

Swift River Fundamentals

Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 a key symptom of osteoporosis?

- A. Increased susceptibility to fractures**
- B. Chronic fatigue**
- C. Joint pain**
- D. Weight loss**

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

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

3. What is the nurse's correct response when a patient refuses dressing change after surgery?

- A. Inform the patient it is mandatory**
- B. Respect the patient's wishes**
- C. Seek help from another nurse**
- D. Notify the physician about the refusal**

4. When assessing Ms. Yu's sleep pattern, what is the best initial question to ask?

- A. What medications do you take before bed?**
- B. How often do you feel tired during the day?**
- C. Do you sleep well at home?**
- D. Have you noticed any changes in your health recently?**

5. What are the primary goals of occupational therapy?

- A. To improve patients' physical strength**
- B. To enhance patients' ability to perform daily activities**
- C. To provide mental health counseling**
- D. To conduct fitness assessments only**

6. How many hours must pass before a nurse can administer another dose of oxycodone for Ms. Yu?

- A. Every hour
- B. Every 2 hours
- C. Every 4-6 hours
- D. Every 8 hours

7. What nursing intervention is important for a patient with COVID-19 at risk for pulmonary edema?

- A. Monitoring gas exchange
- B. Encouraging high salt diet
- C. Limiting fluid intake
- D. Promoting long periods of inactivity

8. How should a nurse respond to a patient who expresses feelings of depression?

- A. By minimizing their feelings
- B. By providing empathetic listening and referring them for further evaluation
- C. By immediately suggesting medication
- D. By changing the subject

9. In the SBAR technique, what does "S" typically stand for?

- A. Supply information
- B. Situation
- C. Summary
- D. Secure consent

10. What is the most appropriate first action when Ms. Yu calls for assistance to the bedside commode?

- A. Assist her immediately regardless of safety
- B. Inform her that you will turn on the light
- C. Help her without discussing the procedure
- D. Bring additional staff without explanation

Answers

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

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Explanations

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1. What is a key symptom of osteoporosis?

- A. Increased susceptibility to fractures**
- B. Chronic fatigue**
- C. Joint pain**
- D. Weight loss**

A key symptom of osteoporosis is increased susceptibility to fractures. Osteoporosis is a condition characterized by a reduction in bone density and quality, leading to weakened bones. As the bones become less dense, they are more prone to breaking from minor falls or injuries, which would not typically cause fractures in individuals with healthy bone density. This fragility is often what leads to the first indication of osteoporosis, as many people may not exhibit symptoms until they experience a fracture. While chronic fatigue, joint pain, and weight loss can be associated with different medical conditions, they are not direct symptoms of osteoporosis. Chronic fatigue may relate to various health issues, joint pain often has implications of other joint disorders, and weight loss can stem from numerous causes unrelated to bone health. Hence, the connection of increased fracture risk is specific to osteoporosis, highlighting its nature as a bone disease where even mild stress can result in significant injury.

2. 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.

3. What is the nurse's correct response when a patient refuses dressing change after surgery?

- A. Inform the patient it is mandatory**
- B. Respect the patient's wishes**
- C. Seek help from another nurse**
- D. Notify the physician about the refusal**

The appropriate response when a patient refuses a dressing change after surgery is to first respect the patient's autonomy and wishes. Patient autonomy is a fundamental principle in healthcare, emphasizing that patients have the right to make decisions about their own bodies and treatment. When a patient expresses a refusal, the nurse should engage in a conversation with the patient to understand their concerns, provide information about the importance of the dressing change for healing, and address any fears or misconceptions. It's critical to ensure that the patient is fully informed to make a decision that is in their best interest while respecting their choice. In situations where there is a refusal of care, the proper protocol often includes notifying the physician, especially if the refusal poses a potential risk of complications. The physician can then discuss the implications of the refusal with the patient and offer further guidance or alternative solutions. This collaborative approach helps ensure that the patient's rights are respected while also considering their health and safety.

4. When assessing Ms. Yu's sleep pattern, what is the best initial question to ask?

- A. What medications do you take before bed?**
- B. How often do you feel tired during the day?**
- C. Do you sleep well at home?**
- D. Have you noticed any changes in your health recently?**

Asking about whether Ms. Yu sleeps well at home is an effective initial question for assessing her sleep pattern because it directly addresses her current sleep quality and environment. This inquiry helps establish a baseline understanding of her sleep habits, which is essential before diving into specifics like medications, daytime fatigue, or health changes. Understanding her perception of sleep at home can reveal insights into potential factors affecting her sleep, such as comfort levels, noise, or stressors present in her living environment. It opens the door for a broader discussion about her sleep issues and helps identify areas that may require further exploration or intervention. While other questions focus on aspects related to sleep, they are typically more specific or secondary. For instance, inquiries about medications might reveal factors impacting her sleep, but without first understanding her sleep quality, it could lead to missing critical underlying issues. Similarly, asking about daytime tiredness or changes in health may not provide immediate context about her sleep experience, which should be the starting point of any assessment in this area.

5. What are the primary goals of occupational therapy?

- A. To improve patients' physical strength
- B. To enhance patients' ability to perform daily activities**
- C. To provide mental health counseling
- D. To conduct fitness assessments only

The primary goals of occupational therapy focus on enhancing an individual's ability to perform daily activities and improve their functional independence. This therapeutic practice aids individuals in participating fully in their everyday lives, whether that includes self-care, work, social engagements, or leisure activities. Occupational therapists assess each patient's needs and develop personalized interventions that may encompass skill-building, adapting environments, and modifying tasks to ensure that clients can manage their routines effectively. While improving physical strength can be part of occupational therapy, especially in cases where physical capabilities impact daily functioning, it is not the sole or primary focus. Similarly, providing mental health counseling is more specific to the practice of psychology or counseling, and conducting fitness assessments is only a part of a broader rehabilitation approach rather than the core of occupational therapy. The essence of occupational therapy is centered around enhancing performance in meaningful occupations, making it vital for achieving therapeutic outcomes that improve quality of life.

