ATI FUNDAMENTALS 5 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. What is the approximate normal body temperature range for adults in Celsius?

A. 36.0°C to 37.0°C

B. 37.5°C to 38.5°C

C. 36.5°C to 37.5°C

D. 35.5°C to 36.5°C

2. During wound irrigation, which protocol minimizes contamination?

A. Use sterile solution, maintain a sterile field, clean from least contaminated to most contaminated, flush from center of wound outward, avoid touching sterile surfaces.

B. Use tap water, ignore sterile field, clean from most contaminated to least contaminated.

C. Touch sterile surfaces with bare hands.

D. Leave old dressing in place during irrigation.

3. In responding to a patient with respiratory distress, which action is the first priority?

A. Administer oxygen as ordered

B. Assess oxygenation

C. Monitor vitals

D. Escalate care as needed

4. During a sterile wound dressing change, cleansing should be performed in which direction?

A. From clean to dirty

B. From dirty to clean

C. In a circular outward motion

D. From clean to dirty

5. Which statement best describes the difference between standard precautions and transmission-based precautions?

A. Standard precautions apply to all patients.

B. Standard precautions apply to all patients; transmission-based precautions apply to patients with suspected or confirmed infections and are used in addition to standard.

C. Standard precautions are no longer used.

D. Transmission-based precautions replace standard precautions.

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6. A pH reading of 6 for aspirate indicates placement in which anatomical location?

A. Lungs

B. Stomach

C. Intestines

D. Esophagus

7. What is the purpose of a pressure-relieving device?

A. To reduce pressure on soft tissue only

B. To increase circulation to nonaffected limbs

C. To immobilize the patient

D. To reduce pressure on bony prominences and prevent pressure ulcers

8. Which practice accurately describes measuring intake and output?

A. Record intake but not output.

B. Record all fluids consumed and expelled, use calibrated containers, measure accurately, estimate when necessary, and monitor for discrepancies.

C. Only record fluid intake; ignore outputs.

D. Estimate all values without measurement.

9. In a clinical emergency, what is the nurse's first action?

A. Assess the patient's ABCs

B. Activate the code

C. Call the physician

D. Administer the first dose of CPR medications

10. Reposition bedridden patients at least every how many hours?

A. Every 1 hour

B. Every 2 hours

C. Every 3 hours

D. Every 4 hours

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Answers

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

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Explanations

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1. What is the approximate normal body temperature range for adults in Celsius?

A. 36.0°C to 37.0°C

B. 37.5°C to 38.5°C

C. 36.5°C to 37.5°C

D. 35.5°C to 36.5°C

Normal body temperature in adults hovers around 37°C, but there isn't a single fixed value—there is a normal range. The commonly accepted approximate range is about 36.5°C to 37.5°C. This reflects natural daily fluctuations and differences between measurement sites. Circadian rhythms can shift your temperature by about half a degree, tending to be a bit cooler in the early morning and warmer later in the day. Measurement method also matters: oral readings sit a little lower than core measurements like rectal, and other sites (tympanic, axillary) can vary by a few tenths of a degree. So 36.5°C to 37.5°C captures the typical normal range for a healthy adult. Values above roughly 38°C often indicate fever, while values around or below 36°C can indicate hypothermia, depending on context.

2. During wound irrigation, which protocol minimizes contamination?

A. Use sterile solution, maintain a sterile field, clean from least contaminated to most contaminated, flush from center of wound outward, avoid touching sterile surfaces.

B. Use tap water, ignore sterile field, clean from most contaminated to least contaminated.

C. Touch sterile surfaces with bare hands.

D. Leave old dressing in place during irrigation.

The key idea is preserving a sterile environment and directing the cleaning in a way that prevents introducing or spreading bacteria. Using sterile solution and maintaining a sterile field create a barrier against microbes. Cleaning from the least contaminated area to the most contaminated helps keep contaminants from being dragged into the wound. Flushing from the center of the wound outward pushes debris away toward the periphery, reducing the chance that contaminants re-enter the wound bed. Avoid touching sterile surfaces with bare hands because that breaks sterility and can transfer organisms. This approach minimizes contamination compared with methods that use nonsterile fluids, disregard sterile technique, or involve touching or bypassing sterile barriers.

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3. In responding to a patient with respiratory distress, which action is the first priority?

A. Administer oxygen as ordered

B. Assess oxygenation

C. Monitor vitals

D. Escalate care as needed

In respiratory distress, the first step is to determine how well oxygen is getting to the tissues. Assess oxygenation right away using tools like pulse oximetry and by watching for signs of hypoxia (increased work of breathing, cyanosis, altered mental status) and, if available, arterial blood gases. This initial assessment provides the real-time status of the patient's gas exchange and guides the next actions—such as whether to initiate or adjust oxygen therapy, choose a delivery method, or escalate care. Administering oxygen as ordered is important, but it should follow the assessment so the treatment matches the patient's current needs. Ongoing vitals monitoring and decisions about escalating care are actions that occur as you reassess after starting support, ensuring the response is appropriate and timely.

