# EVOLVE DIABETES 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. Which foot-care practice demonstrates understanding of diabetic foot care?**

A. Break in my new shoes gradually

B. Examine my feet with a mirror weekly

C. Cut toenails before bathing

D. Soak feet daily for an hour

**2. Which factor increases the risk of lactic acidosis with metformin?**

A. Severe renal impairment

B. Young age

C. Regular exercise

D. Low-protein diet

**3. A client with type 1 diabetes self-administers NPH insulin (Novolin N) every morning at 8:00 AM. The nurse assesses that the client understands the insulin's action when the client states they should be alert for signs of hypoglycemia during which time window?**

A. 12 PM to 8 PM

B. 10 AM to 1 PM

C. 10 PM to midnight

D. 8:30 AM to 9:30 AM

**4. What is a hallmark symptom of hypoglycemia that patients may report?**

A. Shaking or sweating due to low blood glucose

B. Headache and blurred vision

C. Extreme thirst

D. Nausea

**5. Which test uses a 75 g oral glucose load to evaluate glucose tolerance?**

A. Fasting plasma glucose

B. HbA1c

C. Oral glucose tolerance test (OGTT)

D. Random plasma glucose

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**6. Which insulin type is a long-acting basal insulin analogue?**

A. Regular

B. Lispro

C. Aspart

D. Glargine

**7. What do positive urine ketones indicate in a patient with diabetes?**

A. Ketones indicate fat metabolism due to low insulin levels; positive ketones suggest risk of DKA in type 1 or severe hyperglycemia.

B. Ketones reflect dehydration and electrolyte loss.

C. Ketones prove that there is no risk of ketosis.

D. Ketone testing replaces glucose monitoring.

**8. Which statement would a nurse correctly include when counseling a patient with diabetes and obesity about insulin and weight?**

A. Surplus fat causes excretion of insulin

B. Obesity leads to insulin resistance

C. Fat cells absorb insulin and prevent its circulation to other cells

D. Lipids accumulate in the pancreas and interfere with insulin production

**9. What information should the nurse include about what causes diabetic ketoacidosis?**

A. Breakdown of fat stores for energy

B. Ingestion of too many highly acidic foods

C. Excessive secretion of endogenous insulin

D. Increased amounts of cholesterol in the extracellular compartment

**10. A glycosylated hemoglobin of 6% suggests which of the following for planning patient education?**

A. It indicates ongoing poor control

B. It indicates normalization of glucose without effort

C. It indicates the patient has followed the prescribed treatment

D. It indicates need for dietary changes only

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# Answers

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

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# Explanations

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**1. Which foot-care practice demonstrates understanding of diabetic foot care?**

A. Break in my new shoes gradually

B. Examine my feet with a mirror weekly

C. Cut toenails before bathing

D. Soak feet daily for an hour

*Maintaining nail care is a key part of protecting diabetic feet from injury and infection. Nails that are too long or have jagged edges can catch on socks or footwear, nick the skin, or become ingrown—problems that diabetics are especially at risk for because reduced sensation may hide early signs of trouble. Trimming toenails with care helps remove sharp edges and keep the nail from pressing into surrounding skin, which directly reduces the chance of skin breaks that can become infected. The safest approach is to trim nails straight across and not too short, so they don't create corners that could grow into the skin. Nails are often easier to trim after they've been softened by bathing or soaking, which is why this practice is emphasized in foot care tips. While other steps like daily foot checks and proper shoe wear are also important, the act of trimming nails demonstrates understanding of preventing common foot injuries in diabetes.*

**2. Which factor increases the risk of lactic acidosis with metformin?**

A. Severe renal impairment

B. Young age

C. Regular exercise

D. Low-protein diet

*Metformin-associated lactic acidosis is most likely when kidney function is severely reduced. Metformin is cleared by the kidneys, so impaired renal function allows the drug to accumulate. This accumulation can interfere with lactate clearance and, in situations where lactate production is already increased, push the balance toward lactic acidosis. Severe renal impairment is the factor that raises this risk the most. Regular exercise isn't a risk factor for metformin-related lactic acidosis. It can raise lactate temporarily during activity, but it doesn't cause the drug to accumulate in the body, so it doesn't increase the risk in the same way.*

