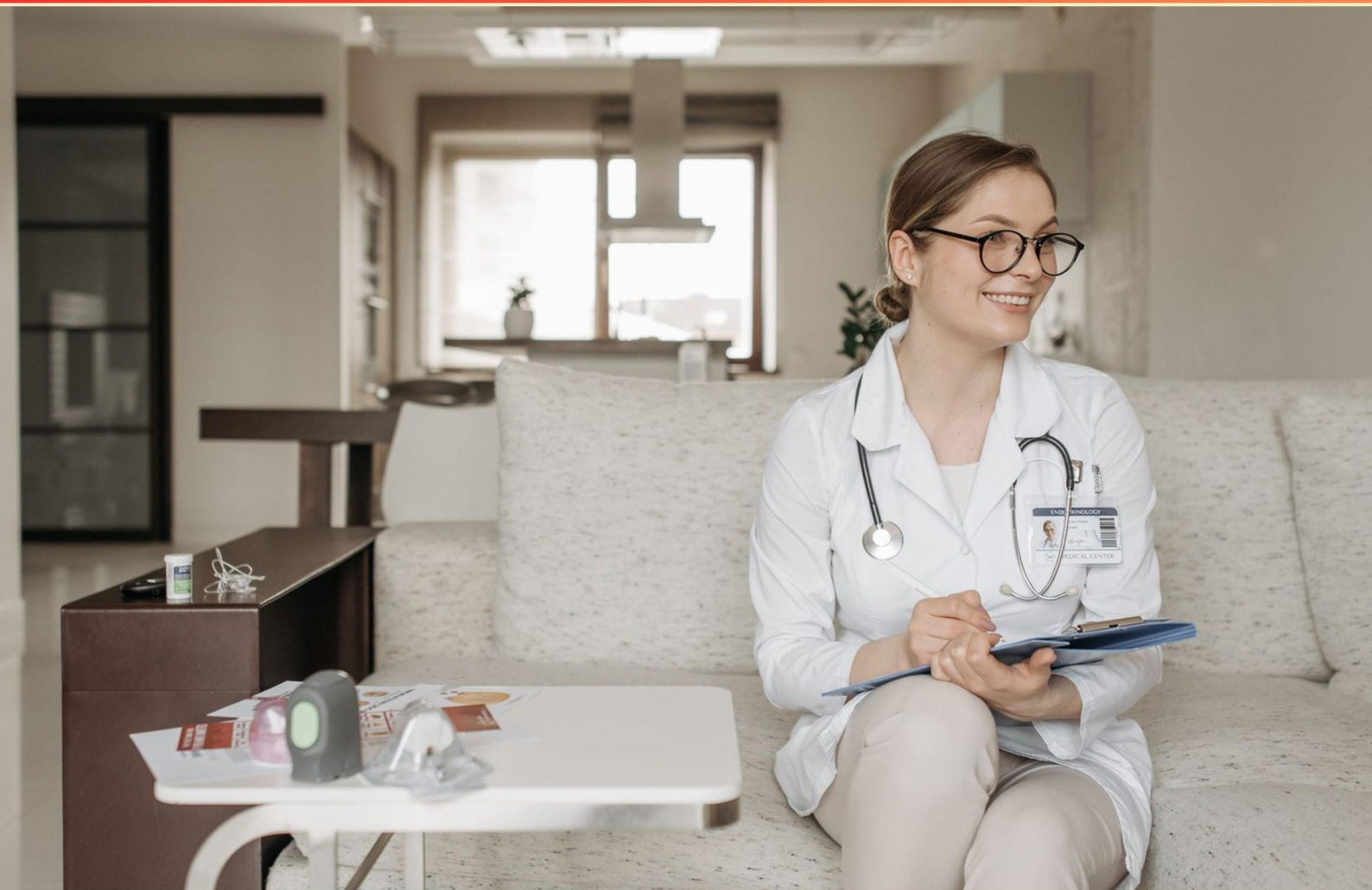


WESTERN GOVERNORS UNIVERSITY (WGU) D446 ADULT HEALTH II PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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. Nursing care for a patient undergoing external beam radiation therapy to the skin should include which action?**
 - A. Protect the skin from irritation
 - B. Hydration should be avoided
 - C. Expose skin to sun
 - D. Use perfumes in the room
- 2. Which treatment is indicated in Addisonian crisis?**
 - A. Oral hydration
 - B. Desmopressin injections
 - C. Electrolyte repletion
 - D. IV fluids + steroids
- 3. What is the correct sequence for basic life support priorities in emergencies?**
 - A. Airway Breathing Circulation
 - B. Circulation Airway Breathing
 - C. Breathing Airway Circulation
 - D. Airway Circulation Breathing
- 4. What is the approved time window for intravenous tPA in eligible ischemic stroke patients?**
 - A. Within 1 hour
 - B. Within 24 hours
 - C. Within 6 hours
 - D. Within 3-4.5 hours
- 5. Which medications are included in heart failure management?**
 - A. Calcium channel blockers only
 - B. Loop diuretics (furosemide); ACE inhibitors
 - C. Antibiotics
 - D. Insulin