4. During a sterile wound dressing change, cleansing should be performed in which direction?

A. From clean to dirty

B. From dirty to clean

C. In a circular outward motion

D. From clean to dirty

Start with the cleanest area and move toward the dirtiest. In a sterile wound dressing change, you wipe from the surrounding, intact skin (the cleanest area) toward the wound itself (the most contaminated area). This minimizes dragging microorganisms into clean tissue and helps keep the sterile field intact. Circular motions are not ideal here because they can spread contaminants in multiple directions; using linear strokes that progress from clean to dirty is the proper technique.

5. Which statement best describes the difference between standard precautions and transmission-based precautions?

A. Standard precautions apply to all patients.

B. Standard precautions apply to all patients; transmission-based precautions apply to patients with suspected or confirmed infections and are used in addition to standard.

C. Standard precautions are no longer used.

D. Transmission-based precautions replace standard precautions.

Standard precautions are the baseline safety measures used with every patient to prevent exposure to blood, body fluids, nonintact skin, and mucous membranes. They include practices like hand hygiene and using gloves or gowns when exposure risk exists, safe injection practices, and proper cleaning of equipment and surfaces. Transmission-based precautions are added on top of these for patients with suspected or confirmed infections, and they vary depending on how the infection spreads (airborne, droplet, or contact). So, standard precautions apply to all patients, and transmission-based precautions are additional measures used for specific infections.

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6. A pH reading of 6 for aspirate indicates placement in which anatomical location?

A. Lungs

B. Stomach

C. Intestines

D. Esophagus

When checking placement by aspirate pH, acidic gastric contents are expected to have a low pH (typically under about 5). A pH reading around 6 is near neutral, which is more consistent with secretions from the respiratory tract rather than the stomach. Therefore, a pH of 6 suggests the aspirate may be coming from the lungs rather than the stomach or intestines. Remember, pH testing isn't perfect on its own, and radiographic confirmation is the definitive method to verify tube placement.

7. What is the purpose of a pressure-relieving device?

A. To reduce pressure on soft tissue only

B. To increase circulation to nonaffected limbs

C. To immobilize the patient

D. To reduce pressure on bony prominences and prevent pressure ulcers

Pressure-relieving devices are designed to prevent pressure ulcers by redistributing body weight so that no single area, especially over bones, bears prolonged pressure. When someone is immobile, sustained pressure over bony prominences like the sacrum, heels, and hips can compress capillaries and reduce blood flow, leading to tissue damage. By spreading out pressure or modulating it, these devices maintain tissue perfusion and lower the risk of ulcers. That's why the best choice is to reduce pressure on bony prominences and prevent pressure ulcers. They aren't intended to immobilize the patient or specifically boost circulation to nonaffected limbs, and while soft tissue relief may occur, the primary goal is protecting bony areas from pressure.

8. Which practice accurately describes measuring intake and output?

A. Record intake but not output.

B. Record all fluids consumed and expelled, use calibrated containers, measure accurately, estimate when necessary, and monitor for discrepancies.

C. Only record fluid intake; ignore outputs.

D. Estimate all values without measurement.

Measuring intake and output centers on tracking fluid balance. Record every fluid the patient takes in and every fluid that leaves the body. Use calibrated containers to measure accurately, so you have precise volumes for both intake and output. Estimate only when measurement isn't possible, and then monitor for discrepancies between intake and output, as well as weight changes, which can indicate a fluid imbalance or measurement error. This approach supports understanding hydration status, kidney function, and response to therapies like IV fluids or diuretics. Recording only intake misses the full picture; ignoring outputs prevents assessing balance; estimating all values without measurement yields unreliable data.

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9. In a clinical emergency, what is the nurse's first action?

A. Assess the patient's ABCs

B. Activate the code

C. Call the physician

D. Administer the first dose of CPR medications

In a medical emergency, getting help to the patient FAST is the top priority. Activating the code immediately alerts the resuscitation team and brings in the needed equipment, such as the defibrillator, airway tools, suction, and emergency medications, along with coordinated staff who know their roles. This quick trigger ensures high-quality CPR can begin right away and that advanced interventions follow without delay. Starting CPR is crucial when the patient is unresponsive and not breathing, but it works best when the code has already been activated so the team arrives promptly to guide and support the effort. Calling a physician or administering medications without this rapid team activation can cause dangerous delays, whereas the code activation initiates the full, organized response the patient needs.

10. Reposition bedridden patients at least every how many hours?

A. Every 1 hour

B. Every 2 hours

C. Every 3 hours

D. Every 4 hours

Relieving continuous pressure on vulnerable skin is key to preventing pressure injuries. The idea being tested is how often to reposition a bedridden patient to protect tissue and promote circulation. In adults, turning at least every two hours is standard practice because it shifts weight off bony prominences like the sacrum and heels, reducing ischemia, friction, and shear that can lead to skin breakdown. Waiting longer than two hours increases the risk of tissue damage, while turning more often than every two hours is typically not necessary unless there are additional risk factors. So, the recommended interval to help prevent pressure injuries is every two hours.

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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://atifunds5.examzify.com

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

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