REGISTERED NURSE COMPREHENSIVE PREDICTOR 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. What is the normal range for adult urine specific gravity?

A. 1.010 to 1.025

B. 1.005 to 1.030

C. 1.020 to 1.040

D. 1.000 to 1.010

2. In postoperative care, what is a typical use of a drainage drain?

A. To deliver medications directly to the wound

B. To measure oxygen saturation continuously

C. To inflate to maintain pressure

D. Monitor output and patency to help assess healing and detect early complications

3. In diabetic ketoacidosis, IV isotonic fluids help address which issues?

A. Rehydration alone.

B. Correcting hyperglycemia and electrolyte imbalances.

C. Immediate weight loss.

D. Reducing insulin requirements to zero.

4. Which of the following is a complication of prostate cancer?

A. Erectile dysfunction

B. Urinary incontinence

C. Hypertension

D. Hearing loss

5. Which pain assessment scales are appropriate for adults who can self-report pain?

A. Numeric rating scale and faces scales.

B. FLACC scale.

C. Visual analog scale for nonverbal.

D. Only numeric rating scale.

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6. Which of the following are signs of RSV complications?

A. Increased rate of breathing, worsening chest retractions, nasal flaring, cyanosis, decreased feeding, and decreased urinary output

B. Decreased rate of breathing and improved feeding

C. High blood pressure and tachycardia only

D. Rash and joint pain

7. In ARDS, what ventilation strategy is preferred to minimize lung injury?

A. High tidal volume with low PEEP

B. No PEEP, spontaneous breath only

C. Low tidal volume ventilation (about 6 mL/kg predicted body weight) with appropriate PEEP

D. Use inhaled nitric oxide exclusively

8. Which statement is true about progestin-only pills?

A. Severe liver disease is a contraindication

B. They are safe in pregnancy

C. They are not affected by any medications

D. They are the same as combined pills

9. What is the number one concern when addressing intimate partner violence?

A. Safety and creating a plan

B. Financial resources

C. Legal action

D. Counseling about nonviolence

10. If TURP irrigation becomes blocked, what is the recommended action?

A. Turn off CBI and use piston syringe to irrigate

B. Increase infusion rate

C. Ignore blockage

D. Change patient position

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Answers

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

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Explanations

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1. What is the normal range for adult urine specific gravity?

A. 1.010 to 1.025

B. 1.005 to 1.030

C. 1.020 to 1.040

D. 1.000 to 1.010

Urine specific gravity shows how concentrated the urine is, which reflects the kidney's ability to conserve water and the body's hydration status. The normal range for adults is 1.005 to 1.030. A lower reading indicates more dilute urine, often from good hydration or diuretic use; a higher reading suggests concentrated urine, which can occur with dehydration, fever, sweating, vomiting or diarrhea, or impaired kidney concentrating ability. Because hydration levels and kidney function influence SG, this range is used to assess fluid balance and renal concentrating capacity in routine assessments.

2. In postoperative care, what is a typical use of a drainage drain?

A. To deliver medications directly to the wound

B. To measure oxygen saturation continuously

C. To inflate to maintain pressure

D. Monitor output and patency to help assess healing and detect early complications

Drains are placed after surgery to remove excess fluid and to give the team a way to watch how the healing process is progressing. In everyday postoperative care, the drain's main job is to monitor the output and ensure the drain stays patent. By observing the amount, color, and consistency of drainage and confirming that the drain is functioning, you can detect early signs of problems such as bleeding, infection, seroma or hematoma formation, and wound dehiscence. If drainage is unexpectedly high, changes in color or becomes obstructed, that signals the need for assessment or intervention to prevent complications. Drains aren't used to deliver medications directly into the wound, they aren't for continuous oxygen saturation monitoring, and they aren't inflated to maintain pressure. Those tasks come from other devices or methods.

3. In diabetic ketoacidosis, IV isotonic fluids help address which issues?

A. Rehydration alone.

B. Correcting hyperglycemia and electrolyte imbalances.

C. Immediate weight loss.

D. Reducing insulin requirements to zero.

In diabetic ketoacidosis, IV isotonic fluids are used to restore the circulating volume that's lost from severe dehydration and osmotic diuresis, which improves organ perfusion and kidney function. This rehydration also supports the process of correcting electrolyte disturbances that accompany high blood glucose, especially as insulin therapy is started to lower glucose levels. Fluids alone don't immediately normalize hyperglycemia, but they are essential for enabling insulin to work and for balancing electrolytes like potassium as therapy progresses. That's why this option—addressing hyperglycemia and electrolyte imbalances—best fits what IV isotonic fluids accomplish in DKA.

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4. Which of the following is a complication of prostate cancer?

A. Erectile dysfunction

B. Urinary incontinence

C. Hypertension

D. Hearing loss

Prostate cancer and its treatments can affect the urinary continence system. The prostate surrounds the urethra, so removing the prostate (radical prostatectomy) or delivering radiation can damage the external urinary sphincter and the nerves that help control urination. This disruption commonly leads to urinary incontinence, particularly in the early post-treatment period, though many patients improve over time with pelvic-floor exercises, therapies, or additional interventions. Hypertension and hearing loss aren't direct complications of the cancer or its usual treatments, while erectile dysfunction can occur after treatment but isn't as directly tied to the continence mechanism as urinary incontinence is.

