NMNC 4510 CONCEPT SYNTHESIS PRACTICE TEST (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. Which finding is observed in cardiogenic shock?

A. Slow, bounding pulse

B. Cold, clammy skin

C. Increased blood pressure

D. Hyperactive bowel sounds

2. To promote effective airway clearance in a client with acute respiratory distress syndrome (ARDS), which measure is recommended?

A. Administer sedatives as frequently as possible.

B. Turn the client every 4 hours.

C. Increase ventilator settings every 2 hours.

D. Suction as needed.

3. Which client has second-degree burns?

A. Client A - waxy white, dark-brown appearance

B. Client B - redness, pain, minimal edema

C. Client C - moist blebs, blisters, severe pain

D. Client D - dry, leathery eschar, absence of pain

4. A client develops a transfusion reaction. Which clinical response will the nurse assess to determine kidney damage?

A. Glycosuria

B. Blood in the urine

C. Decreased urinary output

D. Acute pain over the kidney

5. A client with Parkinson disease is prescribed levodopa. Which mechanism best explains how this medication works?

A. Blocks the effects of acetylcholine

B. Increases the production of dopamine

C. Restores the dopamine levels in the brain

D. Promotes the production of acetylcholine

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6. Which symptom may indicate impending hypovolemic shock in a post-operative patient after major abdominal surgery?

A. Bounding radial and femoral pulses

B. Client reports thirst

C. Urine output 1000 mL in 8 hours

D. Oral temperature 101°F (38.3°C)

7. Which option best describes the typical facial presentation in Parkinson disease?

A. Expressive facial movements

B. Masklike facial expression

C. Drooping eyelids with ptosis

D. Wide, animated facial gestures

8. A client with Parkinson disease is admitted to the hospital. Which medication is prescribed to improve the physical manifestations of Parkinson disease?

A. Pyridoxine (vitamin B6)

B. Isocarboxazid

C. Carbidopa-levodopa

D. Dopamine

9. Which symptom is not typical of a multiple sclerosis exacerbation?

A. Double vision

B. Scanning speech

C. Resting tremors

D. Numbness

10. Which question is most relevant to assess risk for mitral valve stenosis?

A. Do you frequently get urinary tract infections?

B. Have you had a recent episode of pneumonia?

C. Did you ever have strep throat during childhood?

D. Do you have a family history of heart attack or angina?

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Answers

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

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Explanations

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1. Which finding is observed in cardiogenic shock?

A. Slow, bounding pulse

B. Cold, clammy skin

C. Increased blood pressure

D. Hyperactive bowel sounds

In cardiogenic shock the heart's pumping ability is severely reduced, leading to low cardiac output and systemic undervascular perfusion. To preserve blood flow to the brain and heart, the body constricts peripheral vessels, which makes the skin feel cold and clammy. That cool, clammy skin is a classic sign of this condition. The pulse is typically fast because the body tries to compensate for the low output, not slow or bounding. Increased blood pressure is unlikely in cardiogenic shock, as blood pressure tends to be low. Hyperactive bowel sounds don't fit, since reduced gut perfusion usually causes decreased bowel activity. So the cold, clammy skin best reflects the underlying physiology of cardiogenic shock.

2. To promote effective airway clearance in a client with acute respiratory distress syndrome (ARDS), which measure is recommended?

A. Administer sedatives as frequently as possible.

B. Turn the client every 4 hours.

C. Increase ventilator settings every 2 hours.

D. Suction as needed.

Airway clearance in ARDS hinges on removing secretions that block airways while avoiding actions that could worsen lung injury. Suctioning as needed directly targets the buildup of secretions, helping to keep the air passages open and improving ventilation and oxygen exchange. It's done when there's visible or suspected secretions or when the patient shows signs of obstruction, rather than on a fixed schedule, which makes it responsive and safer. Frequent sedatives would dampen cough reflex and the ability to clear secretions, potentially worsening airway clearance and ventilation. Turning the patient every 4 hours helps with drainage and lung expansion, but it's not the specific measure that actively clears secretions as they appear. Increasing ventilator settings every 2 hours isn't appropriate as a general rule; adjustments should be individualized based on gas exchange and lung mechanics, and unnecessary increases can risk lung injury. Suctioning as needed provides the most direct, effective means to clear the airway in this scenario.

3. Which client has second-degree burns?

A. Client A - waxy white, dark-brown appearance

B. Client B - redness, pain, minimal edema

C. Client C - moist blebs, blisters, severe pain

D. Client D - dry, leathery eschar, absence of pain

Burn depth is identified by how much skin layers are damaged and what the skin looks and feels like. Second-degree burns involve the epidermis and part of the dermis and typically blister, remain moist, and be very painful because many nerve endings are still intact. The description with moist blebs and blisters and severe pain fits this pattern best. In contrast, a waxy white, dark-brown appearance suggests deeper tissue injury, consistent with deeper partial-thickness or full-thickness burns. A dry, leathery eschar with no pain points to a full-thickness burn where nerve endings are destroyed. Redness with pain and little edema without blisters fits a superficial or first-degree burn, which lacks blister formation. So the client described as having moist blebs, blisters, and severe pain has a second-degree burn.

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4. A client develops a transfusion reaction. Which clinical response will the nurse assess to determine kidney damage?

A. Glycosuria

B. Blood in the urine

C. Decreased urinary output

D. Acute pain over the kidney

Monitoring kidney injury after a transfusion reaction hinges on noticing changes in urine production, because a drop in urine output directly reflects impaired kidney filtration and perfusion. In this scenario, the kidneys can be damaged by the hemolysis of transfused cells, with free hemoglobin and other byproducts that injure renal tubules and reduce urine formation. That makes decreased urinary output a sensitive and immediate indicator of evolving acute kidney injury. Glycosuria would point to issues with glucose handling or proximal tubule function, not specifically the filtration problems caused by a transfusion reaction. Blood in the urine can occur from hemolysis or disruption of the urinary tract, but it does not necessarily quantify how well the kidneys are filtering at that moment. Acute pain over the kidney is not a reliable or specific sign of transfusion-related kidney damage.

