HESI MANAGEMENT OF A MEDICAL UNIT CASE STUDY 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. Hypomagnesemia is most associated with which heart rhythm disturbance?

A. Atrial fibrillation

B. Torsades de Pointes

C. Sinus tachycardia

D. Ventricular fibrillation

2. Which practice helps reduce waste and improve efficiency in supply management?

A. Extended procurement cycles without standardization.

B. Inventory management, standardization of supplies, and just-in-time ordering with rotation of stock.

C. Long-term forecasting without rotation.

D. Ad hoc purchasing as needed.

3. In the nursing process, which activity is part of the Evaluation phase?

A. Collect data.

B. Compare outcomes to criteria.

C. Formulate nursing diagnoses.

D. Plan interventions.

4. Which electrolyte abnormality is a major risk to monitor in CKD?

A. Hyperkalemia

B. Hypokalemia

C. Hyponatremia

D. Hypercalcemia

5. How should nurses approach decision-making when a patient lacks decision-making capacity?

A. Assess capacity, involve a surrogate, apply best-interest or substituted judgment standards, document, and involve ethics as needed.

B. Make decisions independently without patient or surrogate.

C. Ignore ethical consultation.

D. Delay decisions until the patient recovers capacity.

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6. Which two indicators best reflect successful discharge coordination?

A. Length of stay and bed availability

B. Medication cost

C. Patient age and gender

D. 30-day readmission rate and timely follow-up

7. What dietary modifications reduce aspiration risk in dysphagia?

A. Provide large portions.

B. Serve meals quickly without pause.

C. Offer thin liquids only.

D. Provide small bites and modify food textures.

8. Which precaution is essential for diseases transmitted via the airborne route?

A. Standard precautions only.

B. Droplet precautions with a surgical mask.

C. Airborne isolation precautions when indicated (N95 mask, private room/negative pressure) in addition to standard precautions.

D. Contact precautions with gloves and gown.

9. Which practice best ensures safety when administering IV medications?

A. Administer IV meds as bolus to save time.

B. Verify compatibility, use appropriate IV access, check MAR, and administer via infusion pump with proper rate, flushing as needed.

C. Use gravity drip instead of a pump.

D. Skip MAR checks if patient is stable.

10. What is the purpose of standard and transmission-based precautions in infection control?

A. To prevent pathogen transmission; standard precautions apply to all patients; transmission-based precautions apply to suspected or confirmed infections.

B. To reduce nurse workload.

C. To standardize medication administration.

D. To manage patient nutrition.

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Answers

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

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Explanations

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1. Hypomagnesemia is most associated with which heart rhythm disturbance?

A. Atrial fibrillation

B. Torsades de Pointes

C. Sinus tachycardia

D. Ventricular fibrillation

Hypomagnesemia disrupts the heart's electrical stability by altering ion channels involved in repolarization, which prolongs the QT interval. This prolongation raises the risk of early afterdepolarizations that can trigger a polymorphic ventricular tachycardia known as torsades de pointes. Torsades has a characteristic twisting of the QRS complexes around the baseline and can progress to more dangerous rhythms if not addressed. The other rhythms listed are not as specifically linked to low magnesium: atrial fibrillation and sinus tachycardia are common in many situations and aren't classic direct consequences of hypomagnesemia, while ventricular fibrillation is a chaotic rhythm that can arise from various causes but is not the hallmark association with magnesium deficiency.

2. Which practice helps reduce waste and improve efficiency in supply management?

A. Extended procurement cycles without standardization.

B. Inventory management, standardization of supplies, and just-in-time ordering with rotation of stock.

C. Long-term forecasting without rotation.

D. Ad hoc purchasing as needed.

Effective supply management focuses on keeping the right amount of stock, standardizing what is purchased, and coordinating when items arrive with actual need. Inventory management helps avoid both shortages and overstock, which cuts carrying costs and reduces waste. Standardizing supplies simplifies procurement, lowers diversity in items, and reduces the chance of stocking items that aren't used, preventing waste and confusion. Just-in-time ordering brings in materials as they're needed, which minimizes in-storage time and space, and lowers the risk of expiration or obsolescence. Rotating stock, using first-in, first-out, ensures older items are used before newer ones, protecting against waste from shelf-life expiration. Put together, these practices create a lean, responsive supply chain that aligns purchases with demand and improves overall efficiency. Longer, nonstandardized procurement cycles tend to create more surplus and obsolete items. Forecasts that don't account for rotation can miss shelf-life realities, leading to waste. And purchasing on an ad hoc basis removes planning and control, increasing the likelihood of both stockouts and excess inventory.

