MANOR PREBOARDS MODULE 4 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. When initiating enteral feeding via a nasogastric tube, which action is essential to prevent misplacement before starting feeds?

A. Elevate head of bed

B. Check residuals per protocol

C. Verify tube placement (pH testing and/or X-ray)

D. Flush before/after feeds

2. Which statement about the seven rights of medication administration is accurate?

A. Ongoing evaluation for effectiveness and adverse effects

B. Documentation is optional to save time

C. Always administer without verification

D. Administer drugs by any route with patient consent

3. Which statement about ARBs is correct?

A. They increase bradykinin levels

B. They inhibit ACE

C. They do not affect bradykinin metabolism

D. They promote synthesis of angiotensin II

4. A hyponatremia patient with confusion and seizures is treated in the ICU with what electrolyte-focused approach?

A. 0.9% NaCl bolus

B. Hypertonic saline 3% NaCl with close sodium monitoring

C. Potassium chloride infusion

D. Dextrose 5% in water

5. A patient requires 1000 mL over 8 hours. The IV set has 20 gtt/mL. What is the required drops per minute?

A. 21 gtt/min

B. 42 gtt/min

C. 72 gtt/min

D. 15 gtt/min

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6. Which of these is a nucleotide-analog reverse transcriptase inhibitor?

A. Abacavir

B. Emtricitabine

C. Stavudine

D. Tenofovir

7. Patient MOLN arrives at the hospital and complains of mild gastrointestinal upset. Later, it was found to be caused by APAP poisoning. What is the antidote of choice for APAP poisoning?

A. N-acetylcysteine

B. Phytomenadione

C. Flumazenil

D. Sodium bicarbonate

8. Which strategy best supports effective patient education in chronic disease management?

A. Assess readiness to learn, use teach-back, provide simple written materials, involve family, set achievable goals, arrange follow-up.

B. Provide only written materials without teach-back.

C. Rely solely on patient internet resources for guidance.

D. Deliver long, technical lectures without checks for understanding.

9. Which statement is true about MCV in macrocytic anemia?

A. Macrocytic: MCV increased

B. Macrocytic: MCV decreased

C. Macrocytic: MCV unchanged

D. Macrocytic: MCV variable

10. Which biotransformation process matures by about 2 months after birth, with immature activity linked to accumulation of a toxic acetaminophen metabolite?

A. Reduction

B. Oxidation

C. Glucuronidation

D. Glutathione conjugation

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Answers

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

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Explanations

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1. When initiating enteral feeding via a nasogastric tube, which action is essential to prevent misplacement before starting feeds?

A. Elevate head of bed

B. Check residuals per protocol

C. Verify tube placement (pH testing and/or X-ray)

D. Flush before/after feeds

Before starting feeds through a nasogastric tube, you must confirm the tube is actually in the stomach and not in the esophagus or airway. Misplacement can lead to dangerous complications such as aspiration of feed into the lungs. The essential step is to verify the tube's position using bedside checks (aspirate pH testing) and, when available, radiographic confirmation. A low pH of gastric aspirate supports gastric placement, while X-ray provides definitive confirmation of location. While elevating the head of the bed, checking residuals, and flushing are important for safety and tolerance, they do not verify where the tube is. Verifying placement with pH testing and/or X-ray before starting feeds is the key precaution.

2. Which statement about the seven rights of medication administration is accurate?

A. Ongoing evaluation for effectiveness and adverse effects

B. Documentation is optional to save time

C. Always administer without verification

D. Administer drugs by any route with patient consent

The essential idea is safety and accuracy in medication administration. Before giving any drug, you verify multiple elements: you confirm the patient's identity, the correct medication, the right dose, the scheduled time, the proper route, and you ensure the reason for the medication matches the order. After administration, you monitor how the patient responds and watch for any adverse effects, then you document what was given and the patient's response. This ongoing evaluation is a fundamental part of using medications correctly and safely. Because verification and careful checking are central, the statement suggesting you should administer without verification isn't accurate. Documentation is not optional, the route must align with the prescription, and patient consent alone doesn't justify bypassing the prescribed route or safety checks.

3. Which statement about ARBs is correct?

A. They increase bradykinin levels

B. They inhibit ACE

C. They do not affect bradykinin metabolism

D. They promote synthesis of angiotensin II

ARBs work by blocking the AT1 receptor for angiotensin II, so they prevent angiotensin II from producing vasoconstriction and aldosterone release. Because they do not inhibit the angiotensin converting enzyme, bradykinin degradation remains unchanged, so bradykinin levels are not increased with ARB use. The other statements mix up the mechanism: ARBs do not inhibit ACE, they do not directly increase bradykinin, and they do not actively promote synthesis of angiotensin II (any rise in Ang II levels if it occurs is a reflex from increased renin release, not a direct drug action).

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4. A hyponatremia patient with confusion and seizures is treated in the ICU with what electrolyte-focused approach?

A. 0.9% NaCl bolus

B. Hypertonic saline 3% NaCl with close sodium monitoring

C. Potassium chloride infusion

D. Dextrose 5% in water

When hyponatremia presents with neurological symptoms like confusion and seizures, the priority is a rapid but controlled rise in serum sodium to reduce brain swelling. The best approach in the ICU is giving hypertonic saline (3% NaCl) as small, carefully monitored boluses. The concentrated solution draws water out of swollen brain cells, producing a quick improvement in neurologic status. Clinically, a bolus of 100 mL of 3% NaCl is often given and repeated as needed, with frequent checks of serum sodium (every 2–4 hours) to guide further treatment. The initial target is a safe rise of about 4–6 mEq/L in the first few hours, then a cautious, slowed correction to avoid overshooting. Overcorrection carries the risk of osmotic demyelination syndrome, so monitoring and adjustment are essential. Attempting isotonic saline may not adequately correct severe symptomatic hyponatremia and can be insufficient to reverse brain edema quickly. Potassium chloride would address potassium levels, not the low sodium itself. Dextrose 5% in water becomes free water after metabolism and can worsen the sodium deficit, not help it.