6. In peritoneal dialysis, which finding most strongly suggests peritonitis?

- A. Dehydration
- B. Seizures
- C. Hypernatremia
- D. Cloudy effluent

7. In pneumonia management, which combination reflects prioritized care?

- A. Isolation only
- B. Airway; oxygen; antibiotics
- C. Sedation
- D. Physical therapy only

8. ESRD electrolyte concern

- A. Hypokalemia is common
- B. Hyperkalemia is common
- C. Potassium levels are always normal
- D. Potassium is not a concern in ESRD

9. Which action is NOT a burn management priority?

- A. Oral hydration
- B. Airway management
- C. Urine output monitoring
- D. Pain control

10. After thoracentesis, which condition would indicate a complication needing evaluation?

- A. Hypotension
- B. Fever
- C. Pneumothorax
- D. Nausea

Answers

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

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Explanations

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1. Nursing care for a patient undergoing external beam radiation therapy to the skin should include which action?

- A. Protect the skin from irritation**
- B. Hydration should be avoided
- C. Expose skin to sun
- D. Use perfumes in the room

Radiation therapy to the skin can cause dermatitis, so the nursing action that best supports patient comfort and skin integrity is to shield the treated area from irritation. The skin becomes more fragile and prone to redness, itching, cracking, and infection, so avoiding friction, chemical irritants, and trauma is key. Use gentle cleansing with mild, unscented soap and pat the skin dry, choose loose, breathable clothing, and avoid adhesives, perfumes, or harsh products on the site. Sun exposure should be avoided on the treated area, and any moisturizers used should be approved by the care team and typically fragrance-free to minimize irritation. Keeping the skin protected helps prevent breakdown and promotes healing, whereas exposing the skin to sun or adding irritants would worsen the reaction.

2. Which treatment is indicated in Addisonian crisis?

- A. Oral hydration
- B. Desmopressin injections
- C. Electrolyte repletion
- D. IV fluids + steroids**

Addisonian crisis requires rapid replacement of both circulating volume and cortisol. The immediate priority is to stabilize the patient's hemodynamics and metabolic stress because cortisol deficiency contributes to hypotension, shock, and electrolyte disturbances. Initiating IV isotonic fluids, usually normal saline, quickly expands intravascular volume, corrects dehydration, and helps normalize blood pressure and sodium balance. At the same time, providing steroids—typically hydrocortisone given IV—replaces the missing cortisol and also offers some mineralocorticoid activity, which supports vascular responsiveness and sodium retention during this acute crisis. This combination addresses the underlying deficiency and the life-threatening instability. Desmopressin is not indicated for adrenal crisis; it treats ADH-related disorders, not cortisol deficiency. Relying on electrolyte repletion alone won't resolve the crisis because the primary issue is cortisol deficiency. Oral hydration is insufficient in this acute setting where rapid stabilization is needed. After stabilization, ongoing management includes careful electrolyte monitoring and transitioning to longer-term adrenal replacement as appropriate.

3. What is the correct sequence for basic life support priorities in emergencies?

- A. Airway Breathing Circulation**
- B. Circulation Airway Breathing
- C. Breathing Airway Circulation
- D. Airway Circulation Breathing

Prioritize airway first because nothing else can help if air can't reach the lungs. An open airway allows rescue breaths to actually enter the lungs and begin oxygenating the blood. If the airway is blocked or collapsed, ventilation won't occur and oxygen delivery to tissues stops, even if you're delivering breaths or performing compressions. Once the airway is clear, focus on breathing to ensure ventilation is happening effectively. Providing breaths helps move oxygen into the lungs and into the bloodstream, supporting oxygen delivery to the brain and other vital organs. If the person isn't breathing adequately on their own, give rescue breaths to establish ventilation. Only after establishing an open airway and ensuring ventilation should you address circulation. Chest compressions move oxygenated blood to the heart and brain, sustaining perfusion while you continue airway and breathing support. If there's no detectable pulse, start compressions to maintain circulation as you continue airway management and breathing. This sequence minimizes time where the brain and heart are not getting oxygen, making it the most effective order for basic life support.

4. What is the approved time window for intravenous tPA in eligible ischemic stroke patients?

- A. Within 1 hour
- B. Within 24 hours
- C. Within 6 hours
- D. Within 3-4.5 hours**

The key idea is the time window for giving intravenous tPA in acute ischemic stroke. IV tPA is most beneficial when given as early as possible after onset, but safety limits the treatment to a specific timeframe. For eligible adults, the approved window extends up to 4.5 hours from symptom onset, with the standard 3-hour window applying to broader eligibility and a 4.5-hour extension for select patients who meet additional criteria. This explains why the best choice is the 3-4.5 hour window. Treating beyond 4.5 hours increases the risk of harm without meaningful benefit. Remember that aiming for rapid treatment is crucial, though door-to-needle time is a separate performance goal from the onset-to-treatment window.

