

# UWORLD LEADERSHIP PRACTICE TEST (SAMPLE)

## STUDY GUIDE



*Prepare with structure. Pass with confidence*



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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 client phone call should the nurse prioritize in a women's health clinic?**
  - A. A client post cesarean delivery without a bowel movement
  - B. A client who feels someone wants to hurt her baby
  - C. A client reporting incontinence post vaginal birth
  - D. A client's spouse worrying about her sleeping excessively
- 2. Which documentation entry is most appropriate for a nurse?**
  - A. Client appears to be sleeping; eyes closed
  - B. Client reports being in pain; medication provided
  - C. Inspiratory wheezes heard in bilateral lung fields
  - D. Voided once during the shift
- 3. In what scenario should the nurse prioritize assessment based on patient history and vitals?**
  - A. Postoperative client not ambulating
  - B. Stable COPD patient with anxiety about disease
  - C. Postoperative client with severe leg edema
  - D. Patient with sudden onset dyspnea
- 4. To ensure safety for a client with leukemia, which other condition is appropriate for this client to share a room with?**
  - A. A client recovering from a ruptured appendix
  - B. A client with cystic fibrosis
  - C. A client with minimal change nephrotic syndrome
  - D. A client with rheumatic fever
- 5. Why is cross-contamination a concern when rooming clients with rotavirus and salmonella together?**
  - A. Both are viral infections requiring similar treatments
  - B. They carry infectious agents that can spread via indirect contact
  - C. Both infections require isolation to prevent transmission
  - D. They have similar symptoms that can confuse caregivers

- 6. Which client should the nurse administer medication to first when preparing 8 AM medications?**
- A. Client 2 days postoperative abdominal surgery receiving enoxaparin
  - B. Client with hypertension and a blood pressure of 196/98 mm Hg
  - C. Client with suspected sepsis receiving IV ceftazidime
  - D. Client with type 2 diabetes and blood sugar of 500 mg/dL
- 7. Which statement regarding room assignments during a community disaster is correct?**
- A. Clients with different contact isolation infections can be placed together
  - B. Two clients with the same *Clostridium difficile* infection can share a room
  - C. It is acceptable for clients of different ages to share a room if stable
  - D. Clients with sickle cell disease should not be placed with any infectious clients
- 8. Which client assignment is most appropriate for a float registered nurse on a cardiac step-down unit?**
- A. A client who just returned from coronary angioplasty
  - B. A client with atrial fibrillation scheduled for cardioversion
  - C. A client with heart block scheduled for pacemaker placement
  - D. A client with heart failure receiving an IV infusion
- 9. Which client should the nurse prioritize seeing first after receiving report?**
- A. Client with ALS experiencing increased dysarthria
  - B. Client with COPD reporting increasing leg edema
  - C. Client with strep throat and fever on antibiotics
  - D. Client with urolithiasis reporting wavelike flank pain
- 10. What is the most pressing reason for assessing a client who is 65 years old and has tachycardia after a liver biopsy?**
- A. Potential infection from a malignancy
  - B. Risk of internal hemorrhage
  - C. Need for medication adjustment
  - D. Postoperative recovery monitoring

## **Answers**

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

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## **Explanations**

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## 1. Which client phone call should the nurse prioritize in a women's health clinic?

- A. A client post cesarean delivery without a bowel movement
- B. A client who feels someone wants to hurt her baby**
- C. A client reporting incontinence post vaginal birth
- D. A client's spouse worrying about her sleeping excessively

