ADULT HEALTH (AH) II EXAM 1 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.

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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!

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Questions

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1. **In cirrhosis with ascites, which strategy reduces recurrence of spontaneous bacterial peritonitis?**

   A. No prophylaxis

   B. Prophylactic antibiotics to prevent recurrence

   C. Daily high-sodium diet

   D. Regular IVIG

2. **What is a key aspect of lung-protective ventilation?**

   A. Low tidal volumes (~6 mL/kg predicted body weight) and limited plateau pressures.

   B. High tidal volumes.

   C. No PEEP.

   D. Deep sedation only.

3. **Priority Nursing Interventions for Open Pneumothorax: Which intervention is recommended for open pneumothorax?**

   A. Fortify wound by taping all four sides

   B. Remove penetrating object immediately

   C. 3-Sided Occlusive Vent Dressing

   D. Administer antibiotics to prevent infection

4. **What is a recommended action when the water seal chamber is not maintaining the proper water level due to not enough water?**

   A. Inspect the water seal chamber hourly to ensure fluid remains at the prescribed 2-cm mark

   B. Use the system's injection port or negative-pressure relief valve to add sterile water or saline

   C. If the chamber is overfilled due to tipping or re-calibration, press the negative-pressure relief valve to vent excess pressure

   D. Reposition the patient to a more upright position to promote drainage

5. **Complications of Low-Molecular-Weight Heparin (LMWH) include which of the following?**

   A. Hyperglycemia

   B. Bleeding and HIT

   C. Hypotension

   D. Hypercalcemia

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6. In acute spinal cord injury, neurogenic shock is characterized by which hemodynamic pattern?

A. Hypertension with tachycardia

B. Hypotension with bradycardia due to vasodilation

C. Hyperdynamic warm skin with high cardiac output

D. High systemic vascular resistance

7. Hemothorax is defined as which of the following?

A. Purulent fluid in the pleural space

B. Milky chyle in pleural space

C. Air in pleural space

D. Accumulation of frank blood in the pleural space

8. Open Pneumothorax dressing: If signs of a developing tension pneumothorax occur after applying an open pneumothorax dressing, what should you do?

A. Release or lift one edge of the dressing

B. Fully seal the wound with tape on all four sides

C. Remove the dressing

D. Reapply a new covering with four-sided seal

9. Venous duplex ultrasound is used to confirm which condition in PE assessment?

A. MRI

B. Chest CT

C. EKG

D. Venous Duplex Ultrasound

10. Elevated lactate in sepsis indicates what?

A. Normal metabolic status.

B. Lower risk of death.

C. Tissue hypoperfusion and severity of illness.

D. Oxygen saturation improved.

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Answers

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

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Explanations

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1. In cirrhosis with ascites, which strategy reduces recurrence of spontaneous bacterial peritonitis?

A. No prophylaxis

B. Prophylactic antibiotics to prevent recurrence

C. Daily high-sodium diet

D. Regular IVIG

In cirrhosis with ascites, spontaneous bacterial peritonitis tends to recur because bacteria from the gut can translocate into the ascitic fluid and the immune defenses are compromised. Giving long-term prophylactic antibiotics after a prior SBP episode significantly lowers the risk of recurrence by suppressing gut bacterial overgrowth and translocation. This approach is the most effective strategy to prevent another SBP event. So, using prophylactic antibiotics to prevent recurrence is preferred because it directly targets the source of infection—bacterial translocation from the gut—whereas doing nothing, restricting to a high-sodium diet, or using IVIG does not effectively reduce SBP recurrence. The prophylaxis regimens typically include agents like norfloxacin or trimethoprim-sulfamethoxazole, chosen to continuously limit bacterial load in the gut.

2. What is a key aspect of lung-protective ventilation?

A. Low tidal volumes (~6 mL/kg predicted body weight) and limited plateau pressures.

B. High tidal volumes.

C. No PEEP.

D. Deep sedation only.

Lung-protective ventilation focuses on minimizing ventilator-induced lung injury by limiting the amount the lungs are stretched each breath. Using small tidal volumes, about 6 mL per kilogram of predicted body weight, reduces overdistension of fragile alveoli. Keeping plateau pressures below roughly 30 cm H2O helps prevent barotrauma and volutrauma that can worsen lung injury. This approach is typically paired with appropriate PEEP to keep airways open without pushing pressures too high, but the central idea is the combination of low tidal volume with controlled plateau pressures. Deep sedation alone does not achieve this protection, and high tidal volumes or omitting PEEP would increase injury rather than prevent it.

3. Priority Nursing Interventions for Open Pneumothorax: Which intervention is recommended for open pneumothorax?

A. Fortify wound by taping all four sides

B. Remove penetrating object immediately

C. 3-Sided Occlusive Vent Dressing

D. Administer antibiotics to prevent infection

Open pneumothorax requires preventing air from being drawn into the pleural space during inhalation while still allowing an exit path for trapped air. A three-sided occlusive vent dressing does exactly this: it seals on three sides so air can't enter the chest with inspiration, but leaves the edge open to vent during expiration, reducing the risk of developing a tension pneumothorax. Taping all four sides would trap air inside and can worsen lung collapse. Removing the penetrating object immediately can worsen bleeding and air leakage. Administering antibiotics doesn't address the immediate life-threatening issue of air entering the chest, which is the top priority.

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4. What is a recommended action when the water seal chamber is not maintaining the proper water level due to not enough water?

