

ARIZONA STATE UNIVERSITY (ASU) NUR 426 HEALTH AND ILLNESS CONCEPTS ADVANCED EXAM 1 PRACTICE (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. Celecoxib should be used with caution in patients taking which drug due to bleeding risk?**
 - A. Heparin
 - B. Warfarin
 - C. Glucocorticoids
 - D. Acetaminophen

- 2. In females with bleeding disorders, which symptom requires close monitoring?**
 - A. Headache when fasting
 - B. Excessive menstrual bleeding
 - C. Dizziness with standing
 - D. Nosebleeds only

- 3. In the management of pernicious anemia, why is potassium monitoring important?**
 - A. Because hypokalemia can occur
 - B. Because hyperkalemia can occur
 - C. Because hypomagnesemia can occur
 - D. Because hypernatremia can occur

- 4. Long-term folic acid use may mask deficiency of which vitamin?**
 - A. Vitamin B12
 - B. Vitamin C
 - C. Vitamin D
 - D. Vitamin K

- 5. What factor level defines severe hemophilia?**
 - A. <1%
 - B. 5-40%
 - C. 1-5%
 - D. 50-100%

- 6. Which infection-control measure is recommended for patients with neutropenia?**
- A. Eat raw fruits
 - B. Positive-pressure room
 - C. Take aspirin
 - D. Wear mask when leaving room
- 7. Which modality is used to treat both solid tumors and hematologic cancers?**
- A. Chemotherapy
 - B. Surgery
 - C. Radiation
 - D. Immunotherapy
- 8. Which statement best describes cromolyn's role in asthma management?**
- A. Cromolyn is used primarily for prevention and has no bronchodilation
 - B. It provides rapid relief during an acute asthma attack
 - C. It is a potent bronchodilator
 - D. It is taken orally as a tablet
- 9. What strategy helps manage cancer-related fatigue?**
- A. Complete bed rest
 - B. Increase caffeine intake
 - C. Energy conservation strategies
 - D. Ignore fatigue
- 10. Desmopressin is primarily used to treat mild hemophilia by which mechanism?**
- A. Inhibits platelet aggregation
 - B. Stimulates release of von Willebrand factor and factor VIII
 - C. Directly replaces all clotting factors
 - D. Destroys fibrin clots

Answers

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

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Explanations

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1. Celecoxib should be used with caution in patients taking which drug due to bleeding risk?

- A. Heparin
- B. Warfarin**
- C. Glucocorticoids
- D. Acetaminophen

When an NSAID is used with an anticoagulant, bleeding risk rises because both products affect blood clotting, though by different mechanisms. Celecoxib can impair platelet function and irritate the GI tract, while warfarin reduces the synthesis of vitamin K-dependent clotting factors. Together, these effects can lead to more pronounced bleeding, including GI bleeding or hemorrhage in other sites. In some patients, celecoxib can also alter warfarin levels, further increasing the risk of an elevated INR and bleeding. Although other options can contribute to GI risk or bleeding in different ways, the combination with warfarin is the most clinically significant interaction here. Acetaminophen lacks anticoagulant/antiplatelet activity, and glucocorticoids, while they can worsen GI injury, do not produce the same direct interaction with celecoxib as warfarin.

2. In females with bleeding disorders, which symptom requires close monitoring?

- A. Headache when fasting
- B. Excessive menstrual bleeding**
- C. Dizziness with standing
- D. Nosebleeds only

In females with bleeding disorders, the symptom that signals a need for close monitoring is excessive menstrual bleeding. This reflects substantial and ongoing blood loss each month, which can quickly lead to iron-deficiency anemia and worsen overall bleeding risk. Menorrhagia is a key indicator because it often represents the cumulative impact of the disorder on the patient's daily physiology, requiring careful evaluation of hemoglobin, iron stores, and the effectiveness of any therapies aimed at reducing menstrual blood loss. Management may involve treatments during menses to reduce bleeding and regular monitoring to prevent or treat anemia. Headache when fasting points to metabolic or glucose issues rather than active blood loss. Dizziness with standing can be related to dehydration or orthostatic changes and isn't as direct a signal of ongoing bleeding risk. Nosebleeds can occur with bleeding disorders but single or minor episodes don't necessarily reflect the level of monthly blood loss or the need for close monitoring. Excessive menstrual bleeding most clearly indicates a significant, ongoing bleed that warrants vigilant follow-up.

3. In the management of pernicious anemia, why is potassium monitoring important?

- A. Because hypokalemia can occur**
- B. Because hyperkalemia can occur
- C. Because hypomagnesemia can occur
- D. Because hypernatremia can occur

When pernicious anemia is treated with vitamin B12, the bone marrow becomes highly active again and red blood cell production surges (reticulocytosis). As these new cells form, they take potassium from the blood into the developing cells, which can cause serum potassium to fall rapidly. This potential drop can lead to dangerous hypokalemia, with symptoms like muscle weakness or dangerous heart rhythm changes. Because of this risk, monitoring potassium during the initial phase of treatment is essential so any decline can be detected and corrected promptly. Hyperkalemia is not the typical concern in this scenario, and while electrolyte interactions exist, the main issue here is the shift of potassium into cells during rapid hematopoiesis.

