HURST READINESS EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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 primary cause of rheumatic fever?

A. Untreated group A beta-hemolytic streptococcal infections

B. Viral infection

C. Allergic reaction

D. Chronic lung disease

2. What is a common trigger for autonomic dysreflexia in patients with spinal cord injury?

A. Bladder distention

B. Hunger

C. Cold environment

D. Low blood pressure

3. Which of the following is NOT a symptom of serotonin syndrome?

A. Fever and shivering

B. Agitation

C. Increased heart rate

D. Constipation

4. Which immunizations obtained by the age of two would indicate to the pediatric nurse that the child is up-to-date on immunizations?

A. Herpes zoster

B. Varicella

C. DTaP, IPV, Hib

D. Meningococcal

5. Which technique is best to move an obese, dependent patient toward the top of the bed to protect skin from damage?

A. Each person puts hands under the client and slides

B. Use a draw sheet or turn sheet

C. Apply powder to the sheet

D. Seek extra staff to help but not use protective device

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6. For a patient with liver disease and ascites, which meal pattern is recommended?

A. Four meals per day.

B. Six small meals per day.

C. One large meal.

D. No meals.

7. A client suffers from migraine headaches. Which assessment finding would the nurse expect during a migraine attack?

A. Unilateral, pulsating pain quality

B. Bilateral, pressing/tightening pain quality

C. Ipsilateral nasal congestion and rhinorrhea

D. Headache occurs after recovering from a headache treated with narcotics

8. In evaluating an elderly client at risk for suicide, which question should be asked first?

A. Have you had suicidal thoughts in the past?

B. How are you feeling today?

C. Have you had thoughts of harming yourself?

D. Do you have guns in your home?

9. What is the third action in the correct priority order when assessing a healthy newborn after delivery?

A. Assess newborn's airway and breathing.

B. Bulb suction excessive mucus.

C. Assess newborn's heart rate.

D. Place identification bands on newborn and mom.

10. Which client should the nurse place in the room with a 6 year old with glomerulonephritis?

A. Twenty-two month old diagnosed with respiratory syncytial virus (RSV)

B. Four year old with nephrotic syndrome

C. Three year old admitted with febrile seizures

D. Two year old who has a fractured tibia

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Answers

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

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Explanations

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1. What is the primary cause of rheumatic fever?

A. Untreated group A beta-hemolytic streptococcal infections

B. Viral infection

C. Allergic reaction

D. Chronic lung disease

Rheumatic fever is driven by an immune reaction that follows a group A beta-hemolytic streptococcal throat infection. When strep throat isn't treated or isn't treated effectively, the immune system makes antibodies against the bacteria. Some of these antibodies cross-react with human tissues—especially in the heart, joints, brain, and skin—leading to inflammation weeks after the original infection. That's why the primary cause is an untreated GAS infection. Viral illnesses, allergic reactions, or chronic lung disease don't initiate this autoimmune process. Prompt treatment of strep throat with appropriate antibiotics helps prevent rheumatic fever from developing.

2. What is a common trigger for autonomic dysreflexia in patients with spinal cord injury?

A. Bladder distention

B. Hunger

C. Cold environment

D. Low blood pressure

Autonomic dysreflexia starts when a noxious stimulus below a spinal cord injury triggers an unchecked sympathetic reflex. The bladder is the most common source because distention or retention sends strong signals to the spinal cord, and with a high-level injury those signals can't be dampened by brain input. That leads to widespread vasoconstriction below the injury and a sudden rise in blood pressure. The brain tries to respond with parasympathetic signals above the injury, which can cause headaches, sweating, or flushing, but the reflex below the injury remains unregulated, so the hypertension persists. Hunger doesn't produce the same visceral afferent pattern, a cold environment isn't the classic trigger, and low blood pressure wouldn't trigger this reflex (it's a hypertensive emergency). Since bladder distention is a readily addressable and most common trigger, it's the best answer.

3. Which of the following is NOT a symptom of serotonin syndrome?

A. Fever and shivering

B. Agitation

C. Increased heart rate

D. Constipation

Serotonin syndrome happens when there's an excess of serotonin activity in the body, usually after taking or combining medicines that boost serotonin. It shows a mix of mental, autonomic, and neuromuscular signs: agitation or confusion, fever with sweating or shivering, a fast or high blood pressure and heart rate, and abnormal movements such as tremor, hyperreflexia, or clonus. Diarrhea can occur because the gut also responds to serotonin, but constipation does not fit this pattern. That's why constipation is not a symptom of serotonin syndrome and is the choice that doesn't belong here.

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4. Which immunizations obtained by the age of two would indicate to the pediatric nurse that the child is up-to-date on immunizations?

A. Herpes zoster

B. Varicella

C. DTaP, IPV, Hib

D. Meningococcal

Understanding whether a two-year-old is up-to-date on immunizations relies on whether the common early childhood vaccine series has been completed. By this age, a child should have received the core vaccines DTaP, IPV, and Hib. DTaP protects against diphtheria, tetanus, and pertussis and is given in several doses beginning in infancy, with a booster around 15–18 months. IPV protects against polio and is given at about 2, 4, and 6–18 months. Hib protects against Haemophilus influenzae type b and is given at 2, 4, 6, and 12–15 months. If these vaccines have been administered, the child is considered up-to-date for the major vaccines expected by age two. Herpes zoster is not part of routine pediatric vaccination and is generally not given to children. Meningococcal vaccines are not routinely given by age two (they're typically given later or only for certain high-risk groups). Varicella vaccine is given around 12–15 months and would indicate up-to-date in that disease area, but the specific trio above best reflects the standard early series completed by age two.