3. In the nursing process, which activity is part of the Evaluation phase?

A. Collect data.

B. Compare outcomes to criteria.

C. Formulate nursing diagnoses.

D. Plan interventions.

Evaluation focuses on determining whether patient outcomes were achieved by comparing actual results to predefined criteria or standards. This comparison reveals whether goals were met and informs whether the care plan should continue as is, be adjusted, or be terminated. For example, if the goal is pain reduction to a mild level, evaluation checks the current pain score against that target. Collecting data happens during the assessment phase, formulating nursing diagnoses occurs in the diagnostic phase, and planning interventions happens in the planning phase; evaluation uses the outcomes data across those phases to decide the next steps.

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4. Which electrolyte abnormality is a major risk to monitor in CKD?

A. Hyperkalemia

B. Hypokalemia

C. Hyponatremia

D. Hypercalcemia

In CKD, the kidneys lose the ability to excrete potassium effectively, so serum potassium tends to rise as kidney function declines. This makes hyperkalemia a major risk to monitor because even small increases can quickly affect cardiac conduction and lead to dangerous arrhythmias. Potassium is normally kept in check by renal excretion and cellular shifts; when those mechanisms are impaired, the heart becomes vulnerable to life-threatening rhythm disturbances, which is why regular potassium checks are a central part of CKD management. While other electrolyte abnormalities like hyponatremia or hypercalcemia can occur due to fluid status and disordered mineral metabolism, hyperkalemia is the most directly hazardous and time-sensitive concern in CKD. Monitoring involves watching trends in potassium levels, reviewing medications (such as ACE inhibitors, ARBs, and potassium-sparing drugs), and implementing dietary limits or treatments to lower potassium if needed, with more urgent interventions if levels rise rapidly or with clinical signs of cardiac involvement.

5. How should nurses approach decision-making when a patient lacks decision-making capacity?

A. Assess capacity, involve a surrogate, apply best-interest or substituted judgment standards, document, and involve ethics as needed.

B. Make decisions independently without patient or surrogate.

C. Ignore ethical consultation.

D. Delay decisions until the patient recovers capacity.

When a patient can't make a medical decision, start by determining if they truly lack capacity for the specific situation: can they understand the information, appreciate the consequences, reason about options, and communicate a choice? If capacity isn't present, bring in a legally authorized surrogate or family member to act as the decision-maker. Use substituted judgment to honor what the patient would have wanted based on known values and preferences; if those aren't known, apply the best-interest standard to choose options that best promote the patient's welfare, safety, and overall well-being, balancing benefits and harms. Document every step—the assessment, who was involved, the decisions made, and why—and seek ethics consultation when there's disagreement, uncertainty, or ethical complexity. Reassess capacity periodically and revisit decisions if the patient's capacity improves. This approach respects autonomy as much as possible, protects the patient when autonomy isn't available, and follows a clear, legally supported process. Making decisions independently without surrogates or ethics input can violate patient rights and legal authority, while delaying decisions until capacity returns may jeopardize timely and appropriate care.

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6. Which two indicators best reflect successful discharge coordination?

A. Length of stay and bed availability

B. Medication cost

C. Patient age and gender

D. 30-day readmission rate and timely follow-up

Discharge coordination hinges on ensuring a seamless transition from hospital care to the next setting, with steps that link inpatient treatment to outpatient follow-up. The two indicators that best reflect this are the 30-day readmission rate and whether follow-up with a clinician happens promptly after discharge. A lower 30-day readmission rate suggests the discharge plan effectively managed medical needs, medications, and safety concerns so the patient stays well after leaving the hospital. Timely follow-up shows the care team successfully connected the patient with outpatient services, arranged the next appointment, and confirmed that any tests or home-care needs are addressed, which reduces gaps in care. Together, these capture both the outcome of the discharge process and the quality of the handoff to ongoing care. Those other measures—length of stay and bed availability—are about hospital operations and resource use, not how well discharge is coordinated; medication cost relates more to affordability than the coordination of care after discharge; and patient age and gender do not reflect how effectively discharge planning is carried out.

