

RNPEDIA: PNLE NURSING PRACTICE 4 TEST 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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 fundamental pathophysiology difference between Type I and Type II diabetes?**
 - A. Type I is autoimmune destruction of pancreatic beta cells leading to insulin deficiency; Type II is insulin resistance with progressive beta-cell dysfunction
 - B. Type I is autoimmune destruction of pancreatic beta cells leading to insulin resistance; Type II is insulin deficiency with beta-cell hyperfunction
 - C. Type I is obesity-related insulin resistance; Type II is autoimmune destruction
 - D. Type I is pancreatic cancer; Type II is pancreatitis

- 2. Which statement accurately reflects isolation precautions for tuberculosis when the patient leaves the room?**
 - A. The patient should wear a surgical mask when outside the room.
 - B. The patient should wear an N95 mask outside the room.
 - C. The patient does not need any mask outside the room.
 - D. The patient should wear gloves outside the room.

- 3. When evaluating an arterial blood gas from a male client with a subdural hematoma, the Paco₂ is 30 mm Hg. Which response best describes the result?**
 - A. Appropriate; lowering carbon dioxide (CO₂) reduces intracranial pressure (ICP).
 - B. Emergent; the client is poorly oxygenated.
 - C. Normal
 - D. Significant; the client has alveolar hypoventilation.

- 4. For a patient on intravenous nitroglycerin for chest pain, what is the priority nursing action?**
 - A. Assess blood pressure and heart rate; hold infusion if SBP < 90 mmHg or symptomatic; notify prescriber.
 - B. Increase the infusion rate to improve perfusion.
 - C. Discontinue the infusion immediately without notification.
 - D. Switch to oral nitrate therapy.

- 5. In a client with type I diabetes, liver disease increases the risk of hypoglycemia due to what metabolic limitation?**
- A. Decreased glycogen formation
 - B. Increased gluconeogenesis
 - C. Enhanced insulin production
 - D. Excessive glycogenolysis
- 6. After a motor vehicle crash, a patient presents with difficulty breathing and chest pain. Auscultation reveals no breath sounds in the upper lobe. This patient most likely has which condition?**
- A. Pneumothorax
 - B. Bronchitis
 - C. Pneumonia
 - D. Tuberculosis
- 7. Which nursing intervention promotes comfort for a client with Graves' disease?**
- A. Restrict oral fluids
 - B. Maintain room temperature in the low-normal range
 - C. Limit intake of high-carbohydrate foods
 - D. Place extra blankets on the bed
- 8. One class of medication protects the ischemic myocardium by blocking catecholamines and sympathetic nerve stimulation. Which class is it?**
- A. Beta-adrenergic blockers
 - B. Calcium channel blocker
 - C. Narcotics
 - D. Nitrates
- 9. Why is aspirin avoided in children and young adults with head injuries?**
- A. Because of Reye's syndrome risk
 - B. Because it increases intracranial pressure
 - C. Because it interacts with acetaminophen
 - D. Because it is strong enough to treat pain

10. A male client who had nephrectomy 2 days ago is complaining of abdominal pressure and nausea. The first nursing action should be to:

- A. Change the client's position
- B. Palpate the abdomen
- C. Auscultate bowel sounds
- D. Insert a rectal tube

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Answers

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

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Explanations

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1. What is the fundamental pathophysiology difference between Type I and Type II diabetes?

- A. Type I is autoimmune destruction of pancreatic beta cells leading to insulin deficiency; Type II is insulin resistance with progressive beta-cell dysfunction
- B. Type I is autoimmune destruction of pancreatic beta cells leading to insulin resistance; Type II is insulin deficiency with beta-cell hyperfunction**
- C. Type I is obesity-related insulin resistance; Type II is autoimmune destruction
- D. Type I is pancreatic cancer; Type II is pancreatitis

Type I diabetes is driven by autoimmune destruction of pancreatic beta cells, which leads to an absolute deficiency of insulin—the body can't produce enough insulin at all and patients rely on insulin therapy for survival. Type II diabetes starts with insulin resistance in peripheral tissues, so the body's cells don't respond well to insulin. In response, the pancreas makes more insulin (hyperinsulinemia) for a while, but over time the beta cells can fail and insulin secretion declines, creating a relative deficiency. So the fundamental difference is: absolute insulin deficiency in Type I due to autoimmune beta cell destruction, versus insulin resistance with progressive beta cell dysfunction in Type II.

