

# ARIZONA STATE UNIVERSITY (ASU) NUR 436 EXPERIENTIAL LEARNING: ADVANCED MIDTERM PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://asu-nur436midterm.examzify.com>



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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 hospital infection control practice is recommended?**
  - A. Reuse gloves without changing
  - B. Gel in and out every time
  - C. Skip hand hygiene to save time
  - D. Use dry handwashing without sanitizer
- 2. In a PICO question about preventing infections after surgery, which component defines the population?**
  - A. In postoperative elderly patients
  - B. Enhanced hand hygiene protocol
  - C. Reducing surgical site infections
  - D. Compared with standard hand hygiene
- 3. What is the primary purpose of debriefing after a simulation or clinical event, and which elements are essential for an effective debrief?**
  - A. To promote learning and emotional processing in a psychologically safe environment; include reaction phase, analysis of performance, identification of lessons learned, and actionable improvement plans
  - B. To evaluate performance to assign blame
  - C. To document only errors for quality improvement
  - D. To compare the unit to others
- 4. In pediatric fluid maintenance, which line correctly represents maintenance for the first 10 kg?**
  - A. 50 mL x (first 10 kg)
  - B. 20 mL x (first 10 kg)
  - C. 100 mL x (first 5 kg)
  - D. 100 mL x (first 10 kg)
- 5. Which statement accurately differentiates incidence and prevalence in hospital-derived data?**
  - A. Incidence = new cases over time; prevalence = total existing cases at a point in time; incidence informs risk, prevalence informs disease burden and resource needs.
  - B. Incidence equals total existing cases at a point; prevalence equals new cases over time.
  - C. Prevalence informs risk; incidence informs disease burden.
  - D. They are unrelated metrics.

- 6. Which option describes a strategy that is NOT typically used to prevent medication errors beyond the five rights?**
- A. Barcoding
  - B. Double checks for high-risk meds
  - C. Frequent interruptions to care team during administration
  - D. Standard concentrations
- 7. Which is an evidence-based strategy for end-of-life pain management?**
- A. Opioids and adjuvants titrated to relief
  - B. Non-pharmacological approaches are ineffective
  - C. High-dose NSAIDs with no monitoring
  - D. Avoiding adjuvants in pain control
- 8. According to NCSBN and ANA guidelines, who takes responsibility for delegation?**
- A. The RN
  - B. The patient
  - C. The CNA
  - D. The supervisor
- 9. Which sequence represents the ABCDE approach to the primary survey in trauma or deterioration?**
- A. Airway with c-spine protection, Breathing, Circulation, Disability (neuro status), Exposure.
  - B. Airway, Circulation, Breathing, Disability, Exposure
  - C. Airway, Breathing, Disability, Circulation, Exposure
  - D. Airway with c-spine protection, Breathing, Circulation, Disability (neuro status), Exposure, then reassessment and environmental control. Additional: Rapid temperature.
- 10. What is the first step in a root cause analysis after a sentinel safety event?**
- A. Define the event
  - B. Assemble the team
  - C. Map sequence of events
  - D. Develop corrective actions

## **Answers**

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

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## **Explanations**

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## 1. Which hospital infection control practice is recommended?

- A. Reuse gloves without changing
- B. Gel in and out every time**
- C. Skip hand hygiene to save time
- D. Use dry handwashing without sanitizer

*Regular hand hygiene with an alcohol-based hand gel before and after patient contact is the cornerstone of preventing infections in a hospital. Using gel in and out every time means applying the sanitizer each time you enter or leave a patient area and between tasks, ensuring hands are decontaminated promptly. This approach is best because it quickly reduces the number of pathogens on the hands and fits into fast-paced care while maintaining a strong protective barrier against transmission. Glove reuse without changing breaks the safety barrier and increases the risk of spreading organisms between patients. Skipping hand hygiene to save time directly raises infection risk. Using dry handwashing without sanitizer isn't effective for routine decontamination because it doesn't reliably kill pathogens; when hands aren't visibly dirty, an alcohol-based sanitizer is preferred, and soap and water is used when they are.*

## 2. In a PICO question about preventing infections after surgery, which component defines the population?

- A. In postoperative elderly patients**
- B. Enhanced hand hygiene protocol
- C. Reducing surgical site infections
- D. Compared with standard hand hygiene

