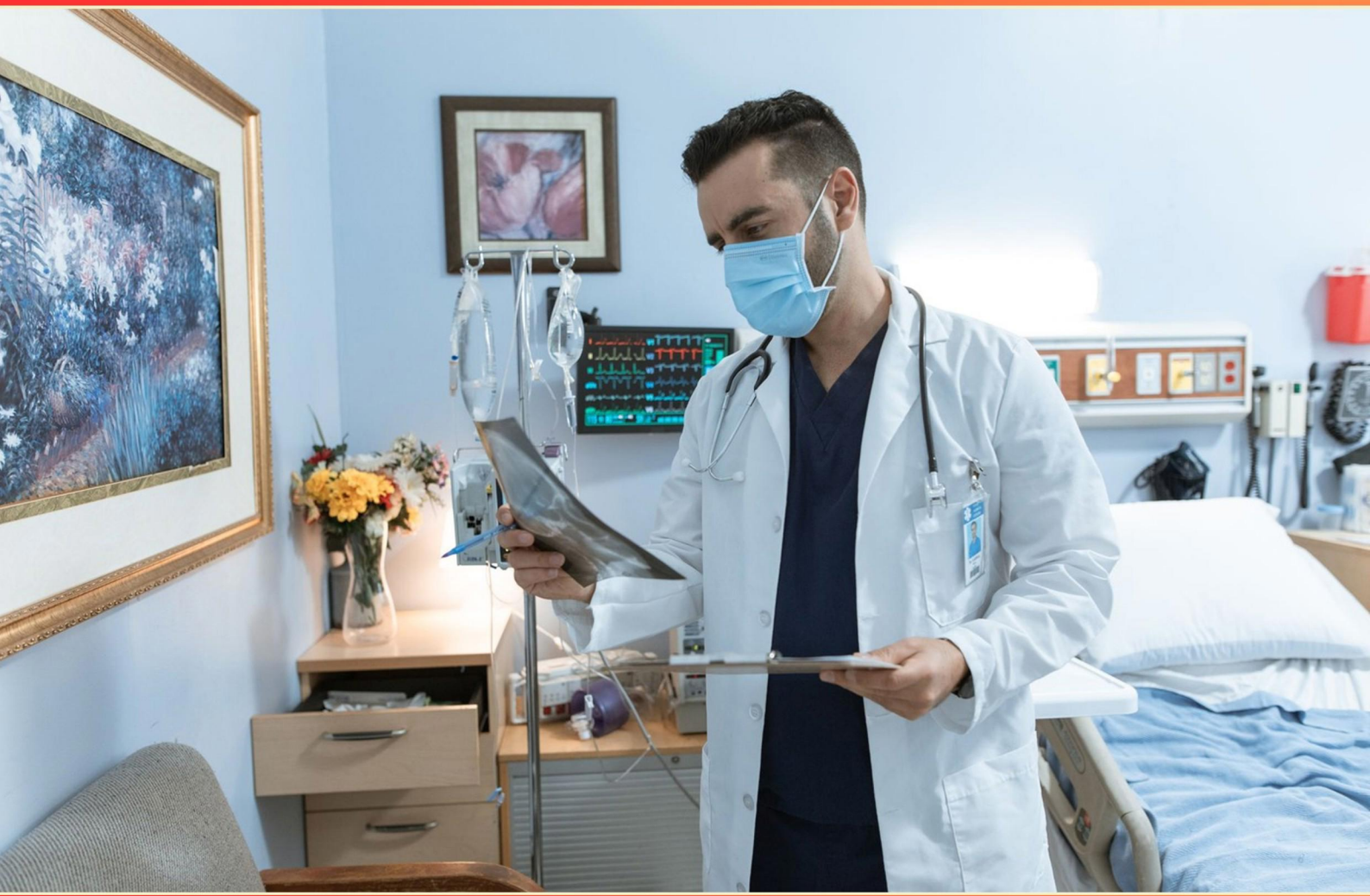
CHRONIC ILLNESS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://chronicillness.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Which approach provides meaningful sensory input while avoiding overstimulation in Alzheimer's care?

