PNLE NURSING PRACTICE I (NP1) 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 leadership style identifies the styles of leadership a particular situation requires?

A. Autocratic (Authoritative)

B. Democratic/Participative

C. Laissez-faire/Permissive

D. Multicratic/Situational

2. Which IV fluid is isotonic relative to plasma?

A. 0.9% NSS

B. 0.33% NaCl

C. Lactated Ringer's (LR)

D. 5% H2O

3. In sepsis management, what does a high lactate level indicate?

A. Indicates improved tissue perfusion and stability.

B. Indicates tissue hypoperfusion and severity of sepsis; guides intensity of resuscitation.

C. Only reflects liver function.

D. Has no prognostic value in sepsis.

4. What steps should a nurse take when a patient reports pain that seems disproportionate to exam findings?

A. Deny the patient's pain and ignore.

B. Immediately administer maximum dose without assessment.

C. Document pain but take no action.

D. Acknowledge the pain, reassess using a pain scale, review medications and vitals, consider noninvasive reassessment, and follow orders or escalate for evaluation.

5. How is orthostatic hypotension assessed?

A. Measure blood pressure and heart rate in supine, seated, and standing positions to detect a drop in BP ≥20 mmHg systolic or ≥10 mmHg diastolic

B. Measure blood pressure after meals

C. Measure blood pressure in standing position only

D. Measure blood pressure while lying prone

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6. Experimental research is characterized by:

A. Manipulation of the independent variable, randomization, and a control group

B. Absence of a control group

C. Qualitative interviews only

D. Observational correlation without manipulation

7. Team Nursing/Modular Nursing involves:

A. Nurses and physicians collaborating as colleagues with agreed-upon protocols.

B. A single nurse caring for multiple patients without coordination.

C. Care delivered only by assistant personnel.

D. No standardized care protocols.

8. The phrase 'Do no harm' defines which ethical principle in nursing?

A. Respect patient autonomy.

B. Provide best possible care regardless of risk.

C. Do no harm.

D. Ensure equal access to services.

9. Name two common early signs of dehydration in older adults and the rationale for monitoring.

A. Increased skin elasticity and moist lips; indicator of hydration

B. Sweating and flushed skin; signs of overheating

C. Elevated blood pressure and tachycardia; signs of hydration status

D. Decreased skin turgor and dry mucous membranes; early warning of fluid deficit and risk for electrolyte imbalance

10. Why is body surface area used for dosing certain drugs in pediatrics?

A. Because body weight is the only predictor of drug pharmacokinetics.

B. Because BSA dosing is easier than weight-based dosing.

C. Because BSA is unrelated to dosing.

D. Because some drugs' pharmacokinetics correlate better with body surface area than weight, providing more accurate dosing for children.

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Answers

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

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Explanations

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1. Which leadership style identifies the styles of leadership a particular situation requires?

A. Autocratic (Authoritative)

B. Democratic/Participative

C. Laissez-faire/Permissive

D. Multicratic/Situational

Adapting leadership style to fit the moment is the essence of situational leadership. In practice, a leader looks at what the team and the environment require—patient needs and acuity, urgency of decisions, staff competence, and available resources—and then chooses the approach that will most effectively guide the task. In a crisis, providing clear, directive guidance helps ensure safety and speed; with an experienced team and routine tasks, a collaborative or delegating style can empower members while maintaining quality. Some models describe this as multicratic leadership, highlighting the use of multiple styles rather than sticking to one. So, identifying and applying the leadership style the situation requires is the best fit. Fixed styles don't account for the variation encountered in clinical settings, which is why they are less effective.

2. Which IV fluid is isotonic relative to plasma?

A. 0.9% NSS

B. 0.33% NaCl

C. Lactated Ringer's (LR)

D. 5% H2O

Isotonic fluids have an osmolality similar to blood plasma, so they stay mainly in the extracellular fluid and expand circulating volume without causing water to move into or out of cells. The solution with 0.9% sodium chloride matches plasma osmolality and is commonly used to expand extracellular fluid, making it isotonic. The other options don't maintain that balance: the hypotonic saline (low salt) draws water into cells; pure water has no solutes and causes cells to swell; a dextrose solution is initially isotonic but, once the glucose is metabolized, it becomes hypotonic and can shift water into cells.

