

RNPEDIA: PNLE NURSING PRACTICE 3 TEST 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. A patient on an anticoagulant should be advised to avoid which type of food?**
 - A. Report diarrhea
 - B. Foods high in vitamin K
 - C. Use a straight razor
 - D. Take aspirin for pain
- 2. Which adverse reaction is associated with prolonged aspirin therapy?**
 - A. Bilateral hearing loss
 - B. Weight gain
 - C. Fine motor tremors
 - D. Respiratory acidosis
- 3. List the five steps of the nursing process in correct order.**
 - A. Assessment, Diagnosis, Planning, Implementation, Evaluation.
 - B. Assessment, Planning, Diagnosis, Implementation, Evaluation.
 - C. Diagnosis, Assessment, Planning, Implementation, Evaluation.
 - D. Assessment, Evaluation, Planning, Diagnosis, Implementation.
- 4. During this disease, why does anemia occur despite increased white blood cell production?**
 - A. Are not responsible for the anemia
 - B. Uses nutrients from other cells
 - C. Have an abnormally short life span of cells
 - D. Crowd red blood cells
- 5. Elevated levels of which marker may indicate prostate cancer?**
 - A. Acid phosphatase level
 - B. Serum calcitonin level
 - C. Alkaline phosphatase level
 - D. Carcinoembryonic antigen level

- 6. What is the primary purpose of breast self-examination?**
- A. Detect cancerous lumps
 - B. Detect areas of thickness or fullness
 - C. Detect changes from previous examinations
 - D. Detect fibrocystic masses
- 7. Which postoperative finding most suggests developing peritonitis?**
- A. Dark drainage on the dressing
 - B. Chills
 - C. No drainage noted in eight hours
 - D. Cough with shortness of breath
- 8. Which statement about bone marrow transplantation is not correct?**
- A. The aspirated bone marrow is mixed with heparin.
 - B. The patient is under local anesthesia during the transplant.
 - C. The aspiration site is the posterior or anterior iliac crest.
 - D. The recipient receives cyclophosphamide (Cytosan) for 4 consecutive days before the procedure.
- 9. A patient on both warfarin and heparin has a PTT of 68 seconds. What should the nurse do?**
- A. Stop the IV infusion of heparin and notify the physician
 - B. Continue treatment as ordered
 - C. Expect the warfarin to increase the PTT
 - D. Increase the dosage, because the level is lower than normal
- 10. Which finding would probably not be revealed in the diagnostic assessment of this patient?**
- A. Predominance of lymphoblasts
 - B. Leukocytosis
 - C. Abnormal blast cells in the bone marrow
 - D. Elevated thrombocyte counts

Answers

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

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Explanations

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1. A patient on an anticoagulant should be advised to avoid which type of food?

- A. Report diarrhea
- B. Foods high in vitamin K**
- C. Use a straight razor
- D. Take aspirin for pain

The main idea is that vitamin K intake can alter how an anticoagulant works. Warfarin, a common anticoagulant, suppresses the vitamin K-dependent production of clotting factors. If a person eats a lot of foods rich in vitamin K, it can replenish vitamin K and counteract the drug, reducing its effect and increasing the risk of clotting. So, foods high in vitamin K should be limited in terms of avoiding large, sudden increases, and patients are advised to keep a consistent level of vitamin K in their diet. Examples include leafy greens like spinach, kale, and broccoli. The goal isn't to eliminate vitamin K, but to avoid big fluctuations and to discuss any dietary changes with a clinician. The other options aren't foods that interact with the anticoagulant in this way.

2. Which adverse reaction is associated with prolonged aspirin therapy?

- A. Bilateral hearing loss**
- B. Weight gain
- C. Fine motor tremors
- D. Respiratory acidosis

Prolonged aspirin therapy can cause ototoxicity, meaning damage to the ear that affects hearing. Salicylates accumulate in the inner ear and disrupt cochlear function, leading to bilateral hearing loss and often accompanying tinnitus. This effect tends to be dose-related and is usually reversible after stopping or reducing the dose. Early signs to watch for are tinnitus and muffled hearing, especially in people taking high-dose or long-term aspirin. The other options don't fit this typical adverse effect: weight changes and fine motor tremors aren't characteristic of aspirin toxicity, and while aspirin can influence acid-base balance in overdose, prolonged use most notably risks hearing loss rather than respiratory acidosis.

3. List the five steps of the nursing process in correct order.

- A. Assessment, Diagnosis, Planning, Implementation, Evaluation.**
- B. Assessment, Planning, Diagnosis, Implementation, Evaluation.
- C. Diagnosis, Assessment, Planning, Implementation, Evaluation.
- D. Assessment, Evaluation, Planning, Diagnosis, Implementation.

The nursing process follows a logical sequence that starts with gathering data and ends with evaluating outcomes. You begin with a thorough assessment to collect subjective and objective information about the patient. Without this data, you can't accurately identify problems. After assessment, you form nursing diagnoses that articulate actual or potential health problems based on the data. Then you move to planning, where you set goals and choose interventions to address the diagnosed problems. Next is implementation, where the planned interventions are carried out. Finally, evaluation measures whether the goals were achieved and determines whether the plan should be continued, adjusted, or terminated. This sequence—Assessment, Diagnosis, Planning, Implementation, Evaluation—keeps care data-driven and results-focused. Orders that place planning before diagnosis, or implementation before planning, or evaluation before having a plan or outcomes to assess, don't fit the process.

