

# Virginia HESI Level 4 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. Which finding in an elderly patient requires the most immediate follow-up?**
  - A. Slight fever**
  - B. Mild hair loss**
  - C. Yellowish discoloration of the sclerae**
  - D. Slight stiffness**
  
- 2. Who should be the primary audience for a formal proposal to implement a new computer system in a clinic?**
  - A. The clinical staff**
  - B. The Board of Directors**
  - C. The patients**
  - D. The local government**
  
- 3. Which dietary approach is typically used initially for a patient with acute pancreatitis?**
  - A. Clear Liquids Only**
  - B. Low-Fat Diet**
  - C. NPO Status**
  - D. Regular Diet With Fats**
  
- 4. In a large community disaster triage scenario, what action should the nurse implement first when encountering a blast victim?**
  - A. Place the nurse's hands around client's neck to stabilize**
  - B. Begin chest compressions**
  - C. Check for a pulse at the wrist**
  - D. Apply a cervical collar**
  
- 5. A cuffed tracheostomy tube is in place and the patient is breathing spontaneously. To evaluate if the client can tolerate cuff deflation to promote speaking and swallowing, what action should the nurse implement?**
  - A. Observe coughing colored sputum after drinking a small amount of colored water**
  - B. Check blood pressure**
  - C. Measure tidal volume**
  - D. Assess gag reflex with a tongue depressor**

- 6. The registered nurse is assisting with the removal of a chest tube. Which intervention has the highest priority and should be anticipated by the RN after the removal of the chest tube?**
- A. Monitor vital signs every 4 hours**
  - B. Administer analgesia**
  - C. Prepare the client for chest x-ray at the bedside**
  - D. Remove dressing after assessment**
- 7. Which statement best explains why NPO status is used in acute pancreatitis?**
- A. To Prevent Dehydration**
  - B. To Prevent Stimulation Of Pancreatic Enzyme Secretion**
  - C. To Promote Early Return To Regular Diet**
  - D. To Minimize Stimulation Of The Pancreas By Resting The Digestive Tract**
- 8. For a patient with nephrotic syndrome presenting with pitting edema, which dietary modification is appropriate?**
- A. Increase potassium intake to 4000 mg daily.**
  - B. Restrict fluids to 1 liter per day.**
  - C. Limit protein to 0.8 g/kg/day.**
  - D. Daily dietary sodium restriction of 2 grams.**
- 9. In preparing for home oral feeding for a ventilator-dependent child, which sequence of actions should the nurse take?**
- A. Acknowledge the request and explore options; 2. Set additional feeding goals with family; 3. Refuse to feed orally; 4. Ask parents to negotiate changes with the provider**
  - B. Acknowledge the request; 2. Refuse to feed orally; 3. Set goals; 4. Explore options**
  - C. Refuse to feed orally; 2. Acknowledge request; 3. Set goals; 4. Explore options**
  - D. Explore options; 2. Acknowledge request; 3. Set goals; 4. Refuse to feed orally**

**10. Gastrografin is used in imaging to evaluate which postoperative complication?**

- A. Anastomotic leak**
- B. Pneumothorax**
- C. Bowel obstruction**
- D. Hiatal hernia**

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## Answers

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

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## **Explanations**

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**1. Which finding in an elderly patient requires the most immediate follow-up?**

- A. Slight fever
- B. Mild hair loss
- C. Yellowish discoloration of the sclerae**
- D. Slight stiffness

Jaundice, shown by yellowish discoloration of the sclerae, signals that bilirubin is elevated and there may be a problem with the liver, bile ducts, or red blood cell turnover. In an elderly patient, this can reflect potentially serious conditions such as biliary obstruction (for example, from a mass or stones), acute hepatitis, or biliary tract infection. These issues can progress quickly and require urgent assessment with liver function tests and imaging (like ultrasound) to determine the source and start appropriate treatment promptly. Slight fever can indicate an infection, but it's not as specific or as immediately alarming for liver/biliary pathology as jaundice. Mild hair loss and slight stiffness are generally less urgent and often relate to non-emergent conditions like hormonal changes or degenerative joint disease.

**2. Who should be the primary audience for a formal proposal to implement a new computer system in a clinic?**

- A. The clinical staff
- B. The Board of Directors**
- C. The patients
- D. The local government

Deciding who approves large technology investments in a clinic is the key idea. A formal proposal for a new computer system is a major expenditure that needs authorization from the clinic's governing body, the Board of Directors, who review budgets, strategic fit, and risk and sign off on funding. While frontline staff can provide requirements and patients are affected by the change, they don't have decision-making authority over expenditures, and the local government would only come into play in regulatory or funding contexts, not routine IT purchases.

