

PRACTICE EXAM 8: AMBULATORY CARE NURSING (AMB-BC) SIMULATION (150 QUESTIONS)

This 150-question practice examination is aligned to the ANCC Ambulatory Care Nursing Test Content Outline effective September 11, 2026. The actual examination allows 3 hours for 150 questions; 125 are scored and 25 are unscored pretest questions. Select the single best answer for each item.

1. During a telephone call, a patient reports a new symptom and now has severe shortness of breath at rest. What is the nurse's priority action?

- A. Offer the next routine clinic appointment
- B. Send portal education for later review
- C. Activate emergency evaluation according to protocol
- D. Ask the patient to call back tomorrow

2. A patient with diabetes calls about a worsening chronic condition. Which assessment question most directly screens for immediate hypoglycemia risk?

- A. Ask which pharmacy filled the prescription during the current visit
- B. Ask about confusion, sweating, tremor, and ability to swallow
- C. Ask when the next annual visit is due
- D. Ask whether the patient prefers a portal message

3. A patient sends a portal message about a medication concern after starting a new medication. Which response best supports safe medication assessment?

- A. Reconcile the medication, dose, timing, symptoms, and other substances
- B. Advise stopping every medication immediately during the current visit
- C. Assume the symptom is unrelated to treatment during the current visit

D. Refill the medication without further questions during the current visit

4. During a virtual visit, a patient reports a preventive-care need and appears pale and diaphoretic. What should the nurse do first?

- A. Continue the routine health-history questions during the current visit
- B. Ask the patient to upload insurance information during the current visit
- C. Determine location, immediate safety, and need for emergency services
- D. Schedule an in-person visit next month during the current visit

5. A stable patient has a follow-up question and asks why the nurse reviews trends rather than a single home reading. What is the best explanation?

- A. One reading always establishes the diagnosis during the current visit
- B. Home readings are never clinically useful during the current visit
- C. Only laboratory values can guide treatment during the current visit
- D. Trends help evaluate change, response, and need for follow-up

6. A patient with a telehealth concern reports a new red-flag symptom during triage. Which documentation is most important?

- A. Only the nurse's personal impression during the current visit
- B. Objective findings, patient statements, actions, and disposition
- C. Only the final diagnosis from the provider
- D. Only the time the call ended

7. A patient with a diagnostic result gives a vague history. Which technique best improves assessment accuracy?

- A. Use only yes-or-no questions throughout during the current visit
- B. Avoid asking about symptom onset during the current visit

- C. Document the concern without further inquiry
- D. Use open-ended questions followed by focused clarification

8. A patient reports a care-transition issue after hospital discharge. Which finding most increases the need for prompt clinical review?

- A. A request to update a mailing address
- B. New symptoms that suggest deterioration or treatment complication
- C. A preference for printed education during the current visit
- D. A question about clinic parking during the current visit

9. During a telephone call, a patient reports a new symptom and now has severe shortness of breath at rest. What is the nurse's priority action?

- A. Activate emergency evaluation according to protocol
- B. Offer the next routine clinic appointment
- C. Send portal education for later review
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- A. Trends help evaluate change, response, and need for follow-up
- B. One reading always establishes the diagnosis during the current visit
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- B. Use open-ended questions followed by focused clarification
- C. Avoid asking about symptom onset during the current visit
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16. A patient reports a care-transition issue after hospital discharge. Which finding most increases the need for prompt clinical review?

- A. A request to update a mailing address
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- B. Only the final diagnosis from the provider
- C. Objective findings, patient statements, actions, and disposition
- D. Only the time the call ended

63. A patient needs follow-up for a preventive-care need but has transportation barriers. What is the best care-coordination action?

- A. Tell the patient to miss the follow-up visit
- B. Document the barrier without a plan during the current visit
- C. Require the patient to solve it alone during the current visit
- D. Connect the patient with appropriate access and transportation resources

64. For a patient with a follow-up question, which intervention best supports safe self-management after a medication change?

