

ARIZONA STATE UNIVERSITY (ASU) NUR 352 FUNDAMENTAL CONCEPTS IN NURSING EXAM 1 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. IV is used to denote which method of administration?

- A. Internal venous
- B. Intraocular
- C. Intravenous
- D. Intralesional

2. What is a portal of exit?

- A. The means by which the infectious agent can leave the reservoir
- B. The route by which pathogens enter a new host
- C. The immune response to infection
- D. The method of sterilization

3. What is asepsis?

- A. The absence of disease-producing organisms
- B. The process of eliminating pathogenic organisms or protecting against infection
- C. The elimination of all microorganisms from the environment
- D. The practice of preventing infection by dietary measures

4. Which physical assessment technique involves tapping body parts with fingers or small instruments?

- A. Inspection
- B. Palpation
- C. Auscultation
- D. Percussion

5. What is the primary purpose of ISBAR in healthcare communication?

- A. Hand-off communication between health care providers
- B. Diagnostic procedure scheduling
- C. Patient education session
- D. Medication administration

6. Which statement best describes subjective data?

- A. Signs are objective data; symptoms are subjective data
- B. Signs are subjective data; symptoms are objective data
- C. Both are objective
- D. Both are subjective

7. Penicillin is best described as:

- A. An infection acquired from microorganisms in hospitals and other health care facilities
- B. An antibiotic drug that combats bacteria by interfering with bacterial cell-wall synthesis
- C. A physician who studies and treats tumors, cancer specialist
- D. The process of enabling people to increase control over, and to improve, their health

8. Diastolic pressure is the force against arterial walls during which cardiac phase?

- A. Cardiac relaxation (diastole)
- B. During systole
- C. Isovolumetric contraction
- D. Atrial contraction

9. MRSA stands for which organism?

- A. Methicillin-sensitive Staphylococcus aureus
- B. Methicillin-resistant Staphylococcus aureus
- C. Multi-resistant Staphylococcus aureus
- D. Methicillin-resistant Streptococcus aureus

10. GI stands for which body system?

- A. Gynecologic
- B. Gastrointestinal
- C. Genitourinary
- D. Glomerular inflammation

Answers

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

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Explanations

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1. IV is used to denote which method of administration?

- A. Internal venous
- B. Intraocular
- C. Intravenous**
- D. Intralesional

IV denotes administration into a vein, i.e., intravenous delivery. This route puts medications or fluids directly into the bloodstream, allowing rapid onset and precise control of dosing, which is why it's widely used in acute care and for fluids, electrolytes, and many drugs. The other terms refer to different sites: intraocular is into the eye, intralesional is into a lesion, and "internal venous" isn't a standard route name. So IV is the intravenous route.

2. What is a portal of exit?

- A. The means by which the infectious agent can leave the reservoir**
- B. The route by which pathogens enter a new host
- C. The immune response to infection
- D. The method of sterilization

The portal of exit is the path by which an infectious agent leaves its reservoir to spread to a new host. Think of how a virus or bacteria escapes its home during transmission—through coughing or sneezing (respiratory droplets), through mouth or feces (GI tract), via open skin or wounds, or through blood if there's bleeding or sharing needles. These exit routes are what allow the pathogen to move from one person to another. This is why the choice stating "the means by which the infectious agent can leave the reservoir" fits best. The other ideas describe different concepts: the route by which pathogens enter a new host is the portal of entry, the immune response is the body's defense, and the method of sterilization relates to decontamination rather than how pathogens exit a reservoir. Understanding portals of exit helps inform infection prevention measures, like masking, proper hand hygiene, covering wounds, and safe handling of contaminated materials.

3. What is asepsis?

- A. The absence of disease-producing organisms**
- B. The process of eliminating pathogenic organisms or protecting against infection
- C. The elimination of all microorganisms from the environment
- D. The practice of preventing infection by dietary measures

Asepsis describes a state in which disease-causing organisms are absent or present in such minimal amounts that they do not cause infection. In nursing practice, this is achieved through actions that minimize contamination and infection—hand hygiene, sterile technique, proper cleaning and disinfection, wound care, and using barriers like gloves and masks. The process of eliminating pathogens or protecting against infection refers more to aseptic technique—the methods used to reach asepsis—rather than the definition of asepsis itself. Eliminating all microorganisms from the environment isn't realistic, and dietary measures don't address infection control. So the best fit is the absence of disease-producing organisms.

4. Which physical assessment technique involves tapping body parts with fingers or small instruments?

- A. Inspection
- B. Palpation
- C. Auscultation
- D. Percussion**

Percussion is a physical assessment method in which tapping the body with fingertips or a small instrument produces sounds that reflect what lies beneath the surface. The sound quality and location help you estimate density and borders of underlying structures: air-filled areas sound resonant, while fluid or solid tissues produce dullness, and gas in hollow organs can create a tympanic tone. This technique helps map organ boundaries, detect abnormal accumulations, and differentiate conditions such as air in the abdomen, an enlarged liver border, or fluid in a cavity. It's distinct from inspection (visual examination), palpation (touch to feel texture and tenderness), and auscultation (listening with a stethoscope to internal sounds). In practice, percussion complements the other methods by providing information about underlying density and structure that you can then correlate with findings from inspection, palpation, and auscultation.

