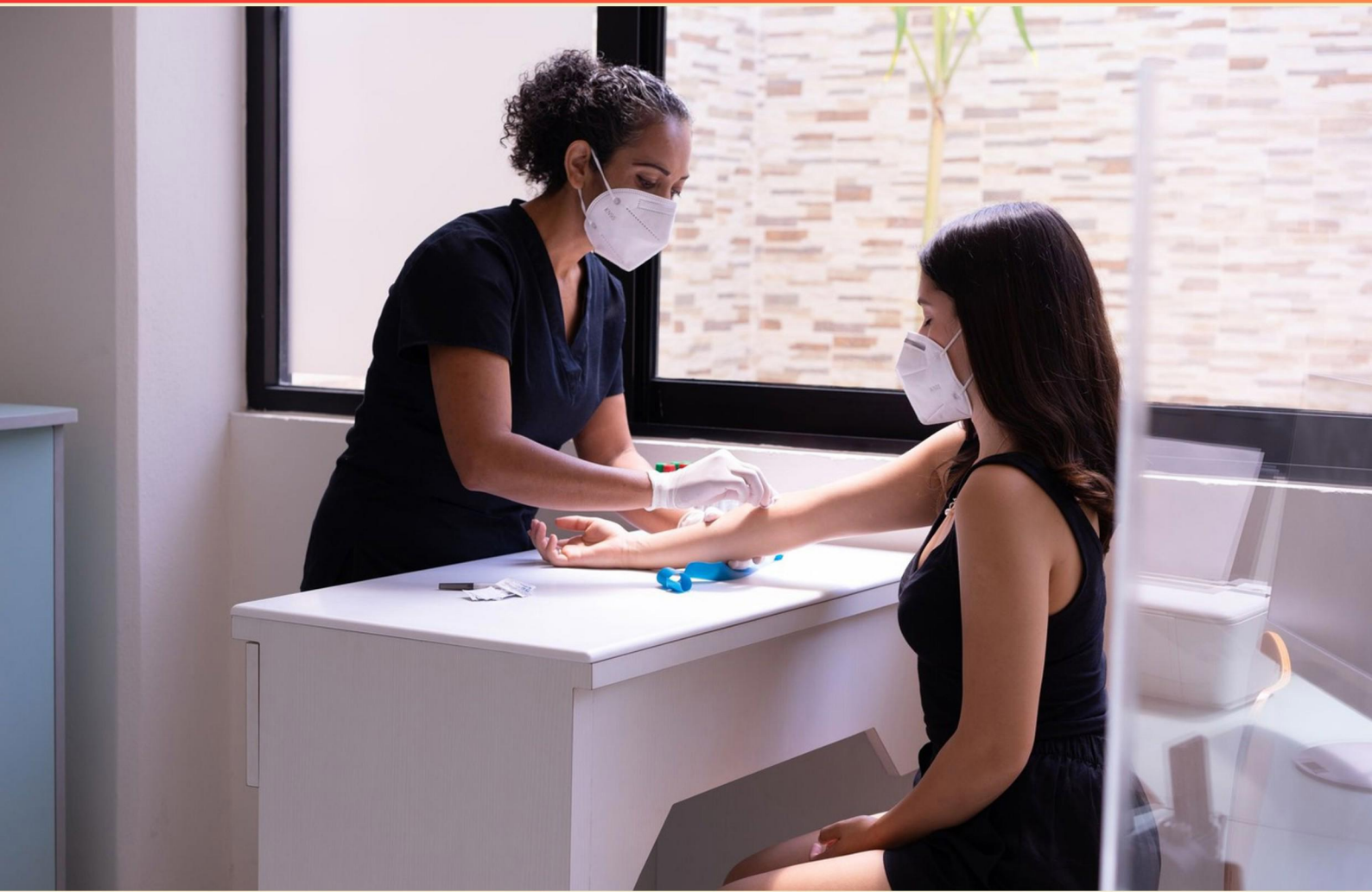


KOZIER & ERB'S FUNDAMENTALS OF NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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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.

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!

Questions

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- 1. Which position is recommended for a patient who has just had abdominal surgery to reduce respiratory complications?**
 - A. Supine flat.
 - B. High-Fowler's or semi-Fowler's.
 - C. Trendelenburg.
 - D. Prone.

- 2. What term is defined as communication that is false and injures a person's reputation?**
 - A. Defamation
 - B. Informed Consent
 - C. Injury
 - D. Liability

- 3. A nurse threatens a disruptive client with an injection that will 'knock him out' and administers it without the client's consent. Which designation best describes the nurse's legal actions?**
 - A. Assault
 - B. Battery
 - C. False imprisonment
 - D. Assault and Battery

- 4. Which statement best defines a caregiver in nursing practice?**
 - A. A role that traditionally includes activities that assist the client physically.
 - B. A professional who prescribes medications.
 - C. A person who diagnoses medical conditions.
 - D. A nurse who manages the facility's financial records.

