

VATI GREENLIGHT PRACTICE EXAM (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 of the following is a benefit of a consistent bedtime routine for children?**
 - A. Increased levels of daytime energy
 - B. More resistance to falling asleep
 - C. Improved sleep patterns
 - D. Dependency on parents for sleep
- 2. Which task is appropriate for a nurse to delegate to an AP?**
 - A. Perform a physical assessment
 - B. Transfer a client from bed to chair with mechanical lift
 - C. Administer medication
 - D. Teach a client about medication
- 3. In a pediatric unit assignment for a float nurse, which patient should be seen first?**
 - A. A 6-month-old with a severe cold
 - B. A 10-year-old with pneumonia receiving respiratory treatments
 - C. A 4-year-old with a mild fever
 - D. A 12-year-old with a sprained ankle
- 4. What is the most important reason for staff to wear identification in a maternity setting?**
 - A. Improving staff accountability
 - B. Reducing the risk of newborn abduction
 - C. Gaining trust from clients
 - D. Ensuring proper billing procedures
- 5. What is a common sign of dehydration in a client with prolonged diarrhea?**
 - A. Increased urine output
 - B. Dry skin and mucous membranes
 - C. Elevated body temperature
 - D. Weight gain

- 6. What is the priority action for a patient with post-operative ileus?**
- A. Monitor bowel sounds
 - B. Administer pain medication
 - C. Encourage ambulation
 - D. Provide intravenous fluids
- 7. Which medication is indicated for a client experiencing nausea 48 hours after surgery?**
- A. Ondansetron
 - B. Aprepitant
 - C. Dexamethasone
 - D. Metoclopramide
- 8. What is critical to determine when evaluating a client's eligibility for home assistance who is quadriplegic?**
- A. Client's financial resources
 - B. Client's living situation
 - C. Client's age
 - D. Client's medical history
- 9. Which client statement should prompt immediate attention from the nurse?**
- A. "I feel dizzy all of a sudden."
 - B. "My heartburn pain is going into my jaw now"
 - C. "I have a headache."
 - D. "I haven't eaten today."
- 10. Which value is essential for monitoring the effectiveness of warfarin therapy?**
- A. Serum potassium
 - B. BUN
 - C. PT
 - D. Serum sodium

Answers

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

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Explanations

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1. Which of the following is a benefit of a consistent bedtime routine for children?

- A. Increased levels of daytime energy
- B. More resistance to falling asleep
- C. Improved sleep patterns**
- D. Dependency on parents for sleep

A consistent bedtime routine for children plays a crucial role in promoting improved sleep patterns. When children engage in a predictable sequence of calming activities before bed, it signals to their bodies that it is time to wind down and prepare for sleep. This routine may include activities such as reading, bathing, or quiet play, which help to establish a sense of security and comfort. By adhering to such routines, children are likely to experience enhanced sleep quality, falling asleep more easily and remaining asleep longer. Consistent sleep patterns are essential for children's development, as quality sleep supports growth, emotional regulation, and cognitive function. The predictability and stability offered by a bedtime routine contribute to children feeling more at ease when transitioning to sleep, reducing anxiety related to bedtime. In contrast, other options highlight less desirable outcomes. Increased levels of daytime energy do not directly relate to bedtime routines; instead, consistent sleep contributes to better overall energy levels. Resistance to falling asleep can occur when routines are inconsistent or chaotic, while dependency on parents for sleep is typically seen as an unfavorable outcome of overly involved or dependent routines rather than a benefit.

2. Which task is appropriate for a nurse to delegate to an AP?

- A. Perform a physical assessment
- B. Transfer a client from bed to chair with mechanical lift**
- C. Administer medication
- D. Teach a client about medication

The task of transferring a client from bed to chair with a mechanical lift is appropriate for a nurse to delegate to an assisted personnel (AP). This activity is considered a routine task that does not require the critical thinking and clinical judgment involved in evaluating a patient or making decisions based on assessment findings. Delegating this task to an AP allows the nurse to focus on responsibilities that require more advanced clinical skills, such as assessments, medication administration, and patient education. The use of a mechanical lift is a straightforward process for trained APs, who can competently execute it to ensure the client's safety during the transfer. Other tasks, such as performing a physical assessment, administering medication, or teaching a client about medication, require specialized knowledge and skills that only licensed nurses should undertake. These responsibilities involve thorough patient evaluations, understanding the implications of medications, and providing educational support, which are crucial for patient safety and care quality. Hence, the choice to delegate the transfer using a mechanical lift aligns with effective task management and ensuring that patient care standards are upheld.