A. Inspect the water seal chamber hourly to ensure fluid remains at the prescribed 2-cm mark

B. Use the system's injection port or negative-pressure relief valve to add sterile water or saline

C. If the chamber is overfilled due to tipping or re-calibration, press the negative-pressure relief valve to vent excess pressure

D. Reposition the patient to a more upright position to promote drainage

The water-seal chest drainage system relies on a water-filled seal to act as a one-way barrier that prevents air from entering the pleural space while allowing drainage. If the water seal is low because there isn't enough water, the seal is compromised and air can pass, risking a pneumothorax. The correct action is to replenish the water seal by adding sterile water or saline through the system's designated injection port or negative-pressure relief valve. This restores the water column to the prescribed level and reestablishes the one-way seal. After adding, verify the level is correct and maintain sterile technique. Other options don't address the issue: inspecting hourly doesn't fix the low water level; addressing a chamber that's overfilled is for a different problem; repositioning the patient doesn't restore the water seal.

5. Complications of Low-Molecular-Weight Heparin (LMWH) include which of the following?

A. Hyperglycemia

B. Bleeding and HIT

C. Hypotension

D. Hypercalcemia

The main concept is the adverse effects of LMWH, which include increased bleeding risk due to its anticoagulant action and a distinct immune-mediated reaction known as heparin-induced thrombocytopenia (HIT). Bleeding is the most common and expected complication because LMWH inhibits clot formation. HIT, while less common with LMWH than with unfractionated heparin, is a serious reaction where antibodies form against the PF4-heparin complex, leading to a drop in platelets and a paradoxical risk of thrombosis. If HIT is suspected, LMWH is stopped and a non-heparin anticoagulant is used. The other options—hyperglycemia, hypotension, and hypercalcemia—aren't typical direct complications of LMWH.

6. In acute spinal cord injury, neurogenic shock is characterized by which hemodynamic pattern?

A. Hypertension with tachycardia

B. Hypotension with bradycardia due to vasodilation

C. Hyperdynamic warm skin with high cardiac output

D. High systemic vascular resistance

The key idea is that neurogenic shock after acute spinal cord injury comes from a loss of sympathetic tone. When the sympathetic outflow is disrupted, blood vessels dilate (vasodilation), causing a drop in systemic vascular resistance and blood pressure. At the same time, the heart loses sympathetic input, so the heart rate tends to slow (bradycardia) because unopposed parasympathetic activity takes over. This combination—hypotension with bradycardia due to vasodilation—best fits the hemodynamic pattern of neurogenic shock. It contrasts with other shock types, where you'd expect tachycardia or high vascular resistance.

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7. Hemothorax is defined as which of the following?

A. Purulent fluid in the pleural space

B. Milky chyle in pleural space

C. Air in pleural space

D. Accumulation of frank blood in the pleural space

Hemothorax is the accumulation of frank blood in the pleural space. This distinguishes it from other pleural effusions: purulent fluid indicates empyema (infection), milky fluid suggests chyle in a chylothorax, and air in the pleural space denotes a pneumothorax. Recognizing blood in the pleural space is important because it can compromise respiration and often requires interventions like chest tube drainage along with management of the underlying cause.

8. Open Pneumothorax dressing: If signs of a developing tension pneumothorax occur after applying an open pneumothorax dressing, what should you do?

A. Release or lift one edge of the dressing

B. Fully seal the wound with tape on all four sides

C. Remove the dressing

D. Reapply a new covering with four-sided seal

When a chest wound is managed with an open pneumothorax dressing, one edge is often left unsealed to act as a vent. If signs of a developing tension pneumothorax appear, the priority is to relieve the trapped air quickly. Releasing or lifting one edge of the dressing creates a vent, allowing air to escape from the pleural space and lowering the intrathoracic pressure. This temporary venting prevents worsening tension while the patient is stabilized and further care is arranged. Sealing the wound on all four sides would trap air and can worsen tension. Removing the dressing or applying a new four-sided seal would leave the wound unsupported or re-create an airtight seal, respectively, which also risks reintroducing tension. Venting by lifting an edge is the safest immediate step to relieve pressure without abandoning wound coverage.

9. Venous duplex ultrasound is used to confirm which condition in PE assessment?

A. MRI

B. Chest CT

C. EKG

D. Venous Duplex Ultrasound

In this PE assessment, the test is used to identify a deep vein thrombosis as the likely source of the embolus. Venous duplex ultrasound images the leg veins and uses Doppler to detect blood flow abnormalities and thrombus, with high sensitivity for proximal DVT (like in the femoral or popliteal veins). A positive duplex study confirms the presence of DVT, which often underlies a pulmonary embolism and helps guide urgent anticoagulation decisions. This test isn't used to confirm pulmonary embolism itself—that's typically done with chest CT angiography or, in some cases, a V/Q scan—nor is it the usual choice for confirming other conditions like MRI findings or EKG changes.

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10. Elevated lactate in sepsis indicates what?

A. Normal metabolic status.

B. Lower risk of death.

C. Tissue hypoperfusion and severity of illness.

D. Oxygen saturation improved.

Lactate rises when tissues switch to anaerobic metabolism because oxygen delivery to cells is insufficient. In sepsis this happens due to poor tissue perfusion from circulatory abnormalities and microvascular dysfunction. Elevated lactate therefore reflects tissue hypoperfusion and indicates greater severity of illness; higher levels are associated with worse outcomes and guide the intensity of resuscitation. Lactate clearance (a fall over time) is a sign of improving perfusion. This marker doesn't imply normal metabolism or automatically mean the patient has better oxygenation—tissue-level perfusion can remain impaired even if overall oxygen saturation looks acceptable.

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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://ah2exam1.examzify.com

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

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