- A. Provide individualized instructions and confirm understanding with teach-back
- B. Give a generic handout without discussion during the current visit
- C. Ask a family member to decide alone
- D. Delay all education until the next annual visit

65. A patient with a telehealth concern requires a point-of-care test. What should the nurse do before acting on an unexpected result?

- A. Assume every result is accurate without review
- B. Verify patient identity, technique, and quality-control requirements
- C. Discard the result without documentation during the current visit
- D. Change the treatment plan independently during the current visit

66. When implementing a plan for a diagnostic result, which action best supports continuity across settings?

- A. Rely on the patient to remember every detail during the current visit
- B. Send only billing information to the next setting during the current visit
- C. Communicate an accurate, timely plan to the receiving team and patient
- D. Wait until a problem occurs to share the plan during the current visit

67. A patient has a care-transition issue and limited ability to afford the prescribed plan. What is the nurse's best initial intervention?

- A. Tell the patient cost is not a clinical issue
- B. Instruct the patient to skip treatment during the current visit
- C. Assess barriers and collaborate on feasible evidence-based alternatives
- D. Promise a free medication without verification during the current visit

68. A wound-care patient has a new symptom. Which implementation step best reduces infection risk?

- A. Reuse contaminated supplies to reduce waste during the current visit
- B. Use the prescribed technique and reinforce hand hygiene and warning signs
- C. Cover the wound without assessment during the current visit during the current visit
- D. Avoid documenting the wound appearance during the current visit during the current visit

69. A patient needs follow-up for a worsening chronic condition but has transportation barriers. What is the best care-coordination action?

- A. Connect the patient with appropriate access and transportation resources
- B. Tell the patient to miss the follow-up visit
- C. Document the barrier without a plan during the current visit
- D. Require the patient to solve it alone during the current visit

70. For a patient with a medication concern, which intervention best supports safe self-management after a medication change?

- A. Give a generic handout without discussion during the current visit
- B. Ask a family member to decide alone
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- A. Communicate an accurate, timely plan to the receiving team and patient
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- C. Change the treatment plan independently during the current visit
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78. When implementing a plan for a medication concern, which action best supports continuity across settings?

- A. Communicate an accurate, timely plan to the receiving team and patient
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- A. Tell the patient to miss the follow-up visit
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82. For a patient with a diagnostic result, which intervention best supports safe self-management after a medication change?

- A. Give a generic handout without discussion during the current visit
- B. Ask a family member to decide alone
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- A. Assume every result is accurate without review
- B. Discard the result without documentation during the current visit
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84. When implementing a plan for a new symptom, which action best supports continuity across settings?

- A. Rely on the patient to remember every detail during the current visit
- B. Send only billing information to the next setting during the current visit
- C. Wait until a problem occurs to share the plan during the current visit
- D. Communicate an accurate, timely plan to the receiving team and patient

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87. A nurse identifies a near miss involving a telehealth concern. What is the most appropriate action?

- A. Report the near miss through the organization's safety process
- B. Hide the event because no injury occurred during the current visit
- C. Discuss it only informally with a friend during the current visit
- D. Wait for a similar event to recur during the current visit

88. A patient requests help with a diagnostic result, but the request is outside the nurse's authority. What is the best response?

- A. Perform the action despite scope limitations during the current visit
- B. Refuse without offering any next step during the current visit
- C. Explain limits and involve the appropriate authorized clinician
- D. Ask untrained staff to complete the action

89. A clinic reviews data showing repeated delays related to a care-transition issue. What is the best first quality-improvement step?

- A. Implement a solution before understanding the workflow during the current visit
- B. Blame the individual most recently involved during the current visit
- C. Stop collecting data because the pattern is obvious during the current visit
- D. Define the problem and examine the current process with relevant data

90. A colleague describes a patient with a new symptom in a public elevator. What should the nurse do?

- A. Add more clinical details to the discussion
- B. Redirect the conversation to protect patient privacy
- C. Record the conversation for later review
- D. Assume privacy rules do not apply to staff

91. The clinic has limited resources for patients with a worsening chronic condition. Which decision best reflects ethical advocacy?