2. Which statement accurately reflects isolation precautions for tuberculosis when the patient leaves the room?

- A. The patient should wear a surgical mask when outside the room.**
- B. The patient should wear an N95 mask outside the room.
- C. The patient does not need any mask outside the room.
- D. The patient should wear gloves outside the room.

When someone has tuberculosis, the goal is to limit the spread of airborne particles as they move through shared spaces. The best approach for a patient leaving the isolation room is to have them wear a surgical mask. This provides source control—catching droplets expelled by the patient when they cough, sneeze, or even talk—so others in the hallways are less exposed. An N95 mask is the level of protection used by healthcare workers entering the room to protect themselves from inhaling TB bacteria; it's not worn by the patient. Wearing no mask would miss that source-control step, increasing the chance of transmission. Gloves don't address airborne spread and aren't indicated simply for stepping out of the room.

3. When evaluating an arterial blood gas from a male client with a subdural hematoma, the PaCO₂ is 30 mm Hg. Which response best describes the result?

- A. Appropriate; lowering carbon dioxide (CO₂) reduces intracranial pressure (ICP).**
- B. Emergent; the client is poorly oxygenated.
- C. Normal
- D. Significant; the client has alveolar hypoventilation.

Lowering arterial CO₂ decreases intracranial pressure by causing cerebral vasoconstriction, which reduces cerebral blood volume. In a patient with a subdural hematoma, a PaCO₂ of 30 mm Hg is below normal and can be used as an acute, controlled means to lower ICP. This is why the result is considered appropriate: targeting a lower CO₂ helps reduce pressure within the skull and can stabilize the patient in the short term. Normal PaCO₂ is about 35–45 mm Hg, so 30 mm Hg is not normal. It isn't an indication of alveolar hypoventilation, which would raise CO₂ rather than lower it. Oxygenation status isn't provided, so labeling it emergent for poor oxygenation isn't warranted based on CO₂ alone.

4. For a patient on intravenous nitroglycerin for chest pain, what is the priority nursing action?

A. Assess blood pressure and heart rate; hold infusion if SBP < 90 mmHg or symptomatic; notify prescriber.

B. Increase the infusion rate to improve perfusion.

C. Discontinue the infusion immediately without notification.

D. Switch to oral nitrate therapy.

IV nitroglycerin rapidly dilates veins, lowering preload and reducing myocardial oxygen demand, which helps chest pain but can cause dangerous drops in blood pressure. The priority action is to assess blood pressure and heart rate, and to hold the infusion if the systolic BP falls below 90 mmHg or the patient becomes symptomatic, then notify the prescriber. This safety step allows dose adjustments or discontinuation as needed to prevent hypotension and maintain perfusion. Increasing the infusion rate would risk worsening hypotension; discontinuing without notifying the prescriber could leave the patient unstable or in pain; switching to an oral nitrate would not provide the same rapid, controlled effect during acute chest pain.

5. In a client with type I diabetes, liver disease increases the risk of hypoglycemia due to what metabolic limitation?

A. Decreased glycogen formation

B. Increased gluconeogenesis

C. Enhanced insulin production

D. Excessive glycogenolysis

Liver glycogen serves as a quick glucose reserve to keep blood sugar stable when intake is low or insulin lowers glucose. If liver disease reduces glycogen formation, the liver's stores are smaller, so there's less glucose available for rapid release during fasting or after insulin administration. That diminished reservoir makes it easier for blood glucose to drop to hypoglycemic levels in a client with type I diabetes. The other ideas don't fit as well: increased gluconeogenesis would tend to raise or stabilize glucose rather than cause hypoglycemia; there's little to no endogenous insulin production in type I diabetes, so enhanced insulin production isn't the issue; and excessive glycogenolysis would raise blood glucose, whereas liver disease often impairs the ability to mobilize glycogen quickly.

6. After a motor vehicle crash, a patient presents with difficulty breathing and chest pain. Auscultation reveals no breath sounds in the upper lobe. This patient most likely has which condition?