- 5. What best characterizes Evidence-Based Practice in nursing?**
 - A. Uses research findings and other sources of evidence to guide decisions about client care; integrates best evidence, clinical expertise, and patient values.
 - B. Relies solely on tradition and authority.
 - C. Ignores patient preferences in care planning.
 - D. Structures care around budget constraints only.

- 6. What is an appropriate initial nursing action if you suspect a catheter-related infection?**
- A. Remove the catheter immediately
 - B. Inspect the catheter site and drainage, and notify the physician as required
 - C. Document and wait for the physician to respond
 - D. Administer antibiotics without order
- 7. Advance Directives are legally recognized documents that specify care wishes in which scenario?**
- A. Routine annual checkups
 - B. Terminal illness or dying process
 - C. Hospital policy updates
 - D. Pharmacy formulary
- 8. Which setting is typically outpatient and does not require admission to a hospital?**
- A. Ambulatory Center
 - B. Hospital
 - C. Hospice
 - D. Long-Term Care Facility
- 9. What is the purpose of informed consent?**
- A. To speed up medical procedures
 - B. To respect patient autonomy and ensure voluntary, informed agreement to procedures
 - C. To protect the hospital from lawsuits
 - D. To ensure patients follow orders
- 10. Nurses are accountable and will be held responsible for following the Nurse Practice Act in their practicing state.**
- A. True
 - B. False
 - C. Only during emergencies
 - D. Only for license renewal

Answers

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

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Explanations

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1. Which position is recommended for a patient who has just had abdominal surgery to reduce respiratory complications?

- A. Supine flat.
- B. High-Fowler's or semi-Fowler's.**
- C. Trendelenburg.
- D. Prone.

Elevating the head of the bed to a high- or semi-Fowler's position helps reduce respiratory complications after abdominal surgery. Pain and the surgical incision often cause shallow breathing and splinting of the diaphragm, which can lead to poor lung expansion and atelectasis. When the patient is in a more upright position, the diaphragm has more room to move, the chest can expand more fully, and coughing and deep-breathing efforts are easier. This improves ventilation and helps clear secretions, lowering the risk of pneumonia. Positions like flat supine can restrict diaphragmatic movement and abdominal pressure can hinder full chest expansion, while Trendelenburg and prone are not typically used to prevent respiratory complications after abdominal surgery.

2. What term is defined as communication that is false and injures a person's reputation?

- A. Defamation**
- B. Informed Consent
- C. Injury
- D. Liability

Defamation is communication that is false and injures a person's reputation. In nursing and healthcare, it occurs when someone makes a false statement about a colleague or patient and shares it with others, leading to damage to that person's professional or personal standing. The key components are the falsehood, the act of communicating it to others, and the resulting harm to reputation. Informed consent is about a patient or participant agreeing to care based on adequate information and understanding. Injury refers to actual physical or psychological harm. Liability means legal responsibility for damages, which may arise from many situations but does not describe the act of making false statements about someone. Only defamation captures the idea of false communication that harms reputation.

3. A nurse threatens a disruptive client with an injection that will 'knock him out' and administers it without the client's consent. Which designation best describes the nurse's legal actions?

- A. Assault
- B. Battery
- C. False imprisonment
- D. Assault and Battery**

The key idea here is about intentional torts in nursing practice. Assault is the threat or attempt to inflict harmful or offensive contact, causing the person to fear that contact. Battery is the actual harmful or offensive contact delivered to the person without their consent. In this scenario, the nurse not only threatened to inject something to "knock him out" but also went ahead and administers the injection without consent. That combination meets both parts: there was a threatening act (assault) and an actual harmful contact (battery). False imprisonment doesn't fit because there's no evidence of confinement or restriction of the client's freedom. So the situation is best described as assault and battery.

4. Which statement best defines a caregiver in nursing practice?

- A. A role that traditionally includes activities that assist the client physically.
- B. A professional who prescribes medications.
- C. A person who diagnoses medical conditions.
- D. A nurse who manages the facility's financial records.

The caregiver role in nursing is defined by direct, physical support of the patient's daily needs. This includes hands-on activities that help the client with basic functioning—assistance with hygiene, feeding, mobility, positioning, and comfort—along with promoting safety and relief from physical discomfort. This focus on practical, physical care sits at the heart of what being a caregiver in nursing practice involves. Prescribing medications and diagnosing medical conditions are functions outside the caregiver scope, performed by prescribers and physicians or advanced practice clinicians. Managing a facility's financial records is an administrative task, not a part of direct patient care. So the statement describing a role that traditionally includes activities that assist the client physically best captures what being a caregiver in nursing means.