**3. Which dietary approach is typically used initially for a patient with acute pancreatitis?**

- A. Clear Liquids Only
- B. Low-Fat Diet
- C. NPO Status**
- D. Regular Diet With Fats

Initial dietary management of acute pancreatitis centers on resting the pancreas by avoiding oral intake. Keeping the patient NPO prevents pancreatic stimulation from food, helping to reduce pain and inflammation. While this period continues, IV fluids and pain control are essential. As symptoms improve, a gradual diet is restarted, typically starting with clear liquids and then advancing to a low-fat solid diet; fats are limited to minimize pancreatic enzyme stimulation. Therefore, nothing by mouth is the best initial dietary approach. Clear liquids would still provoke some enzyme release, and a regular diet with fats would continue to stress the pancreas.

**4. In a large community disaster triage scenario, what action should the nurse implement first when encountering a blast victim?**

- A. Place the nurse's hands around client's neck to stabilize**
- B. Begin chest compressions**
- C. Check for a pulse at the wrist**
- D. Apply a cervical collar**

Protecting the spine is the first priority in trauma care, especially in a mass casualty blast scenario. A blast victim may have cervical spine injuries, and any movement of the head or neck can cause irreversible damage. The immediate action is to immobilize the cervical spine to prevent movement. This is done by maintaining the head and neck in a neutral, aligned position—cradling the head and keeping it still with both hands—until a cervical collar or other immobilization device can be applied. Once stabilization is in place, you can quickly assess airway, breathing, and circulation and proceed with the appropriate interventions. Other steps, like checking a wrist pulse or starting chest compressions, depend on the patient's status (pulse presence, breathing, circulation) and aren't the initial action when there's potential spinal injury. Applying a cervical collar is important, but it's most effective after you've achieved immediate manual stabilization of the head and neck.

**5. A cuffed tracheostomy tube is in place and the patient is breathing spontaneously. To evaluate if the client can tolerate cuff deflation to promote speaking and swallowing, what action should the nurse implement?**

- A. Observe coughing colored sputum after drinking a small amount of colored water**
- B. Check blood pressure**
- C. Measure tidal volume**
- D. Assess gag reflex with a tongue depressor**

Assessing tolerance for cuff deflation relies on airway protection during swallowing. When the cuff is deflated, the patient must be able to protect the lower airway to prevent aspiration. Giving a small amount of colored liquid and observing for coughing lets you test this protective mechanism. If the patient swallows the dye and coughs or clears it promptly, it indicates the swallow and laryngeal closure are intact and cuff deflation may be tolerated to allow speaking and swallowing. The colored liquid helps you detect any material that might have entered the airway. If there is no coughing or if aspiration signs occur (desaturation, increased work of breathing, or secretions suggestive of aspiration), you would pause cuff deflation and reassess before proceeding. Other options don't directly assess swallowing safety with a deflated cuff. Monitoring blood pressure checks perfusion but not airway protection. Measuring tidal volume measures ventilation, not the risk of aspiration during swallowing. Testing a gag reflex with a tongue depressor doesn't reliably indicate safe swallowing with a tracheostomy and doesn't reflect the protective airway response during the actual swallow.

6. The registered nurse is assisting with the removal of a chest tube. Which intervention has the highest priority and should be anticipated by the RN after the removal of the chest tube?
- A. Monitor vital signs every 4 hours
  - B. Administer analgesia
  - C. Prepare the client for chest x-ray at the bedside**
  - D. Remove dressing after assessment

The key idea is that the highest immediate risk after removing a chest tube is a pneumothorax and impaired lung expansion. Getting a chest x-ray at the bedside right after removal provides the quickest and most definitive information about whether air remains in the pleural space and whether the lung has re-expanded. This imaging guides immediate decisions and further management, reducing the chance of missed complications. Vital signs monitoring and analgesia are important parts of post-procedure care, but they do not directly confirm the absence of a pneumothorax. Dressing removal is a routine step that can be addressed after confirming the lung status. Therefore, preparing the client for a bedside chest x-ray is the priority to ensure patient safety and appropriate next steps.

