# VITAL SIGNS EXAM 1 PRACTICE (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE**

https://vitalsigns1.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.

SAMPLE

# 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!

SAMPLE

# Questions

SAMPLE

**1. Which of the following is a site for assessing temperature by axillary method?**

A. Oral: Mouth

B. Axillary: Armpit

C. Tympanic: Ear

D. Rectal: Rectum

**2. An elevated respiratory rate may indicate which of the following clinical scenarios?**

A. Only dehydration.

B. No clinical implications.

C. Possible fever, hypoxemia, metabolic acidosis, pain, anxiety, sepsis, or respiratory distress.

D. Only high blood pressure.

**3. Which artery is typically auscultated when measuring blood pressure in the upper arm?**

A. Carotid artery.

B. Radial artery.

C. Femoral artery.

D. Brachial artery.

**4. What is the normal blood pressure?**

A. 110/70 mm Hg

B. 120/80 mm Hg

C. 140/90 mm Hg

D. 130/85 mm Hg

**5. Which temperature site is in the ear?**

A. Rectal: Rectum

B. Tympanic: Ear

C. Axillary: Armpit

D. Oral: Mouth

SAMPLE

**6. Which oxygen delivery option provides the most precise fixed FiO2?**

A. Nasal cannula delivers the most precise FiO2 control.

B. Simple mask provides most precise FiO2

C. Non-rebreather mask provides most precise FiO2

D. Venturi mask provides the most precise FiO2 control; nasal cannula delivers variable FiO2.

**7. What is a typical normal oral temperature range in adults?**

A. 98.6–100.4°F

B. 97.8–99.1°F

C. 96.0–97.0°F

D. 99.5–101.0°F

**8. Describe the standard patient position and setup for accurate BP measurement.**

A. Seated with back supported, feet uncrossed and flat, arm supported at heart level, cuff on bare upper arm with appropriate size, and no talking during measurement

B. Lying supine with legs crossed and arm resting on abdomen, cuff on clothed arm, and talking allowed

C. Standing with arm raised above the head, cuff over clothing, and patient talking

D. Sitting with back unsupported, feet crossed, arm on desk, and patient reading

**9. What is the normal respiration rate (breaths per minute)?**

A. 8-16

B. 12-20 breaths/min

C. 10-18

D. 14-22

**10. What is the recommended order for routine vital signs measurement?**

A. Temperature, pulse, respirations, then blood pressure.

B. Blood pressure, temperature, pulse, respirations.

C. Pulse, respirations, temperature, blood pressure.

D. Respirations, blood pressure, pulse, temperature.

SAMPLE

# Answers

SAMPLE

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

SAMPLE

# Explanations

SAMPLE

## 1. Which of the following is a site for assessing temperature by axillary method?

A. Oral: Mouth

B. Axillary: Armpit

C. Tympanic: Ear

D. Rectal: Rectum

*Axillary temperature is taken from the armpit. To measure it, place the thermometer in the hollow of the axilla with the arm held snug against the body so the skin of the underarm covers the device. This noninvasive approach is commonly used for quick screening, especially with children. It tends to read slightly lower than core body temperatures and can be influenced by ambient conditions, which is why clinicians may choose another site if accuracy is critical. The other options correspond to different measurement sites: oral is in the mouth, tympanic is in the ear, and rectal is in the rectum.*

