SAUNDERS MODULE 10 PRACTICE EXAM (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. After a stapedectomy, which home care instruction is appropriate?

A. Expect excessive ear drainage for about 2 weeks.

B. Avoid rapidly moving the head and bending over for at least 3 weeks.

C. Rinse the ear canal at least twice a day to clear out any excess drainage.

D. It is all right to shower as long as the ear dressing is changed immediately after the shower.

2. Which examination is contraindicated when placenta previa is suspected?

A. Manual (digital) pelvic examination

B. Ultrasound examination

C. Internal fetal monitoring

D. External fetal monitoring

3. For a patient with skeletal traction using a boot or belt traction, which assessment is essential to monitor?

A. Inspect pin sites daily

B. Check the skin under the boot or belt traction at least every 8 hours

C. Remove the weights to provide skin care

D. Apply lanolin to the skin

4. During illness, which guidance helps prevent dehydration and ketoacidosis for a client with diabetes?

A. Skip meals

B. Increase fat intake

C. Stop insulin if vomiting

D. Eat 10-15 g carbohydrate every 1-2 hours and drink fluids every 15-30 minutes

5. Which upright position is recommended to improve oxygenation in acute respiratory distress?

A. Supine with head down

B. High-Fowler's position

C. Lying flat

D. Prone with head down

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6. Regarding dosimeter badges for staff caring for a sealed radiation implant patient, which statement is true?

A. The dosimeter badge is placed on the client's bedside stand.

B. The dosimeter badge is worn by the nurse caring for the client.

C. The dosimeter badge is shared among staff.

D. The dosimeter badge is optional.

7. During chest pain in a client with angina, which rhythm on the monitor is most consistent with ventricular tachycardia?

A. Atrial fibrillation

B. Sinus tachycardia

C. Sinus bradycardia

D. Ventricular tachycardia

8. A client who experienced a brain attack (stroke) exhibits left unilateral neglect. Where should the nurse place the client's personal care items?

A. Within the client's reach on the right side

B. Within the client's reach on the left side

C. Just out of the client's reach on the left side

D. Just out of the client's reach on the right side

9. In the emergency department, which patient should be assessed first?

A. A client with new-onset dizziness

B. A client admitted with a recent ear injury

C. A client who has been experiencing nausea and vomiting for 12 hours

D. A client with new-onset atrial fibrillation with a rate of 118 beats/min

10. In a client with mild preeclampsia, which sign indicates improvement in the condition?

A. Headache

B. Trace protein in the urine

C. Blood pressure 148/94 mm Hg

D. Blood urea nitrogen (BUN) 40 mg/dL

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Answers

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

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Explanations

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1. After a stapedectomy, which home care instruction is appropriate?

A. Expect excessive ear drainage for about 2 weeks.

B. Avoid rapidly moving the head and bending over for at least 3 weeks.

C. Rinse the ear canal at least twice a day to clear out any excess drainage.

D. It is all right to shower as long as the ear dressing is changed immediately after the shower.

After stapedectomy, the middle ear repair needs time to heal without being jolted by movements that change pressure around the inner ear. Avoiding rapid head movements and bending over for several weeks helps keep the repaired area stable and reduces the chance of dislodging the prosthesis or disturbing the seal, which protects against dizziness and changes in hearing during the healing period. The other home-care ideas aren't aligned with typical post-op precautions: drainage isn't expected to be excessive, and trying to rinse the ear canal can introduce infection or disrupt healing. Showering with the dressing on isn't reliably safe because water can enter the ear and affect the repair, so keeping the ear dry as advised by the clinician is important. Follow the surgeon's instructions for activity and ear care while healing.

2. Which examination is contraindicated when placenta previa is suspected?

A. Manual (digital) pelvic examination

B. Ultrasound examination

C. Internal fetal monitoring

D. External fetal monitoring

When placenta previa is suspected, avoid any vaginal examination with a finger or instrument because the placenta lies low in the uterus near or over the cervical os. Introducing a digital pelvic exam can disrupt placental tissue and trigger life threatening vaginal bleeding. The safe, first step is imaging with ultrasound to determine placental position without touching the placenta. External fetal monitoring is noninvasive and appropriate for ongoing assessment, while internal fetal monitoring involves inserting devices through the cervix and is generally avoided until placental location is confirmed. Thus, the most contraindicated examination in this situation is the manual pelvic examination.

3. For a patient with skeletal traction using a boot or belt traction, which assessment is essential to monitor?

A. Inspect pin sites daily

B. Check the skin under the boot or belt traction at least every 8 hours

C. Remove the weights to provide skin care

D. Apply lanolin to the skin

Skin integrity is the key concern with boot or belt traction. Because the pulling force is applied through the skin, prolonged pressure and rubbing can lead to skin breakdown, ulcers, or infection if not monitored closely. Checking the skin under the boot or belt at least every eight hours allows early detection of redness that doesn't blanch, warmth, swelling, blisters, or any breakdown, so padding or adjustments can be made promptly to prevent injury. Inspecting pin sites is for skeletal traction with pins, not skin traction. Removing the weights to perform skin care would defeat the purpose of traction and could compromise alignment. Applying lanolin to the skin isn't appropriate and could worsen skin moisture and complicate the traction setup.

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4. During illness, which guidance helps prevent dehydration and ketoacidosis for a client with diabetes?