3. In a pediatric unit assignment for a float nurse, which patient should be seen first?

- A. A 6-month-old with a severe cold
- B. A 10-year-old with pneumonia receiving respiratory treatments**
- C. A 4-year-old with a mild fever
- D. A 12-year-old with a sprained ankle

The appropriate choice for which patient to see first is the 10-year-old with pneumonia receiving respiratory treatments. This patient likely requires immediate attention due to the nature and severity of pneumonia, which can lead to significant respiratory distress and complications, especially in pediatric patients. Pneumonia can cause hypoxemia, difficulty breathing, and may necessitate close monitoring during respiratory treatments to ensure that the patient is responding well and to manage any potential deterioration. The fact that the patient is already undergoing treatments indicates an active concern for their respiratory status and the need for careful observation. In comparison to the other patients, the 6-month-old with a severe cold, while needing care, is generally at lower risk for acute complications than one with pneumonia. The 4-year-old with a mild fever may require assessment, but this condition is typically less urgent. The 12-year-old with a sprained ankle should be evaluated as well, but this injury is not life-threatening and can be managed after more critical conditions are attended to. Therefore, prioritizing the care for the patient with pneumonia is vital to ensure appropriate interventions are provided in a timely manner, safeguarding their health and wellbeing.

4. What is the most important reason for staff to wear identification in a maternity setting?

- A. Improving staff accountability
- B. Reducing the risk of newborn abduction**
- C. Gaining trust from clients
- D. Ensuring proper billing procedures

In a maternity setting, the most important reason for staff to wear identification is to reduce the risk of newborn abduction. The presence of clearly visible identification helps parents and caregivers quickly recognize staff members who are authorized to handle their infants. This is crucial in environments where trust is paramount, and the safety of newborns is a top priority. When staff wear identification, it provides reassurance to parents that they are interacting with qualified professionals. The identification acts as a deterrent to unauthorized individuals who might attempt to take a baby, thus enhancing security measures within the maternity unit. This practice is vital for ensuring a safe environment for both mothers and their newborns, as it helps create a clear distinction between hospital staff and visitors or non-employees. While accountability, gaining trust, and proper billing procedures are important considerations in a healthcare setting, the immediate and critical concern—especially in a maternity ward—is the safety and security of newborns against potential abduction, making it the primary reason for staff identification in that context.

5. What is a common sign of dehydration in a client with prolonged diarrhea?

- A. Increased urine output
- B. Dry skin and mucous membranes**
- C. Elevated body temperature
- D. Weight gain

A common sign of dehydration in a client experiencing prolonged diarrhea is dry skin and mucous membranes. When the body loses fluids through diarrhea, it leads to a deficit in hydration, causing the skin to lose its elasticity and moisture. Similarly, mucous membranes, such as those in the mouth and throat, can become dry and sticky, indicating inadequate fluid levels in the body. Other signs of dehydration may include decreased urine output and possibly increased thirst, but dry skin and mucous membranes are particularly indicative of reduced hydration due to fluid loss. Recognizing these symptoms is essential in providing timely care, as dehydration can lead to more severe complications if not addressed.

6. What is the priority action for a patient with post-operative ileus?

- A. Monitor bowel sounds**
- B. Administer pain medication
- C. Encourage ambulation
- D. Provide intravenous fluids

Monitoring bowel sounds is a critical priority action for a patient with post-operative ileus. After surgery, especially abdominal surgeries, it is common for the bowel to experience a temporary halt in its normal peristaltic movement, leading to an ileus. This condition can manifest as a lack of bowel sounds, abdominal distension, or discomfort. By assessing bowel sounds, healthcare providers can gather important information about gastrointestinal motility and determine if the ileus is resolving. Normal bowel sounds indicate that peristalsis is returning, which is a positive sign in recovery. Therefore, paying close attention to bowel sounds allows for early identification of complications or the need for further interventions. In contrast, while administering pain medication can help in managing discomfort, pain relief does not directly address the issue of bowel motility. Encouraging ambulation is certainly beneficial as movement can stimulate bowel activity, but monitoring bowel sounds provides more immediate and critical information regarding the patient's gastrointestinal status. Providing intravenous fluids is important for hydration and electrolyte balance, but it does not directly assess the function of the bowel. Therefore, monitoring bowel sounds is essential for evaluating the recovery process and addressing potential complications.