6. How many hours must pass before a nurse can administer another dose of oxycodone for Ms. Yu?

- A. Every hour
- B. Every 2 hours
- C. Every 4-6 hours**
- D. Every 8 hours

Oxycodone is an opioid medication that is typically prescribed for moderate to severe pain management. The standard dosing interval for oxycodone varies based on the formulation (immediate-release vs. extended-release) and the individual patient circumstances. In general, for immediate-release formulations of oxycodone, it is recommended that doses are administered every 4 to 6 hours as needed for pain relief. This interval allows for adequate time for the drug to take effect and for the body to metabolize it, reducing the risk of overdose and allowing for effective pain control without excessive sedation. Choosing this 4-6 hour interval acknowledges the need for vigilance regarding patient safety while ensuring that pain relief is available when required. It's essential for nurses to always follow specific institutional guidelines or physicians' orders when it comes to administering medications to ensure patient safety and compliance with best practices. In this context, the other intervals mentioned either do not provide sufficient time between doses or exceed the typical recommendations for immediate-release oxycodone. Therefore, the indication that 4 to 6 hours should elapse before administering another dose aligns with established medical guidelines and practices.

7. What nursing intervention is important for a patient with COVID-19 at risk for pulmonary edema?

- A. Monitoring gas exchange**
- B. Encouraging high salt diet**
- C. Limiting fluid intake**
- D. Promoting long periods of inactivity**

Monitoring gas exchange is crucial for a patient with COVID-19 who is at risk for pulmonary edema because it helps assess the patient's respiratory status and the effectiveness of oxygenation. COVID-19 can lead to significant respiratory complications, including impaired gas exchange due to inflammation and fluid accumulation in the lungs. By closely monitoring parameters such as oxygen saturation and arterial blood gases, healthcare providers can identify any deterioration in the patient's condition early and intervene promptly. This proactive approach is essential in managing potential complications and ensuring adequate oxygen delivery to tissues. In the context of the other options, they do not align with the necessary interventions for a patient at risk for pulmonary edema. A high salt diet can exacerbate fluid retention, limiting fluid intake is important in specific situations but must be considered carefully based on the patient's overall fluid status, and promoting long periods of inactivity can lead to further complications such as deconditioning or thromboembolic events. Hence, monitoring gas exchange stands out as the most relevant and effective intervention in this scenario.

8. How should a nurse respond to a patient who expresses feelings of depression?

- A. By minimizing their feelings**
- B. By providing empathetic listening and referring them for further evaluation**
- C. By immediately suggesting medication**
- D. By changing the subject**

Providing empathetic listening and referring the patient for further evaluation is the correct approach because it acknowledges the patient's feelings and promotes an open dialogue. Empathetic listening is essential for building trust and showing that the nurse values the patient's experience and emotions. This supportive interaction can encourage the patient to share more about their feelings, which is crucial in understanding their situation better. Additionally, referring the patient for further evaluation is important as it allows trained mental health professionals to assess the depth of the patient's depression and create an appropriate treatment plan. This approach ensures that the patient receives the necessary care tailored to their specific needs, rather than rushing to conclusions or treatments that may not be suitable at that moment. Minimizing feelings, suggesting medication without a thorough assessment, or changing the subject are unhelpful responses that can invalidate the patient's emotions and hinder their willingness to seek help, ultimately impacting their care negatively.

9. In the SBAR technique, what does "S" typically stand for?

- A. Supply information**
- B. Situation**
- C. Summary**
- D. Secure consent**

In the SBAR technique, "S" stands for "Situation." This communication framework is widely used in healthcare settings to facilitate clear and concise discussions regarding patient care and concerns. The "Situation" component specifically refers to the brief, succinct statement of what is happening with a patient at that moment. It sets the context for the rest of the conversation by providing essential details such as the patient's condition and any immediate issues that need addressing. Having a clear "Situation" helps ensure that healthcare providers are on the same page regarding the patient's current status, which is crucial for effective communication and decision-making. This component is foundational before moving on to the other elements of SBAR, which include Background, Assessment, and Recommendation, as it allows the team to understand what prompted the communication and what urgency is associated with it.

10. What is the most appropriate first action when Ms. Yu calls for assistance to the bedside commode?

- A. Assist her immediately regardless of safety**
- B. Inform her that you will turn on the light**
- C. Help her without discussing the procedure**
- D. Bring additional staff without explanation**

When Ms. Yu calls for assistance to the bedside commode, the most appropriate first action is to inform her that you will turn on the light. This response shows consideration for her safety and comfort, as visibility is crucial in ensuring she can be assisted properly. Turning on the light can help prevent fall risks and allow for clear communication about her needs and the assistance she will receive. By providing this information, you are also fostering an environment of trust and awareness. It prepares Ms. Yu for the assistance she is about to receive and ensures she is informed about what actions you are taking on her behalf. This represents best practices in patient care, where communication and safety are prioritized. The other options may not adequately address Ms. Yu's safety or comfort. Assisting her immediately without considering safety overlooks the need for a well-lit environment. Helping without discussing the procedure might lead to misunderstandings or anxiety about what will happen, and bringing additional staff without explanation could be confusing and distressing for her. Therefore, informing her about turning on the light is the most appropriate first step in this scenario.

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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