4. During this disease, why does anemia occur despite increased white blood cell production?

- A. Are not responsible for the anemia
- B. Uses nutrients from other cells
- C. Have an abnormally short life span of cells

D. Crowd red blood cells

In leukemia, anemia happens because the marrow is overtaken by proliferating white cells, which crowd out red blood cell precursors. This reduces erythropoiesis, so fewer red blood cells are made even though white blood cell production is high. The problem isn't that red cells die faster; it's that they aren't produced in enough numbers due to marrow crowding by leukemic cells.

5. Elevated levels of which marker may indicate prostate cancer?

- A. Acid phosphatase level**
- B. Serum calcitonin level
- C. Alkaline phosphatase level
- D. Carcinoembryonic antigen level

Elevated levels of acid phosphatase reflect activity of the prostate. Prostatic acid phosphatase (PAP) is an enzyme produced by prostate cells, and its levels in the blood can rise with prostate cancer, especially with bone metastases. This marker was used historically to help indicate prostate cancer and monitor response to treatment, though it's been largely superseded by PSA today. The other options point to different cancers or conditions: calcitonin is associated with medullary thyroid carcinoma; alkaline phosphatase rises with bone or liver disease in general; CEA is a marker for colorectal and several other cancers. Thus, elevated acid phosphatase is the best indicator among these for prostate cancer.

6. What is the primary purpose of breast self-examination?

- A. Detect cancerous lumps
- B. Detect areas of thickness or fullness
- C. Detect changes from previous examinations**
- D. Detect fibrocystic masses

Breast self-examination is about noticing changes over time in your own breasts. By establishing a personal baseline, you can detect when something looks or feels different from your previous examination, which is the most informative signal prompting medical evaluation. While a new lump or noticeable fullness can be important, the key idea is to compare with what's normal for you so you can catch changes early. Changes may arise from hormonal cycles, infections, or benign conditions, but spotting any deviation from your usual pattern is what triggers appropriate follow-up, rather than focusing on a single sign in isolation. If you notice a change, schedule a clinical assessment; routine mammography remains essential for screening.

7. Which postoperative finding most suggests developing peritonitis?

- A. Dark drainage on the dressing
- B. Chills**
- C. No drainage noted in eight hours
- D. Cough with shortness of breath

Postoperative peritonitis triggers a systemic inflammatory response, so fever and chills are classic early signs that infection has involved the peritoneum. Chills reflect the body's attempt to fight infection as the temperature rises, making it the most indicative finding of evolving peritonitis among the options. In contrast, dark drainage on the dressing could come from wound bleeding or a local skin issue, not the abdominal lining. No drainage in eight hours isn't a reliable sign of peritonitis, and coughing with shortness of breath points to a respiratory complication rather than abdominal infection. So chills best signals developing peritonitis.

8. Which statement about bone marrow transplantation is not correct?

- A. The aspirated bone marrow is mixed with heparin.
- B. The patient is under local anesthesia during the transplant.**
- C. The aspiration site is the posterior or anterior iliac crest.
- D. The recipient receives cyclophosphamide (Cytosan) for 4 consecutive days before the procedure.

The key idea here is that bone marrow collection for transplantation is usually done with deep anesthesia, not just local anesthesia. Donor marrow harvest from the iliac crest is painful and requires the patient to be still and comfortable, so general anesthesia or deep sedation is typically used rather than only local anesthesia. The other statements fit standard practice: the aspirated marrow is mixed with heparin to prevent clotting, the harvest site is the posterior or anterior iliac crest, and high-dose cyclophosphamide is commonly given for several days in the conditioning regimen before the transplant.

9. A patient on both warfarin and heparin has a PTT of 68 seconds. What should the nurse do?

- A. Stop the IV infusion of heparin and notify the physician
- B. Continue treatment as ordered**
- C. Expect the warfarin to increase the PTT
- D. Increase the dosage, because the level is lower than normal

The main idea is how to interpret PTT when a patient is on heparin therapy (often used as part of bridging with warfarin). PTT measures the anticoagulant effect of heparin and is kept within a therapeutic range, typically about 1.5–2.5 times the control value, often roughly 60–90 seconds depending on the lab. A PTT of 68 seconds is within that therapeutic range, so continuing the heparin infusion as ordered is appropriate. Warfarin, on the other hand, is monitored mainly with the INR, not PTT, so you wouldn't base changes on PTT for warfarin. Increasing the dosage would be for a subtherapeutic PTT, not a value in the therapeutic range, and stopping the infusion would be considered only if the PTT were above the target range or if there were active bleeding. Always monitor for signs of bleeding and verify the targeted PTT range with the physician or protocol.

10. Which finding would probably not be revealed in the diagnostic assessment of this patient?

- A. Predominance of lymphoblasts
- B. Leukocytosis**
- C. Abnormal blast cells in the bone marrow
- D. Elevated thrombocyte counts

In acute lymphoblastic leukemia, the diagnostic picture is driven by bone marrow infiltration with malignant lymphoblasts. The marrow and blood typically show abnormal blast cells, and patients often have anemia and thrombocytopenia due to crowding of the marrow. White blood cell counts, however, are not reliably high in ALL; the total WBC count can be high, normal, or low depending on how the disease affects marrow production. Because of this variability, an elevated white blood cell count (leukocytosis) would not be a consistent or expected finding. Elevated platelets would also be unlikely, since thrombocytopenia is more common in this condition.

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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://rnpediapnlenp3test1.examzify.com>

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

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