RNPEDIA: PNLE NURSING PRACTICE 1 TEST 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://rnpediapnlenp1test1.examzify.com

Table of Contents

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. Which of the following describes fixed dosing?

A. The dose is adjusted by weight

B. The dose is the same for all patients regardless of weight

C. The dose is adjusted by age

D. The dose is adjusted by gender

2. Which statement best describes the goal of hospice care?

A. Aggressive curative treatment

B. Symptom palliation and comfort

C. Routine diagnostic testing

D. Prolonged hospitalization

3. In mental health nursing, what is the primary therapeutic communication approach?

A. Active listening with empathetic, nonjudgmental communication

B. Providing direct instructions and criticism

C. Quick questioning with rapid-fire responses

D. Withholding information

4. The client in four-point restraints should have which nursing action included in the care plan?

A. Check circulation every 15-30 minutes

B. Assess temperature frequently

C. Provide diversional activities

D. Socialize with other patients once a shift

5. For a patient with suspected abdominal pathology, which sequence is most appropriate after completing inspection?

A. Palpation, auscultation, percussion

B. Auscultation, percussion, palpation

C. Percussion, auscultation, palpation

D. Auscultation, palpation, percussion

6. To prevent bacterial growth in a tube feeding system, how often should the feeding container be changed?

A. Change the feeding container every 2 hours

B. Change the feeding container every 8 to 12 hours

C. Change the feeding container every 24 hours

D. Do not change the feeding container

7. Which nursing theorist developed transcultural nursing theory?

A. Florence Nightingale

B. Madeleine Leininger

C. Sr. Callista Roy

D. Albert Moore

8. When reconstituting a powdered medication in a vial, after adding the solution, what should the nurse do?

A. Roll the vial gently between the palms

B. Shake the vial vigorously

C. Do nothing

D. Invert the vial and let it stand for 3 to 5 minutes

9. Which action by the nurse most effectively prevents air leaks in a chest drainage system connected to a water-seal unit?

A. Checking patency of the chest tube

B. Keeping the head of the bed slightly elevated

C. Keeping the drainage system below the level of the chest

D. Checking and taping all connections

10. Which statement correctly distinguishes secondary sources from primary sources?

A. Written by the original investigator

B. Written by someone other than the original researcher

C. A field study

D. A primary source

Answers

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

Explanations

1. Which of the following describes fixed dosing?

A. The dose is adjusted by weight

B. The dose is the same for all patients regardless of weight

C. The dose is adjusted by age

D. The dose is adjusted by gender

Fixed dosing means giving the same amount of a drug to everyone, regardless of body size or other patient characteristics. This approach works when the drug has a wide therapeutic window and predictable behavior across people, so one standard dose provides similar effects and safety for most patients. It simplifies prescribing and reduces dosing errors. Other patterns involve tailoring the amount based on weight, age, or gender, which are used when body size or physiology significantly affects drug exposure or response.

2. Which statement best describes the goal of hospice care?

A. Aggressive curative treatment

B. Symptom palliation and comfort

C. Routine diagnostic testing

D. Prolonged hospitalization

Hospice care is focused on comfort and quality of life at the end of life. The primary aim is to relieve distressing symptoms—such as pain, shortness of breath, or agitation—and to support the patient's emotional, social, and spiritual needs, while honoring the patient's preferences. This approach treats the patient as a whole and often involves an interdisciplinary team, with care often provided at home or in a hospice setting to reduce burdens and unnecessary hospitalizations. In contrast, pursuing aggressive curative treatments or extensive routine diagnostic testing seeks to reverse illness or extend life through burdensome interventions, which hospice typically avoids when they do not meaningfully improve comfort or prognosis. Prolonged hospitalization is also generally not the goal, as the emphasis is on comfort, dignity, and family support rather than ongoing, invasive care.

3. In mental health nursing, what is the primary therapeutic communication approach?

A. Active listening with empathetic, nonjudgmental communication

B. Providing direct instructions and criticism

C. Quick questioning with rapid-fire responses

D. Withholding information

Therapeutic communication in mental health nursing relies on active listening paired with empathetic, nonjudgmental presence. This approach creates safety, validates the patient's experiences, and encourages open sharing, which is essential for accurate assessment and collaborative care planning. Active listening involves giving full attention, noticing nonverbal cues, and reflecting or clarifying to ensure understanding, while empathy shows genuine concern without judging the patient's feelings. In contrast, giving direct instructions and criticism can feel coercive and erode trust, rapid-fire questioning can overwhelm and shut down conversation, and withholding information deprives the patient of autonomy and informed participation in care. When clinicians consistently use this supportive, patient-centered communication, it strengthens the therapeutic relationship and supports better coping and recovery.

4. The client in four-point restraints should have which nursing action included in the care plan?

A. Check circulation every 15-30 minutes

B. Assess temperature frequently

C. Provide diversional activities

D. Socialize with other patients once a shift

The key idea here is safety through vigilant neurovascular monitoring when a client is restrained. Four-point restraints can compress limbs and disrupt blood flow and nerve function, so the priority is to detect early signs of compromised circulation before tissue injury occurs. Checking circulation every 15–30 minutes allows you to catch problems fast. In practice, you assess distal status where the restraints are applied: look at and feel for color, warmth, and moisture; check skin integrity; evaluate movement and sensation in the restrained extremities; and palpate distal pulses. Don't rely on a single sign; look for a combination of: pale or dusky color, cool temperature, diminished or absent pulses, delayed capillary refill, numbness, or tingling. If any of these occur, reassess the restraint fit, loosen or adjust as needed, and notify the prescriber promptly. Diversional activities or social interaction might help reduce agitation and support the overall plan, but they do not address the immediate risk of impaired perfusion with restraints.