5. Which technique is best to move an obese, dependent patient toward the top of the bed to protect skin from damage?

A. Each person puts hands under the client and slides

B. Use a draw sheet or turn sheet

C. Apply powder to the sheet

D. Seek extra staff to help but not use protective device

Protecting skin when repositioning a dependent, obese patient hinges on minimizing friction and shear. A draw sheet or turn sheet is specifically designed for this purpose. Placed under the patient, it lets multiple caregivers shift or slide the person up in bed with smooth, coordinated movements rather than pulling directly on the skin. This distributes the weight more evenly, reduces shear forces at the skin-bed interface, and helps protect vulnerable areas like the sacrum and heels. Even with extra staff, lifting without a protective device still risks dragging and shearing forces that can cause skin breakdown. Powder on the sheet doesn't prevent friction and can create other problems, and simply using hands to slide the patient increases skin damage risk. Using a draw sheet or turn sheet is the safest, most effective technique to move the patient toward the top of the bed.

6. For a patient with liver disease and ascites, which meal pattern is recommended?

A. Four meals per day.

B. Six small meals per day.

C. One large meal.

D. No meals.

In liver disease with ascites, the body is often in a hypermetabolic, catabolic state and intake can be limited by early satiety and abdominal distension. Providing energy and protein in small, frequent amounts helps prevent prolonged fasting, supports nitrogen balance, and reduces the strain of digestion on the liver. Six small meals distribute calories and protein more evenly throughout the day, which improves overall intake and can lessen postprandial discomfort from ascites while helping to maintain energy and prevent muscle wasting. Four meals a day may leave longer fasting periods, a large meal can worsen fullness and discomfort, and having no meals would worsen malnutrition. Therefore six small meals per day best supports nutritional needs in this situation.

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7. A client suffers from migraine headaches. Which assessment finding would the nurse expect during a migraine attack?

A. Unilateral, pulsating pain quality

B. Bilateral, pressing/tightening pain quality

C. Ipsilateral nasal congestion and rhinorrhea

D. Headache occurs after recovering from a headache treated with narcotics

During a migraine attack, the pain is typically unilateral and pulsating, and it tends to be moderate to severe in intensity, often worsened by physical activity. This description distinguishes it from tension-type headaches, which are usually bilateral and have a pressing or tightening quality. Some migraines may include nasal congestion or rhinorrhea as part of associated autonomic symptoms, but the defining feature that best matches an active migraine attack is the unilateral, throbbing nature of the pain. Rebound headaches from narcotic use describe a different pattern related to medication overuse, not the classic migrainous attack. So the unilateral, pulsating quality best fits migraine presentation.

8. In evaluating an elderly client at risk for suicide, which question should be asked first?

A. Have you had suicidal thoughts in the past?

B. How are you feeling today?

C. Have you had thoughts of harming yourself?

D. Do you have guns in your home?

Directly asking about suicidal thoughts establishes whether the person is currently at risk, which is the most critical information for safety. When someone is at risk, their immediate danger depends on whether they are having active thoughts, plans, or intent, and a direct question tends to elicit honest, specific responses that indirect questions may miss. Asking about past thoughts or how they feel in general today does not pin down present danger as clearly, and discussing access to firearms is important for safety planning but comes after identifying current ideation. If the person confirms thoughts of self-harm, you can then assess the plan, means, timing, and support, and take steps to ensure immediate safety and arrange appropriate care.

9. What is the third action in the correct priority order when assessing a healthy newborn after delivery?

A. Assess newborn's airway and breathing.

B. Bulb suction excessive mucus.

C. Assess newborn's heart rate.

D. Place identification bands on newborn and mom.

In the immediate newborn assessment, priorities are to support airways and breathing first, since oxygen delivery depends on a clear airway and effective ventilation. After addressing airway and any needed suctioning for secretions, the next critical step is to assess the heart rate. The heart rate is the strongest real-time indicator of perfusion and helps determine the next actions: if the rate is adequate (typically above 100 bpm), routine care continues; if it's low, you begin ventilation, and if it remains very low, you escalate to chest compressions. Placing identification bands is important for later care, but it isn't a priority during the initial stabilization. So, the third action is assessing the newborn's heart rate.

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10. Which client should the nurse place in the room with a 6 year old with glomerulonephritis?

A. Twenty-two month old diagnosed with respiratory syncytial virus (RSV)

B. Four year old with nephrotic syndrome

C. Three year old admitted with febrile seizures

D. Two year old who has a fractured tibia

The important idea here is infection control and matching roommates by contagiousness and care needs. Glomerulonephritis in a child isn't a contagious disease, so the roommate should be someone with a noninfectious condition or a similar noncontagious medical issue. A child with nephrotic syndrome fits that: the illness is also kidney-related and not typically contagious, so it minimizes the risk of transmitting infections to the glomerulonephritis patient while aligning their care needs (edema monitoring, fluid balance, daily weights, BP checks). In contrast, a toddler with RSV carries a contagious respiratory virus, which you'd want to isolate from an immunocompromising or medically fragile patient. A child with febrile seizures could be ill from an infectious process, introducing potential contagion, and a child with a fractured tibia has a noninfectious injury that doesn't share the same kidney-care needs. So the most appropriate roommate is the four-year-old with nephrotic syndrome.

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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:

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

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