A. Provide continuous loud stimuli

B. Avoid all sensory input

C. Provide meaningful sensory input but avoid excessive stimulation

D. Only visual input

2. How often should sputum samples be collected to monitor the effectiveness of TB therapy?

A. Every 2 weeks

B. Every 8 weeks

C. Every 4 weeks

D. Every 6 weeks

3. In the management of status epilepticus, which combination is recommended?

A. An IV benzodiazepine plus a loading dose of fosphenytoin

B. Oral diazepam only

C. Subcutaneous insulin

D. Intramuscular epinephrine

4. A nurse preparing a client to receive chemotherapy for ovarian cancer should plan which action?

A. Have the client swish with commercial mouthwash before therapy

B. Administer an antiemetic prior to the procedure

C. Tell the client to expect dark stools following chemotherapy

D. Have the client floss 4x daily

5. What is the key finding of compartment syndrome?

A. Significant increased pain due to constriction and loss of sensation and movement

B. Mild discomfort that improves with rest

C. Fever and rash

D. Hypotension and bradycardia

SAMPLE

6. Which of the following is a good dietary source of iron for someone with iron deficiency anemia?

A. Spinach

B. Bananas

C. Oranges

D. Whole milk

7. A patient with a femur fracture 8 hours ago reports sudden dyspnea and chest pain. The nurse should first:

A. Admin IV vasopressor

B. Check Chvostek's sign

C. Monitor for headache

D. Provide high flow oxygen

8. CK reference range for females?

A. CK 55-170

B. CK 10-100

C. CK 60-180

D. CK 30-135

9. CK returns to normal in how many days?

A. 7-10 days

B. 14-21 days

C. 3-4 days

D. 1-2 days

10. Following arthroscopic knee surgery, which instruction should the nurse include in discharge teaching?

A. Remain on bedrest for the first 24 hr

B. Keep the leg in a dependent position

C. Apply ice to the affected area

D. Begin active range of motion

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which approach provides meaningful sensory input while avoiding overstimulation in Alzheimer's care?

A. Provide continuous loud stimuli

B. Avoid all sensory input

C. Provide meaningful sensory input but avoid excessive stimulation

D. Only visual input

Balancing sensory input is key in Alzheimer's care: provide experiences that are meaningful and engaged with the person's memories and preferences, but deliver them at a pace and level that doesn't overwhelm the senses. Meaningful sensory input can support orientation, mood, and engagement, helping reduce confusion and agitation. Overstimulation, such as loud or constant stimuli, tends to trigger distress and restlessness. Conversely, removing all sensory input isolates and can worsen withdrawal and decline. Relying on only one sense, like vision, misses opportunities to connect through other meaningful channels and may not feel personally relevant. The best approach blends sensory experiences that are personally meaningful—gentle music, familiar photos, touch like hand massage, or a comforting scent—while carefully modulating intensity, duration, and timing and allowing breaks when needed. This promotes calm, reduces confusion, and keeps the person engaged without overloading the system.

2. How often should sputum samples be collected to monitor the effectiveness of TB therapy?

A. Every 2 weeks

B. Every 8 weeks

C. Every 4 weeks

D. Every 6 weeks

Monitoring how well TB therapy is working relies on checking sputum for signs of ongoing infection. Collecting sputum samples about every four weeks, i.e., once a month, lines up with typical follow-up visits and gives timely feedback on whether the patient is clearing the bacteria. This cadence balances catching slower responses or potential treatment failure early with the practicality and burden of more frequent testing. Sampling more often than monthly adds little actionable benefit and can be burdensome, while waiting eight weeks or six weeks could delay recognizing slower conversion. So, monthly sputum collection is the standard interval for monitoring treatment effectiveness.

3. In the management of status epilepticus, which combination is recommended?

A. An IV benzodiazepine plus a loading dose of fosphenytoin

B. Oral diazepam only

C. Subcutaneous insulin

D. Intramuscular epinephrine

In status epilepticus the goal is rapid, reliable control of ongoing seizures. The fastest way to achieve that is with an IV benzodiazepine, which quickly terminates seizures. If seizures persist after this initial step, the next move is to give a loading dose of a second-line anti-seizure medication to maintain suppression and prevent recurrence; fosphenytoin is commonly used for this purpose because it can be given IV, reaches effective levels quickly, and is easier on the veins than phenytoin. So the recommended approach is an IV benzodiazepine to stop the current seizure, followed by a loading dose of fosphenytoin to sustain control. Oral diazepam would be too slow and unreliable in ongoing convulsions, subcutaneous insulin has no role in seizure management, and intramuscular epinephrine is not an antiseizure treatment and is inappropriate for this scenario.

SAMPLE

4. A nurse preparing a client to receive chemotherapy for ovarian cancer should plan which action?

A. Have the client swish with commercial mouthwash before therapy

B. Administer an antiemetic prior to the procedure

C. Tell the client to expect dark stools following chemotherapy

D. Have the client floss 4x daily

Preventing chemotherapy-induced nausea and vomiting is essential because it is one of the most common and distressing side effects of treatment. Giving an antiemetic before chemotherapy helps stop nausea and vomiting before it starts, which is more effective than trying to treat symptoms after they appear. In ovarian cancer, where regimens are highly emetogenic, prophylactic antiemetics—often a combination that may include a 5-HT3 receptor antagonist, dexamethasone, and sometimes an NK1 receptor antagonist—significantly reduce the incidence and severity of CINV, supporting better hydration, nutrition, and ability to continue planned therapy. Other planned actions don't address this primary, high-impact side effect. Mouthwash isn't the preventive focus for CINV, dark stools aren't an expected pre-chemo plan, and while good oral hygiene is important, flossing four times daily isn't specifically needed to prevent chemotherapy-induced nausea.

