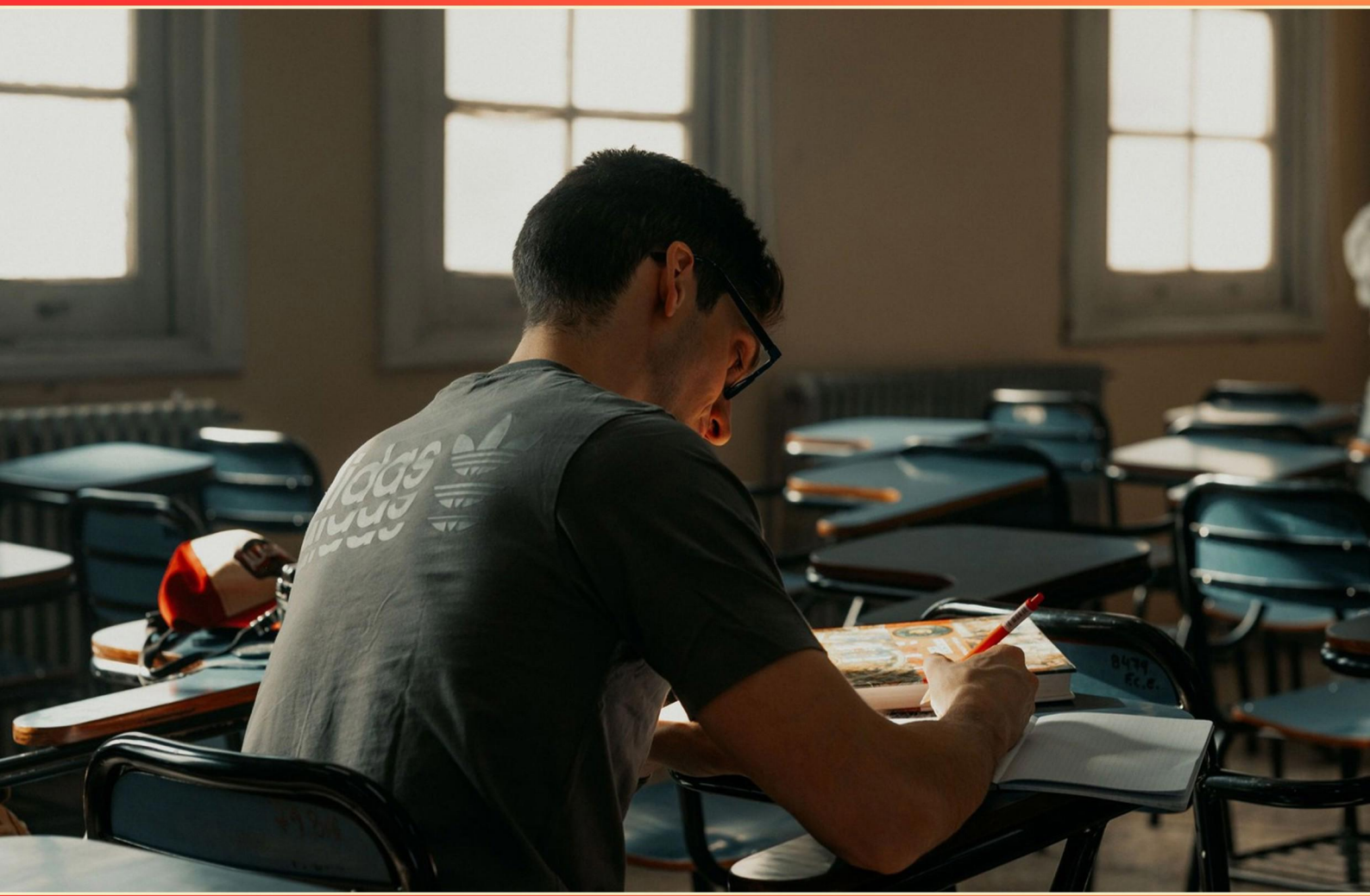
NURSING ACROSS THE LIFESPAN EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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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 statement best defines diversity?

A. A broad range of individual, population, and social characteristics, including age, gender identity, sexual orientation, family structures, geographic locations and more.

B. The absence of differences.

C. A sense of belonging.

D. The equal distribution of resources.

2. Which medication serves as a rescue inhaler for pediatric asthma?

A. Inhaled corticosteroids

B. Long-acting beta-agonist

C. Anticholinergic inhaler

D. Short-acting beta-agonist (e.g., albuterol)

3. In pharmacokinetics, which process describes the elimination of a drug from the body?

A. Absorption

B. Excretion

C. Distribution

D. Metabolism

4. Gastroenteritis in a child commonly causes which type of dehydration?

A. Isotonic dehydration

B. Hypotonic dehydration

C. Hypertonic dehydration

D. Dehydration with electrolyte imbalance

5. Which finding on examination is most likely in otitis media?

A. Bulging tympanic membrane

B. Clear tympanic membrane

C. Normal tympanic membrane

D. Erythema of the external ear canal

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6. Which of the following is NOT an ADL in the Rope Logan Tierney model?