3. In sepsis management, what does a high lactate level indicate?

A. Indicates improved tissue perfusion and stability.

B. Indicates tissue hypoperfusion and severity of sepsis; guides intensity of resuscitation.

C. Only reflects liver function.

D. Has no prognostic value in sepsis.

High lactate in sepsis signals tissue hypoperfusion and greater illness severity. When tissues aren't getting enough oxygen, cells switch to anaerobic metabolism and produce more lactate, so a high level reflects metabolic stress from inadequate perfusion. Clinically, this lactate elevation helps gauge how aggressively to resuscitate and, importantly, how a patient is responding to treatment; watching for lactate clearance over time informs prognosis and guides ongoing care. This isn't a sign of improved tissue perfusion, so that option doesn't fit. It's not solely a reflection of liver function—although the liver clears lactate, the elevation in sepsis mainly points to perfusion and metabolic stress. And yes, lactate carries prognostic value: higher levels are associated with worse outcomes, and failure to clear lactate after resuscitation suggests a higher risk.

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4. What steps should a nurse take when a patient reports pain that seems disproportionate to exam findings?

A. Deny the patient's pain and ignore.

B. Immediately administer maximum dose without assessment.

C. Document pain but take no action.

D. Acknowledge the pain, reassess using a pain scale, review medications and vitals, consider noninvasive reassessment, and follow orders or escalate for evaluation.

When a patient reports pain that seems out of proportion to what is seen on the exam, the priority is to take the patient's report seriously and respond with a careful, systematic reassessment. Begin by acknowledging the pain and validating the patient's experience, because pain is subjective and must be addressed even if findings are reassuring. Reassess using a standardized pain scale to quantify the current intensity and to understand the characteristics of the pain (location, quality, onset, duration, aggravating or relieving factors). Review the patient's current analgesic plan—what was given, when, and at what dose—as well as any allergies or prior responses to pain meds, and check recent vitals to look for trends or potential safety concerns. Consider noninvasive reassessment factors, such as the patient's cognitive state, anxiety, and need for comfort measures, and apply nonpharmacologic strategies if appropriate. Then follow the standing orders, administer or adjust treatment as indicated, and continue to monitor and reassess promptly to determine the effectiveness of the intervention; escalate for evaluation or adjust the plan with the provider if pain remains uncontrolled or if there are concerning changes in status. This approach protects patient safety, respects their experience of pain, and ensures timely, appropriate management. Denying, or delaying action without reassessment, or acting without evaluating the pain first, would fail to address the patient's needs and could allow unnecessary suffering or deterioration.

5. How is orthostatic hypotension assessed?

A. Measure blood pressure and heart rate in supine, seated, and standing positions to detect a drop in BP ≥20 mmHg systolic or ≥10 mmHg diastolic

B. Measure blood pressure after meals

C. Measure blood pressure in standing position only

D. Measure blood pressure while lying prone

Orthostatic hypotension is diagnosed by watching how blood pressure and heart rate change as a person moves from lying down to standing. The key is to compare measurements in different positions, not just one posture. Start with the person resting supine for several minutes and record blood pressure and heart rate. Then have the person stand and measure again within about 3 minutes. If standing isn't possible, measuring in a seated position helps document the change. The important part is looking for a drop in blood pressure when moving upright: a decrease of 20 mmHg or more in systolic pressure, or 10 mmHg or more in diastolic pressure. Heart rate is also recorded because an appropriate increase in heart rate can accompany the BP drop; if the heart rate doesn't rise as expected, it can indicate autonomic dysfunction contributing to the problem. This approach directly demonstrates the positional BP change that defines orthostatic hypotension, whereas measuring only in one position or using a different scenario (like after meals or lying prone) does not reliably identify it.