Prioritizing client phone calls in a women's health clinic requires an understanding of potential risks to both the client and their children. In this instance, the call from the client who feels someone wants to hurt her baby represents an immediate safety concern. This situation indicates the possibility of a threat to the infant's well-being, and it is essential to assess and address any potential harm. This person's feelings could be symptomatic of a more significant mental health issue, such as postpartum psychosis or severe anxiety, which requires prompt evaluation and intervention. The safety of the child, as well as the mother's mental health, hinges on the urgency of this situation. Other options involve concerns that, while important, may not pose an immediate risk to life or safety. For example, bowel movement issues post-cesarean delivery and urinary incontinence post-vaginal birth can be troubling and require follow-up but generally do not represent as urgent a situation as a potential threat to a child's safety. The spouse's concern about excessive sleeping may indicate a depressive episode or fatigue but does not constitute an immediate danger that would necessitate the same level of urgency as the call regarding perceived threats to the baby. Thus, addressing the potential risk to the child's safety and the mother

## 2. Which documentation entry is most appropriate for a nurse?

- A. Client appears to be sleeping; eyes closed
- B. Client reports being in pain; medication provided
- C. Inspiratory wheezes heard in bilateral lung fields**
- D. Voided once during the shift

The most appropriate documentation entry for a nurse is one that provides objective, measurable data regarding the patient's condition. In this case, the statement about inspiratory wheezes being heard in bilateral lung fields conveys specific, observable findings directly related to the patient's respiratory status. This type of objective data is crucial for effective communication among healthcare providers and enhances the overall quality of patient care. Objective observations, such as the presence of wheezing, allow for a clearer understanding of the patient's condition rather than relying solely on subjective interpretations or statements. Documenting findings that can be systematically verified is essential in nursing practice for informing ongoing assessments, treatment decisions, and evaluation of the patient's progress. Additionally, documenting clinical findings like wheezes can prompt timely intervention if necessary, contributing to better patient outcomes. In contrast, the other entries do not provide the same level of objective assessment. For instance, a client merely appearing to be sleeping does not communicate any measurable information or clinical significance. Reporting pain is a subjective experience and, while important, lacks the specific diagnostic value of physical assessment findings like inspiratory wheezes. Noting that a client voided once during the shift, while a part of the patient's output, offers less insight into the overall clinical picture than respiratory findings

**3. In what scenario should the nurse prioritize assessment based on patient history and vitals?**

- A. Postoperative client not ambulating
- B. Stable COPD patient with anxiety about disease
- C. Postoperative client with severe leg edema

**D. Patient with sudden onset dyspnea**

*When prioritizing assessment based on patient history and vitals, a situation involving a patient with sudden onset dyspnea is of utmost concern. Dyspnea, or difficulty breathing, can indicate a wide range of acute medical issues that may require immediate intervention. This condition can be associated with serious respiratory problems such as pulmonary embolism, pneumothorax, severe asthma exacerbation, or anaphylaxis, all of which can quickly become life-threatening. Assessing this patient promptly allows the nurse to gather critical information regarding the underlying cause of the dyspnea, which is essential for initiating appropriate treatment. An accurate and swift assessment can lead to vital interventions, such as administering oxygen, bronchodilators, or other necessary therapies to stabilize the patient's condition. Other scenarios, while important, do not pose the same immediate threat to the patient's life. For example, postoperative clients not ambulating might indicate a need for assessment regarding mobility and potential complications like venous thrombosis, but the situation is not as urgent as acute respiratory distress. Similarly, a stable COPD patient experiencing anxiety requires assessment to manage emotional support and education but does not warrant an immediate crisis response. A postoperative client with severe leg edema could suggest issues such as venous insufficiency or*

**4. To ensure safety for a client with leukemia, which other condition is appropriate for this client to share a room with?**

- A. A client recovering from a ruptured appendix
- B. A client with cystic fibrosis
- C. A client with minimal change nephrotic syndrome**
- D. A client with rheumatic fever

*A client with leukemia typically has a compromised immune system, making them more vulnerable to infections. To ensure their safety, it's important to consider the conditions of potential roommates and their respective risks. A client with minimal change nephrotic syndrome is generally at a lower risk for transmitting infections compared to the other options. This syndrome primarily affects kidney function and does not involve contagious conditions. Therefore, sharing a room with this client is more suitable, as they are not likely to introduce pathogens that could harm the leukemia patient. In contrast, clients recovering from conditions such as ruptured appendicitis, cystic fibrosis, or rheumatic fever may have varying levels of risk for infection or may carry pathogens that could be risky to someone with an already weakened immune response. Thus, the choice of minimal change nephrotic syndrome as a roommate for a client with leukemia is grounded in minimizing the risk of infection and ensuring a safer environment for the patient.*