- A. Allocate resources based on personal preference during the current visit
- B. Withhold information about available options during the current visit
- C. Favor patients who complain the loudest during the current visit
- D. Use transparent criteria and seek equitable access to needed care

92. A staff member repeatedly bypasses a safety step during care for a medication concern. What should the nurse leader do?

- A. Ignore the behavior to avoid conflict during the current visit
- B. Correct it publicly without gathering facts during the current visit
- C. Address the behavior promptly using policy and just culture principles
- D. Wait until a patient is harmed during the current visit

93. A nurse identifies a near miss involving a preventive-care need. What is the most appropriate action?

- A. Report the near miss through the organization's safety process
- B. Hide the event because no injury occurred during the current visit
- C. Discuss it only informally with a friend during the current visit
- D. Wait for a similar event to recur during the current visit

94. A patient requests help with a follow-up question, but the request is outside the nurse's authority. What is the best response?

- A. Perform the action despite scope limitations during the current visit
- B. Explain limits and involve the appropriate authorized clinician
- C. Refuse without offering any next step during the current visit
- D. Ask untrained staff to complete the action

95. A clinic reviews data showing repeated delays related to a telehealth concern. What is the best first quality-improvement step?

- A. Implement a solution before understanding the workflow during the current visit
- B. Define the problem and examine the current process with relevant data
- C. Blame the individual most recently involved during the current visit
- D. Stop collecting data because the pattern is obvious during the current visit

96. A colleague describes a patient with a diagnostic result in a public elevator. What should the nurse do?

- A. Redirect the conversation to protect patient privacy
- B. Add more clinical details to the discussion
- C. Record the conversation for later review
- D. Assume privacy rules do not apply to staff

97. The clinic has limited resources for patients with a care-transition issue. Which decision best reflects ethical advocacy?

- A. Allocate resources based on personal preference during the current visit
- B. Withhold information about available options during the current visit
- C. Favor patients who complain the loudest during the current visit
- D. Use transparent criteria and seek equitable access to needed care

98. A staff member repeatedly bypasses a safety step during care for a new symptom. What should the nurse leader do?

- A. Ignore the behavior to avoid conflict during the current visit
- B. Correct it publicly without gathering facts during the current visit
- C. Address the behavior promptly using policy and just culture principles
- D. Wait until a patient is harmed during the current visit

99. A nurse identifies a near miss involving a worsening chronic condition. What is the most appropriate action?

- A. Hide the event because no injury occurred during the current visit
- B. Report the near miss through the organization's safety process
- C. Discuss it only informally with a friend during the current visit
- D. Wait for a similar event to recur during the current visit

100. A patient requests help with a medication concern, but the request is outside the nurse's authority. What is the best response?

- A. Explain limits and involve the appropriate authorized clinician
- B. Perform the action despite scope limitations during the current visit
- C. Refuse without offering any next step during the current visit
- D. Ask untrained staff to complete the action

101. A clinic reviews data showing repeated delays related to a preventive-care need. What is the best first quality-improvement step?

- A. Implement a solution before understanding the workflow during the current visit
- B. Blame the individual most recently involved during the current visit
- C. Stop collecting data because the pattern is obvious during the current visit
- D. Define the problem and examine the current process with relevant data

102. A colleague describes a patient with a follow-up question in a public elevator. What should the nurse do?

- A. Redirect the conversation to protect patient privacy
- B. Add more clinical details to the discussion
- C. Record the conversation for later review
- D. Assume privacy rules do not apply to staff

103. The clinic has limited resources for patients with a telehealth concern. Which decision best reflects ethical advocacy?

