

Urinary Elimination Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

| | |
|------------------------------------|-----------|
| Copyright | 1 |
| Table of Contents | 2 |
| Introduction | 3 |
| How to Use This Guide | 4 |
| Questions | 5 |
| Answers | 8 |
| Explanations | 10 |
| Next Steps | 15 |

SAMPLE

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

SAMPLE

- 1. Which statement describes a suprapubic catheter?**
 - A. Inserted through the urethra**
 - B. Not sutured**
 - C. Used only for straight drainage**
 - D. Inserted through an incision above the symphysis pubis**

- 2. What is the typical hourly urine output produced by the kidneys?**
 - A. 10-20 mL**
 - B. 80-100 mL**
 - C. 120-150 mL**
 - D. 50-60 mL**

- 3. Which of the following is a type of UTI?**
 - A. Urinary retention**
 - B. Glomerulonephritis**
 - C. Kidney stones**
 - D. Urethritis**

- 4. What is the goal of continuous bladder irrigation?**
 - A. To keep the urine light pink to clear**
 - B. To completely flush out all clots**
 - C. To prevent urinary tract infections completely**
 - D. To maintain a high urine output**

- 5. Infants have which level of voluntary bladder control?**
 - A. No voluntary control of bladder**
 - B. Partial control**
 - C. Full control**
 - D. Mature control**

- 6. Unconscious Incontinence is best described as**
 - A. Loss of urine when the person does not realize the bladder is full and has no urge to void**
 - B. Leakage during physical activity**
 - C. Leakage due to nocturnal enuresis**
 - D. Leakage associated with a urinary tract infection**

- 7. In a Conventional Urostomy, where do urine and mucus drain?**
- A. Urine drains into stoma bag**
 - B. Urine and mucus drain into stoma bag**
 - C. Urine is drained through the urethra**
 - D. No bag is used**
- 8. Which action is recommended to promote privacy during urination?**
- A. Provide privacy**
 - B. Avoid privacy**
 - C. Ignore hygiene**
 - D. Limit fluids**
- 9. Immobility and impaired communication affect the bladder by causing what?**
- A. Increased control over bathroom**
 - B. No effect on elimination**
 - C. Interfere with the ability to get to the bathroom in time or to communicate the need for assistance**
 - D. Reduce risk of incontinence**
- 10. Daily urine output range can fluctuate between which values?**
- A. 1000-2000 mL**
 - B. 500-1000 mL**
 - C. 2500-3000 mL**
 - D. 300-600 mL**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement describes a suprapubic catheter?

- A. Inserted through the urethra
- B. Not sutured
- C. Used only for straight drainage
- D. Inserted through an incision above the symphysis pubis**

A suprapubic catheter is placed by creating an opening through the lower abdomen just above the pubic symphysis and threading the catheter into the bladder. This route avoids the urethra, which is why it's chosen when urethral access isn't feasible or long-term catheterization is needed. The catheter is typically secured to the skin to prevent movement and dislodgement. It can be used for continuous drainage rather than being limited to a single, short-term drainage method. So the defining description is insertion through an incision above the symphysis pubis.

2. What is the typical hourly urine output produced by the kidneys?

- A. 10-20 mL
- B. 80-100 mL
- C. 120-150 mL
- D. 50-60 mL**

Normal hourly urine output reflects kidney function and fluid balance. In a healthy adult, kidneys typically produce about 0.5 mL of urine per kilogram of body weight per hour, which generally translates to roughly 40-80 mL per hour, commonly cited as around 50-60 mL. This matches a daily output of about 1-2 liters with normal fluid intake. So, about 50-60 mL per hour is the typical rate. Values like 10-20 mL per hour suggest very low output (oliguria), while 80-100 mL or 120-150 mL per hour would be higher than normal without specific conditions or diuretics.

3. Which of the following is a type of UTI?

- A. Urinary retention
- B. Glomerulonephritis
- C. Kidney stones
- D. Urethritis**

UTIs are infections that can involve any part of the urinary tract. When the urethra becomes infected, that condition is called urethritis, which is considered a urinary tract infection. This makes it the correct choice. The others describe conditions that are not infections: urinary retention is the inability to empty the bladder, glomerulonephritis is inflammation of the kidney's glomeruli, and kidney stones are mineral deposits that can cause obstruction and pain but are not infections.

4. What is the goal of continuous bladder irrigation?

- A. To keep the urine light pink to clear**
- B. To completely flush out all clots**
- C. To prevent urinary tract infections completely**
- D. To maintain a high urine output**

Continuous bladder irrigation is used to prevent blood clots from forming in the bladder and to keep the catheter patent so flow isn't obstructed. The practical goal is to keep the urine light pink to clear, which indicates bleeding is controlled and clots aren't forming or blocking the catheter. If the urine becomes darker or contains clots, it may mean bleeding is ongoing or the drainage is getting obstructed, prompting a reassessment of the irrigation rate or catheter patency. It's not about completely flushing out every clot, nor does it guarantee prevention of urinary tract infections or a deliberately high urine output.

