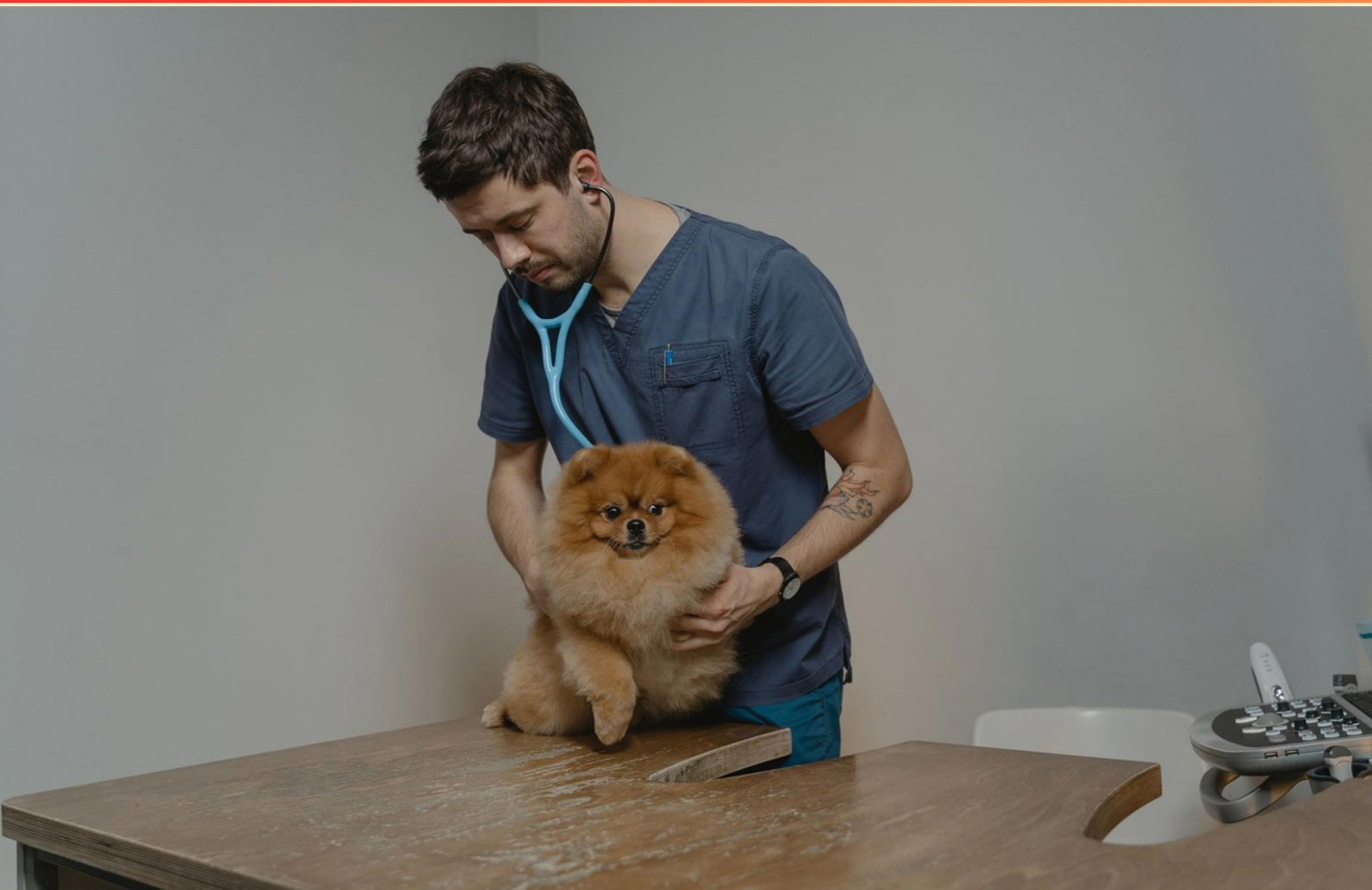


REVIEW OF RELATED DISEASES (RRD) 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. Fluid overload and fluid deficit states can lead to which conditions?

- A. Hyperkalemia and hypokalemia
- B. SIADH and Diabetes Insipidus
- C. Anemia and leukopenia
- D. Osteoporosis and osteoarthritis

2. What is an iatrogenic problem?

- A. A problem caused by an infection
- B. A problem that occurs due to lifestyle choices
- C. A problem that arises from environmental exposure
- D. A problem that occurs as a result of medical treatment

3. Acidosis is best described as

- A. A state of greater-than-usual concentration of acidic substances in the blood and cells.
- B. A state of increased alkalinity.
- C. A condition of high CO₂ only.
- D. A deficiency of bicarbonate.