**3. A client with type 1 diabetes self-administers NPH insulin (Novolin N) every morning at 8:00 AM. The nurse assesses that the client understands the insulin's action when the client states they should be alert for signs of hypoglycemia during which time window?**

A. 12 PM to 8 PM

B. 10 AM to 1 PM

C. 10 PM to midnight

D. 8:30 AM to 9:30 AM

*NPH insulin is intermediate-acting. It starts to work about 1–2 hours after injection, but its peak effect occurs several hours later, roughly 4–12 hours after administration, and it can continue to act for 14–18 hours. With an 8:00 AM dose, the greatest insulin activity—and thus the highest risk of hypoglycemia—occurs from midday into the evening. The window of 12 PM to 8 PM aligns with the typical peak period, making hypoglycemia most likely to be detected there. The other timeframes either occur too soon after the injection, far after the peak, or during the tail end of the action when the risk is much lower. So, being alert for signs of hypoglycemia in the midday to evening hours best matches the expected pattern of NPH action after an 8 AM dose.*

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## 4. What is a hallmark symptom of hypoglycemia that patients may report?

A. Shaking or sweating due to low blood glucose

B. Headache and blurred vision

C. Extreme thirst

D. Nausea

*When blood glucose drops, the body triggers a quick surge of adrenaline and other counterregulatory responses, which produce autonomic symptoms. Shaking, sweating, and a sense of anxiety or a rapid heartbeat are classic early warning signs that hypoglycemia is occurring. These autonomic symptoms are what people recognize first and what typically prompts them to check their blood sugar and treat with fast-acting carbohydrates. Headache and blurred vision can occur with low glucose, but they are less specific and not as reliably described as early indicators. Extreme thirst is more associated with high blood glucose, and nausea can happen in various situations, not specifically as the defining marker of hypoglycemia.*

## 5. Which test uses a 75 g oral glucose load to evaluate glucose tolerance?

A. Fasting plasma glucose

B. HbA1c

C. Oral glucose tolerance test (OGTT)

D. Random plasma glucose

*The test that uses a 75 g oral glucose load to evaluate glucose tolerance is the Oral Glucose Tolerance Test. In this test, you fast and then drink a solution containing 75 grams of glucose. Blood glucose is measured after consuming the drink, typically at about two hours, to see how well the body processes the glucose. If the two-hour glucose level is elevated, it suggests impaired glucose tolerance or diabetes, depending on the specific thresholds used. This differs from fasting plasma glucose, which relies on a single fasting measurement without giving glucose, and from HbA1c, which reflects average blood glucose over the past 2–3 months rather than a glucose challenge. Random plasma glucose is just a single non-fasting reading and doesn't involve an oral glucose load or the post-load testing used to assess glucose tolerance.*

## 6. Which insulin type is a long-acting basal insulin analogue?

A. Regular

B. Lispro

C. Aspart

D. Glargine

*Long-acting basal insulin analogues provide a steady background level of insulin to cover fasting glucose over the day, without a pronounced peak. Glargine fits this profile, designed to release insulin slowly after injection and to maintain a relatively flat insulin level for about 24 hours. This makes it suitable for basal needs like overnight and between meals. The other insulins serve different roles: Regular insulin is a short-acting form used around meals or for corrections, while lispro and aspart are rapid-acting analogues that start quickly and peak to handle the rise in glucose with meals. They don't provide the prolonged, steady basal coverage that glargine offers.*

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## 7. What do positive urine ketones indicate in a patient with diabetes?

A. Ketones indicate fat metabolism due to low insulin levels; positive ketones suggest risk of DKA in type 1 or severe hyperglycemia.