7. Which medication is indicated for a client experiencing nausea 48 hours after surgery?

- A. Ondansetron
- B. Aprepitant**
- C. Dexamethasone
- D. Metoclopramide

Aprepitant is specifically indicated for the prevention of nausea and vomiting associated with chemotherapy and is also effective for delayed nausea after surgery, particularly when combined with other antiemetics. Its mechanism of action involves blocking substance P/neurokinin 1 receptors in the brain, which play a crucial role in the vomiting reflex. The timing of nausea—as experienced 48 hours postoperatively—aligns well with the type of nausea Aprepitant is designed to address, particularly when it may not respond well to other antiemetic treatments. While Ondansetron and Metoclopramide are also effective antiemetics for immediate and acute nausea, they may not provide the best response for delayed nausea experienced two days after surgery. Dexamethasone has some utility in managing nausea, especially in the context of chemotherapy or as an adjunctive therapy with other agents, but it is typically not the first choice for this specific timing related to postoperative nausea. Hence, Aprepitant emerges as the most appropriate choice for managing nausea that occurs 48 hours after surgery.

8. What is critical to determine when evaluating a client's eligibility for home assistance who is quadriplegic?

- A. Client's financial resources
- B. Client's living situation**
- C. Client's age
- D. Client's medical history

Determining a client's living situation is crucial when evaluating eligibility for home assistance, particularly for individuals who are quadriplegic. The living situation can encompass several factors that impact the appropriateness and accessibility of the home environment for the client's needs. For instance, if the client lives in a home that is not equipped for wheelchair access or lacks necessary modifications, this could strongly influence the types of assistance required and the feasibility of providing care at home. Moreover, a thorough understanding of the living situation helps identify whether support services can be effectively implemented. If the home setting is supportive, such as being located near medical facilities or having spaces designed for wheelchair mobility, it may enhance the client's ability to live independently and safely. While financial resources, age, and medical history are also important considerations, the living situation directly affects the practical implementation of home assistance services. Thus, it stands as a pivotal factor in assessing the overall eligibility and suitability for assistance programs tailored to individuals with significant mobility impairments.

9. Which client statement should prompt immediate attention from the nurse?

- A. "I feel dizzy all of a sudden."
- B. "My heartburn pain is going into my jaw now"**
- C. "I have a headache."
- D. "I haven't eaten today."

The statement "My heartburn pain is going into my jaw now" should prompt immediate attention from the nurse because it may indicate a serious medical condition, such as a myocardial infarction (heart attack). When chest pain or heartburn radiates to the jaw, it can be a sign of cardiac distress, especially if accompanied by other symptoms. The potential for a life-threatening situation calls for urgent evaluation and intervention. Dizziness can indicate various issues, but it does not necessarily convey the same urgency as potential cardiac symptoms. A headache can range from a minor concern to a serious issue, but it typically does not prompt immediate action unless accompanied by additional alarming symptoms. Similarly, not having eaten for the day might be concerning but is less acute than the risk associated with radiating heart pain. Thus, the nature and implications of the heartburn pain radiating to the jaw take precedence in terms of immediate nursing assessment.

10. Which value is essential for monitoring the effectiveness of warfarin therapy?

- A. Serum potassium
- B. BUN
- C. PT**
- D. Serum sodium

The monitoring of warfarin therapy is crucial for ensuring that patients maintain an appropriate level of anticoagulation to prevent thrombosis while minimizing the risk of bleeding. The Prothrombin Time (PT) is the key value in this monitoring process. PT evaluates the time it takes for blood to clot and reflects the function of specific clotting factors that are affected by warfarin therapy. Warfarin works by inhibiting vitamin K-dependent clotting factors, and thus, alterations in PT can indicate how well a patient is responding to the medication. Regularly measuring PT allows healthcare providers to adjust the dosage of warfarin to ensure that the International Normalized Ratio (INR) falls within a target therapeutic range, which is vital for patient safety and efficacy of treatment. Essentially, monitoring PT and INR helps in determining whether the current warfarin dose is adequate, too high, or too low, thereby directly influencing treatment decisions and overall patient outcomes.

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://vatigreenlight.examzify.com>

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

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