5. A patient requires 1000 mL over 8 hours. The IV set has 20 gtt/mL. What is the required drops per minute?

A. 21 gtt/min

B. 42 gtt/min

C. 72 gtt/min

D. 15 gtt/min

Drops per minute are found by multiplying the volume by the drop factor and dividing by the total time in minutes. For 1000 mL over 8 hours, the rate is 1000 × 20 gtt/mL divided by 8 hours in minutes (8 × 60 = 480). So (1000 × 20) / 480 = 20000 / 480 ≈ 41.7 gtt/min, which rounds to 42 gtt/min. Another way: 1000 mL over 8 hours is 125 mL/hour; 125 mL/hour × 20 gtt/mL = 2500 gtt/hour; 2500 / 60 ≈ 41.7 gtt/min, also about 42 gtt/min. Therefore the required rate is 42 gtt/min.

6. Which of these is a nucleotide-analog reverse transcriptase inhibitor?

A. Abacavir

B. Emtricitabine

C. Stavudine

D. Tenofovir

Understanding the difference between nucleoside and nucleotide reverse transcriptase inhibitors helps explain why this one is the correct pick. Nucleoside RT inhibitors—like Abacavir, Emtricitabine, and Stavudine—need to be phosphorylated inside the cell to become active and then inhibit HIV reverse transcriptase. Tenofovir is a nucleotide analog, containing a phosphate group, and is taken up as a prodrug. Inside cells it's converted to tenofovir diphosphate, which directly inhibits reverse transcriptase and terminates DNA synthesis. Because it's a nucleotide analog, it fits the category described here, unlike the other three.

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7. Patient MOLN arrives at the hospital and complains of mild gastrointestinal upset. Later, it was found to be caused by APAP poisoning. What is the antidote of choice for APAP poisoning?

A. N-acetylcysteine

B. Phytomenadione

C. Flumazenil

D. Sodium bicarbonate

Acetaminophen overdose causes liver injury when the toxic metabolite NAPQI builds up after glutathione stores are overwhelmed. N-acetylcysteine is the antidote of choice because it replenishes glutathione, allowing the body to detoxify NAPQI and protect liver cells. It can also directly scavenge some reactive intermediates, reducing damage. Because patients may feel only mild symptoms initially, starting NAC promptly when APAP poisoning is suspected is key to preventing hepatotoxicity and long-term injury. Other listed agents do not counteract acetaminophen toxicity—vitamin K reverses bleeding risks, flumazenil reverses benzodiazepines, and sodium bicarbonate treats different conditions—not APAP poisoning.

8. Which strategy best supports effective patient education in chronic disease management?

A. Assess readiness to learn, use teach-back, provide simple written materials, involve family, set achievable goals, arrange follow-up.

B. Provide only written materials without teach-back.

C. Rely solely on patient internet resources for guidance.

D. Deliver long, technical lectures without checks for understanding.

Effective patient education for chronic disease management hinges on actively engaging the patient in a learning process that is tailored to their needs. Start by assessing readiness to learn and any barriers such as health literacy, motivation, or cultural factors, so the education fits the person rather than a one-size-fits-all approach. Use teach-back after you explain instructions or concepts; asking the patient to restate what they've understood helps you identify gaps and reinforce correct information. Present information in plain language and with simple visuals, and supplement any oral guidance with short, easy-to-read written materials that reinforce the main steps. Involve family or caregivers when appropriate, so there is support at home for practice and reminders. Set achievable, patient-centered goals that are specific and measurable, which builds confidence and guides progress. Arrange follow-up to monitor adherence, answer questions, and adjust the plan as needed. This combination promotes understanding, retention, and sustained management of the condition.

9. Which statement is true about MCV in macrocytic anemia?

A. Macrocytic: MCV increased

B. Macrocytic: MCV decreased

C. Macrocytic: MCV unchanged

D. Macrocytic: MCV variable

Macrocytic anemia features red blood cells that are larger than normal, so the mean volume of the cells (MCV) is increased. When DNA synthesis is impaired (as in B12 or folate deficiency or certain drugs), cells don't divide properly and become larger—megaloblasts—which raises the average cell size. Reticulocytes, being larger than mature red cells, can further lift the MCV if they're present in higher numbers. Therefore, the true statement is that MCV is increased in macrocytic anemia (often over 100 fL). The other possibilities describe smaller or normal cell sizes, which don't align with macrocytosis.

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10. Which biotransformation process matures by about 2 months after birth, with immature activity linked to accumulation of a toxic acetaminophen metabolite?

A. Reduction

B. Oxidation

C. Glucuronidation

D. Glutathione conjugation

Glucuronidation is the biotransformation process that matures around two months after birth. In newborns, acetaminophen is mainly eliminated by sulfation, while glucuronidation is still developing. When glucuronidation is immature, more acetaminophen is steered toward the oxidation pathway that makes the toxic metabolite NAPQI. NAPQI is normally detoxified by conjugation with glutathione, but if this detoxification is overwhelmed or glutathione stores are limited, NAPQI can accumulate and cause hepatotoxicity. Once glucuronidation matures, more acetaminophen is safely processed via glucuronidation, reducing the relative formation of the toxic metabolite.

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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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