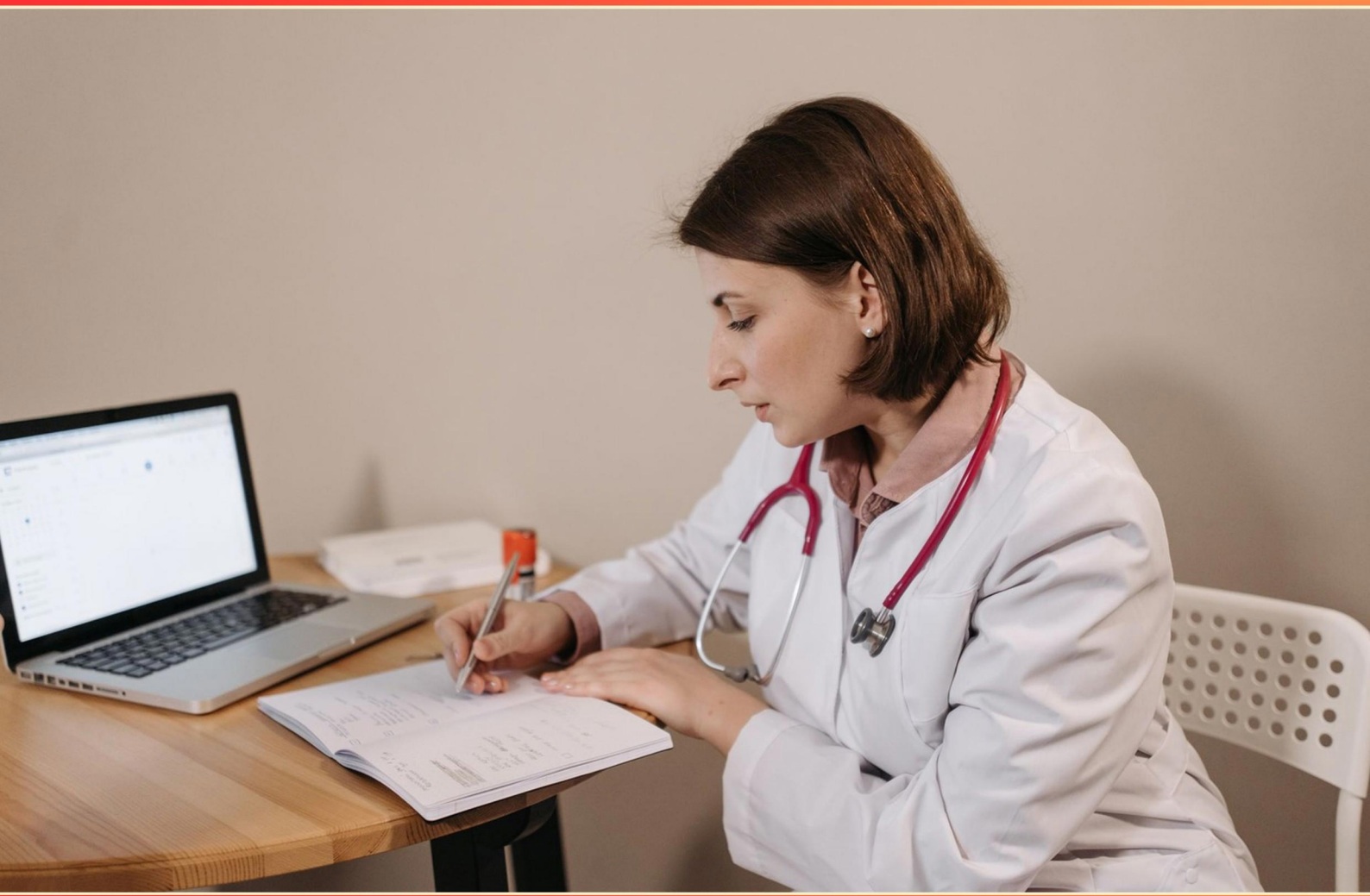
HESI 366 PRACTICE TEST (SAMPLE)

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. During bedside wound debridement for a mildly confused client with a sterile field, which safety intervention should the nurse implement?

A. Instruct the client to keep hands under the sterile field.

B. Continue with procedure regardless of patient movements.

C. Allow the patient to lean over the sterile field.

D. Move the sterile field to accommodate patient comfort.

2. Which domain is not typically used to measure client outcomes in rehabilitation?

A. Functional status

B. Quality of life

C. Education level

D. None of the above

3. To evaluate the effectiveness of an antibiotic prescribed for a respiratory tract infection, which laboratory value should be monitored?

A. Sputum culture and sensitivity

B. White blood cell count

C. Hemoglobin

D. Blood urea nitrogen

4. Two critical care clients are under the nurse's care. Which intervention should be implemented first?

A. Assess level of consciousness and vital signs for both clients

B. Administer analgesic for incisional pain

C. Increase oxygen delivery

D. Change ventilator settings

5. Which symptom pattern is most consistent with a gastric ulcer and should prompt a full physical evaluation?

A. Dull gnawing pain relieved by eating

B. Sharp, stabbing pain during the night

C. Severe pain immediately after meals and persistent vomiting

D. Pain that improves with spicy foods

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6. Which symptom is commonly associated with hypoglycemia in a person with type 1 diabetes?