## 2. An elevated respiratory rate may indicate which of the following clinical scenarios?

A. Only dehydration.

B. No clinical implications.

C. Possible fever, hypoxemia, metabolic acidosis, pain, anxiety, sepsis, or respiratory distress.

D. Only high blood pressure.

*An elevated respiratory rate shows the body is compensating for something affecting oxygen, carbon dioxide, or the body's overall metabolic demand. Fever raises metabolic rate, increasing $CO_2$ production, so the lungs ventilate more to keep pace. If oxygen levels are low (hypoxemia), chemoreceptors stimulate faster breathing to improve oxygen delivery. In metabolic acidosis, the body tries to blow off $CO_2$ to raise pH, which shows up as tachypnea. Pain and anxiety activate the sympathetic system, often increasing breathing effort and rate. Sepsis can produce tachypnea through systemic inflammation and potential respiratory involvement, even before overt respiratory failure. Respiratory distress itself directly drives a faster, more laborious breathing pattern to improve gas exchange. Because tachypnea is a non-specific sign, it can occur in all these contexts, not just a single condition. It's not typically caused by dehydration alone in a straightforward way, nor is an elevated rate something that would be expected with no clinical implications or with high blood pressure as a primary driver.*

## 3. Which artery is typically auscultated when measuring blood pressure in the upper arm?

A. Carotid artery.

B. Radial artery.

C. Femoral artery.

D. Brachial artery.

*Measuring blood pressure with a cuff relies on listening for Korotkoff sounds over a large, superficial artery in the upper arm. The brachial artery runs along the inner upper arm and lies close to the surface, making it the most practical site to hear these sounds as the cuff pressure is released. This location provides an accurate reflection of the arterial pressure being transmitted to the arm, which is why the auscultatory method targets the brachial artery and the stethoscope is placed over it just above the elbow. The other arteries listed are not standard sites for upper-arm BP measurement: the carotid is in the neck and not ideal for cuff-based auscultation, the radial is at the wrist and used for peripheral pulse checks rather than initial BP measurement, and the femoral is in the groin and not suited for routine upper-arm BP.*

SAMPLE

## 4. What is the normal blood pressure?

A. 110/70 mm Hg

B. 120/80 mm Hg

C. 140/90 mm Hg

D. 130/85 mm Hg

*Normal blood pressure in adults is about 120/80 mm Hg. The first number (systolic) shows the pressure when the heart contracts, and the second number (diastolic) shows the pressure when the heart relaxes between beats. A value around 120/80 indicates arteries are not under excessive pressure and organs are well perfused without extra strain on the vessels. Values higher than this suggest rising blood pressure and potential cardiovascular risk (for example, 140/90 is high). While 110/70 can also be considered normal for some individuals, 120/80 is the commonly used reference for the typical normal range.*

## 5. Which temperature site is in the ear?

A. Rectal: Rectum

B. Tympanic: Ear

C. Axillary: Armpit

D. Oral: Mouth

*The temperature site in the ear uses the tympanic site, which measures infrared energy from the tympanic membrane inside the ear canal. Because the tympanic membrane is close to the body's core temperature, this method provides a quick estimate of core temperature. This differs from other common sites: rectal (in the rectum), axillary (in the armpit), and oral (in the mouth). The tympanic route is fast and convenient, especially for children, but readings can be affected by earwax, ear infections, or improper placement, so use proper technique.*

## 6. Which oxygen delivery option provides the most precise fixed FiO2?

A. Nasal cannula delivers the most precise FiO2 control.

B. Simple mask provides most precise FiO2

C. Non-rebreather mask provides most precise FiO2

D. Venturi mask provides the most precise FiO2 control; nasal cannula delivers variable FiO2.

*Understanding how FiO2 is controlled by delivery devices is about fixed versus variable oxygen delivery. The Venturi mask uses calibrated jets to deliver a specific, fixed FiO2, so the inspired oxygen fraction stays constant regardless of the patient's breathing pattern. Nasal cannula delivers oxygen through prongs, but the FiO2 varies with how much ambient air is drawn in and with the patient's tidal volume and breathing rate, so it isn't precise. A simple face mask relies on a combination of oxygen and room air whose amount can shift with mask fit, leaks, and breathing, making its FiO2 imprecise. A non-rebreather mask can provide high FiO2, but its exact fraction can still fluctuate with inspiratory effort and seal quality, so it isn't as fixed as the Venturi system. Thus, the most precise fixed FiO2 is achieved with the Venturi mask.*