5. Infants have which level of voluntary bladder control?

- A. No voluntary control of bladder**
- B. Partial control**
- C. Full control**
- D. Mature control**

Infants have no voluntary bladder control. At this stage, voiding is driven by a spinal reflex arc: the bladder contracts and the internal/external sphincters respond reflexively, without conscious inhibition. The brain's higher centers and the neural pathways needed for voluntary control aren't fully mature yet, so the child cannot consciously hold urine. Voluntary control develops later as the central nervous system matures, with daytime continence usually appearing around ages 2-4 and nighttime continence developing even later. That's why the best answer reflects no voluntary bladder control in infants.

6. Unconscious Incontinence is best described as

- A. Loss of urine when the person does not realize the bladder is full and has no urge to void**
- B. Leakage during physical activity**
- C. Leakage due to nocturnal enuresis**
- D. Leakage associated with a urinary tract infection**

Unconscious incontinence happens when urine leaks without the person realizing the bladder is full or feeling any urge to void. This lack of awareness or sensation means leakage can occur even though there's no perceived need to empty the bladder. It often stems from impaired bladder sensation or neurologic/cognitive issues, such as neurogenic bladder or certain conditions that affect nerve signaling. This differs from urge incontinence, where a person does feel a sudden urge and may leak before reaching a toilet; from stress incontinence, where leakage occurs with activities that raise abdominal pressure like coughing or exercising; from nocturnal enuresis, which is bedwetting during sleep; and from leakage related to a urinary tract infection, which is usually tied to symptoms like burning, frequency, or urgency.

7. In a Conventional Urostomy, where do urine and mucus drain?

- A. Urine drains into stoma bag**
- B. Urine and mucus drain into stoma bag**
- C. Urine is drained through the urethra**
- D. No bag is used**

In a conventional urostomy, urine and mucus drain into the stoma bag. The urine is diverted through a segment of intestine that is opened on the abdomen to form a stoma, so urine exits through the stoma into the collection bag. That same intestinal segment continues to produce mucus, which also drains through the stoma into the bag. Urine is not drained through the urethra after diversion, and a bag is needed to collect the output and protect the skin around the stoma.

8. Which action is recommended to promote privacy during urination?

- A. Provide privacy**
- B. Avoid privacy**
- C. Ignore hygiene**
- D. Limit fluids**

Providing privacy during urination supports the patient's dignity and comfort, helping them relax enough to void effectively. In care settings, closing doors or curtains, using screens, and giving the patient some control over who is present promotes a sense of safety and reduces embarrassment, which makes the process easier. By respecting privacy, agitation and hesitation decrease, aiding a smoother voiding experience. The other options either reduce comfort (avoiding privacy, ignoring hygiene) or focus on fluid intake rather than the privacy needed to urinate, so they don't promote successful elimination in the same way.

9. Immobility and impaired communication affect the bladder by causing what?

- A. Increased control over bathroom**
- B. No effect on elimination**
- C. Interfere with the ability to get to the bathroom in time or to communicate the need for assistance**
- D. Reduce risk of incontinence**

The important idea is that urinary elimination depends on a person's ability to sense the urge to void, move to a toilet or appropriate receptacle, and communicate the need for help if needed. When someone is immobile or cannot communicate well, these steps become barriers. They may not be able to reach the bathroom in time, or staff may not know they need assistance, so voiding is delayed or missed. That leads to practical issues like incontinence if they can't make it in time, or retention if they can't get help to empty their bladder. In real care, this is addressed by making toileting options accessible (bedside commodes, bedpans, urinals), ensuring the call bell is easy to reach, and implementing assisted toileting schedules to promote timely elimination.

10. Daily urine output range can fluctuate between which values?

- A. 1000-2000 mL**
- B. 500-1000 mL**
- C. 2500-3000 mL**
- D. 300-600 mL**

Normal daily urine production in a healthy adult varies with fluid intake and other factors, but it typically falls in a broad range around 800 to 2000 milliliters per day. The chosen range, 1000 to 2000 milliliters, fits well within this normal variability and accounts for common day-to-day fluctuations in hydration, activity, and kidney function. Lower outputs, such as 500-1000 mL, would suggest reduced urine production (oliguria), while higher outputs, like 2500-3000 mL, indicate increased urine production (polyuria). A range of 300-600 mL is consistently low and not typical for normal variation. So 1000-2000 mL best represents the usual fluctuating but normal daily urine output.

SAMPLE

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://urinaryelimination.examzify.com>

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

SAMPLE