4. Long-term folic acid use may mask deficiency of which vitamin?

A. Vitamin B12

B. Vitamin C

C. Vitamin D

D. Vitamin K

Long-term folic acid use can mask a vitamin B12 deficiency because it corrects the megaloblastic anemia that B12 deficiency would cause, without treating the underlying neurologic damage that B12 deficiency can produce. Folate supports red blood cell production and normalizes the blood picture, so the anemia improves, but the nerve-related symptoms from B12 deficiency—such as numbness, tingling, and possible cognitive or motor impairments—can continue and progress. This is why ongoing high-dose folic acid can hide a substantial B12 deficiency and delay diagnosis and treatment. The other vitamins don't present with a hematologic picture that folate would correct in the same way, and their deficiencies show distinct clinical signs (scurvy with Vitamin C, bone and calcium problems with Vitamin D, bleeding issues with Vitamin K), so folic acid wouldn't obscure their primary manifestations.

5. What factor level defines severe hemophilia?

A. <1%

B. 5-40%

C. 1-5%

D. 50-100%

Factor activity level is used to categorize how severe hemophilia is. The amount of clotting factor VIII (hemophilia A) or IX (hemophilia B) in the blood, relative to normal, guides this. Severe hemophilia is defined by having less than 1% of normal factor activity. At such a low level, bleeds can occur spontaneously or with minimal trauma, and joints are frequently involved. Moderate and mild classifications are 1–5% and 5–40% respectively, with 50–100% considered normal.

6. Which infection-control measure is recommended for patients with neutropenia?

A. Eat raw fruits

B. Positive-pressure room

C. Take aspirin

D. Wear mask when leaving room

Neutropenia makes the patient highly susceptible to infections from even small amounts of environmental pathogens. The most effective infection-control measure is protective isolation with a private room that has positive-pressure airflow, so air flows out of the room and external contaminants are less likely to enter. This setup creates a barrier against pathogens coming from the surrounding environment, which is crucial for someone with a compromised immune system. The other options don't provide this protective barrier: consuming raw fruits can introduce microbes, aspirin has no role in infection protection, and wearing a mask when leaving the room isn't the standard environmental protection used to guard a neutropenic patient.

7. Which modality is used to treat both solid tumors and hematologic cancers?

- A. Chemotherapy**
- B. Surgery
- C. Radiation
- D. Immunotherapy

Chemotherapy is the modality that treats both solid tumors and hematologic cancers because it works systemically, not just at a single site. It targets rapidly dividing cells throughout the body, so it can reach cancer cells embedded in a solid tumor as well as malignant cells circulating in the bloodstream or residing in bone marrow, which is common in leukemias and lymphomas. This ability to address disseminated disease and micrometastases makes chemotherapy applicable to both cancer types, whereas surgery is mainly for removing localized masses and radiation is primarily localized to a specific region. Immunotherapy is increasingly used for various cancers but is not universally effective across all solid and hematologic cancers, whereas chemotherapy remains a standard approach for a broad range of both.

8. Which statement best describes cromolyn's role in asthma management?

- A. Cromolyn is used primarily for prevention and has no bronchodilation**
- B. It provides rapid relief during an acute asthma attack
- C. It is a potent bronchodilator
- D. It is taken orally as a tablet

Cromolyn sodium acts as a preventive measure by stabilizing mast cells in the airways, which reduces the release of mediators like histamine when a trigger is present. Because it doesn't relax airway smooth muscle, it does not produce bronchodilation and therefore won't provide rapid relief during an acute asthma attack. It's typically given by inhalation and used regularly to prevent symptoms, not as rescue therapy. It's not taken as a tablet for asthma management, which aligns with its role as a controller medication. For these reasons, the best description is that it's used primarily for prevention and has no bronchodilation.

9. What strategy helps manage cancer-related fatigue?

- A. Complete bed rest
- B. Increase caffeine intake
- C. Energy conservation strategies**
- D. Ignore fatigue

Conserving energy and balancing activity with rest is the central approach to managing cancer-related fatigue. Fatigue in cancer is multifactorial, and the goal is to maintain function and quality of life by preventing energy depletion rather than simply trying to sleep more. Energy-conservation strategies involve planning and prioritizing tasks, pacing activities, taking regular rest breaks, delegating or simplifying tasks, and using assistive devices or environmental changes to reduce energy expenditure. By scheduling demanding activities for times when energy is highest, breaking tasks into smaller steps, and combining rest with activity, patients can maintain independence and reduce the overall sense of fatigue. Gentle, regular activity within tolerance, along with good sleep hygiene, nutrition, and symptom control, often improves energy levels over time. Less effective options—such as complete bed rest, which leads to deconditioning; high caffeine intake, which can disrupt sleep and cause jitters; or ignoring fatigue—do not help sustain daily functioning or quality of life.

10. Desmopressin is primarily used to treat mild hemophilia by which mechanism?

- A. Inhibits platelet aggregation
- B. Stimulates release of von Willebrand factor and factor VIII**
- C. Directly replaces all clotting factors
- D. Destroys fibrin clots

Desmopressin works by triggering the body's own stores to release von Willebrand factor and factor VIII from endothelial cells. In mild hemophilia A, the problem is low factor VIII, so releasing stored factor VIII increases its circulating level and activity, helping the intrinsic pathway of coagulation. Von Willebrand factor also rises, which stabilizes factor VIII and enhances platelet adhesion, further supporting clot formation. This mechanism is why desmopressin can be effective for mild hemophilia rather than acting as a direct replacement of all clotting factors. It does not inhibit platelets, destroy clots, or directly replace every clotting factor. The effect is temporary, so timing and dosing are important.

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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-nur426exam1.examzify.com>

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

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