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6. Experimental research is characterized by:

A. Manipulation of the independent variable, randomization, and a control group

B. Absence of a control group

C. Qualitative interviews only

D. Observational correlation without manipulation

Experimental research relies on deliberately manipulating the independent variable and comparing outcomes between groups created by random assignment, including a control group that does not receive the experimental treatment. This combination helps establish cause-and-effect by isolating the impact of the manipulation from other factors. Randomization reduces preexisting differences between groups, and the control group provides a baseline for what would happen without the intervention. Without a control group, or without randomization, or without manipulation, strong causal conclusions aren't possible. The other options don't fit because lacking a control group prevents a proper comparison to attribute changes to the intervention; qualitative interviews involve non-numeric data and don't involve manipulating variables; and observing correlation without manipulation shows relationships but cannot establish causation.

7. Team Nursing/Modular Nursing involves:

A. Nurses and physicians collaborating as colleagues with agreed-upon protocols.

B. A single nurse caring for multiple patients without coordination.

C. Care delivered only by assistant personnel.

D. No standardized care protocols.

Team Nursing/Modular Nursing organizes care around a coordinated team rather than a lone caregiver for many patients. A nurse leads the team and coordinates with other licensed and unlicensed staff, using standardized plans and protocols so care is consistent across patients. Clinicians from different roles—nurses and physicians among them—work as colleagues to apply agreed-upon protocols, ensuring that tasks are shared and care is efficient and safe. This approach helps distribute workload, improve communication, and maintain a clear plan of care for each patient, rather than leaving care to a single nurse or relying on ad hoc practices.

8. The phrase 'Do no harm' defines which ethical principle in nursing?

A. Respect patient autonomy.

B. Provide best possible care regardless of risk.

C. Do no harm.

D. Ensure equal access to services.

Nonmaleficence, the obligation to do no harm, is the ethical principle described by that phrase. In nursing, it means clinicians must avoid actions that could injure the patient and minimize potential risks associated with care. This guides decisions such as preventing unsafe procedures, using proper techniques to avoid harm, and stopping interventions when risks clearly outweigh benefits. Remember, doing no harm doesn't mean never harming; it means keeping harm to a minimum and avoiding avoidable injuries. Autonomy focuses on respecting patient choices, beneficence on doing good and promoting well-being, and justice on fair access and distribution of care.

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9. Name two common early signs of dehydration in older adults and the rationale for monitoring.

A. Increased skin elasticity and moist lips; indicator of hydration

B. Sweating and flushed skin; signs of overheating

C. Elevated blood pressure and tachycardia; signs of hydration status

D. Decreased skin turgor and dry mucous membranes; early warning of fluid deficit and risk for electrolyte imbalance

Two common early signs of dehydration in older adults are decreased skin turgor and dry mucous membranes. When fluid volume declines, the skin loses its fullness and may tent or take longer to return to normal after pinching. Dry mucous membranes reflect the overall reduction in hydration of oral and nasal surfaces. These signs appear early because they directly reflect reduced extracellular fluid and body water, which are often the first to change before more serious problems develop. Monitoring these indicators is crucial because older adults have a blunted thirst response and age-related changes in skin and fluid compartments, so dehydration can occur with small fluid losses. Early detection allows prompt fluid replacement and helps prevent progression to hypovolemia, electrolyte imbalance, kidney injury, or delirium. Other signs described in some options point to hydration status, overheating, or non-specific or later findings, so they are not as reliable for catching early dehydration in this population.

10. Why is body surface area used for dosing certain drugs in pediatrics?

A. Because body weight is the only predictor of drug pharmacokinetics.

B. Because BSA dosing is easier than weight-based dosing.

C. Because BSA is unrelated to dosing.

D. Because some drugs' pharmacokinetics correlate better with body surface area than weight, providing more accurate dosing for children.

Dosing by body surface area is used for certain pediatric drugs because how a drug is absorbed, distributed, metabolized, and eliminated often aligns more closely with the body's surface area than with weight. In children, organ size, blood flow, and metabolic capacity don't scale perfectly with weight alone, and two kids with the same weight can have different body compositions and maturational status. Body surface area tends to reflect these differences better, so BSA-based dosing aims to produce similar drug exposure across a range of ages and sizes, reducing the risk of under- or overdosing. This approach is especially important for drugs with narrow therapeutic windows or where clearance hinges on organ function. Not every drug follows this pattern, so clinicians reserve BSA dosing for those where pharmacokinetics are better predicted by body surface area.

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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://pnlenp1.examzify.com

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

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