*The population is the group of patients the question aims to apply findings to. In this scenario, postoperative elderly patients define who is being studied for infection prevention after surgery, so they establish who the results would pertain to and who would be at risk. The other parts of PICO map to the intervention (enhanced hand hygiene protocol), the comparison (standard hand hygiene), and the outcome (rate of surgical site infections). This is why postoperative elderly patients is the population component—the group being studied.*

**3. What is the primary purpose of debriefing after a simulation or clinical event, and which elements are essential for an effective debrief?**

- A. To promote learning and emotional processing in a psychologically safe environment; include reaction phase, analysis of performance, identification of lessons learned, and actionable improvement plans**
- B. To evaluate performance to assign blame
- C. To document only errors for quality improvement
- D. To compare the unit to others

*Debriefing after a simulation or clinical event centers on turning experience into learning by helping the team process what happened and plan concrete improvements, all within a psychologically safe environment. This means creating space for emotional processing and candid reflection, so participants can talk openly about how they felt and what influenced their decisions without fear of punishment. A well-structured debrief typically includes several essential elements. First, a reaction phase lets people share initial feelings and impressions, anchoring the discussion in real emotions and perspectives. Next, a guided analysis examines actions taken, the rationale behind decisions, and how the team coordinated, so there's a clear picture of performance. Then comes identifying lessons learned—distilling what went well and what could be improved, so insights are concrete and actionable. Finally, actionable improvement plans specify concrete steps, assign responsibilities, and set timelines to close gaps and strengthen future performance. Other approaches that focus on blaming individuals for errors or merely documenting mistakes for quality records miss the core aim of debriefing: fostering learning and safe, continuous improvement. Comparing units shifts attention away from immediate learning and team development and can breed defensiveness rather than growth.*

**4. In pediatric fluid maintenance, which line correctly represents maintenance for the first 10 kg?**

- A. 50 mL x (first 10 kg)
- B. 20 mL x (first 10 kg)
- C. 100 mL x (first 5 kg)
- D. 100 mL x (first 10 kg)**

*Pediatric maintenance needs are estimated using the Holliday-Segar method, which uses weight-based steps to assign daily fluid amounts. For the first 10 kg of body weight, the maintenance amount is 100 mL per kg per day. So the line that shows 100 mL multiplied by the first 10 kg correctly represents the daily maintenance for that weight range. For example, a child weighing 8 kg would need about 800 mL per day; a 12 kg child would need 1000 mL for the first 10 kg plus  $2 \times 50$  mL for the remaining 2 kg, totaling around 1100 mL per day. The other options misapply the rates to the first 10 kg (using 50 mL/kg/day or 20 mL/kg/day) or inappropriately target a different bracket (such as first 5 kg), which does not match the standard approach.*

**5. Which statement accurately differentiates incidence and prevalence in hospital-derived data?**

- A. Incidence = new cases over time; prevalence = total existing cases at a point in time; incidence informs risk, prevalence informs disease burden and resource needs.**
- B. Incidence equals total existing cases at a point; prevalence equals new cases over time.
- C. Prevalence informs risk; incidence informs disease burden.
- D. They are unrelated metrics.

*The concept being tested is how incidence and prevalence differ and what each tells us about a hospital population. Incidence is about new cases that occur over a defined period, which makes it a measure of risk: it shows how often people develop the condition during that time. Prevalence, on the other hand, counts all existing cases at a specific moment (point prevalence) or over a period, capturing how widespread the condition is and the ongoing demand for care, staffing, and resources. The best statement aligns with these definitions: incidence = new cases over time, prevalence = total existing cases at a point in time; incidence informs risk, and prevalence informs disease burden and resource needs. In hospital data, this means incidence helps assess how often new cases arise, while prevalence helps plan for the number of patients currently living with the condition and the resources they require. Other options mix up the definitions or imply no relationship between the metrics, which isn't accurate.*

**6. Which option describes a strategy that is NOT typically used to prevent medication errors beyond the five rights?**

- A. Barcoding
- B. Double checks for high-risk meds
- C. Frequent interruptions to care team during administration**
- D. Standard concentrations

