

SUMMER CLINICAL PRACTICE TEST (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. Which pain scale is best for nonverbal patients?**
 - A. Numeric Rating Scale
 - B. Wong-Baker FACES
 - C. PAINAD scale
 - D. FLACC scale
- 2. High-frequency chest wall oscillation (HFCC) therapy uses which mechanism?**
 - A. It uses a chest cuirass to generate biphasic changes in trans-respiratory pressure difference.
 - B. It reduces sputum production.
 - C. It has no impact on airway clearance in cystic fibrosis.
 - D. It relies on endotracheal suctioning to clear secretions.
- 3. Which is the standard nebulized dose of albuterol for SABA therapy?**
 - A. 2.5 mg
 - B. 1.25 mg
 - C. 5 mg
 - D. 10 mg
- 4. HFNC is indicated for which of the following conditions?**
 - A. Acute hypoxemic respiratory failure
 - B. Chronic obstructive pulmonary disease and asthma
 - C. Cardiogenic pulmonary edema
 - D. All of the above
- 5. Which temperature range is listed as the normal temperature range?**
 - A. 97-99.5 F
 - B. 97-98.5 F
 - C. 98-99 F
 - D. 96-98 F

6. LOC stands for what?

- A. Lung Oxygen Capacity
- B. Level Of Consciousness
- C. Left Oxygen Content
- D. Liver Function

7. Which enzyme is most specific for hepatocellular injury?

- A. AST
- B. ALP
- C. GGT
- D. ALT (alanine aminotransferase)

8. Which infection control measures are essential to prevent spread of Clostridioides difficile in hospitals?

- A. Alcohol-based hand sanitizer alone
- B. Negative pressure isolation for all rooms
- C. Contact precautions (gloves and gown) and handwashing with soap and water
- D. Routine cleaning only

9. Which statement correctly identifies the reservoir bag in a partial rebreathing mask?

- A. The bag should be kept fully collapsed during inspiration
- B. The bag should never be used with this mask
- C. The reservoir bag should be kept half full during inspiration
- D. The bag should be filled with humidified air only

10. What is the tank factor for an E cylinder?

- A. 3.14
- B. 0.28
- C. 0.56
- D. 2.80

Answers

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

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Explanations

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1. Which pain scale is best for nonverbal patients?

- A. Numeric Rating Scale
- B. Wong-Baker FACES
- C. PAINAD scale
- D. FLACC scale**

When someone can't verbalize their pain, you rely on observable behavior and a standardized scoring method to quantify it. The FLACC scale does exactly that by assessing five clear domains: Face, Legs, Activity, Cry, and Consolability. Each domain is scored from 0 to 2, giving a total score of 0–10. This behavioral approach is especially useful because it doesn't depend on the patient's ability to speak or understand numbers, and it translates what you see into a reproducible pain level that can guide treatment. Compared with a Numeric Rating Scale, which asks the patient to rate pain on a numeric line, FLACC doesn't require self-report. The Wong-Baker FACES scale uses facial expressions, which can be hard to interpret for truly nonverbal patients and may not reflect pain accurately in all situations. PAINAD is designed for people with advanced dementia and is excellent for that population, but FLACC is more broadly applicable to a wider range of nonverbal patients, including infants, children, and adults with communication barriers, making it a versatile bedside tool.

2. High-frequency chest wall oscillation (HFCC) therapy uses which mechanism?

- A. It uses a chest cuirass to generate biphasic changes in trans-respiratory pressure difference.**
- B. It reduces sputum production.
- C. It has no impact on airway clearance in cystic fibrosis.
- D. It relies on endotracheal suctioning to clear secretions.

High-frequency chest wall oscillation works by delivering rapid, small-amplitude oscillations to the chest wall through a cuirass or inflatable vest. These quick pressure swings create biphasic changes in the transpulmonary (trans-respiratory) pressure difference, driving oscillatory airflow in the airways. That mechanical energy shears mucus from the airway walls and reduces its viscosity, helping secretions mobilize toward larger airways so they can be coughed up or suctioned. It enhances airway clearance, not by reducing mucus production, and it doesn't rely on suctioning.

3. Which is the standard nebulized dose of albuterol for SABA therapy?

- A. 2.5 mg**
- B. 1.25 mg
- C. 5 mg
- D. 10 mg

The main idea is that for nebulized SABA therapy, the standard per-dose amount is a fixed, effective amount that provides rapid bronchodilation with a favorable safety profile. This per-dose amount is 2.5 mg delivered by nebulization. Nebulization delivers albuterol as a fine mist, allowing the medication to reach the lower airways quickly—helpful when a patient is having a significant bronchospasm or cannot use an inhaler effectively. In acute settings, clinicians often repeat this 2.5 mg dose every 20 minutes for up to three doses, reassessing after each to decide on further treatment. Smaller fixed doses, like 1.25 mg, are not the standard for most adults and are less commonly used in routine SABA therapy, while larger doses (5 mg or 10 mg) are not routinely given as a single dose due to increased risk of adverse effects such as tachycardia and tremor.

