

Swift River Fundamentals Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. What can be the result of a prolonged immobility?**
 - A. Reduced muscle mass**
 - B. Increased metabolic rate**
 - C. Pressure ulcers**
 - D. Improved circulation**
- 2. What underlying issue is potentially faced by a patient who has sustained an orbital fracture?**
 - A. Intracranial regulation**
 - B. Peripheral vascular health**
 - C. Acute renal failure**
 - D. Gastrointestinal irritation**
- 3. What is the major focus of geriatric nursing?**
 - A. Providing entertainment**
 - B. Focusing solely on physical health**
 - C. Caring for aging populations with complex needs**
 - D. Focusing on patient research**
- 4. When a patient is experiencing respiratory symptoms consistent with COVID-19, what is the priority nursing intervention?**
 - A. Monitor oxygen saturation levels**
 - B. Administer IV fluids immediately**
 - C. Document symptoms in the patient's file**
 - D. Switch to a different medication**
- 5. Which type of infection is characterized by localized redness, heat, swelling, and pain?**
 - A. A chronic inflammatory infection**
 - B. A viral infection**
 - C. An acute inflammatory infection**
 - D. A systemic infection**

6. What should be done if a patient's blood pressure is significantly elevated upon admission?

- A. Ignore it; it's common**
- B. Document and monitor it closely**
- C. Immediately start antihypertensives**
- D. Consult a doctor only if it remains elevated**

7. Which of the following is a common method for monitoring blood pressure?

- A. Electrocardiogram**
- B. Pulse oximetry**
- C. Sphygmomanometer**
- D. Stethoscope**

8. What should the nurse do first when the patient shows signs of an allergic reaction to Vancomycin?

- A. Continue the infusion to monitor effects**
- B. Stop the infusion**
- C. Notify the family**
- D. Document the reaction**

9. If a patient is deteriorating but can communicate and their advance directive was not completed, what should the nurse do?

- A. Offer to assist in completing an advance directive**
- B. Give the patient's husband time to think**
- C. Provide a written copy of a standard directive**
- D. Consult with the healthcare team about the patient's wishes**

10. What vital signs should be checked first when the lab arrives early for Ms. Yu?

- A. Temperature and Respiratory rate**
- B. Blood pressure and pulse**
- C. Vital signs and turn patient during lab draw**
- D. Heart rate and oxygen saturation**

Answers

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

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Explanations

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1. What can be the result of a prolonged immobility?

- A. Reduced muscle mass**
- B. Increased metabolic rate**
- C. Pressure ulcers**
- D. Improved circulation**

Prolonged immobility can lead to several health issues, among which are pressure ulcers. Pressure ulcers, also known as bedsores or decubitus ulcers, occur when there is sustained pressure on the skin, often over bony areas. This pressure restricts blood flow to the area, leading to tissue damage and ulceration. The risk of developing these ulcers increases when a person is unable to change positions frequently, such as in cases of bed rest or wheelchair use for extended periods. Understanding the mechanisms behind this is vital for recognizing the importance of mobility in maintaining skin integrity and overall health. Ensuring regular movement and repositioning can significantly reduce the risk of these ulcers, making it a key focus in the care of individuals who are immobile for any length of time.

2. What underlying issue is potentially faced by a patient who has sustained an orbital fracture?

- A. Intracranial regulation**
- B. Peripheral vascular health**
- C. Acute renal failure**
- D. Gastrointestinal irritation**

An orbital fracture can lead to several complications, particularly concerning intracranial regulation. When the bones surrounding the eye are fractured, there is a risk of injury to the surrounding soft tissues, nerves, and potentially the brain, especially if the fracture extends into the cranial cavity. This can lead to issues related to both direct trauma and secondary complications, such as bleeding or increased intracranial pressure.

Intracranial regulation refers to the ability of the body to maintain normal intracranial pressure and cerebrospinal fluid dynamics, which can be severely affected by trauma. If the orbital fracture is associated with a skull fracture or if it leads to swelling in the area, these factors can disrupt normal cerebral function and pressure regulation, potentially resulting in severe neurological outcomes. The other options relate to different areas of health that are not directly associated with the immediate complications of an orbital fracture. Peripheral vascular health pertains to problems in the blood circulation system, acute renal failure involves kidney function, and gastrointestinal irritation refers to issues in the digestive system. While all of these are significant medical concerns, they are not the primary complications associated with orbital fractures. Thus, understanding the potential complications stemming from an orbital fracture highlights the importance of monitoring and managing intracranial pressure in affected patients.