**5. Why is cross-contamination a concern when rooming clients with rotavirus and salmonella together?**

- A. Both are viral infections requiring similar treatments
- B. They carry infectious agents that can spread via indirect contact**
- C. Both infections require isolation to prevent transmission
- D. They have similar symptoms that can confuse caregivers

*Cross-contamination is a significant concern when rooming clients with rotavirus and salmonella together because both pathogens are infectious agents that can be transmitted through indirect contact. Rotavirus is primarily spread via the fecal-oral route, often through contaminated surfaces, while salmonella can also spread in a similar fashion, along with other transmission routes such as undercooked food. When clients infected with these pathogens are placed in close proximity, there is a risk that the environments they share, including surfaces, utensils, and even medical equipment, can become contaminated. This poses a danger not just to the individual clients but also to staff and other patients, as improper hygiene practices or shared equipment can lead to the spread of these infections. Understanding the nature of these infections and their transmission routes emphasizes the importance of strict infection control measures. Such measures include thorough cleaning protocols, appropriate use of personal protective equipment, and ensuring that surfaces and hands are properly sanitized to minimize the risk of cross-contamination.*

**6. Which client should the nurse administer medication to first when preparing 8 AM medications?**

- A. Client 2 days postoperative abdominal surgery receiving enoxaparin
- B. Client with hypertension and a blood pressure of 196/98 mm Hg
- C. Client with suspected sepsis receiving IV ceftazidime**
- D. Client with type 2 diabetes and blood sugar of 500 mg/dL

*The priority in this scenario is to administer medication to the client with suspected sepsis receiving IV ceftazidime first. This is based on the urgency associated with sepsis, a serious and life-threatening condition that results from infections. In cases of sepsis, timely antibiotic administration is critical to combating the infection and reducing the risk of severe complications or death. When a patient is suspected to have sepsis, it is vital that the treatment, particularly antibiotics, be initiated as soon as possible to manage the infection and prevent progression to septic shock. Delaying antibiotic therapy can lead to a rapid decline in the patient's condition, which makes immediate intervention essential. In contrast, while the other clients also require attention, their situations, although serious, do not necessitate the immediate urgency associated with potential sepsis. For example, a client two days post-abdominal surgery receiving enoxaparin requires routine anticoagulation, while the client with hypertension may need treatment for blood pressure control, and the client with diabetes will need urgent attention given the high blood sugar level, but none are at an immediate risk of deterioration as critical as that faced by the client with suspected sepsis.*

**7. Which statement regarding room assignments during a community disaster is correct?**

- A. Clients with different contact isolation infections can be placed together
- B. Two clients with the same *Clostridium difficile* infection can share a room
- C. It is acceptable for clients of different ages to share a room if stable**
- D. Clients with sickle cell disease should not be placed with any infectious clients

*The correct statement about room assignments during a community disaster emphasizes the flexibility that can sometimes be allowed in less-than-ideal situations, particularly regarding age and stability. When clients are stable, it may be appropriate to assign them to share a room even if they are of different ages, particularly in a disaster setting where resources are limited. This approach offers a practical solution to manage limited space and ensure that all patients receive necessary care. In disaster situations, ensuring that all patients have access to care can take precedence, especially when they are both stable. The decision to allow room sharing can depend on the context of the situation and the potential risks involved, but it is notably done with an emphasis on safety and resource availability. In contrast, placing clients with different contact isolation infections together, sharing a room when both have *Clostridium difficile*, or mixing clients with sickle cell disease with those who have infections pose significant risks for cross-contamination or exacerbating health issues, which is why these alternatives are not advisable.*