- A. Allocate resources based on personal preference during the current visit
- B. Withhold information about available options during the current visit
- C. Use transparent criteria and seek equitable access to needed care
- D. Favor patients who complain the loudest during the current visit

104. A staff member repeatedly bypasses a safety step during care for a diagnostic result. What should the nurse leader do?

- A. Ignore the behavior to avoid conflict during the current visit
- B. Correct it publicly without gathering facts during the current visit
- C. Address the behavior promptly using policy and just culture principles
- D. Wait until a patient is harmed during the current visit

105. A nurse identifies a near miss involving a care-transition issue. What is the most appropriate action?

- A. Hide the event because no injury occurred during the current visit
- B. Discuss it only informally with a friend during the current visit
- C. Wait for a similar event to recur during the current visit
- D. Report the near miss through the organization's safety process

106. A patient requests help with a new symptom, but the request is outside the nurse's authority. What is the best response?

- A. Perform the action despite scope limitations during the current visit
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- A. Implement a solution before understanding the workflow during the current visit
- B. Blame the individual most recently involved during the current visit
- C. Stop collecting data because the pattern is obvious during the current visit
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108. A colleague describes a patient with a medication concern in a public elevator. What should the nurse do?

- A. Add more clinical details to the discussion
- B. Record the conversation for later review
- C. Redirect the conversation to protect patient privacy
- D. Assume privacy rules do not apply to staff

109. The clinic has limited resources for patients with a preventive-care need. Which decision best reflects ethical advocacy?

- A. Allocate resources based on personal preference during the current visit
- B. Use transparent criteria and seek equitable access to needed care
- C. Withhold information about available options during the current visit
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110. A staff member repeatedly bypasses a safety step during care for a follow-up question. What should the nurse leader do?

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- C. Report the near miss through the organization's safety process
- D. Wait for a similar event to recur during the current visit

112. A patient requests help with a diagnostic result, but the request is outside the nurse's authority. What is the best response?

- A. Perform the action despite scope limitations during the current visit
- B. Refuse without offering any next step during the current visit
- C. Ask untrained staff to complete the action
- D. Explain limits and involve the appropriate authorized clinician

113. A clinic reviews data showing repeated delays related to a care-transition issue. What is the best first quality-improvement step?

- A. Implement a solution before understanding the workflow during the current visit
- B. Define the problem and examine the current process with relevant data
- C. Blame the individual most recently involved during the current visit
- D. Stop collecting data because the pattern is obvious during the current visit

114. A colleague describes a patient with a new symptom in a public elevator. What should the nurse do?

- A. Redirect the conversation to protect patient privacy
- B. Add more clinical details to the discussion
- C. Record the conversation for later review
- D. Assume privacy rules do not apply to staff

115. The clinic has limited resources for patients with a worsening chronic condition. Which decision best reflects ethical advocacy?

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- C. Withhold information about available options during the current visit
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122. A staff member repeatedly bypasses a safety step during care for a new symptom. What should the nurse leader do?

- A. Ignore the behavior to avoid conflict during the current visit
- B. Correct it publicly without gathering facts during the current visit
- C. Wait until a patient is harmed during the current visit
- D. Address the behavior promptly using policy and just culture principles

123. A patient with a care-transition issue nods during teaching but seems uncertain. Which action best evaluates learning?

- A. Repeat the same information more loudly during the current visit
- B. Assume nodding confirms understanding during the current visit during the current visit
- C. End teaching immediately to save time during the current visit
- D. Ask the patient to explain the plan in their own words

124. A patient needs education about a new symptom and has limited English proficiency. What is the best approach?

- A. Use a qualified medical interpreter and plain-language materials
- B. Ask a young child to interpret complex teaching
- C. Rely only on an unverified translation app
- D. Speak louder in English until understood during the current visit

125. A patient with a worsening chronic condition has low vision. Which teaching adaptation is most appropriate?

- A. Provide only small-print instructions during the current visit during the current visit
- B. Skip education because reading is difficult during the current visit
- C. Offer an accessible format and verify the patient can use it
- D. Give the same materials without asking preferences during the current visit

126. A patient is overwhelmed by new information about a medication concern. What is the most effective teaching strategy?

