
- C. Eye contact with the patient**
- D. Point to visual aids**

Using eye contact with the patient is crucial for effective communication, especially when an interpreter is involved. Making eye contact demonstrates respect and engagement, signaling to the patient that they are the primary focus of the conversation. This helps to create a more personal connection and makes the patient feel valued, even when their words are being interpreted by another individual. Establishing this connection can help alleviate discomfort or anxiety the patient may experience, facilitating a clearer dialogue. It's important for the patient to perceive the nurse's attention and empathy; this can also foster trust in the caregiver-patient relationship. While other forms of body language, such as visual aids or addressing the interpreter, can be beneficial in certain contexts, they do not create the same level of rapport and direct communication with the patient. Making eye contact is an essential component of non-verbal communication that reinforces the nurse's attentiveness and support.

4. What behavior might you expect to observe during the evaluation of a 2-year-old child?

- A. Uses a cup to drink**
- B. Follows complex instructions**
- C. Engages in cooperative play**
- D. Recognizes colors and shapes**

A 2-year-old child typically demonstrates developmental milestones that include the ability to drink from a cup. At this age, children are refining their fine motor skills and are often able to handle a cup more independently. This achievement is part of their growth in self-feeding and coordination. In contrast, other behaviors listed may not align with the typical developmental capabilities of a 2-year-old. For instance, following complex instructions usually requires a more advanced level of understanding and cognitive development that is typically seen in older children. Similarly, engaging in cooperative play, which necessitates social skills and the ability to negotiate with peers, generally emerges later in development. Recognizing colors and shapes might be developing, but it is more common for children slightly older than 2 to confidently identify these without assistance. Thus, using a cup to drink is the behavior you are most likely to observe in a child at that age.

5. Which symptom is often associated with hyperglycemia?

- A. Increased urination**
- B. Excessive sweating**
- C. Rapid heartbeat**
- D. Confusion**

Increased urination, known as polyuria, is a common symptom associated with hyperglycemia, which is characterized by elevated levels of glucose in the blood. When blood sugar levels rise, the kidneys work to filter out the excess glucose. This process involves pulling more water into the urine, resulting in increased urination. This mechanism is tied to osmosis, where the presence of high glucose concentration in the blood creates an osmotic gradient that draws water into the urine, ultimately leading to more frequent urination. This symptom can often be one of the first noticeable signs of poorly controlled diabetes, where the body is unable to utilize glucose effectively, prompting the kidneys to excrete it. Other symptoms such as excessive sweating, rapid heartbeat, and confusion may also be seen in various medical conditions, but they are not typically primary indicators of hyperglycemia as increased urination is. Understanding how hyperglycemia affects kidney function and subsequently leads to increased urination is crucial for managing and recognizing diabetes-related complications.

6. What should an LPN do if they suspect elder abuse?

- A. Ignore the signs and monitor the situation**
- B. Discuss concerns with the patient directly**
- C. Report the suspicion according to facility policy**
- D. Conduct an investigation independently**

When an LPN suspects elder abuse, reporting the suspicion according to facility policy is the crucial step to take. This is because LPNs are mandated reporters, which means they have a legal and ethical obligation to report any suspected cases of abuse to the appropriate authorities. Reporting allows for the situation to be properly investigated by professionals trained to handle such matters, ensuring the safety and wellbeing of the elderly individual. Addressing the concern through the established reporting channels helps to protect the victim from potential further harm and brings in the necessary resources to address the situation comprehensively. Following facility policy ensures that all actions taken are consistent with legal requirements and organizational protocols, facilitating a safe and systematic approach to handling the suspicion of abuse. In contrast, ignoring the signs and simply monitoring the situation could leave the elder in continued danger and does not fulfill the LPN's responsibilities. Discussing concerns directly with the patient might lead to further complications or retaliation, and conducting an independent investigation is outside the LPN's scope of practice and may compromise evidence or further harm the individual. Each of these alternatives fails to prioritize the immediate safety and protection of the elder and does not adhere to the professional standards and legal obligations of the nursing role.

7. 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.

8. Which of the following is a common symptom of dehydration?

A. Excessive sweating

B. Dry skin

C. Frequent urination

D. Increased appetite

Dry skin is indeed a common symptom of dehydration. When the body lacks adequate fluids, one of the first areas to show signs of this condition is the skin. Proper hydration is essential for maintaining the skin's moisture levels and elasticity. When dehydrated, the skin can become less pliable and may appear flaky or rough due to insufficient water content. This physical change is a direct result of the body's efforts to conserve water and maintain vital functions, which can affect the skin's overall appearance. In contexts like this, other symptoms can manifest differently. For instance, excessive sweating often implies high fluid loss, but it can also indicate that the body is trying to cool itself down; thus, it may not directly suggest dehydration. Frequent urination typically indicates adequate hydration or perhaps conditions like diabetes, while increased appetite is not a typical symptom of dehydration. Instead, those experiencing dehydration often feel reduced appetite or even nausea as the body's focus shifts to conserving energy and hydration.

9. What is the primary goal of pain management in nursing?

- A. To eliminate all types of pain
- B. To enable patients to function at their best**
- C. To rely on medication only for relief
- D. To decrease healthcare costs

The primary goal of pain management in nursing is to enable patients to function at their best. Effective pain management is not solely about eliminating pain, as some pain may be chronic and challenging to fully eradicate. Instead, the focus is on helping patients achieve a level of comfort that allows them to engage in daily activities, maintain quality of life, and participate in their care. By fostering an environment where patients can manage their pain, nurses empower individuals to cope with their conditions, promote healing, and enhance overall well-being. Comprehensive pain management often includes a combination of therapies, such as medication, physical therapy, relaxation techniques, and psychological support, to address pain holistically rather than solely relying on pharmacological interventions. This approach acknowledges that every patient's experience and response to pain is unique, and tailored strategies can greatly improve their functioning and satisfaction.

10. What is the significance of the Glasgow Coma Scale?

- A. It assesses a patient's level of consciousness**
- B. It measures blood pressure changes
- C. It determines body mass index
- D. It evaluates respiratory function

The significance of the Glasgow Coma Scale lies in its ability to assess a patient's level of consciousness. This scale provides a standardized method for evaluating a person's responsiveness to stimuli and has particular importance in medical settings, especially in trauma care and neurology. By using this scale, healthcare professionals can categorize a patient's state of consciousness into three components: eye opening, verbal response, and motor response. This assessment is crucial for monitoring changes in a patient's condition, guiding treatment decisions, and predicting outcomes. The level of consciousness is a vital indicator of brain function; hence, the Glasgow Coma Scale serves as an essential tool for identifying severe brain injuries or other life-threatening medical conditions. By tracking a patient's score over time, medical professionals can detect any deterioration or improvement in their neurological status.

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!

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