5. Which pain assessment scales are appropriate for adults who can self-report pain?

A. Numeric rating scale and faces scales.

B. FLACC scale.

C. Visual analog scale for nonverbal.

D. Only numeric rating scale.

When adults can self-report, the most reliable approach is to use scales that capture the patient's own perception of pain. The numeric rating scale lets an adult assign a number from no pain to the worst possible pain, providing a quick, precise measure that's easy to track over time. The faces scales give a visual cue—different facial expressions map to intensity levels—which can be especially helpful for patients who have language, literacy, or communication barriers but can still indicate their pain with a choice. The FLACC scale is observational and designed for patients who cannot report their pain themselves, so it isn't appropriate when self-report is possible. The visual analog scale is another self-report option, but the choice here describes it for nonverbal use, which doesn't apply to adults who can report their pain. Therefore, the best answer is using the numeric rating scale together with faces scales.

6. Which of the following are signs of RSV complications?

A. Increased rate of breathing, worsening chest retractions, nasal flaring, cyanosis, decreased feeding, and decreased urinary output

B. Decreased rate of breathing and improved feeding

C. High blood pressure and tachycardia only

D. Rash and joint pain

Recognizing RSV complications means looking for signs of worsening respiratory status and dehydration. Rapid breathing, the use of chest muscles (retractions), nasal flaring, and cyanosis all point to increased work of breathing and inadequate oxygenation. When this is paired with decreased feeding and reduced urine output, it signals dehydration and potential progression toward respiratory compromise, which needs prompt assessment and possible escalation of care. In contrast, slower breathing with better feeding would indicate improvement, not complication. The combination of rash and joint pain isn't typical of RSV complications, and high blood pressure with tachycardia by itself doesn't map as clearly to RSV deterioration as the respiratory distress and dehydration signs do. So the signs listed in this option best reflect RSV complications.

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7. In ARDS, what ventilation strategy is preferred to minimize lung injury?

A. High tidal volume with low PEEP

B. No PEEP, spontaneous breath only

C. Low tidal volume ventilation (about 6 mL/kg predicted body weight) with appropriate PEEP

D. Use inhaled nitric oxide exclusively

The best approach for ARDS is protective ventilation that limits ventilator-induced lung injury. This means using a low tidal volume, about 6 mL per kilogram of predicted body weight, to prevent overdistension of fragile lung tissue. Pair that with appropriate PEEP to keep the alveoli open and reduce repetitive opening and closing, which causes shear damage. Keeping plateau pressures around or below 30 cm H2O helps minimize stress on the lungs. This combination—low tidal volume with adequate PEEP—reduces volutrauma and atelectrauma and is associated with better outcomes. Higher tidal volumes without sufficient PEEP worsen lung injury, and inhaled nitric oxide alone does not address the underlying mechanical injury and hasn't shown mortality benefit, though it may be considered in specific severe cases for refractory hypoxemia.

8. Which statement is true about progestin-only pills?

A. Severe liver disease is a contraindication

B. They are safe in pregnancy

C. They are not affected by any medications

D. They are the same as combined pills

Severe liver disease is a contraindication because progestin-only pills rely on the liver to metabolize the hormone, and in significant liver impairment (such as cirrhosis or hepatic tumors) this metabolism can be altered, increasing the risk of adverse effects and liver-related complications. For that reason, this statement is true: progestin-only pills should not be used when there is severe liver disease. In addition, these pills are not safe in pregnancy and their effectiveness can be reduced by certain drug interactions that induce liver enzymes. They also differ from combined pills, since they contain no estrogen.

9. What is the number one concern when addressing intimate partner violence?

A. Safety and creating a plan

B. Financial resources

C. Legal action

D. Counseling about nonviolence

Immediate safety and having a plan for leaving or reducing risk is the highest priority when addressing intimate partner violence. Ongoing violence can escalate quickly and create life-threatening situations, so the first goal is to protect the person in danger and help them establish a concrete safety plan. This includes assessing how imminent the danger is, identifying a safe place to go, arranging trusted contacts who can help, securing important documents and money, and preparing a go-bag with essentials and emergency numbers. Providers also help with practical steps like knowing where to seek shelter, how to contact authorities if needed, and what resources are available in the community, all while respecting the person's autonomy and confidentiality. Financial resources, legal action, and counseling are important parts of long-term support, but they depend on the ability to stay safe and to engage with these options. Without safety, pursuing these avenues can be ineffective or even dangerous. Focusing on safety planning ensures the patient has a tangible, immediate path to reduce harm and regain control.

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10. If TURP irrigation becomes blocked, what is the recommended action?

A. Turn off CBI and use piston syringe to irrigate

B. Increase infusion rate

C. Ignore blockage

D. Change patient position

Blockage of TURP irrigation is usually due to blood clots or debris sealing the catheter lumen, so the priority is to relieve the obstruction safely. Stopping the continuous bladder irrigation prevents further pressure buildup, then you clear the lumen with a piston syringe. Attach a 60 mL syringe filled with sterile saline to the catheter irrigation port and gently push saline in small, controlled boluses while watching for return flow and drainage. This manual irrigation dislodges clots and restores patency more safely than forcing more solution through the line. Once the lumen is clear, reestablish irrigation at a slow rate and verify continuous drainage. Check for other causes of blockage as you proceed, such as kinks in tubing or an occluded drainage bag, and ensure the collection bag is below bladder level. If the blockage cannot be cleared with manual irrigation, notify the provider and consider catheter replacement. Increasing the infusion rate would raise bladder pressure and worsening the problem; ignoring the blockage risks bladder distension and TURP complications; changing the patient's position does not address the occluded catheter lumen.

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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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