A. Maintaining a safe environment

B. Sleeping

C. Gardening

D. Expressing sexuality

7. Which symptom may point to problems with intracranial regulation?

A. Aphasia

B. Vomiting and Unexplained Severe Headaches

C. Loss of Memory

D. Numbness, Paralysis, Tingling, Neuralgia

8. Which of the following is NOT listed as a somatosensory change?

A. Cerebrovascular accident

B. Peripheral vascular disease

C. Hearing loss

D. Neuropathy

9. Which statement about absorption is NOT part of absorption?

A. Route of administration

B. Bioavailability

C. Metabolism

D. Amount of medication that passes through absorbing surfaces

10. Which of the following is a cardiovascular consequence of immobility?

A. Orthostatic hypotension

B. Deep vein thrombosis

C. Venous stasis

D. Decreased cardiac output

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Answers

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

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Explanations

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1. Which statement best defines diversity?

A. A broad range of individual, population, and social characteristics, including age, gender identity, sexual orientation, family structures, geographic locations and more.

B. The absence of differences.

C. A sense of belonging.

D. The equal distribution of resources.

Diversity means acknowledging the broad range of differences that exist among people across many characteristics that shape health experiences and interactions in society. It includes factors like age, gender identity, sexual orientation, family structures, geographic locations, languages, abilities, cultures, and more—covering both visible and invisible traits. In nursing across the lifespan, this understanding guides how you assess needs, communicate effectively, and tailor care to fit each person's unique background and circumstances. It's not about the absence of differences (that would be uniformity), nor about a sense of belonging (which is inclusion), nor about equal resource distribution (which relates to equity or fairness). The statement that describes a broad range of individual, population, and social characteristics best captures what diversity means.

2. Which medication serves as a rescue inhaler for pediatric asthma?

A. Inhaled corticosteroids

B. Long-acting beta-agonist

C. Anticholinergic inhaler

D. Short-acting beta-agonist (e.g., albuterol)

When a child with asthma needs immediate relief, the goal is rapid bronchodilation to quickly reverse bronchoconstriction. Short-acting beta-agonists, such as albuterol, fit this role because they rapidly stimulate beta-2 receptors on airway smooth muscle, causing quick relaxation of the airways and improved airflow within minutes. That fast onset is what makes them the rescue inhaler used for acute symptoms or before exercise for some kids. Inhaled corticosteroids are controller medications; they reduce airway inflammation but do not provide fast relief during an attack, so they're not used as rescue therapy. Long-acting beta-agonists stay bronchodilated for an extended period but don't act quickly enough to treat acute symptoms and are typically used in combination with an inhaled corticosteroid for maintenance rather than rescue. Anticholinergic inhalers can be helpful in certain acute situations, but they are not the primary rescue agent for pediatric asthma. So the best answer for a rescue inhaler is a short-acting beta-agonist like albuterol.

3. In pharmacokinetics, which process describes the elimination of a drug from the body?

A. Absorption

B. Excretion

C. Distribution

D. Metabolism

Elimination is about removing the drug from the body, and the specific process that accomplishes this removal is excretion. Excretion involves the body getting rid of the drug and its metabolites, primarily through the kidneys into urine, but also via bile into feces, lungs by exhalation, or through sweat. Absorption is how the drug enters the bloodstream, distribution is how it moves into tissues, and metabolism is the chemical alteration of the drug (usually in the liver) to more water-soluble forms that can be excreted. While metabolism often precedes excretion, the act of elimination from the body is best described by excretion.

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4. Gastroenteritis in a child commonly causes which type of dehydration?

A. Isotonic dehydration

B. Hypotonic dehydration

C. Hypertonic dehydration

D. Dehydration with electrolyte imbalance

The key idea here is that dehydration type is defined by the balance of water and electrolyte losses and the resulting serum osmolality. In gastroenteritis, vomiting and, especially, diarrhea cause loss of fluid that closely matches the composition of body fluids—that is, isotonic fluid. When you lose isotonic fluid, you lose water and electrolytes in roughly equal amounts, so the serum osmolality stays normal. This leads to isotonic dehydration, which is the most common pattern seen in children with acute gastroenteritis. That's why isotonic dehydration best fits this scenario: the loss from the gut mirrors plasma in concentration, causing a reduced extracellular fluid volume with normal serum sodium, rather than a net shift toward either higher or lower osmolality. Hypertonic dehydration would come from losing more water than electrolytes (raising the serum sodium), which isn't typical with ordinary diarrhea. Hypotonic dehydration would result from losing more electrolytes than water (lowering the serum sodium). Dehydration described simply as having an electrolyte imbalance is less specific and doesn't capture the usual proportional loss seen with gastroenteritis.