A. Skip meals

B. Increase fat intake

C. Stop insulin if vomiting

D. Eat 10-15 g carbohydrate every 1-2 hours and drink fluids every 15-30 minutes

When someone with diabetes is sick, keeping hydrated and supplying a steady amount of carbohydrate is crucial to prevent dehydration and diabetic ketoacidosis. Illness raises stress hormones that push blood glucose up and can trigger ketone production, while reduced appetite or vomiting can lead to dehydration and poor glucose control. The recommended approach is to eat small amounts of carbohydrate frequently—about 10 to 15 grams every one to two hours—and drink fluids that contain carbohydrates regularly, roughly every 15 to 30 minutes. This provides a continuous glucose source, supports insulin action, and helps keep ketone production in check by maintaining hydration. If vomiting makes oral intake difficult, seek guidance from a healthcare provider rather than stopping insulin, which can precipitate ketoacidosis. Increasing fat intake won't prevent dehydration or ketoacidosis because it doesn't supply the needed carbohydrate, and skipping meals removes essential glucose, risking hypoglycemia or ketosis depending on insulin use.

5. Which upright position is recommended to improve oxygenation in acute respiratory distress?

A. Supine with head down

B. High-Fowler's position

C. Lying flat

D. Prone with head down

Raising the head of the bed into a high-Fowler's position (about 60 degrees or more) improves oxygenation in acute respiratory distress by allowing the chest to expand more effectively and the diaphragm to descend more fully. This increases lung volumes, helps recruit alveoli—especially in the dependent regions—and improves ventilation-perfusion matching. It also reduces aspiration risk and makes airway clearance easier. Positions that lie flat or tilt the body or head downward can worsen diaphragmatic movement and chest expansion, worsening oxygenation, while prone positioning can aid oxygenation in some ARDS cases but is not an upright, head-down approach.

6. Regarding dosimeter badges for staff caring for a sealed radiation implant patient, which statement is true?

A. The dosimeter badge is placed on the client's bedside stand.

B. The dosimeter badge is worn by the nurse caring for the client.

C. The dosimeter badge is shared among staff.

D. The dosimeter badge is optional.

When care involves a sealed radiation implant, tracking the staff's radiation exposure is essential. A dosimeter badge records the worker's cumulative exposure, helping ensure doses stay within safety limits and supporting ALARA practices. The nurse who provides direct care should wear the badge so it reflects that person's actual exposure during the shift. It belongs to the individual and stays with them, not at the patient's bedside and not shared among staff, because exposures need to be tracked per person. It's not optional; facilities require staff with potential exposure to wear a dosimeter. In practice, the badge is worn at chest level (outside any shielding) to measure the whole-body dose.

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7. During chest pain in a client with angina, which rhythm on the monitor is most consistent with ventricular tachycardia?

A. Atrial fibrillation

B. Sinus tachycardia

C. Sinus bradycardia

D. Ventricular tachycardia

A fast, regular rhythm with wide QRS complexes that originate from the ventricles is the hallmark of ventricular tachycardia. In this pattern the rate is elevated (often well over 100 and commonly around 150–200 bpm), the QRS complexes are wide and uniform, and P waves may be absent or not related to the QRS complexes because the ventricles are driving the rhythm. This distinguishes it from other common rhythms seen with chest pain: - Atrial fibrillation produces an irregularly irregular rhythm with no distinct P waves and sometimes narrow QRS unless there's aberrant conduction. - Sinus tachycardia is a fast rhythm but has normal, preceding P waves and narrow QRS complexes, indicating origin from the sinoatrial node. - Sinus bradycardia is slow, regular, with normal P waves and narrow QRS complexes, signaling a slow but normal-initiated rhythm. So the monitor pattern of a rapid, regular, wide-complex rhythm is most consistent with ventricular tachycardia.

8. A client who experienced a brain attack (stroke) exhibits left unilateral neglect. Where should the nurse place the client's personal care items?

A. Within the client's reach on the right side

B. Within the client's reach on the left side

C. Just out of the client's reach on the left side

D. Just out of the client's reach on the right side

Unilateral neglect means the person does not attend to items on one side of space, typically the left, after a right-hemisphere brain injury. To help the client access personal care items, place them on the right side—within reach and in the line of sight—so they can use them during self-care. Items on the neglected left side are likely to be ignored, increasing dependence and safety risks. Keeping essentials on the right supports independence and smooth care routines.

9. In the emergency department, which patient should be assessed first?

A. A client with new-onset dizziness

B. A client admitted with a recent ear injury

C. A client who has been experiencing nausea and vomiting for 12 hours

D. A client with new-onset atrial fibrillation with a rate of 118 beats/min

In emergency triage, the first assessment goes to patients whose condition could rapidly endanger life or total organ function. A new-onset atrial fibrillation with a rapid rate is a red flag because it can sharply reduce cardiac output and lead to hypotension, chest pain, heart failure, or other signs of hemodynamic instability if not evaluated promptly. Even though the heart rate is 118, the combination of a new rhythm abnormality and potential for rapid deterioration means this patient needs immediate evaluation to determine stability, initiate rate control, and decide on urgent interventions. The other complaints—dizziness, an ear injury, and 12 hours of nausea and vomiting—are important but typically less immediately dangerous if vital signs are stable, so they can be assessed after the unstable rhythm is addressed.

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10. In a client with mild preeclampsia, which sign indicates improvement in the condition?

A. Headache

B. Trace protein in the urine

C. Blood pressure 148/94 mm Hg

D. Blood urea nitrogen (BUN) 40 mg/dL

In mild preeclampsia, the amount of protein in the urine is a key measure of disease activity. Proteinuria occurs because the kidneys leak protein due to endothelial dysfunction. When proteinuria decreases from a heavier amount to trace, it signals that renal involvement is less severe and the overall condition is stabilizing. Other signs—headache, elevated blood pressure, and a high BUN—can reflect ongoing or worsened disease, so they don't indicate improvement. Therefore, a shift to trace protein in the urine best shows the condition is improving.

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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://saundersmodule10.examzify.com

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

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