4. HFNC is indicated for which of the following conditions?

- A. Acute hypoxemic respiratory failure
- B. Chronic obstructive pulmonary disease and asthma
- C. Cardiogenic pulmonary edema
- D. All of the above**

High-flow nasal cannula delivers heated, humidified oxygen at high flow, providing a high and variable fraction of inspired oxygen, plus a little positive airway pressure and dead-space washout. These effects improve oxygenation and reduce the work of breathing, so HFNC can be used in several situations where hypoxemia or breathing effort are the main problems. Acute hypoxemic respiratory failure clearly benefits because the patient often needs more oxygen delivery than standard oxygen can provide. Cardiogenic pulmonary edema often presents with significant hypoxemia, and the added flow and mild PEEP-like effect help recruit flooded alveoli and improve gas exchange. In COPD or asthma, oxygenation support is sometimes needed, and HFNC is well tolerated with humidified gas, can reduce work of breathing, and may be preferred when a mask is uncomfortable or NIV isn't available. Taken together, HFNC is indicated in all of these scenarios, so the best choice is all of the above.

5. Which temperature range is listed as the normal temperature range?

- A. 97-99.5 F**
- B. 97-98.5 F
- C. 98-99 F
- D. 96-98 F

Normal body temperature varies from person to person and changes with the time of day and the measurement method. While 98.6°F is a commonly cited average, healthy individuals can have oral temperatures that range roughly from 97°F to about 99.5°F. This wider span captures the natural diurnal fluctuations and individual differences, making 97–99.5°F the best representation of normal. Narrow ranges like 96–98°F or 98–99°F miss readings that can still be normal, and 97–98.5°F would exclude some normal, higher readings.

6. LOC stands for what?

- A. Lung Oxygen Capacity
- B. Level Of Consciousness**
- C. Left Oxygen Content
- D. Liver Function

Level of Consciousness is about how awake and responsive a patient is. LOC is the standard clinical shorthand for this concept, and it's a core part of neurological assessment—used to gauge how well a patient is oriented and reacting to stimuli, often guiding urgent decisions and monitoring changes over time (think of scales like AVPU or the Glasgow Coma Scale). The other phrases—lung oxygen capacity, left oxygen content, and liver function—are not what LOC refers to in medical practice, so they don't fit as the meaning of this acronym.

7. Which enzyme is most specific for hepatocellular injury?

- A. AST
- B. ALP
- C. GGT
- D. ALT (alanine aminotransferase)**

ALT is the most specific marker for hepatocellular injury because it is highly concentrated in liver cells and is released into the blood when hepatocytes are damaged. AST is also found in the liver but is present in heart, muscle, and other tissues, so elevations can come from nonhepatic sources. ALP mainly rises with cholestasis or bone turnover, and GGT increases with biliary disease and other factors but is not as liver-cell-specific. Therefore, ALT provides the most liver-specific signal of hepatocellular damage.

8. Which infection control measures are essential to prevent spread of *Clostridioides difficile* in hospitals?

- A. Alcohol-based hand sanitizer alone
- B. Negative pressure isolation for all rooms
- C. Contact precautions (gloves and gown) and handwashing with soap and water**
- D. Routine cleaning only

Clostridioides difficile spreads through hardy spores that contaminate surfaces and can be carried on hands. Because these spores survive many cleaners and are not reliably killed by alcohol alone, removing them from hands with soap and water is essential. Pair that hand hygiene with contact precautions—gloves and a gown—so that spores are not transferred to other patients, staff, or surfaces. This combination addresses both direct contact transmission and environmental contamination, making it the most effective approach. Relying on alcohol-based sanitizer alone, closing rooms under negative-pressure strategy for all cases, or using routine cleaning without proper precautions is insufficient to prevent spread. Clean with sporicidal disinfectants and use dedicated equipment to further reduce environmental contamination.

9. Which statement correctly identifies the reservoir bag in a partial rebreathing mask?

- A. The bag should be kept fully collapsed during inspiration
- B. The bag should never be used with this mask
- C. The reservoir bag should be kept half full during inspiration**
- D. The bag should be filled with humidified air only

The main idea here is how the reservoir bag in a partial rebreathing mask should behave to ensure proper gas delivery. In this setup, some of the exhaled gas is directed into the bag to be rebreathed on the next breath, so having a reserve of gas available is important. Keeping the reservoir bag about half full during inspiration provides enough volume for the inspiratory effort while still allowing room for the bag to expand as needed. If the bag were fully collapsed, there wouldn't be enough reservoir gas for rebreathing and the patient would end up drawing in more room air. If the bag were kept completely full, it could impede easy inhalation and disrupt the flow dynamics needed for effective rebreathing. It's not correct to say the bag is never used with this mask, since the reservoir is a defining feature of a partial rebreathing mask. It's also not accurate to describe the bag as filled with humidified air only; while humidification may occur, the bag's role is to hold a reserve of oxygen-rich gas and a portion of exhaled gas for rebreathed oxygen, not just humidified air.

10. What is the tank factor for an E cylinder?

A. 3.14

B. 0.28

C. 0.56

D. 2.80

Tank factor is the amount of time a full cylinder will last for each psi of pressure, at a given flow, expressed in minutes per psi. For an E cylinder, this factor is 0.28 minutes per psi. To estimate how long the cylinder will run at a certain flow, use $\text{duration} = (\text{pressure in psig} \times 0.28) \div \text{flow rate in L/min}$. This 0.28 value is specific to the E size; other cylinder sizes have different factors (for example, larger cylinders have higher factors because they contain more gas). The other numbers aren't the E cylinder's factor. So the correct tank factor for an E cylinder is 0.28. For instance, with 2000 psig remaining and a flow of 2 L/min, $\text{duration} \approx (2000 \times 0.28) / 2 \approx 280$ minutes.

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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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