7. What dietary modifications reduce aspiration risk in dysphagia?

A. Provide large portions.

B. Serve meals quickly without pause.

C. Offer thin liquids only.

D. Provide small bites and modify food textures.

The key idea is that safe swallowing in dysphagia is supported by controlling how much is eaten at once and how it's prepared. Smaller bites and foods that are texture-modified make it easier to form and propel a cohesive bolus, which helps protect the airway during the swallow. When the bolus is better controlled and liquids are thicker or appropriately thickened, there's less chance of the material slipping into the airway before or during the swallow, reducing aspiration risk. This approach also promotes a slower, more deliberate eating pace, giving the swallow reflex time to protect the airway. In contrast, large portions increase the volume the swallow must handle at one time, which can overwhelm the airway protection mechanism. Rushing meals without pauses encourages hurried swallowing and decreases coordination. Offering only thin liquids removes the level of control thickened textures provide, making aspiration more likely for someone with impaired swallow.

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8. Which precaution is essential for diseases transmitted via the airborne route?

A. Standard precautions only.

B. Droplet precautions with a surgical mask.

C. Airborne isolation precautions when indicated (N95 mask, private room/negative pressure) in addition to standard precautions.

D. Contact precautions with gloves and gown.

Airborne diseases spread through tiny aerosols that can linger in the air and travel beyond close contact, so protecting people from inhaling those particles requires airborne isolation in addition to standard precautions. This means placing the patient in a private room with negative-pressure ventilation (air flows into the room and is exhausted or filtered) and ensuring healthcare workers wear a fit-tested N95 respirator (or higher) whenever entering the room. Transport should be minimized and the patient should wear a mask if moved. Standard precautions stay in place for all patients, but they aren't enough for airborne transmission, whereas droplet precautions protect mainly against larger droplets that travel short distances and contact precautions guard against transmission via surfaces and direct contact.

9. Which practice best ensures safety when administering IV medications?

A. Administer IV meds as bolus to save time.

B. Verify compatibility, use appropriate IV access, check MAR, and administer via infusion pump with proper rate, flushing as needed.

C. Use gravity drip instead of a pump.

D. Skip MAR checks if patient is stable.

Safe IV medication administration hinges on multiple safeguards working together: verifying the right patient and right medication, confirming compatibility and line suitability, and delivering the dose with precise control. The best practice brings all of these together. Verifying compatibility ensures the med won't react with IV solutions or other meds already in the line, preventing precipitation, clots, or unstable delivery. Using the appropriate IV access means choosing a compatible lumen and site so the medication can be infused without infiltration or phlebitis. Checking the medical administration record ensures the right patient, right drug, right dose, right route, and right time, reducing the chance of med errors. Administering via an infusion pump with a proper rate provides accurate, controlled delivery and reduces the risk of accidental overdose or underdosing. Flushing as needed maintains line patency and ensures the entire prescribed dose is delivered, preventing buildup of residual medication in the tubing. Other approaches fall short of safety goals. Administering IV meds as a bolus to save time bypasses control of the infusion rate and increases the risk of adverse reactions. Relying on a gravity drip instead of a pump removes the precise control over dosing, which can lead to under- or over-infusion. Skipping MAR checks undermines the medication rights and verification process, opening the door to errors and harm.

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10. What is the purpose of standard and transmission-based precautions in infection control?

A. To prevent pathogen transmission; standard precautions apply to all patients; transmission-based precautions apply to suspected or confirmed infections.

B. To reduce nurse workload.

C. To standardize medication administration.

D. To manage patient nutrition.

Preventing the spread of infections in healthcare settings. Standard precautions are the baseline practices used with every patient to minimize transmission risk—hand hygiene, gloves and other PPE when contact with blood, body fluids, or non-intact skin is possible, safe injection practices, respiratory hygiene, and proper cleaning/disinfection. Transmission-based precautions are layered on when a patient is suspected or confirmed to have an infection that could spread by specific routes; they add targeted measures such as contact precautions (gloves and gown), droplet precautions (mask and eye protection as needed), or airborne precautions (special respirator and negative-pressure room). Together, these precautions aim to stop pathogen transmission rather than affect workload, medication administration, or nutrition.

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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://hesimgmtofmedunitcasestudy.examzify.com

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

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