3. What is the major focus of geriatric nursing?

- A. Providing entertainment**
- B. Focusing solely on physical health**
- C. Caring for aging populations with complex needs**
- D. Focusing on patient research**

The major focus of geriatric nursing is centered on caring for aging populations with complex needs. As individuals age, they often experience a wide variety of health challenges, both physical and mental, that require specialized knowledge and skills to address effectively. Geriatric nurses are trained to provide comprehensive care that considers not only the medical conditions of older adults but also their psychological, social, and environmental needs. This holistic approach is essential because elderly patients may have multiple comorbidities and require coordination among various healthcare providers. In addition to managing chronic illnesses and acute health issues, geriatric nursing emphasizes enhancing the quality of life for older adults. This involves understanding the complexities of aging, promoting independence, ensuring safety, and facilitating functional ability. The intricate nature of these care requirements distinguishes geriatric nursing as a specialized field that is crucial for the well-being of the aging population. This focus on the complexities of geriatric patients is what differentiates it from other aspects of nursing that might not encompass the broader needs and challenges faced by older adults.

4. When a patient is experiencing respiratory symptoms consistent with COVID-19, what is the priority nursing intervention?

- A. Monitor oxygen saturation levels**
- B. Administer IV fluids immediately**
- C. Document symptoms in the patient's file**
- D. Switch to a different medication**

Monitoring oxygen saturation levels is crucial when a patient exhibits respiratory symptoms consistent with COVID-19 because it directly assesses the patient's respiratory function and overall oxygenation status. In cases of COVID-19, patients may quickly develop respiratory distress, and identifying low oxygen saturation can help determine the urgency of interventions needed, such as supplemental oxygen or further medical support. Prompt recognition of deteriorating oxygen levels allows for timely actions to prevent complications related to hypoxemia, which can significantly affect patient outcomes. Monitoring these levels helps healthcare providers gauge the severity of the respiratory symptoms and respond accordingly, making it the priority intervention in this scenario. Implementing this measure ensures that the patient's needs are continuously evaluated, thereby facilitating timely and appropriate care decisions. Other options, while relevant in different contexts, do not address the immediate respiratory concerns as effectively as monitoring oxygen saturation does. For instance, administering IV fluids might be necessary for hydration or treatment of other concurrent issues, but it does not directly assess the respiratory function. Documenting symptoms is important for record-keeping and continuity of care, but it does not provide immediate clinical insights. Switching medications may be necessary under certain circumstances, but it usually is not a priority in addressing acute respiratory symptoms.

5. Which type of infection is characterized by localized redness, heat, swelling, and pain?

- A. A chronic inflammatory infection**
- B. A viral infection**
- C. An acute inflammatory infection**
- D. A systemic infection**

An acute inflammatory infection is characterized by localized redness, heat, swelling, and pain as part of the body's immediate response to infection or injury. This reaction is due to increased blood flow to the affected area, as the body's immune system sends white blood cells and other substances to fight off pathogens. The classic signs of acute inflammation include redness and heat, which result from vasodilation, swelling from an accumulation of fluid and immune cells, and pain due to the release of chemicals that sensitize nerve endings. In contrast, chronic inflammatory infections typically present more subtly and may not exhibit the same immediate and intense signs. Viral infections can also lead to inflammation but often result in more systemic symptoms rather than localized features. Systemic infections affect the entire body and might present with fever and malaise, rather than the localized symptoms seen in acute inflammatory infections. Thus, the specific characteristics of acute inflammation align well with the symptoms described in the question.

6. What should be done if a patient's blood pressure is significantly elevated upon admission?

- A. Ignore it; it's common**
- B. Document and monitor it closely**
- C. Immediately start antihypertensives**
- D. Consult a doctor only if it remains elevated**

Monitoring and documenting a patient's elevated blood pressure upon admission is critical for several reasons. Elevated blood pressure can be a sign of an underlying condition that may require intervention. By closely monitoring the readings, healthcare providers can assess whether the blood pressure fluctuates, increases, or decreases over time. Additionally, thorough documentation is essential for maintaining accurate medical records, which informs the entire care team. It allows for better communication among healthcare professionals and helps in decision-making about further evaluation and treatment. In many cases, an initial elevation in blood pressure may not immediately necessitate intervention, especially if the patient is stable or if there are no other concerning symptoms. Monitoring provides crucial context for any future actions that might need to be taken based on the patient's status. This approach emphasizes patient safety and ensures that any necessary interventions are based on a comprehensive understanding of the patient's condition, rather than impulsively reacting to a single measurement.