B. Ketones reflect dehydration and electrolyte loss.

C. Ketones prove that there is no risk of ketosis.

D. Ketone testing replaces glucose monitoring.

*Positive urine ketones show that the body is burning fat for fuel because insulin isn't doing its job effectively. In diabetes, when insulin is low or unavailable, glucose can't get into cells, so the liver ramps up fat breakdown and produces ketone bodies. These ketones spill into the urine, signaling fat metabolism driven by insulin deficiency. This is a warning sign for diabetic ketoacidosis, especially in type 1 diabetes or during episodes of very high blood glucose, because DKA involves not just high glucose but dehydration, electrolyte disturbances, and acidosis. So a positive ketone result means there is a real risk that ketosis could worsen into DKA if not addressed, and it guides urgent monitoring and treatment steps. Ketone testing does not replace glucose monitoring, and ketones aren't a standalone indicator of dehydration or of no ketosis risk.*

## 8. Which statement would a nurse correctly include when counseling a patient with diabetes and obesity about insulin and weight?

A. Surplus fat causes excretion of insulin

B. Obesity leads to insulin resistance

C. Fat cells absorb insulin and prevent its circulation to other cells

D. Lipids accumulate in the pancreas and interfere with insulin production

*The main concept is that obesity leads to insulin resistance, which affects how insulin works in the body. When there is excess adipose tissue, especially around the abdomen, fat cells release free fatty acids and inflammatory molecules that interfere with insulin signaling in muscle and liver. This means glucose isn't taken up as effectively after meals, so blood glucose stays higher and the pancreas has to release more insulin to try to achieve control. Over time, this can strain the beta cells and worsen glycemic control. With counseling, emphasize that weight loss improves insulin sensitivity. As insulin works better, the body needs less insulin to achieve the same effect, which can lower the required insulin dose and help control blood sugar more easily. Encouraging gradual, sustainable changes in diet and physical activity can reduce fat mass and improve how the body responds to insulin. Notes on the other ideas: the notion that surplus fat causes insulin to be excreted isn't how insulin biology works, and fat cells don't simply absorb insulin to block its circulation. While some pancreatic fat can be associated with dysfunction, the primary driver in obese individuals is peripheral insulin resistance in tissues like muscle and liver, which improves with weight loss.*

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## 9. What information should the nurse include about what causes diabetic ketoacidosis?

A. Breakdown of fat stores for energy

B. Ingestion of too many highly acidic foods

C. Excessive secretion of endogenous insulin

D. Increased amounts of cholesterol in the extracellular compartment

*When there isn't enough insulin, glucose can't enter cells and they "think" they're starving. The body then breaks down fat stores for energy, releasing fatty acids that the liver converts into ketone bodies. These ketones build up and cause the metabolic acidosis that defines diabetic ketoacidosis. This is why explaining fat breakdown as the cause is the most accurate information. Drinking or eating acidic foods doesn't trigger DKA, since dietary acid load doesn't drive systemic ketone production. Excess endogenous insulin would actually prevent DKA by allowing glucose into cells and suppressing fat breakdown, and cholesterol levels don't drive the ketone production or acidosis seen in DKA.*

## 10. A glycosylated hemoglobin of 6% suggests which of the following for planning patient education?

A. It indicates ongoing poor control

B. It indicates normalization of glucose without effort

C. It indicates the patient has followed the prescribed treatment

D. It indicates need for dietary changes only

*Glycosylated hemoglobin (HbA1c) reflects the average blood glucose level over the past two to three months. A value around 6% is within target for many adults with diabetes and suggests the patient has been following the prescribed treatment plan, including medications, diet, and physical activity. For planning patient education, this means you should reinforce the behaviors that contributed to good control and discuss strategies to maintain them, such as continuing medications as prescribed, adhering to a balanced diet, and staying active. It does not indicate ongoing poor control, nor that glucose has normalized without effort, and it isn't evidence that only dietary changes were needed; it signals overall effective management. Keep in mind individual targets can vary, but a 6% HbA1c generally supports maintaining current management and continuing adherence.*

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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://evolvediabetes.examzify.com

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

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