A. Shakiness

B. Polyphagia

C. Polyuria

D. Nausea

7. A postoperative patient with a ureteroileostomy following bladder cancer presents with which finding requires immediate reporting to the healthcare provider?

A. Liquid brown drainage from stoma

B. Clear, pale drainage from stoma

C. Small amount of mucus drainage

D. No drainage from stoma

8. A client on ramelteon reports several side effects. Which side effect should be reported to the healthcare provider?

A. Somnambulism

B. Dizziness

C. Headache

D. Nausea

9. When providing care to a patient with influenza, which precaution is essential for close contact?

A. Standard precautions only.

B. Droplet precautions with a mask in close contact.

C. Airborne precautions with N95 respirator.

D. No precautions needed.

10. Among four clients with increased pain, which requires immediate intervention by the nurse?

A. Pain in a toe after a minor injury

B. Headache relieved by rest

C. Sharp pain related to a crushed femur

D. Mild abdominal cramps

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Answers

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

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Explanations

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1. During bedside wound debridement for a mildly confused client with a sterile field, which safety intervention should the nurse implement?

A. Instruct the client to keep hands under the sterile field.

B. Continue with procedure regardless of patient movements.

C. Allow the patient to lean over the sterile field.

D. Move the sterile field to accommodate patient comfort.

Maintaining a sterile field is essential to prevent infection during bedside wound debridement. A mildly confused patient may instinctively touch or move toward the sterile setup, risking contamination. The safest approach is to instruct the patient to keep hands away from the sterile area by keeping them under the sterile field or away from the action, so they cannot reach into the field. If the patient moves or becomes restless, pause and secure the field rather than continuing, as moving the field or allowing leaning over would compromise sterility and safety. This boundary helps protect the wound while you complete the procedure.

2. Which domain is not typically used to measure client outcomes in rehabilitation?

A. Functional status

B. Quality of life

C. Education level

D. None of the above

In rehabilitation, outcome measures focus on the changes in what a person can do and how that affects daily life. Functional status is a key domain because it reflects actual ability to perform activities, move around, and participate independently, which shows concrete progress from therapy. Quality of life is another essential domain, capturing the broader impact on well-being, including physical symptoms, emotional health, social participation, and overall satisfaction with life. Education level, by contrast, is a static demographic characteristic that doesn't change with rehabilitation and doesn't directly indicate how much a person has improved or how their daily functioning has evolved. It may influence how someone learns or engages with therapy, but it doesn't serve as an endpoint to gauge recovery. Since functional status and quality of life are the standard ways to assess rehabilitation outcomes, education level isn't typically used as an outcome measure.

3. To evaluate the effectiveness of an antibiotic prescribed for a respiratory tract infection, which laboratory value should be monitored?

A. Sputum culture and sensitivity

B. White blood cell count

C. Hemoglobin

D. Blood urea nitrogen

Tracking how well an antibiotic is working for a respiratory infection centers on the body's inflammatory response to infection. White blood cell count is a practical marker because infections commonly raise WBCs, especially neutrophils. When the antibiotic effectively combats the bacteria, the infection eases and the WBC count tends to return toward normal, indicating improvement. A sputum culture and sensitivity is useful for choosing the right antibiotic initially, but it doesn't reliably show how the patient is responding once treatment has started. Hemoglobin and blood urea nitrogen aren't direct indicators of infection control or antibiotic effectiveness and can be influenced by other factors. So, monitoring the white blood cell count provides the most direct clue about whether the infection is resolving with the prescribed antibiotic.

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4. Two critical care clients are under the nurse's care. Which intervention should be implemented first?

A. Assess level of consciousness and vital signs for both clients

B. Administer analgesic for incisional pain

C. Increase oxygen delivery

D. Change ventilator settings

In critical care, the first move with two unstable patients is to quickly evaluate both to establish who is most at risk and to set baselines for monitoring. Assessing level of consciousness tells you how well the brain is being perfused and oxygenated, while checking vital signs gives you immediate information about airway, breathing, and circulation. This snapshot guides every subsequent action and helps you prioritize care for the patient in greatest need. Acting first by analgesia misses the opportunity to address potential life-threatening issues and can mask changes in mental status or respiration. Increasing oxygen delivery or changing ventilator settings are important, but they should follow an initial assessment that reveals current oxygenation and ventilation needs. By confirming each patient's status up front, you can determine who needs urgent intervention and what specific changes are needed next.

