

URINARY ELIMINATION 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 class of medications increases urine production?**
 - A. Anticholinergics
 - B. Diuretics
 - C. Analgesics
 - D. Alpha blockers
- 2. What is the correct technique for obtaining a clean-catch midstream urine sample?**
 - A. Rinse the container with the sample before collecting; collect the first stream.
 - B. Wash hands; cleanse the external genitalia front to back; start urinating, then collect a midstream sample without touching the inside of the container; cap and label.
 - C. Collect urine directly into the container after cleansing; start with the first drop.
 - D. Have the patient void fully first, then collect the last part of urine.
- 3. Which class reduces bladder contractility and can cause retention?**
 - A. Analgesics
 - B. Anticholinergics
 - C. Diuretics
 - D. Alpha blockers
- 4. External Urethral Sphincter is composed of which type of muscle?**
 - A. Smooth muscle
 - B. Skeletal muscle
 - C. Cardiac muscle
 - D. Nervous tissue
- 5. Cognitive changes affect the bladder by leading to which outcome?**
 - A. Enhanced sensation of urge
 - B. Alter perception of urge or abilities to manage daily living may lead to incontinence
 - C. Improved daily living management
 - D. Decreased urine production

- 6. Which statement about age-related changes is NOT typical?**
- A. Increased bladder capacity
 - B. Decreased bladder capacity and sensation
 - C. Increased residual urine
 - D. Higher risk of incontinence and infections
- 7. When should an indwelling catheter be removed?**
- A. After 48 hours
 - B. On a fixed schedule
 - C. As soon as it is no longer needed
 - D. Only with patient request
- 8. Which urinary diversion requires no external bag because urine is drained via catheter from a stoma?**
- A. Neobladder
 - B. Conventional Urostomy
 - C. Continent Urinary Reservoir
 - D. Cutaneous Urostomy
- 9. Which statement describes the sample required for urinalysis?**
- A. A freshly voided sample
 - B. A sample collected after meals
 - C. A sample stored at room temperature for 24 hours
 - D. A catheterized sample only
- 10. What is the normal specific gravity range for urine?**
- A. 0.900-0.950
 - B. 1.020-1.090
 - C. 1.002-1.030
 - D. 1.100-1.150

Answers

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

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Explanations

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1. Which class of medications increases urine production?

- A. Anticholinergics
- B. Diuretics**
- C. Analgesics
- D. Alpha blockers

Increasing urine production is achieved by diuretics, which act on the kidneys to promote the excretion of sodium and water. By blocking reabsorption of electrolytes in different parts of the nephron, they raise the amount of urine produced and help reduce fluid overload, which is why they're used for conditions like hypertension, edema, and heart failure. Anticholinergics slow bladder activity and can cause urinary retention, so they don't increase urine output. Analgesics don't inherently boost urine production and, in some cases, can affect kidney function in ways that reduce urine. Alpha blockers relax certain smooth muscles to ease urine flow but don't increase the volume of urine produced. So the class that increases urine production is diuretics.

2. What is the correct technique for obtaining a clean-catch midstream urine sample?

- A. Rinse the container with the sample before collecting; collect the first stream.
- B. Wash hands; cleanse the external genitalia front to back; start urinating, then collect a midstream sample without touching the inside of the container; cap and label.**
- C. Collect urine directly into the container after cleansing; start with the first drop.
- D. Have the patient void fully first, then collect the last part of urine.

This approach targets getting a true sample from the bladder by minimizing contamination from the skin and genital area. Start with clean hands and cleanse the external genitalia from front to back to remove bacteria that would otherwise be picked up as the urine begins to flow. For women, wipe front to back; for men, clean the glans or head of the penis and retract the foreskin if needed. Then begin urinating, and after the stream has started, collect a midstream sample into the container without touching the inside of the container or its lips. Cap the container promptly and label it. This avoids the initial flow, which can carry bacteria from the urethra and surrounding skin, and prevents contaminating the sample by touching the container. Avoid rinsing the container with urine and ensure the specimen is sent to the lab promptly.

3. Which class reduces bladder contractility and can cause retention?

- A. Analgesics
- B. Anticholinergics**
- C. Diuretics
- D. Alpha blockers

Anticholinergics work by blocking acetylcholine at muscarinic receptors in the bladder. The detrusor muscle contracts when acetylcholine stimulates these receptors, so blocking this signal reduces detrusor contractility. When the bladder can't contract effectively to push urine out, emptying is incomplete and retention can occur. This is why anticholinergic medications used for overactive bladder can cause urinary retention, especially in people with additional risk factors like enlarged prostate or age-related changes. Other drug classes don't primarily reduce bladder contraction: analgesics can contribute to retention through different mechanisms (such as increased sphincter tone or CNS effects), diuretics increase urine production, and alpha blockers relax the bladder outlet rather than the detrusor muscle, often aiding voiding rather than causing retention.