**8. Which client assignment is most appropriate for a float registered nurse on a cardiac step-down unit?**

- A. A client who just returned from coronary angioplasty
- B. A client with atrial fibrillation scheduled for cardioversion
- C. A client with heart block scheduled for pacemaker placement
- D. A client with heart failure receiving an IV infusion**

*The most appropriate client assignment for a float registered nurse on a cardiac step-down unit is the client with heart failure receiving an IV infusion. This option is suitable because float nurses typically have varied backgrounds and may not have specialized experience in managing complex cardiac procedures or critical care situations. Clients with heart failure who are stabilized and receiving IV infusions typically require ongoing assessment and management, which a float nurse can competently handle, especially if they have a general background in nursing. Heart failure patients are often monitored for vital signs, fluid status, and response to medications, all of which fall within the float nurse's skill set. In contrast, a client who just returned from coronary angioplasty requires careful monitoring for potential complications associated with the procedure, which may involve more specialized knowledge and skills than what a float nurse might possess. Similarly, a client with atrial fibrillation scheduled for cardioversion could present immediate risks that necessitate a more experienced nurse, given the need for skilled intervention during and post-procedure. Lastly, a client with heart block scheduled for pacemaker placement represents a critical situation that requires a higher level of direct nursing intervention and expertise, which may exceed that available from a float nurse. Choosing the heart failure patient ensures that the assignment aligns with the*

**9. Which client should the nurse prioritize seeing first after receiving report?**

- A. Client with ALS experiencing increased dysarthria**
- B. Client with COPD reporting increasing leg edema
- C. Client with strep throat and fever on antibiotics
- D. Client with urolithiasis reporting wavelike flank pain

*Prioritizing clients in a healthcare setting is essential, particularly when assessing their current needs and potential complications. In this scenario, the client with ALS (Amyotrophic Lateral Sclerosis) experiencing increased dysarthria warrants immediate attention. Dysarthria, or difficulty in articulating words, can indicate progression of the disease and may signal complications such as respiratory difficulties or an inability to communicate effectively. As ALS affects motor control and can lead to respiratory failure, it is crucial for the nurse to assess this client's respiratory function and ensure that they can manage their airway and communicate effectively. The potential for rapid deterioration in the patient's condition makes this situation a priority. In comparison, other clients may present with concerning symptoms, but they do not necessarily pose the same level of immediate risk. The client with COPD experiencing leg edema might be manageable through monitoring and may not require urgent intervention. The client with strep throat on antibiotics is already receiving treatment and may require less immediate attention unless there are additional complications. Lastly, while the client with urolithiasis and flank pain may need care to manage pain or assess for complications, this situation is typically less urgent than the potential respiratory issues in the patient with ALS. Therefore, prioritizing care for the client*

**10. What is the most pressing reason for assessing a client who is 65 years old and has tachycardia after a liver biopsy?**

- A. Potential infection from a malignancy
- B. Risk of internal hemorrhage**
- C. Need for medication adjustment
- D. Postoperative recovery monitoring

*The most pressing reason for assessing a 65-year-old client with tachycardia after a liver biopsy is the risk of internal hemorrhage. After such a procedure, it's crucial to closely monitor for any signs of internal bleeding, as the liver biopsy can potentially cause bleeding due to its vascular nature. Tachycardia can be a physiological response to blood loss or hypovolemia, indicating that the client may be experiencing significant complications. Immediate assessment and intervention are necessary to address any potential hemorrhagic events, which could rapidly escalate into life-threatening situations if not identified and treated promptly. Monitoring vital signs and assessing for symptoms such as hypotension or evidence of shock becomes critical in this context. Other considerations, such as potential infections or medication adjustments, are important but typically don't present as immediate life threats following a biopsy compared to the risk of internal bleeding. Similarly, while postoperative recovery monitoring is important, the urgent evaluation of tachycardia points strongly toward assessing for hemorrhage as the most critical aspect.*

## 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](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://uworldleadership.examzify.com>

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

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