5. What is the key finding of compartment syndrome?

A. Significant increased pain due to constriction and loss of sensation and movement

B. Mild discomfort that improves with rest

C. Fever and rash

D. Hypotension and bradycardia

Compartment syndrome centers on dangerously elevated pressure within a closed muscle compartment, which impairs blood flow and nerve function. The hallmark is severe, escalating pain that is out of proportion to exam findings, often accompanied by pain on passive stretching of the affected muscles. As pressure persists, nerves suffer ischemia, leading to sensory changes and weakness or loss of movement if not treated promptly. That is why the described finding—significant increased pain due to constriction along with loss of sensation and movement—is the best answer. The other descriptions don't fit this condition: mild discomfort that improves with rest doesn't reflect the intense, progressive pain; fever and rash suggest infection or dermatitis; hypotension and bradycardia point to systemic issues rather than localized limb ischemia.

6. Which of the following is a good dietary source of iron for someone with iron deficiency anemia?

A. Spinach

B. Bananas

C. Oranges

D. Whole milk

The main idea is choosing foods that supply iron to help correct iron deficiency anemia. Spinach provides a meaningful amount of non-heme iron, the type of iron found in plant foods. Although non-heme iron isn't absorbed as efficiently as heme iron from animal sources, its absorption can be boosted when eaten with vitamin C-rich foods, making spinach a practical dietary source when planned with other vitamin C foods. The other options don't offer much iron themselves. Bananas are not a significant iron source. Oranges supply vitamin C (which helps iron absorption) but little iron, so they're helpful for absorption rather than a primary iron source. Whole milk is low in iron and contains calcium that can interfere with iron absorption, so it's not a good iron source. So, among these choices, spinach stands out as the best dietary source of iron.

SAMPLE

7. A patient with a femur fracture 8 hours ago reports sudden dyspnea and chest pain. The nurse should first:

A. Admin IV vasopressor

B. Check Chvostek's sign

C. Monitor for headache

D. Provide high flow oxygen

When a patient with a recent long-bone fracture develops sudden dyspnea and chest pain, think fat embolism syndrome causing acute hypoxemia. The immediate priority is to improve oxygenation, so providing high-flow oxygen is the best first action. Oxygen therapy helps raise the blood's oxygen content and supports tissues while the underlying fat droplets in the pulmonary circulation are managed supportively. Other choices don't address the most urgent need. An IV vasopressor would be used if there were hypotension or shock, not as the first response to dyspnea with chest pain. Checking a Chvostek's sign relates to calcium status and isn't an acute intervention for this presentation. Monitoring for headache may be relevant to neurological assessment, but it doesn't treat the immediate hypoxemia the patient is experiencing. In fat embolism syndrome, management is supportive, with oxygen therapy being the cornerstone to stabilize respiration, followed by escalation to more advanced support if needed.

8. CK reference range for females?

A. CK 55-170

B. CK 10-100

C. CK 60-180

D. CK 30-135

Creatine kinase is an enzyme released from muscle tissue, and normal levels depend on several factors, including sex. In healthy adult females, the typical reference range is about 30 to 135 U/L. This range accounts for the normal amount of CK present in muscle and the natural variability between individuals and labs. Values within this interval are considered normal for females, while higher values can point to muscle injury or stress, and very low values are not expected in adults. Ranges like 55-170 or 60-180 reflect ranges more commonly seen in males due to greater average muscle mass. A range such as 10-100 is too low on the upper end for many healthy females and would miss normal variation. So the 30-135 U/L range best matches adult female reference standards.

9. CK returns to normal in how many days?

A. 7-10 days

B. 14-21 days

C. 3-4 days

D. 1-2 days

Creatine kinase (CK) is released into the blood when muscle tissue is damaged, and it returns to baseline as the enzyme is cleared from circulation. After an acute injury, CK levels rise quickly and then decline over several days. The typical time for CK to normalize is about three to four days, reflecting its clearance from the bloodstream as healing progresses. Shorter normalization (one to two days) would be unusually rapid, while much longer timelines (seven to ten days or more) would suggest prolonged elevation or ongoing damage. Thus, three to four days best fits the usual CK clearance pattern.

SAMPLE

10. Following arthroscopic knee surgery, which instruction should the nurse include in discharge teaching?

A. Remain on bedrest for the first 24 hr

B. Keep the leg in a dependent position

C. Apply ice to the affected area

D. Begin active range of motion

Cold therapy after knee arthroscopy targets swelling and pain directly. Applying ice to the knee causes vasoconstriction, reduces capillary permeability, and slows nerve conduction, which together lessen edema and numb localized pain. This makes it a foundational discharge instruction for the immediate postoperative period. Teach to use a barrier between the skin and the ice (such as a thin cloth), apply for about 15 to 20 minutes at a time, several times a day as tolerated, and remove if there's numbness, excessive skin color change, or discomfort. Elevation can help further with swelling, but the key principle here is reducing swelling and pain through cold application, which is why this option is the best fit. The other options are not as appropriate for discharge teaching. Remaining on bedrest for 24 hours is not typically required and can lead to stiffness and other complications. Keeping the leg in a dependent position promotes pooling of blood and swelling. Starting active range of motion immediately may be advised only under specific surgical protocol; without that clearance, it can cause pain or bleeding.

SAMPLE

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://chronicillness.examzify.com

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

SAMPLE