5. What is the primary purpose of ISBAR in healthcare communication?

- A. Hand-off communication between health care providers**
- B. Diagnostic procedure scheduling
- C. Patient education session
- D. Medication administration

ISBAR is a structured way to communicate during hand-offs between healthcare providers, ensuring vital patient information is conveyed clearly as responsibility shifts. The sequence—Introduction, Situation, Background, Assessment, Recommendation—helps the sender identify themselves and the patient, state what is happening now, share relevant history, offer their professional assessment, and propose specific next steps. This standardization reduces omissions and misinterpretations that can occur with free-form updates, promoting safer, more seamless transitions of care, such as during shift changes, patient transfers, or when requesting a consult. It's not primarily about scheduling diagnostic tests, delivering patient education, or administering medications, though those actions may follow from the clearly communicated information.

6. Which statement best describes subjective data?

- A. Signs are objective data; symptoms are subjective data**
- B. Signs are subjective data; symptoms are objective data
- C. Both are objective
- D. Both are subjective

Distinguishing subjective from objective data is fundamental in nursing assessment. Subjective data are what the patient experiences and reports—pain, nausea, fatigue, or dizziness—things that can't be measured directly by another person. Objective data are observable and measurable by the clinician—fever, rash, wound appearance, or measured vital signs. Therefore, the statement that signs are objective data and symptoms are subjective data is the best description. A patient might report a headache (subjective), while the clinician notes pallor and a fever (objective), illustrating the difference between what the patient feels and what can be observed or measured. The other possibilities mislabel signs or symptoms and don't reflect how data are categorized in assessment.

7. Penicillin is best described as:

- A. An infection acquired from microorganisms in hospitals and other health care facilities
- B. An antibiotic drug that combats bacteria by interfering with bacterial cell-wall synthesis**
- C. A physician who studies and treats tumors, cancer specialist
- D. The process of enabling people to increase control over, and to improve, their health

Penicillin is an antibiotic that kills bacteria by blocking cell-wall synthesis. It targets enzymes (penicillin-binding proteins) involved in cross-linking the peptidoglycan layer of the bacterial wall, preventing proper wall formation. Without a strong wall, actively growing bacteria cannot withstand osmotic pressure and eventually lyse, making penicillin bactericidal. This selective action exploits the fact that human cells lack cell walls, so there's relatively low direct toxicity to human cells. It does not treat viral infections or non-infectious conditions, and some bacteria produce beta-lactamases that can inactivate penicillin, which is why derivatives and combinations with beta-lactamase inhibitors exist.

8. Diastolic pressure is the force against arterial walls during which cardiac phase?

- A. Cardiac relaxation (diastole)**
- B. During systole
- C. Isovolumetric contraction
- D. Atrial contraction

Diastolic pressure is the arterial pressure during ventricular relaxation. When the heart is in diastole, the ventricles are filling and not contracting, the semilunar valves are closed, and the arteries are held open by their elastic recoil. This baseline arterial pressure between heartbeats defines the diastolic pressure. During systole, the ventricles contract and eject blood, creating the higher systolic pressure. Isovolumetric contraction is a brief moment at the start of systole when the ventricles contract with all valves closed, causing pressure to rise without any blood flow. Atrial contraction occurs late in diastole and mainly helps with ventricular filling, but it does not set the diastolic arterial pressure.

9. MRSA stands for which organism?

- A. Methicillin-sensitive *Staphylococcus aureus*
- B. Methicillin-resistant *Staphylococcus aureus***
- C. Multi-resistant *Staphylococcus aureus*
- D. Methicillin-resistant *Streptococcus aureus*

*MRSA stands for a strain of *Staphylococcus aureus* that has become resistant to methicillin. *Staphylococcus aureus* is a common bacterium found on skin and in the nose; when it's methicillin-resistant, it has acquired changes (usually the *mecA* gene with the PBP2a protein) that reduce the binding of beta-lactam antibiotics to their target, so drugs like methicillin, oxacillin, and related penicillins aren't effective. This is different from methicillin-sensitive *Staphylococcus aureus*, which remains susceptible to those antibiotics. It's also not a *Streptococcus* species—*Streptococcus aureus* isn't a real organism, and MRSA specifically refers to *Staphylococcus aureus*. Understanding this distinction guides antibiotic choices and infection-control measures.*

10. GI stands for which body system?

- A. Gynecologic
- B. Gastrointestinal**
- C. Genitourinary
- D. Glomerular inflammation

GI stands for the Gastrointestinal system, the tract responsible for digestion and absorption from the mouth through the esophagus, stomach, and intestines (with help from organs like the liver, pancreas, and gallbladder). In nursing and medical shorthand, GI is used to refer to issues related to digestion, bowel function, and nutrient absorption, such as appetite, bowel sounds, stool, and feeding tolerance. The other terms point to different areas: gynecologic relates to the female reproductive organs, genitourinary covers urinary and genital organs, and glomerular inflammation is a kidney-related condition, not a system name.

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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://asu-nur352exam1.examzify.com>

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

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