

NR325 ADULT HEALTH II ME PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://nr325me.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. A patient with AKI develops peaked T waves. Which electrolyte abnormality is most likely?**
 - A. Hypokalemia
 - B. Hypercalcemia
 - C. Hypocalcemia
 - D. Hyperkalemia

- 2. Which group is more likely to have atypical myocardial infarction symptoms?**
 - A. Women
 - B. Young, healthy men
 - C. Children
 - D. Athletes

- 3. Which electrolyte abnormality commonly occurs in CKD and can cause peaked T waves?**
 - A. Hyperkalemia
 - B. Hypokalemia
 - C. Hypercalcemia
 - D. Hyponatremia

- 4. Which assessment best tracks fluid status in cirrhosis with ascites?**
 - A. Respiratory rate
 - B. Blood pressure
 - C. Abdominal girth measurement
 - D. Serum albumin

- 5. Which finding suggests perforation or peritonitis in bowel obstruction?**
 - A. Rigid abdomen
 - B. Severe cramping only
 - C. Fever only
 - D. Stable vitals

- 6. How do you assess patency of an AV fistula?**
- A. Absent thrill/bruit report immediately
 - B. Pulse check
 - C. Feel a thrill + hear a bruit
 - D. Cap refill
- 7. After stopping the transfusion due to a suspected reaction, which steps should be taken next?**
- A. Assess Patient/Vitals
 - B. Notify Provider And Blood Bank
 - C. Follow Facility Reaction Protocol
 - D. All Of The Above
- 8. Which statement best differentiates DKA from HHS?**
- A. DKA involves ketosis and metabolic acidosis; HHS involves extreme hyperglycemia with dehydration and neurologic changes with little ketosis.
 - B. DKA is more common in type 2 diabetes.
 - C. HHS shows significant ketosis.
 - D. HHS is always associated with rapid weight gain.
- 9. Spinal cord injury at T6 or above with severe hypertension and pounding headache is most consistent with which condition?**
- A. Orthostatic hypotension.
 - B. Hyperglycemia.
 - C. Seizure.
 - D. Autonomic dysreflexia.
- 10. CKD commonly leads to which acid-base disorder due to decreased acid excretion?**
- A. Metabolic acidosis
 - B. Metabolic alkalosis
 - C. Respiratory alkalosis
 - D. Respiratory acidosis

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. A patient with AKI develops peaked T waves. Which electrolyte abnormality is most likely?

- A. Hypokalemia
- B. Hypercalcemia
- C. Hypocalcemia
- D. Hyperkalemia**

Peaked T waves signal that the heart is responding to high potassium levels in the blood. In acute kidney injury, the kidneys can't excrete potassium effectively, so potassium accumulates in the extracellular space. This alters cardiac myocyte repolarization, first producing tall, narrow T waves that are the classic early sign of hyperkalemia. As potassium rises further, other ECG changes can develop, and the risk of dangerous arrhythmias increases. If potassium were low, you'd see flattened T waves and possibly U waves—not the tall, peaked T waves seen with hyperkalemia. Calcium disturbances produce different ECG patterns: hypercalcemia shortens the QT interval, while hypocalcemia prolongs it, neither of which account for peaked T waves.

2. Which group is more likely to have atypical myocardial infarction symptoms?

- A. Women**
- B. Young, healthy men
- C. Children
- D. Athletes

Atypical myocardial infarction presentations are more common in women. Instead of the classic chest pressure, many women experience nonclassic symptoms such as unusual fatigue, shortness of breath, nausea or vomiting, dizziness, or pain in the jaw, neck, back, or abdomen. These noncardiac-looking symptoms can delay recognition of an MI because they don't fit the typical chest-pain pattern. In contrast, young, healthy men more often report the classic chest pain pattern, MI in children is very rare, and athletes—though they can have chest discomfort from other causes—also do not typically present with atypical MI symptoms. So, women are the group most likely to have atypical MI symptoms.

3. Which electrolyte abnormality commonly occurs in CKD and can cause peaked T waves?

- A. Hyperkalemia
- B. Hypokalemia**
- C. Hypercalcemia
- D. Hyponatremia

Potassium disturbances are central to the ECG changes seen in CKD. In chronic kidney disease, the kidneys' ability to excrete potassium is reduced, so serum potassium tends to rise (hyperkalemia). Elevated extracellular potassium speeds up repolarization of ventricular myocytes, which shows up on the ECG as tall, peaked T waves—the classic sign of hyperkalemia. As levels climb higher, other changes can appear (like PR prolongation and QRS widening) and can progress to more dangerous patterns, but the peaked T wave is the key early indicator. Hyperkalemia is the cause of those peaked T waves because low potassium (hypokalemia) typically produces flattened T waves and prominent U waves, not peaked T waves. Hypercalcemia affects QT interval duration (shortens it) rather than producing peaked T waves, and hyponatremia doesn't produce this pattern either.

4. Which assessment best tracks fluid status in cirrhosis with ascites?

- A. Respiratory rate
- B. Blood pressure
- C. Abdominal girth measurement**
- D. Serum albumin

Tracking fluid status in cirrhosis with ascites relies on directly quantifying the amount of fluid in the abdomen. Abdominal girth measurement provides a clear, objective, and repeatable way to monitor changes in ascites over time. When you measure at the same point with the patient in the same position and track trends, you can see whether fluid is accumulating or responding to diuretics, which is essential for guiding therapy. Other options aren't as informative for this purpose. Respiratory rate can be influenced by many factors and doesn't quantify ascites. Blood pressure can fluctuate with medications and renal function and isn't specific to peritoneal fluid status. Serum albumin reflects liver synthetic function and oncotic pressure but doesn't reflect current fluid accumulation or short-term changes in fluid balance. So, measuring abdominal girth is the best way to track fluid status in this setting, with consistent technique and timing to ensure meaningful trends.