5. What best characterizes Evidence-Based Practice in nursing?

- A. Uses research findings and other sources of evidence to guide decisions about client care; integrates best evidence, clinical expertise, and patient values.
- B. Relies solely on tradition and authority.
- C. Ignores patient preferences in care planning.
- D. Structures care around budget constraints only.

Evidence-Based Practice in nursing means making care decisions by using the best available research evidence together with clinical expertise and the patient's values and preferences. This approach ensures care is scientifically sound while also being tailored to the individual in front of you. The reason this option is the best reflects how EBP blends what we know from studies with the nurse's clinical judgment and the patient's wishes and circumstances. Traditionally relying on what has always been done or on authority isn't EBP because it doesn't incorporate current evidence. Ignoring patient preferences misses a core element of patient-centered care, and focusing only on budget constraints ignores both evidence and individual needs. In practice, nurses formulate a question, seek and appraise relevant evidence, apply it with their clinical expertise, and consider the patient's values, then evaluate the outcomes.

6. What is an appropriate initial nursing action if you suspect a catheter-related infection?

- A. Remove the catheter immediately
- B. Inspect the catheter site and drainage, and notify the physician as required
- C. Document and wait for the physician to respond
- D. Administer antibiotics without order

When infection at a catheter site is suspected, the first nursing action is to assess the area and the drainage and then communicate those findings to the physician. This involves looking for local signs of infection—redness, warmth, swelling, tenderness, or purulent drainage—and checking the dressing and catheter function. Gathering these objective observations quickly helps determine the seriousness of the situation and guides the clinician's next steps, such as cultures, antibiotic therapy, or catheter management. Documenting what you observe provides a clear, timely record for ongoing care. Waiting without reporting delays patient care, removing the catheter without a clinician's order can be inappropriate, and giving antibiotics without an order is not within nursing practice.

7. Advance Directives are legally recognized documents that specify care wishes in which scenario?

- A. Routine annual checkups
- B. Terminal illness or dying process**
- C. Hospital policy updates
- D. Pharmacy formulary

Advance directives are documents that capture a person's wishes for medical treatment in situations where they cannot communicate, such as during serious illness or the dying process. They become legally binding so clinicians can follow the patient's preferences about life-sustaining interventions, resuscitation, and comfort-focused care when the patient lacks decision-making capacity. These directives may also name a surrogate who can make decisions on the patient's behalf if a designated agent is not available. They are not about routine checkups, hospital policy changes, or a pharmacy formulary, which are administrative aspects and not personal care preferences.

8. Which setting is typically outpatient and does not require admission to a hospital?

- A. Ambulatory Center**
- B. Hospital
- C. Hospice
- D. Long-Term Care Facility

Outpatient care is care that you receive and leave the facility the same day, without an overnight admission. An ambulatory center is built for this kind of care—patients come in for evaluations, procedures, or tests and go home the same day, without being admitted to a hospital. In contrast, a hospital typically provides services that may require admission for overnight or longer stays. Hospice can be delivered in various settings, including home or a facility, but it's not defined by being an outpatient setting and often involves ongoing comfort-focused care that may involve admission to a program or facility. Long-term care facilities are designed for residents who need extended, ongoing assistance and usually involve residing there for an extended period rather than coming and going for a visit.

9. What is the purpose of informed consent?

- A. To speed up medical procedures
- B. To respect patient autonomy and ensure voluntary, informed agreement to procedures**
- C. To protect the hospital from lawsuits
- D. To ensure patients follow orders

Informed consent centers on respecting the patient's autonomy and ensuring they agree to a procedure voluntarily and with understanding. It means the clinician provides clear information about what will be done, why it's recommended, the possible benefits and risks, and any alternatives (including the option to refuse). The patient should understand the information, have the opportunity to ask questions, and consent without coercion or pressure. The nurse's role is to help ensure understanding, address questions, and document that consent was obtained. The other options miss the heart of informed consent: it's not about speeding procedures, shielding the hospital from lawsuits, or making the patient simply follow orders.

10. Nurses are accountable and will be held responsible for following the Nurse Practice Act in their practicing state.

A. True

B. False

C. Only during emergencies

D. Only for license renewal

Nurses are accountable for following their state's Nurse Practice Act, which defines the legal boundaries of practice, the scope of nursing, licensure requirements, and the standards of care. This Act guides daily decisions, documentation, delegation, and ongoing licensure maintenance, not just one moment in time. Being accountable means knowing and applying these rules in every patient encounter, seeking supervision when needed, and pursuing required continuing education to maintain competence. Violations can lead to disciplinary actions by the state board, including license suspension or revocation, fines, or other legal consequences. The idea isn't limited to emergencies or to license renewal; it is a continuous, everyday obligation to practice safely and legally.

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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://koziererbsfundofnursing.examzify.com>

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

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