5. Which symptom pattern is most consistent with a gastric ulcer and should prompt a full physical evaluation?

A. Dull gnawing pain relieved by eating

B. Sharp, stabbing pain during the night

C. Severe pain immediately after meals and persistent vomiting

D. Pain that improves with spicy foods

Gastric ulcers often present with a dull, gnawing epigastric discomfort that is influenced by meals. When the pain is meal-related and persists, it suggests an acid-related gastric process and signals the need for a full physical evaluation to confirm an ulcer and assess for possible complications such as bleeding or obstruction. This pattern—dull, gnawing pain that is relieved by eating—best fits that scenario and thus warrants comprehensive assessment. The other patterns are less typical for a gastric ulcer: nocturnal sharp pain can occur with ulcers but is not the classic meal-related relief pattern; severe pain right after meals with persistent vomiting points to more acute or obstructive processes and requires urgent attention; pain that supposedly improves with spicy foods does not reliably indicate an ulcer and is not a dependable clinical cue for prompting full evaluation.

6. Which symptom is commonly associated with hypoglycemia in a person with type 1 diabetes?

A. Shakiness

B. Polyphagia

C. Polyuria

D. Nausea

Shakiness is the best pick because when blood glucose drops, the body activates the adrenaline-driven "fight-or-flight" response. That causes early autonomic symptoms like tremors, palpitations, sweating, and anxiety as the body tries to raise blood sugar quickly. Hunger can occur, but it's a less specific sign and more commonly linked to high blood glucose in diabetes. Nausea and polyuria are not typical early features of hypoglycemia—polyuria points to high glucose levels, and nausea is less characteristic than tremors and dizziness. So, shakiness best signals hypoglycemia in someone with type 1 diabetes and should prompt rapid glucose intake.

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7. A postoperative patient with a ureteroileostomy following bladder cancer presents with which finding requires immediate reporting to the healthcare provider?

A. Liquid brown drainage from stoma

B. Clear, pale drainage from stoma

C. Small amount of mucus drainage

D. No drainage from stoma

The main idea here is how to recognize urgent changes in stoma drainage after a urinary diversion. After a ureteroileostomy, the stoma should drain urine-like output that is clear to pale yellow and the tissue should be pink and moist. A new, liquid brown drainage is not normal and signals a potential problem with the stoma or conduit, such as compromised blood supply, early ischemia, infection, or leakage. Because these issues can progress quickly to serious complications, this finding needs immediate reporting so the healthcare team can assess stoma viability, ensure there's proper urine flow, and intervene promptly. In contrast, clear pale drainage and small amounts of mucus are typical and usually not urgent, and no drainage, while concerning, doesn't carry the same immediacy as a sudden color change to brown.

8. A client on ramelteon reports several side effects. Which side effect should be reported to the healthcare provider?

A. Somnambulism

B. Dizziness

C. Headache

D. Nausea

Ramelteon can cause sleep-related behaviors, and reporting those safety-threatening events is important. Somnambulism, or sleepwalking, is a parasomnia where a person engages in activities while not fully awake. Because these episodes can lead to injuries or dangerous situations, they warrant prompt communication with the healthcare provider to assess whether dose adjustment or discontinuation is needed and to ensure safety. Dizziness, headache, and nausea are common, generally mild side effects that patients may tolerate unless they are severe or persistent, so they are less urgent to report immediately.

9. When providing care to a patient with influenza, which precaution is essential for close contact?

A. Standard precautions only.

B. Droplet precautions with a mask in close contact.

C. Airborne precautions with N95 respirator.

D. No precautions needed.

Influenza spreads mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks, especially during close contact. Because of this, the essential precaution is to use droplet precautions, which means wearing a mask during close interaction with the patient to block droplets from reaching the caregiver's nose and mouth. Standard precautions are always used, but on their own they don't prevent droplet transmission, and airborne precautions with an N95 are reserved for diseases that spread via smaller airborne particles or during aerosol-generating procedures. So, protecting staff and others in close contact with an influenza patient relies on adherence to droplet precautions with a mask.

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10. Among four clients with increased pain, which requires immediate intervention by the nurse?

A. Pain in a toe after a minor injury

B. Headache relieved by rest

C. Sharp pain related to a crushed femur

D. Mild abdominal cramps

A severe crushing injury to a femur is a red flag for potential life- or limb-threatening complications, so it requires immediate nurse intervention. A crushed femur can cause extensive tissue damage, significant bleeding, and risk of shock. It also raises concern for compartment syndrome, where swelling and pressure within the muscle compartments can quickly threaten nerves and blood flow; delaying treatment can lead to permanent damage or loss of the limb. Because of these risks, the nurse should act right away to assess neurovascular status (pulse, perfusion, sensation, movement), immobilize the limb to prevent further injury, control any bleeding if present, monitor for signs of shock, and arrange rapid transport to a higher level of care. The other scenarios reflect less urgent situations. Pain in a toe after a minor injury and a headache that improves with rest are typically manageable with basic comfort measures and monitoring. Mild abdominal cramps are usually non-emergent unless accompanied by worsening symptoms or systemic instability. The key point is recognizing that a crushed femur carries immediate danger that requires swift, definitive intervention.

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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://hesi366.examzify.com

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

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