7. Which of the following is a common method for monitoring blood pressure?

- A. Electrocardiogram**
- B. Pulse oximetry**
- C. Sphygmomanometer**
- D. Stethoscope**

The sphygmomanometer is a common method for monitoring blood pressure as it is specifically designed to measure the pressure of blood in the arteries. This device typically consists of an inflatable cuff that is placed around the upper arm, a manometer to measure the pressure, and a bulb to inflate the cuff. When the cuff inflates, it temporarily stops the flow of blood, and as it slowly deflates, the device measures two key pressures: systolic and diastolic. These readings are essential for assessing cardiovascular health. Other options serve different monitoring purposes distinct from blood pressure measurement. An electrocardiogram is used to assess the electrical activity of the heart, pulse oximetry measures the oxygen saturation in the blood, and a stethoscope is a tool used for listening to internal body sounds, such as heartbeats and lung sounds. While a stethoscope can be used in conjunction with a sphygmomanometer (to detect blood flow sounds), it is not a standalone method for measuring blood pressure. Thus, the sphygmomanometer is the appropriate choice for specifically checking blood pressure levels.

8. What should the nurse do first when the patient shows signs of an allergic reaction to Vancomycin?

- A. Continue the infusion to monitor effects**
- B. Stop the infusion**
- C. Notify the family**
- D. Document the reaction**

When a patient exhibits signs of an allergic reaction to Vancomycin, the first priority is to stop the infusion immediately. This action is critical in order to prevent further exposure to the medication, which could exacerbate the reaction and potentially lead to more serious complications. Allergic reactions can range from mild to severe, including symptoms such as rash, hives, difficulty breathing, or even anaphylaxis. By halting the infusion, the nurse initiates a key safety intervention aimed at protecting the patient's well-being. Following the discontinuation of the infusion, the healthcare team can then proceed with additional steps such as notifying the physician, managing the patient's symptoms, and documenting the reaction to ensure proper care is provided moving forward. Prioritizing the cessation of the medication not only aligns with best practices in medication safety but also serves to swiftly address the patient's acute needs in a potentially life-threatening scenario.

9. If a patient is deteriorating but can communicate and their advance directive was not completed, what should the nurse do?

- A. Offer to assist in completing an advance directive**
- B. Give the patient's husband time to think**
- C. Provide a written copy of a standard directive**
- D. Consult with the healthcare team about the patient's wishes**

In situations where a patient is deteriorating but can still communicate, and there is no advance directive in place, the best course of action involves offering assistance to the patient in completing an advance directive. This is a crucial step because advance directives serve as a means for patients to express their preferences regarding medical treatment and interventions in advance, especially when they may become unable to do so in the future. By offering to assist the patient, the nurse empowers them to articulate their wishes regarding their care. This is particularly important in acute situations, as it ensures that medical decisions reflect the patient's values and desires. Providing this opportunity also respects the patient's autonomy and right to make informed choices about their own health care. In contrast, simply giving the patient's husband time to think does not actively address the immediate need for directives regarding the patient's care. Offering a written copy of a standard directive could be beneficial, but it may not ensure that it is tailored to the specific wishes of the patient, who is still able to communicate their preferences. Consulting with the healthcare team about the patient's wishes might be necessary but does not directly involve the patient in the decision-making process, which is essential when they are capable of expressing their desires.

10. What vital signs should be checked first when the lab arrives early for Ms. Yu?

- A. Temperature and Respiratory rate**
- B. Blood pressure and pulse**
- C. Vital signs and turn patient during lab draw**
- D. Heart rate and oxygen saturation**

When considering which vital signs should be assessed first when the lab arrives early for Ms. Yu, checking all vital signs and turning the patient during the lab draw is crucial for several reasons. Firstly, obtaining a complete set of vital signs, including temperature, blood pressure, pulse, respiratory rate, heart rate, and oxygen saturation, provides a comprehensive overview of the patient's current health status. This is essential for identifying any immediate issues that might affect the lab draw or indicate the need for urgent interventions. Additionally, ensuring the patient is turned during the lab draw can enhance comfort and minimize any potential complications that may arise from prolonged immobilization in one position, especially if the draw is taking longer than expected or if the patient has to stay still for additional procedures. This practice also helps in optimizing positioning for the healthcare provider performing the draw, potentially making the process easier and more efficient. The focus on patient comfort and safety is a critical aspect of care, making it vital to both monitor vitals and ensure proper positioning during procedures. Thus, by emphasizing the importance of both vital signs and patient management during the lab draw, a holistic approach to patient care is maintained.

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://swiftriverfundamentals.examzify.com>

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

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