5. For a patient with suspected abdominal pathology, which sequence is most appropriate after completing inspection?

A. Palpation, auscultation, percussion

B. Auscultation, percussion, palpation

C. Percussion, auscultation, palpation

D. Auscultation, palpation, percussion

Listening first is essential in the abdominal exam because touching the abdomen (palpation) or tapping (percussion) can alter bowel motility and sounds, potentially masking baseline findings. After inspection, auscultation lets you hear normal and abnormal bowel sounds and any vascular bruits without those distortions, giving an accurate baseline. Percussion then helps estimate density, detect distension, and map organ borders, which complements the auscultatory findings without prematurely disturbing the tissues. Finally, palpation is done last to assess tenderness, guarding, masses, and rebound in a controlled way once the sounds and borders have been evaluated. This order preserves the integrity of the bowel sound assessment and overall accuracy when pathology is suspected.

6. To prevent bacterial growth in a tube feeding system, how often should the feeding container be changed?

A. Change the feeding container every 2 hours

B. Change the feeding container every 8 to 12 hours

C. Change the feeding container every 24 hours

D. Do not change the feeding container

Bacteria multiply in a nutrient-rich feeding container, especially when it's warm, so reducing the time the formula sits in the container minimizes contamination risk. Changing the feeding container every 8 to 12 hours limits bacterial growth before it reaches higher levels that could cause feeding intolerance, diarrhea, or infection. This interval balances keeping the system cleaner with practical nursing workflow. Longer intervals, like 24 hours, allow more bacteria to accumulate; shorter intervals, such as every 2 hours, are more work than necessary for typical care. If you're changing the container, use proper hand hygiene and aseptic technique, and ensure the tubing is flushed as prescribed to maintain a clean, closed or minimally open system. Not changing the container at all is unsafe because contamination can quickly rise.

7. Which nursing theorist developed transcultural nursing theory?

A. Florence Nightingale

B. Madeleine Leininger

C. Sr. Callista Roy

D. Albert Moore

Transcultural nursing theory teaches that care should be culturally congruent with a patient's beliefs, values, and lifeways to promote health and well-being. Madeleine Leininger developed this approach after observing that health care often failed to account for cultural differences, leading to communication gaps and less effective outcomes. Her work centers on how culture shapes what people consider illness and healing, who makes health decisions, and which practices are acceptable. She emphasized preserving meaningful cultural care expressions, adapting care when necessary to fit cultural practices, and repatterning care to align with a patient's cultural values. The sunrise model she introduced helps nurses visualize how factors like culture, social structure, religion, language, and life rituals influence care decisions, guiding culturally informed planning. This focus on integrating culture into nursing care is what makes Leininger the theorist associated with transcultural nursing. Florence Nightingale is known for environmental theory emphasizing sanitation and living conditions; Sr. Callista Roy developed the Adaptation Model focused on how individuals adapt to changes in their environment; Albert Moore is not the theorist associated with transcultural nursing.

8. When reconstituting a powdered medication in a vial, after adding the solution, what should the nurse do?

A. Roll the vial gently between the palms

B. Shake the vial vigorously

C. Do nothing

D. Invert the vial and let it stand for 3 to 5 minutes

When reconstituting a powder, you want to dissolve the drug with gentle, even mixing to avoid foaming and preserve potency. Rolling the vial gently between the palms provides just the right amount of agitation to help the powder dissolve without creating bubbles or clumps. Shaking vigorously can cause foaming and may affect the drug's integrity, while doing nothing or inverting and letting it stand isn't effective for full dissolution. Therefore, gentle rolling is the best practice after adding the diluent.

9. Which action by the nurse most effectively prevents air leaks in a chest drainage system connected to a water-seal unit?

A. Checking patency of the chest tube

B. Keeping the head of the bed slightly elevated

C. Keeping the drainage system below the level of the chest

D. Checking and taping all connections

Maintaining a closed chest drainage system is key to preventing air from entering or leaking from the connections. The water-seal unit relies on airtight integrity at every joint. If any connection is loose or unsealed, ambient air can travel along the tubing and disrupt the seal, increasing the risk of air entering the pleural space or compromising drainage. Checking all connections and taping them securely preserves that airtight seal, making it the most effective way to prevent air leaks. While ensuring the chest tube remains patent is important for drainage, it does not address leaks at joints. Elevating the head of the bed or placing the drainage system below chest level influences comfort or drainage dynamics but does not prevent leaks at connections.

10. Which statement correctly distinguishes secondary sources from primary sources?

A. Written by the original investigator

B. Written by someone other than the original researcher

C. A field study

D. A primary source

Understanding sources hinges on who wrote them relative to the original data. A secondary source is created by someone who did not participate in the original research and who analyzes, interprets, or summarizes those original findings. That's why the best description is that a secondary source is written by someone other than the original researcher. This distinction matters because primary sources are the original reports from the investigators who collected the data, while secondary sources provide interpretation or synthesis of those original results. A field study can be a primary source if it reports the original observations. A primary source, by its nature, is the original work itself, not a reinterpretation. Writing by the original investigator describes a primary source, not a secondary one.

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://rnpediapnlenp1test1.examzify.com

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