4. Why is the resting membrane potential negative?

- A. There are slightly more cations inside the cell than anions.
- B. There are slightly more anions inside the cell than cations.
- C. The membrane is permeable to water.
- D. Ion pumps maintain equal numbers on both sides.

5. What is Chvostek's sign?

- A. A clinical sign where touching the cheek causes involuntary muscle contraction due to hypopolarization.
- B. A sign where tapping the jaw causes tremors due to fatigue.
- C. A sign where pinching the skin causes tensing the muscles.
- D. A sign where stroking the face reduces reflexes.

6. What is the effect of nutritional alterations on cellular function?

- A. They can disrupt normal metabolic processes and lead to disease
- B. They only affect appetite
- C. They improve cellular energy efficiency universally
- D. They have no effect on cell function

7. What does the prefix 'a/an' mean?

- A. Not or without
- B. With or together
- C. Inside or within
- D. Against

8. What is a tumor?

- A. A malignant mass that always metastasizes
- B. An abnormal mass of tissue that is not needed, used interchangeably with neoplasm
- C. A mass caused by infection
- D. A cyst filled with fluid

9. What is the role of pathophysiology in nursing practice?

- A. It eliminates the need for assessment.
- B. It replaces the need for patient history.
- C. It helps in correlating the pathophysiology of diseases with their clinical manifestations.
- D. It provides exact cures.

10. Which statement best describes a plausible sequela after a stroke?

- A. Weakness on one side of the body.
- B. Short-term dizziness.
- C. Immediate full recovery.
- D. No lasting effects.

Answers

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

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Explanations

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1. Fluid overload and fluid deficit states can lead to which conditions?

- A. Hyperkalemia and hypokalemia
- B. SIADH and Diabetes Insipidus**
- C. Anemia and leukopenia
- D. Osteoporosis and osteoarthritis

Fluid balance is controlled by antidiuretic hormone, which governs how the kidneys handle water. When there's excess water in the body, you get dilutional hyponatremia as seen with SIADH, where too much ADH causes water retention. When there's not enough water, you get hypernatremia from water loss, as with diabetes insipidus, where insufficient ADH leads to large volumes of dilute urine and dehydration. Because SIADH and diabetes insipidus directly illustrate how fluid overload and deficit affect body chemistry, they are the best fit for this question. Other options involve electrolyte disturbances or conditions not primarily tied to fluid balance.

2. What is an iatrogenic problem?

- A. A problem caused by an infection
- B. A problem that occurs due to lifestyle choices
- C. A problem that arises from environmental exposure
- D. A problem that occurs as a result of medical treatment**

An iatrogenic problem is harm that arises from medical care or interventions. It includes complications caused by a treatment, such as a medication side effect, a surgical complication, or an infection that develops as a result of care. That's why describing it as a problem that occurs as a result of medical treatment is the best match. Infections can be related to care but aren't defined by themselves, and issues from lifestyle choices or environmental exposures fall outside the realm of medical treatment.

3. Acidosis is best described as

- A. A state of greater-than-usual concentration of acidic substances in the blood and cells.**
- B. A state of increased alkalinity.
- C. A condition of high CO₂ only.
- D. A deficiency of bicarbonate.

Acidosis is about an increased acidity in the body's fluids—more hydrogen ions in the blood and extracellular tissues, which lowers pH. This emphasizes the presence of acids rather than pointing to a single cause. While high CO₂ can drive acidosis because it forms carbonic acid, acidosis isn't defined as high CO₂ alone; metabolic acidosis can occur from bicarbonate loss or excess acid production even with normal CO₂. Likewise, bicarbonate deficiency is a contributor to acidosis, but acidosis itself is about overall acidity, not just a lack of bicarbonate. So the best description is a state of greater-than-usual concentration of acidic substances in the blood and cells.

4. Why is the resting membrane potential negative?

- A. There are slightly more cations inside the cell than anions.
- B. There are slightly more anions inside the cell than cations.**
- C. The membrane is permeable to water.
- D. Ion pumps maintain equal numbers on both sides.

The resting membrane potential is negative because the cell interior carries a net negative charge compared with the outside. This arises from impermeant anions inside the cell (like certain proteins and phosphates) and the membrane's greater permeability to potassium, which tends to diffuse out of the cell. As K⁺ leaves, positive charge exits more readily than it enters, leaving behind more negative charges inside. The Na⁺/K⁺ pump helps maintain the ion gradients but does not make the sides equal; it supports the conditions that allow K⁺ efflux to dominate. The other statements don't fit: more cations inside would make the interior positive, water permeability doesn't establish the voltage, and pumps maintaining equal numbers would erase the gradient that generates the negative potential.