5. Which finding suggests perforation or peritonitis in bowel obstruction?

- A. Rigid abdomen**
- B. Severe cramping only
- C. Fever only
- D. Stable vitals

A rigid abdomen reflects peritoneal irritation from a perforated bowel. When contents leak into the peritoneal cavity, the peritoneum becomes inflamed, and the abdominal muscles involuntarily tense to protect the area, producing a board-like, firm abdomen. This peritoneal sign is a hallmark of peritonitis and signals urgent concern and need for exploration or surgical intervention. Severe cramping is more typical of a bowel obstruction itself and can occur without perforation. Fever can occur with infection or inflammation but is not specific to perforation, and stable vitals are less consistent with peritonitis, which often presents with tachycardia, fever, or hypotension as the condition progresses.

6. How do you assess patency of an AV fistula?

- A. Absent thrill/bruit report immediately
- B. Pulse check
- C. Feel a thrill + hear a bruit**
- D. Cap refill

Patency is assessed by checking for the signs of flow at the fistula. A functioning AV fistula should produce a palpable thrill and an audible bruit, reflecting ongoing, turbulent blood flow from artery to vein. Feeling that continuous vibration and hearing that swishing sound together indicate the fistula is patent and usable for dialysis. If these signs are absent or diminished, it signals possible stenosis or thrombosis and requires prompt evaluation. Relying on pulse checks or cap refill doesn't directly assess the fistula's flow and isn't as informative for fistula patency.

7. After stopping the transfusion due to a suspected reaction, which steps should be taken next?

- A. Assess Patient/Vitals
- B. Notify Provider And Blood Bank
- C. Follow Facility Reaction Protocol
- D. All Of The Above**

When a transfusion reaction is suspected, the immediate priority is to manage the patient while initiating the formal reaction workup. The next steps should include assessing the patient and recording current vitals to determine severity and guide any urgent interventions. It's also essential to notify the physician and the blood bank so they can order appropriate treatment and begin the transfusion reaction investigation, including tracing the implicated blood product. Finally, follow the facility's reaction protocol, which standardizes actions such as documentation, collecting required specimens, securing the patient, and implementing any prescribed therapies. Taken together, these steps ensure patient safety, initiate timely management, and enable proper investigation of the reaction.

8. Which statement best differentiates DKA from HHS?

- A. DKA involves ketosis and metabolic acidosis; HHS involves extreme hyperglycemia with dehydration and neurologic changes with little ketosis.
- B. DKA is more common in type 2 diabetes.
- C. HHS shows significant ketosis.
- D. HHS is always associated with rapid weight gain.**

The key distinction is that DKA features ketosis with metabolic acidosis, while HHS presents with extreme hyperglycemia and dehydration with neurologic changes but little or no ketosis. In DKA, lack of insulin drives fat breakdown and ketone production, leading to an anion gap metabolic acidosis and the presence of ketones in the blood or urine. In HHS, there is enough insulin to prevent ketogenesis, but not enough to control glucose, so you see very high blood glucose, profound dehydration from osmotic diuresis, and often altered mental status or other neurologic changes, with minimal ketones and no significant acidosis. Other statements don't fit because DKA is more common in type 1 diabetes, not type 2; HHS shows little ketosis rather than significant ketosis; and rapid weight gain is not typical of HHS—weight loss from osmotic diuresis is more common.

9. Spinal cord injury at T6 or above with severe hypertension and pounding headache is most consistent with which condition?

- A. Orthostatic hypotension.
- B. Hyperglycemia.
- C. Seizure.

D. Autonomic dysreflexia.

Autonomic dysreflexia occurs in people with spinal cord injuries at or above the T6 level. In this situation, a noxious stimulus below the level of injury (like a full bladder, bowel impaction, or skin irritation) triggers an unchecked sympathetic response leading to widespread vasoconstriction below the lesion and a dangerous rise in blood pressure. The body's attempt to compensate via parasympathetic signals rises above the injury, causing symptoms such as a pounding headache, flushing, sweating, and nasal congestion above the level of injury, but it cannot reverse the vasoconstriction below the lesion. This combination—sudden, severe hypertension with a headache in someone with high thoracic or cervical SCI—is characteristic of autonomic dysreflexia. It's an emergency: immediately position the patient upright to use gravity to lower BP, identify and remove the triggering stimulus (for example, check for bladder distention and catheterize if needed, assess for stool impaction, remove restrictive clothing), and monitor BP closely, escalating treatment if BP remains dangerously elevated.

10. CKD commonly leads to which acid-base disorder due to decreased acid excretion?

- A. Metabolic acidosis
- B. Metabolic alkalosis
- C. Respiratory alkalosis

D. Respiratory acidosis

In CKD, the kidneys lose their ability to excrete hydrogen ions and to generate bicarbonate. This causes hydrogen ions to accumulate in the blood while bicarbonate stores fall, leading to acidemia with a decreased bicarbonate level — a metabolic acidosis. The body may compensate by increasing respiration to blow off CO₂, but that's a respiratory compensation, not the primary problem. Respiratory acid-base disorders would arise from lung or chest issues, not from reduced renal acid excretion. So the acid-base disorder CKD most commonly produces is metabolic acidosis.

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://nr325me.examzify.com>

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

SAMPLE