5. A client with Parkinson disease is prescribed levodopa. Which mechanism best explains how this medication works?

A. Blocks the effects of acetylcholine

B. Increases the production of dopamine

C. Restores the dopamine levels in the brain

D. Promotes the production of acetylcholine

Levodopa replenishes dopamine in the brain by acting as a precursor that crosses the blood-brain barrier and is then converted to dopamine within dopaminergic neurons. This conversion increases the amount of dopamine available in the basal ganglia, counteracting the dopamine deficiency seen in Parkinson disease and improving motor symptoms. The best description is that this medication restores dopamine levels in the brain. It does not work by blocking acetylcholine, nor by directly promoting acetylcholine production. It also isn't simply "increasing production" of dopamine without the conversion step; it provides the material that becomes dopamine in the brain, yielding replenishment of dopamine levels.

6. Which symptom may indicate impending hypovolemic shock in a post-operative patient after major abdominal surgery?

A. Bounding radial and femoral pulses

B. Client reports thirst

C. Urine output 1000 mL in 8 hours

D. Oral temperature 101°F (38.3°C)

Thirst reflects a drop in circulating blood volume (hypovolemia) and is an early warning sign that the body is attempting to restore intravascular volume. After major abdominal surgery, blood loss and fluid shifts can reduce venous return, and the hypothalamus triggers thirst to prompt fluid intake. This makes thirst a meaningful cue that the patient may be moving toward hypovolemic shock. Bounding pulses would not fit this scenario because they suggest adequate or excess volume or vasodilation, not the reduced perfusion seen with early hypovolemia. A urine output of 1000 mL in 8 hours shows adequate renal perfusion and fluid status; in shock, urine output typically falls due to decreased renal perfusion. An oral temperature of 101°F indicates fever, which can occur postoperatively for infection or inflammatory reasons, but it does not specifically indicate impending hypovolemic shock.

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7. Which option best describes the typical facial presentation in Parkinson disease?

A. Expressive facial movements

B. Masklike facial expression

C. Drooping eyelids with ptosis

D. Wide, animated facial gestures

In Parkinson disease the facial muscles move slowly and with limited range, leading to a reduced ability to convey emotion through the face. This phenomenon, called hypomimia or masked facies, gives the face a blank or expressionless look even when the person is speaking or reacting. So the description that fits best is a masklike facial expression. This contrasts with expressive or animated facial movements, which would imply more rapid or open facial activity. Ptosis can occur in some conditions, but it isn't the defining facial feature of Parkinson's, and wide, animated gestures aren't characteristic of it.

8. A client with Parkinson disease is admitted to the hospital. Which medication is prescribed to improve the physical manifestations of Parkinson disease?

A. Pyridoxine (vitamin B6)

B. Isocarboxazid

C. Carbidopa-levodopa

D. Dopamine

The key idea is dopamine replacement therapy for Parkinson disease and how to make it effective. Parkinson's symptoms come from a shortage of dopamine in the brain, so giving a dopamine precursor that can enter the brain helps improve movement. Levodopa is that precursor, but if it's given alone a lot is converted to dopamine outside the brain, causing nausea and other side effects and leaving less to reach the brain. Carbidopa blocks this peripheral conversion, so more levodopa reaches the brain and side effects lessen. This combination is what reliably improves motor symptoms. Pyridoxine (vitamin B6) would actually boost the peripheral conversion process and can reduce levodopa's effectiveness, so it's not the best choice to improve symptoms. Isocarboxazid is an MAOI that isn't used to improve Parkinson's motor symptoms and can cause dangerous interactions. Dopamine itself doesn't cross the blood–brain barrier well, so giving dopamine directly won't effectively treat brain dopamine deficiency. Therefore, carbidopa-levodopa is the appropriate prescription to improve physical manifestations.

9. Which symptom is not typical of a multiple sclerosis exacerbation?

A. Double vision

B. Scanning speech

C. Resting tremors

D. Numbness

During an MS exacerbation, symptoms arise from acute demyelination of specific CNS pathways, producing focal deficits that reflect the affected tracts. Double vision comes from involvement of the visual pathways or brainstem, producing diplopia. Scanning speech indicates cerebellar or brainstem involvement that disrupts coordinated speech, giving a slow, segmented cadence. Numbness reflects sensory pathway disruption. Resting tremor, however, points to dysfunction in basal ganglia circuits typical of Parkinsonian disorders; in MS relapses tremor is not a hallmark, and when tremor occurs it is usually an intention tremor that worsens with movement, not present at rest. So resting tremor is not typical of an MS exacerbation.

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10. Which question is most relevant to assess risk for mitral valve stenosis?

A. Do you frequently get urinary tract infections?

B. Have you had a recent episode of pneumonia?

C. Did you ever have strep throat during childhood?

D. Do you have a family history of heart attack or angina?

Mitral stenosis is most often a consequence of rheumatic fever following a streptococcal throat infection. The immune response to that infection can scar the mitral valve over time, narrowing the orifice. Because of this causal pathway, asking about a history of strep throat during childhood directly probes a major risk factor for developing mitral stenosis. The other questions don't connect to the valve's pathology: urinary tract infections and pneumonia are unrelated to mitral valve structure, and a family history of heart attack or angina relates to coronary disease risk rather than rheumatic valve disease.

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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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