7. Which statement best explains why NPO status is used in acute pancreatitis?
- A. To Prevent Dehydration
  - B. To Prevent Stimulation Of Pancreatic Enzyme Secretion
  - C. To Promote Early Return To Regular Diet
  - D. To Minimize Stimulation Of The Pancreas By Resting The Digestive Tract**

In acute pancreatitis, the aim is to give the pancreas as little work as possible. Pancreatic enzyme secretion is triggered by food and digestive tract activity through hormonal and neural signals. Keeping the patient NPO essentially rests the digestive tract, which minimizes these triggers and reduces pancreatic secretions. With less stimulation, inflammation eases and healing can begin. Hydration and electrolyte balance are still managed with IV fluids, while food is withheld until pain and enzyme levels stabilize. Once recovery progresses, the diet is gradually reintroduced.

**8. For a patient with nephrotic syndrome presenting with pitting edema, which dietary modification is appropriate?**

- A. Increase potassium intake to 4000 mg daily.**
- B. Restrict fluids to 1 liter per day.**
- C. Limit protein to 0.8 g/kg/day.**
- D. Daily dietary sodium restriction of 2 grams.**

In nephrotic syndrome, losing protein in the urine lowers plasma oncotic pressure, causing fluid to shift into tissues. The body also tends to retain sodium and water to preserve volume, which worsens edema. Therefore, reducing sodium intake helps pull fluid back into the vessels and decreases edema progression. Limiting daily sodium to about 2 grams directly targets this fluid retention and is the appropriate dietary step. Increasing potassium intake doesn't address the edema and can be unsafe with kidney issues. Restricting fluids isn't routinely needed for nephrotic edema and can risk dehydration without solving the underlying fluid overload. Limiting protein to 0.8 g/kg/day would worsen hypoalbuminemia and edema by reducing available oncotic protein.

**9. In preparing for home oral feeding for a ventilator-dependent child, which sequence of actions should the nurse take?**

- A. Acknowledge the request and explore options; 2. Set additional feeding goals with family; 3. Refuse to feed orally; 4. Ask parents to negotiate changes with the provider**
- B. Acknowledge the request; 2. Refuse to feed orally; 3. Set goals; 4. Explore options**
- C. Refuse to feed orally; 2. Acknowledge request; 3. Set goals; 4. Explore options**
- D. Explore options; 2. Acknowledge request; 3. Set goals; 4. Refuse to feed orally**

Collaborative, family-centered planning that emphasizes safety and clear communication is being tested. When a ventilator-dependent child's family requests home oral feeding, the nurse should first acknowledge the request and invite discussion about possible options, so the family feels heard and understands what might be feasible. This sets a trusting foundation for decision making. Then it's important to work with the family to set meaningful feeding goals together—clarifying what is hoped to be achieved, what safety considerations exist, and what alternatives might be appropriate. Establishing these goals with the family helps align expectations and creates a concrete plan to move forward. If after exploring options and agreeing on goals oral feeding isn't suitable, it's appropriate to explain the reasons clearly and proceed with a safety-focused plan, which may involve not feeding orally at this time. This maintains safety while still supporting the family's involvement in care decisions. Finally, guiding the parents to discuss any requested changes with the provider ensures coordination with the healthcare team and keeps the plan consistent with medical guidance. Other approaches skip essential steps—starting with refusal without exploring options, or omitting joint goal setting, or pushing changes to the provider without first involving the family—and they don't support collaborative, safe decision making.

**10. Gastrografin is used in imaging to evaluate which postoperative complication?**

- A. Anastomotic leak**
- B. Pneumothorax**
- C. Bowel obstruction**
- D. Hiatal hernia**

Gastrografin, a water-soluble iodine-based contrast, is used to test the integrity of a gastrointestinal anastomosis after surgery. By administering it and taking radiographs, clinicians can see whether contrast remains within the bowel or leaks through a surgical join into the abdominal cavity. This makes it especially useful for detecting an anastomotic leak, a potentially serious postoperative complication. The reason this is preferred in the leak context is that, if leakage occurs, Gastrografin is less irritating than barium if it spills into the peritoneum. Other conditions listed—pneumothorax, bowel obstruction, and hiatal hernia—are evaluated with different imaging approaches (chest imaging for pneumothorax; plain films or CT for obstruction; upper GI series or endoscopy for a hiatal hernia) and do not specifically rely on a leak-test contrast study of a surgical join.

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

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

**<https://vahesilvl4.examzify.com>**

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

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