A. Pneumothorax

B. Bronchitis

C. Pneumonia

D. Tuberculosis

A traumatic pneumothorax is the best fit. When air enters the pleural space after chest injury, the affected lung collapses, leading to sudden dyspnea and chest pain with decreased or absent breath sounds over the involved area. In this scenario, the absence of breath sounds in the upper lung region after a motor vehicle crash points to air in the pleural space causing lung collapse. Other conditions don't match this acute traumatic pattern: bronchitis usually yields cough with wheezes or crackles, pneumonia presents with fever and localized crackles plus dullness to percussion, and tuberculosis is a slower, chronic process with systemic symptoms rather than abrupt unilateral breath-sound loss.

7. Which nursing intervention promotes comfort for a client with Graves' disease?

- A. Restrict oral fluids
- B. Maintain room temperature in the low-normal range**
- C. Limit intake of high-carbohydrate foods
- D. Place extra blankets on the bed

Heat intolerance from Graves' disease stems from an increased metabolic rate, so comfort is best promoted by reducing the client's exposure to excess heat. Maintaining the room in a cool, low-normal range helps prevent sweating, palpitations, and general heating discomfort, making the patient feel more comfortable and able to rest. Other approaches would not address the heat-related discomfort: restricting oral fluids could lead to dehydration and dizziness, while placing extra blankets would trap heat and worsen symptoms; altering carbohydrate intake doesn't directly alleviate the overheating or restlessness characteristic of hyperthyroidism.

8. One class of medication protects the ischemic myocardium by blocking catecholamines and sympathetic nerve stimulation. Which class is it?

- A. Beta-adrenergic blockers**
- B. Calcium channel blocker
- C. Narcotics
- D. Nitrates

Blockade of beta-adrenergic receptors lowers the heart's demand for oxygen by dampening the effects of catecholamines and sympathetic stimulation. These drugs primarily target beta-1 receptors in the heart, which reduces heart rate (negative chronotropy) and contractility (negative inotropy). With the heart beating more slowly and less forcefully, the myocardial oxygen consumption decreases, which helps the ischemic tissue balance oxygen supply and demand. They also blunt the sympathetic surge that can occur during stress or ischemia, reducing the risk of tachyarrhythmias and further protective strain on the heart. In contrast, other options act by different mechanisms: calcium channel blockers change calcium entry to lower afterload and contractility but don't specifically block catecholamines; nitrates mainly reduce preload through venodilation; narcotics provide pain relief but don't directly limit sympathetic stimulation to the heart. So the class that best fits the description is beta-adrenergic blockers.

9. Why is aspirin avoided in children and young adults with head injuries?

- A. Because of Reye's syndrome risk
- B. Because it increases intracranial pressure**
- C. Because it interacts with acetaminophen
- D. Because it is strong enough to treat pain

Aspirin reduces the blood's ability to clot by irreversibly inhibiting platelet function. In a head injury, even a small bleed can expand if platelets can't form clots efficiently. That means intracranial bleeding can worsen, leading to higher intracranial pressure and increased risk of brain injury. So withholding aspirin in children and young adults with head injuries helps prevent this dangerous rise in intracranial pressure. (There's also a separate concern in kids about Reye's syndrome if aspirin is used during viral illness, but the immediate issue in head trauma is the risk of enhanced intracranial bleeding and pressure.)

10. A male client who had nephrectomy 2 days ago is complaining of abdominal pressure and nausea. The first nursing action should be to:

- A. Change the client's position
- B. Palpate the abdomen
- C. Auscultate bowel sounds**
- D. Insert a rectal tube

Assessing bowel motility is the first step here. After surgery, the intestines can be sluggish, leading to gas buildup, abdominal pressure, and nausea. Listening to the abdomen with a stethoscope across all four quadrants provides immediate, noninvasive information about peristalsis—whether it's active, hypoactive, or absent. This baseline helps determine if an ileus or other complication is developing and guides the next actions. Palpation, while useful, can be uncomfortable and may not reveal the functional status of the bowel as quickly as auscultation. A rectal tube is invasive and not a first move for this scenario. Changing the patient's position might offer some relief, but it won't tell you about bowel function or its cause. So, auscultating bowel sounds first gives the essential data to plan appropriate care.

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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:

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

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