5. Which medications are included in heart failure management?

- A. Calcium channel blockers only
- B. Loop diuretics (furosemide); ACE inhibitors**
- C. Antibiotics
- D. Insulin

In heart failure management, drugs that both relieve symptoms and improve outcomes are essential. Loop diuretics like furosemide address fluid overload and edema quickly, helping to reduce congestion and improve breathing and comfort. ACE inhibitors counter the harmful activation of the renin-angiotensin-aldosterone system, decreasing afterload and preventing adverse remodeling of the heart, which translates to better survival and fewer hospitalizations in many patients with systolic dysfunction. These two classes together represent a core pharmacologic approach to treating heart failure. Other options don't fit the typical treatment goals. Antibiotics treat infection, not heart failure itself, and insulin is used for diabetes management, not HF treatment. Calcium channel blockers are not the primary therapy for heart failure and, depending on the type of HF, may not provide the same mortality and symptom-relief benefits as the combination of diuretics and ACE inhibitors.

6. In peritoneal dialysis, which finding most strongly suggests peritonitis?

- A. Dehydration
- B. Seizures
- C. Hypernatremia
- D. Cloudy effluent**

Cloudy dialysate effluent strongly signals peritoneal dialysis–associated peritonitis. When infection inflames the peritoneum, the dialysate becomes filled with inflammatory cells, especially neutrophils, and bacteria, turning the effluent turbid or milky. This visible change is a hallmark clue in PD patients and prompts immediate action: obtain a sample of the effluent for Gram stain and culture and begin empiric broad spectrum antibiotics right away after collection. Abdominal pain and fever often accompany this, but the cloudy effluent is the most indicative finding among the options. The other listed signs—dehydration, seizures, and hypernatremia—do not specifically indicate peritonitis in this context and can arise from other conditions.

7. In pneumonia management, which combination reflects prioritized care?

- A. Isolation only
- B. Airway; oxygen; antibiotics**
- C. Sedation
- D. Physical therapy only

The key idea is prioritizing what keeps the patient alive and restores proper gas exchange. Pneumonia inflames and fills parts of the lung, making it harder for oxygen to get into the blood. Ensuring an open airway and providing oxygen addresses the immediate breathing and oxygenation needs. Simultaneously starting antibiotics targets the infectious cause to stop the progression of the illness. While infection control like isolation matters, it doesn't directly improve breathing in the acute phase. Sedation would hinder breathing, and physical therapy alone doesn't stabilize the patient's acute respiratory status. So, focusing on airway management, oxygen delivery, and timely antibiotics best reflects the initial, prioritized care for pneumonia.

8. ESRD electrolyte concern

- A. Hypokalemia is common
- B. Hyperkalemia is common**
- C. Potassium levels are always normal
- D. Potassium is not a concern in ESRD

Hyperkalemia is common because the kidneys lose the ability to excrete potassium as ESRD progresses. With reduced GFR and impaired distal tubular secretion, potassium clearance drops, leading to accumulation in the serum. Plus, metabolic acidosis frequently seen in ESRD drives potassium out of cells into the extracellular space, further raising serum levels. Dialysis can remove potassium, but between sessions potassium can still build up, making high potassium a recurring and dangerous risk that can precipitate alarming ECG changes or life-threatening arrhythmias. Hypokalemia is not typical in this setting, and potassium levels are not inherently normal or insignificant—potassium management is a key concern in ESRD.

9. Which action is NOT a burn management priority?

- A. Oral hydration**
- B. Airway management
- C. Urine output monitoring
- D. Pain control

In burn care, the most urgent tasks are to secure the airway and support breathing, then restore circulating volume and monitor perfusion. Airway management is critical because inhalation injury or facial burns can quickly worsen swelling and compromise the ability to breathe. After securing the airway, fluid resuscitation becomes essential to prevent shock and maintain kidney function, with urine output used to gauge whether perfusion is adequate. Pain control helps reduce metabolic demand and improves cooperation with care, which also supports safer ventilation and overall stabilization. Oral hydration isn't feasible as a priority during this acute phase because it cannot reliably meet the fluid needs of a patient who may have airway edema, altered consciousness, or risk of aspiration, and who often requires IV fluids to achieve rapid and controlled resuscitation. Once the patient is stabilized and GI function returns to normal, oral intake can be gradually advanced, but it does not drive the immediate priorities in acute burn management.

10. After thoracentesis, which condition would indicate a complication needing evaluation?

- A. Hypotension
- B. Fever
- C. Pneumothorax**
- D. Nausea

Pneumothorax is the immediate complication to watch for after thoracentesis because introducing a needle near the lung can let air into the pleural space or puncture the lung itself, causing the lung to collapse and ventilation to be impaired. Any new respiratory symptoms after the procedure—such as sudden chest pain or shortness of breath, or a noticeable decrease in breath sounds on the affected side—should trigger urgent evaluation with imaging to confirm the diagnosis. A chest X-ray is typically used to assess the presence and size of the pneumothorax. Management depends on how large and symptomatic it is: small, stable cases may be observed with supplemental oxygen, while larger or symptomatic ones often require procedures to remove the air, such as needle aspiration or a chest tube. Other issues like hypotension, fever, or nausea can occur for various reasons, but they do not specifically indicate a thoracentesis-related pneumothorax and wouldn't alone warrant the same immediate evaluation.

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://wgu-d446adulthealth2.examzify.com>

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

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