5. What is Chvostek's sign?

- A. A clinical sign where touching the cheek causes involuntary muscle contraction due to hypopolarization.**
- B. A sign where tapping the jaw causes tremors due to fatigue.
- C. A sign where pinching the skin causes tensing the muscles.
- D. A sign where stroking the face reduces reflexes.

Chvostek's sign shows increased neuromuscular excitability from hypocalcemia. When the clinician taps the facial nerve near the cheek, the facial muscles briefly twitch, especially around the mouth and eye. This response happens because low calcium lowers the threshold for nerve depolarization, making muscles contract more easily in response to a light stimulus. The description in the option—touching the cheek triggering involuntary facial contraction due to hypopolarization—captures this phenomenon, which is why it's the best choice. Other described signs don't involve tapping the facial nerve and producing a facial muscle twitch, so they don't fit the characteristic response of Chvostek's sign.

6. What is the effect of nutritional alterations on cellular function?

- A. They can disrupt normal metabolic processes and lead to disease**
- B. They only affect appetite
- C. They improve cellular energy efficiency universally
- D. They have no effect on cell function

Nutritional changes affect cellular function by altering the substrates and cofactors that power metabolism inside every cell. When nutrition is deficient, excessive, or imbalanced, metabolic pathways can slow down or misfire, reducing ATP production, impairing the synthesis of proteins, nucleotides, and lipids, and weakening antioxidant defenses. This can trigger cellular stress, mitochondrial dysfunction, and inflammatory signals. Over time, these cellular disturbances contribute to disease states, from anemia and immune problems to metabolic and cardiovascular disorders. So nutrition matters far beyond appetite or general energy taste; it directly shapes how cells operate.

7. What does the prefix 'a/an' mean?

- A. Not or without**
- B. With or together
- C. Inside or within
- D. Against

The prefix a/an signals negation or absence, coming from Greek. It means not or without when you put it in front of a word. So you get ideas like amoral (not moral), atypical (not typical), anemia (not enough blood), or anesthesia (without sensation). A slight pronunciation note: use a- before a consonant-starting root and an- before a vowel-starting root to make the word flow smoothly. Other prefixes convey different relations, such as co- or syn- for together or with, intra- or endo- for inside, and anti- for against.

8. What is a tumor?

- A. A malignant mass that always metastasizes
- B. An abnormal mass of tissue that is not needed, used interchangeably with neoplasm**
- C. A mass caused by infection
- D. A cyst filled with fluid

A tumor is an abnormal mass of tissue that results from uncontrolled growth of cells. This growth is not part of normal tissues and is what doctors refer to as a neoplasm, a term often used interchangeably with tumor. Tumors can be benign, remaining localized and noninvasive, or malignant, with the potential to invade surrounding tissue and sometimes spread (metastasize) to other parts of the body, though not all malignant tumors do so. The other descriptions describe inflammatory masses from infection or cysts that are fluid-filled—neither of which are tumors.

9. What is the role of pathophysiology in nursing practice?

- A. It eliminates the need for assessment.
- B. It replaces the need for patient history.
- C. It helps in correlating the pathophysiology of diseases with their clinical manifestations.**
- D. It provides exact cures.

Understanding disease mechanisms and how they produce symptoms is what ties nursing care to the patient's actual presentation. Pathophysiology shows why a patient has certain signs and symptoms by linking what's happening inside the body to what you observe at the bedside. That connection helps you anticipate likely complications, interpret data (vital signs, labs, imaging), and choose appropriate assessments and interventions. For example, knowing that impaired cardiac output can lead to reduced tissue perfusion and fluid buildup helps you recognize related symptoms and guide monitoring and treatment decisions. This approach does not replace thorough assessment or patient history, which remain essential for context, onset, and risk factors. And while pathophysiology informs treatment, it does not provide exact cures; it explains mechanisms and guides intervention choices, outcomes, and ongoing care.

10. Which statement best describes a plausible sequela after a stroke?

A. Weakness on one side of the body.

B. Short-term dizziness.

C. Immediate full recovery.

D. No lasting effects.

After a stroke, loss of brain tissue interrupts the motor pathways, so weakness on one side of the body is a common and plausible lasting effect. The motor fibers that control movement cross to the opposite side of the body, so a stroke in one hemisphere typically causes contralateral hemiparesis or hemiplegia, sometimes with facial weakness and spasticity. While some recovery can occur with rehab, immediate full recovery is unlikely, and having no lasting effects would be unusual except in a transient event. Dizziness can occur with certain stroke locations, but it isn't the typical enduring sequela.

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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://rrd1.examzify.com>

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

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