*Preventing medication errors beyond the five rights relies on adding verification steps, technology, and standardization to catch mistakes before they reach the patient. Barcoding provides an automated check that the scanned medication matches the patient and the order, helping prevent wrong patient or wrong drug incidents. Double checks for high-risk meds add an extra layer of protection by having a second clinician independently verify calculations and preparation. Standard concentrations reduce confusion and dosing errors by ensuring consistent strengths and eliminating look-alike or mix-up risks. Frequent interruptions to the care team during administration, on the other hand, undermine safety by breaking concentration and increasing the likelihood of selecting the wrong item or dose, so they are not used as a safety strategy.*

**7. Which is an evidence-based strategy for end-of-life pain management?**

- A. Opioids and adjuvants titrated to relief**
- B. Non-pharmacological approaches are ineffective
- C. High-dose NSAIDs with no monitoring
- D. Avoiding adjuvants in pain control

*The main idea is that end-of-life pain is best managed with opioids and additional medications tailored to the patient, with doses continuously adjusted to achieve relief. Opioids reliably reduce a wide range of painful symptoms in advanced illness, and titrating the dose to reach adequate analgesia while watching for side effects provides the balance between comfort and safety. Adding adjuvant medications—such as antidepressants or anticonvulsants for neuropathic components, or drugs targeting specific symptoms—can enhance relief and often reduce the required opioid dose. Non-pharmacological approaches can help, but they are not typically sufficient on their own for moderate to severe pain at the end of life. High-dose NSAIDs with no monitoring carry significant risks for frail patients, and avoiding adjuvants ignores proven benefits for certain pain types.*

**8. According to NCSBN and ANA guidelines, who takes responsibility for delegation?**

- A. The RN**
- B. The patient
- C. The CNA
- D. The supervisor

*Delegation carries responsibility with the nurse who makes the delegation. NCSBN and ANA guidelines state that the licensed nurse remains accountable for the delegation process: determining what tasks are appropriate to delegate, ensuring the person assigned is competent, giving clear instructions, and providing supervision and evaluation of the outcomes. The unlicensed assistive personnel (like a CNA) carries out the delegated task under that supervision, but the RN is the one who bears the accountability for patient safety and for whether the delegation was appropriate and effectively managed. The patient isn't responsible for delegation decisions, and while a supervisor may oversee unit operations, the explicit responsibility for delegation rests with the nurse who delegates.*

9. Which sequence represents the ABCDE approach to the primary survey in trauma or deterioration?

- A. Airway with c-spine protection, Breathing, Circulation, Disability (neuro status), Exposure.
- B. Airway, Circulation, Breathing, Disability, Exposure
- C. Airway, Breathing, Disability, Circulation, Exposure
- D. Airway with c-spine protection, Breathing, Circulation, Disability (neuro status), Exposure, then reassessment and environmental control. Additional: Rapid temperature.**

*In the primary survey for trauma or deterioration, actions are done in a strict order to quickly identify and address life-threatening issues. Start with securing the airway and protecting the cervical spine because a patent airway is essential for ventilation and oxygenation, and stabilizing the neck minimizes injury during airway maneuvers. Next, assess and optimize breathing to ensure adequate ventilation and oxygenation, addressing any immediate thoracic problems. Then evaluate circulation to control major bleeding and assess perfusion to vital organs. After that, perform a quick disability assessment to check neurologic function and detect any deteriorating mental status. Then expose the patient to inspect for hidden injuries, while applying environmental controls to prevent hypothermia. Finally, reassess the patient continuously and maintain environmental/temperature management. This sequence, including reassessment and temperature considerations, best reflects the ABCDE approach in the primary survey.*

10. What is the first step in a root cause analysis after a sentinel safety event?

- A. Define the event**
- B. Assemble the team
- C. Map sequence of events
- D. Develop corrective actions

*Defining the event clearly sets the scope for the entire investigation. After a sentinel safety event, you want a precise description of what happened, when and where it occurred, who was involved, and what the outcomes were. This shared, exact explanation creates a common starting point for everyone on the team and guides what data needs to be gathered. Without a clear definition, different people may describe the incident in different ways, leading to misaligned data collection and confusion about what needs to be analyzed. Once the event is well defined, you can bring together the right people to collect evidence, map out the sequence of events, and later identify root causes and develop corrective actions. The other steps are important, but they depend on having a precise, agreed-upon description of the event to avoid chasing irrelevant factors and to focus the analysis on what truly happened.*

## 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://asu-nur436midterm.examzify.com>

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

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