4. External Urethral Sphincter is composed of which type of muscle?

- A. Smooth muscle
- B. Skeletal muscle**
- C. Cardiac muscle
- D. Nervous tissue

The external urethral sphincter is composed of skeletal muscle, a voluntary striated muscle. This arrangement lets you consciously contract or relax it to control urination. It receives somatic innervation from the pudendal nerve (S2–S4), which is why you can deliberately hold urine or release it when you choose. In contrast, the internal urethral sphincter is smooth muscle and acts involuntarily under autonomic control to help maintain continence at rest. During urination, the detrusor muscle of the bladder contracts while the external sphincter relaxes, allowing urine to flow.

5. Cognitive changes affect the bladder by leading to which outcome?

- A. Enhanced sensation of urge
- B. Alter perception of urge or abilities to manage daily living may lead to incontinence**
- C. Improved daily living management
- D. Decreased urine production

Cognitive changes interfere with both sensing the need to void and acting on it. When thinking skills are impaired, a person may not notice the urge promptly or may struggle to plan and navigate to a bathroom in time. They might also have difficulty managing routines or remembering to use the toilet, all of which can lead to incontinence. The outcome described—altered perception of the urge and diminished ability to manage daily activities—best captures how cognitive decline disrupts the coordination between bladder signals and the actions needed to control it. The other possibilities don't fit as well: simply having a stronger urge sensation wouldn't come from cognitive decline, and improved daily living management would reduce risk rather than increase it. Decreased urine production isn't typically caused by cognitive changes.

6. Which statement about age-related changes is NOT typical?

- A. Increased bladder capacity**
- B. Decreased bladder capacity and sensation
- C. Increased residual urine
- D. Higher risk of incontinence and infections

With aging, the bladder tends to store less urine and empty less efficiently. The detrusor muscle often becomes less compliant and weaker, which lowers bladder capacity and dulls the sensation of fullness. This combination leads to more frequent voiding, especially at night, and greater residual urine after voiding. The unfinished emptying and reduced storage heighten the risk of incontinence and urinary tract infections. Therefore, the idea that bladder capacity increases is not typical for older adults; capacity generally decreases rather than rises. The other statements describe common age-related changes: reduced bladder capacity and sensation, more residual urine, and a higher risk of incontinence and infections.

7. When should an indwelling catheter be removed?

- A. After 48 hours
- B. On a fixed schedule
- C. As soon as it is no longer needed**
- D. Only with patient request

The main idea is to remove an indwelling catheter as soon as it is no longer needed. Keeping the catheter in place longer than necessary increases the risk of catheter-associated urinary tract infections, as well as discomfort, trauma, and restrictions on mobility. Therefore, the best practice is to remove it promptly when bladder drainage is no longer required—for example, once the patient can void normally or when urine output can be adequately monitored without a catheter. Daily assessments guide this decision, and alternatives like intermittent catheterization or other monitoring methods are used if ongoing drainage is still required. Fixed removal times or requiring patient request do not account for individual clinical needs and can either prolong unnecessary use or delay removal when it's safe to do so.

8. Which urinary diversion requires no external bag because urine is drained via catheter from a stoma?

- A. Neobladder
- B. Conventional Urostomy
- C. Continent Urinary Reservoir**
- D. Cutaneous Urostomy

The main idea is how urine is drained from the urinary diversion. A continent urinary reservoir is a pouch created from intestinal tissue that stores urine inside the body and is connected to a catheterizable opening (stoma) on the abdomen. The urine is drained by inserting a catheter through that stoma at intervals, so there's no ongoing external collection bag. This allows continence between catheterizations and eliminates the need for a bag that collects urine continuously. Other options involve urine flowing out to an external bag via a stoma (conventional or cutaneous urostomy), which requires wearing a bag, while a neobladder typically empties through the urethra rather than through a stoma with intermittent catheterization.

9. Which statement describes the sample required for urinalysis?

- A. A freshly voided sample**
- B. A sample collected after meals
- C. A sample stored at room temperature for 24 hours
- D. A catheterized sample only

Freshly voided urine is preferred for a urinalysis because it provides the most accurate snapshot of the bladder's contents at collection and minimizes contamination from skin or genital tract flora. This helps ensure that chemical measurements and microscopic findings (like cells or crystals) reflect the urine itself, not external contaminants. A sample collected after meals has no relevant impact on the test results. Storing a urine sample at room temperature for 24 hours allows bacterial growth and chemical changes (pH shifts, precipitation, odor changes), which can distort results and lead to unreliable findings. A catheterized sample is not required for routine urinalysis and carries more risk; it's reserved for situations where contamination must be avoided or a sterile sample is specifically needed for culture, not for standard screening.

10. What is the normal specific gravity range for urine?

- A. 0.900-0.950
- B. 1.020-1.090
- C. 1.002-1.030**
- D. 1.100-1.150

Urine specific gravity shows how concentrated the urine is relative to water. The kidneys can dilute or concentrate urine, so a normal range reflects typical hydration status and solute load. The commonly accepted normal range is about 1.002 to 1.030. Values at the lower end (around 1.002) indicate very dilute urine, often after good fluid intake, while values near 1.030 reflect more concentrated urine, which can occur with dehydration or reduced fluid intake. The other ranges are outside normal variation: 0.900–0.950 is below that of urine and even water, which isn't plausible for urine; 1.020–1.090 and 1.100–1.150 extend into higher concentrations that aren't considered normal in typical conditions.

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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:

<https://urinaryelimination.examzify.com>

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

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