SAMPLE

## 7. What is a typical normal oral temperature range in adults?

A. 98.6–100.4°F

B. 97.8–99.1°F

C. 96.0–97.0°F

D. 99.5–101.0°F

*Normal oral temperature in adults is centered around about 98.6°F, with a typical everyday range roughly from the mid 97s to just under 100°F. The range 97.8–99.1°F best fits this common normal window, balancing the average with the usual small fluctuations you see during the day or after mild activities. Temperatures above about 100.4°F are generally considered fever, while values much below 97°F can be below normal. Small variations occur due to time of day, recent eating or drinking, smoking, and measurement technique, but 97.8–99.1°F is the range most clinicians view as normal for an adult oral reading.*

## 8. Describe the standard patient position and setup for accurate BP measurement.

A. Seated with back supported, feet uncrossed and flat, arm supported at heart level, cuff on bare upper arm with appropriate size, and no talking during measurement

B. Lying supine with legs crossed and arm resting on abdomen, cuff on clothed arm, and talking allowed

C. Standing with arm raised above the head, cuff over clothing, and patient talking

D. Sitting with back unsupported, feet crossed, arm on desk, and patient reading

*Accurate blood pressure measurement depends on a position and setup that minimizes gravity effects, muscle activity, and improper cuff placement. The best setup is seated with the back supported, feet flat and uncrossed, and the arm comfortably supported at heart level. The cuff goes on the bare upper arm with a properly sized bladder so it fits snugly without being too tight or too loose. The person should be quiet and not talking during the measurement. This combination matters because a supported back and flat, uncrossed legs reduce unnecessary changes in venous return and peripheral resistance. Keeping the arm at heart level ensures the cuff measures pressure representative of the central arterial pressure. Placing the cuff on bare skin and using an appropriately sized cuff ensures the cuff can occlude the artery accurately without distortion from clothing or an oversized/small bladder. Silence during the measurement avoids transient BP spikes or drops caused by talking. Other setups introduce errors. Lying supine or standing alters hemodynamics and can change the reading compared with the usual seated position. Crossing the legs or having the arm unsupported changes venous return and muscle tension, biasing the result. Cuffing over clothing or while the patient is talking also produces inaccurate values.*

SAMPLE

## 9. What is the normal respiration rate (breaths per minute)?

A. 8-16

B. 12-20 breaths/min

C. 10-18

D. 14-22

*The main idea here is the normal resting breathing rate for a healthy adult. At rest, adults typically breathe about 12 to 20 times per minute. This range is used because it reflects normal oxygen demand and carbon dioxide removal without extra effort or stress. When you measure it, you count breaths for a full minute to get an accurate rate. So the option that lists 12-20 breaths per minute matches this standard resting range. Rates significantly below that (like 8-16 or 10-18) are usually not normal at rest and can indicate bradypnea, while rates that creep above 20 (such as 14-22) can indicate tachypnea at the higher end.*

## 10. What is the recommended order for routine vital signs measurement?

A. Temperature, pulse, respirations, then blood pressure.

B. Blood pressure, temperature, pulse, respirations.

C. Pulse, respirations, temperature, blood pressure.

D. Respirations, blood pressure, pulse, temperature.

*A consistent sequence for routine vital signs helps keep readings accurate by reducing the chance that measuring one parameter alters the others. Start with temperature because fever or environmental conditions are best identified without any influence from the measurement process. Then assess the pulse to capture heart rate and rhythm while the patient is at rest and before any discomfort from the cuff. Next, count respirations to establish rate, depth, and rhythm without the patient being distracted by other procedures. Finally, measure blood pressure last, since cuff inflation can transiently affect heart rate and breathing and the patient's comfort should be maximized to obtain a stable reading.*

SAMPLE

# 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://vitalsigns1.examzify.com

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

SAMPLE