5. Which finding on examination is most likely in otitis media?

A. Bulging tympanic membrane

B. Clear tympanic membrane

C. Normal tympanic membrane

D. Erythema of the external ear canal

In otitis media the middle ear is inflamed and filled with fluid or pus, which pushes the tympanic membrane outward. The most likely exam finding is a bulging tympanic membrane, often red and with reduced or absent mobility on pneumatic otoscopy. This reflects pressure from behind the eardrum and impaired acoustic movement. Erythema of the external ear canal points to otitis externa, an infection of the ear canal itself, not the middle ear. While the tympanic membrane may look red in otitis media, the hallmark for OM is the bulging, less mobile tympanic membrane behind which the fluid accumulates.

6. Which of the following is NOT an ADL in the Rope Logan Tierney model?

A. Maintaining a safe environment

B. Sleeping

C. Gardening

D. Expressing sexuality

In the Roper-Logan-Tierney model, activities of daily living are the basic self-care tasks a person needs to perform to live independently and stay healthy. Maintaining a safe environment, sleeping, and expressing sexuality are all considered ADLs because they relate directly to daily self-care and essential functioning. Gardening, while a valuable activity for health and well-being, is not one of these core ADLs in this model. It falls more into instrumental activities of daily living or leisure/occupational activities—things that support living independently but aren't fundamental self-care tasks. So gardening isn't an ADL in this framework.

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7. Which symptom may point to problems with intracranial regulation?

A. Aphasia

B. Vomiting and Unexplained Severe Headaches

C. Loss of Memory

D. Numbness, Paralysis, Tingling, Neuralgia

Intracranial regulation refers to the brain's ability to process information and coordinate the body's movements, sensations, and basic neural functions. When this regulation is disrupted, the most direct signs are problems with motor and sensory pathways. Numbness, paralysis, tingling, and neuralgia reflect that kind of disruption: signals between the brain and parts of the body aren't being properly regulated, so sensation and movement are affected in specific patterns. This makes these symptoms a clear indicator that intracranial regulatory processes are not functioning normally. Aphasia, while still a brain-related issue, points to a disruption in language centers rather than a broad disturbance of regulatory control over multiple neural systems. Vomiting with severe headaches can signal increased intracranial pressure but isn't itself a direct measure of regulatory control. Memory loss involves cognitive processing but can arise from many different brain or systemic factors and isn't as specific to the regulatory pathways as motor and sensory deficits are.

8. Which of the following is NOT listed as a somatosensory change?

A. Cerebrovascular accident

B. Peripheral vascular disease

C. Hearing loss

D. Neuropathy

Somatosensory changes involve sensations from the body's surfaces and tissues—things like touch, pressure, vibration, temperature, proprioception, and pain. These are carried by peripheral nerves and spinal pathways, and can be affected by conditions such as neuropathy, stroke, or vascular issues that alter nerve function or blood supply. Hearing loss is not a somatosensory change. It's an auditory (special sense) issue involving the ears and auditory pathways, not the somatosensory system. Therefore, hearing loss is the finding that does not fit with somatosensory changes. The other listed conditions—stroke, peripheral vascular disease, and neuropathy—can all produce somatosensory alterations such as numbness, tingling, or reduced sensation.

9. Which statement about absorption is NOT part of absorption?

A. Route of administration

B. Bioavailability

C. Metabolism

D. Amount of medication that passes through absorbing surfaces

Absorption is about how a drug moves from its site of administration into the bloodstream. The route of administration shapes how the drug enters circulation—some routes involve direct entry to the blood, while others pass through tissues and barriers before entering. Bioavailability describes the fraction of the administered dose that actually reaches systemic circulation, which is a key part of the absorption process. The amount of medication that passes through absorbing surfaces reflects the extent of absorption—the portion that successfully crosses membranes to enter the bloodstream. Metabolism, on the other hand, happens after absorption. It involves chemical changes to the drug (often in the liver) and can reduce or modify the active drug before it circulates. This step is separate from absorption, so the statement about metabolism is not part of the absorption process.

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10. Which of the following is a cardiovascular consequence of immobility?

A. Orthostatic hypotension

B. Deep vein thrombosis

C. Venous stasis

D. Decreased cardiac output

Immobility disrupts how the cardiovascular system maintains blood pressure when moving to an upright position. With prolonged bed rest, venous return to the heart is reduced because the calf muscle pump isn't helping push blood back up, and circulating volume can decrease. The autonomic reflexes that normally counteract pooling and hold blood pressure up become blunted. When the person stands, there isn't enough compensate, so blood pressure drops—orthostatic hypotension. This reflects the dynamic regulation of blood pressure with posture after a period of inactivity and is the cardiovascular change most directly tied to immobility. Venous stasis and deep vein thrombosis are important risks of immobility caused by stagnant blood in the legs, but they're vascular issues rather than the immediate postural blood-pressure problem. Decreased cardiac output can occur with deconditioning, but the standing BP drop is the clearer, more specific cardiovascular consequence of immobility.

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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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