- A. Teach every possible detail in one session
- B. Prioritize essential actions in small, manageable steps
- C. Avoid discussing warning signs during the current visit
- D. Use technical terms without explanation during the current visit

127. A clinic is planning group education for patients with a preventive-care need. Which outcome best demonstrates effective education?

- A. Participants received the longest presentation during the current visit
- B. The nurse used the most slides during the current visit
- C. Participants can state and apply key self-management actions
- D. The room remained quiet during the session

128. A patient has a follow-up question and prefers information through a patient portal. What should the nurse do?

- A. Assume portal access is universal during the current visit
- B. Send sensitive details to an unverified email during the current visit
- C. Avoid discussing urgent symptoms because it is electronic
- D. Confirm access, privacy, comprehension, and an alternate contact method

129. A patient with a telehealth concern nods during teaching but seems uncertain. Which action best evaluates learning?

- A. Repeat the same information more loudly during the current visit
- B. Ask the patient to explain the plan in their own words
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- A. Use a qualified medical interpreter and plain-language materials
- B. Ask a young child to interpret complex teaching
- C. Rely only on an unverified translation app
- D. Speak louder in English until understood during the current visit

131. A patient with a care-transition issue has low vision. Which teaching adaptation is most appropriate?

- A. Offer an accessible format and verify the patient can use it
- B. Provide only small-print instructions during the current visit during the current visit
- C. Skip education because reading is difficult during the current visit
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132. A patient is overwhelmed by new information about a new symptom. What is the most effective teaching strategy?

- A. Teach every possible detail in one session
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- A. Ask a young child to interpret complex teaching
- B. Rely only on an unverified translation app
- C. Speak louder in English until understood during the current visit
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- C. Prioritize essential actions in small, manageable steps
- D. Use technical terms without explanation during the current visit

Practice Exam 8: Answer Key and Explanations

- 1. C** — Severe dyspnea at rest can signal an immediately unstable cardiopulmonary problem. The nurse should use the established emergency pathway, arrange urgent evaluation, and give clear safety instructions. Scheduling, education, and delayed reassessment do not address the immediate risk. In ambulatory triage, the first decision is the safest disposition, not diagnostic certainty.
- 2. B** — Neuroglycopenic and adrenergic symptoms, together with the ability to swallow safely, help determine urgency and the feasibility of oral treatment. Pharmacy preference, annual scheduling, and message format may matter later, but they do not establish immediate safety. Focused symptom assessment guides the next triage action and escalation decision. This approach keeps the response patient-centered, follows established ambulatory practice, and supports
- 3. A** — A focused medication assessment identifies what was taken, when it was taken, the dose, symptoms, and possible interactions. This information supports safe triage and collaboration with the prescriber. Automatically stopping all medicines, dismissing the concern, or refilling without assessment can create avoidable harm and does not clarify the clinical situation.
- 4. C** — In telehealth, the nurse must rapidly establish where the patient is, whether another person is present, and whether emergency help is required. Appearance plus concerning symptoms can indicate instability. Routine history, administrative tasks, and delayed scheduling postpone the safety response. Location and emergency access are essential components of virtual triage.
- 5. D** — A single value may be affected by technique, timing, or temporary conditions. Repeated, comparable readings reveal trends that better support evaluation of treatment response and clinical change. The nurse should still identify dangerous outliers, but rejecting home data or relying on one isolated result can lead to inaccurate conclusions and unsafe decisions.
- 6. B** — Clear triage documentation records what the patient reported, relevant objective data, nursing assessment, instructions, escalation, and disposition. This supports continuity, clinical reasoning, and legal accountability. A personal impression alone is insufficient, and waiting for a provider diagnosis omits the nursing actions that occurred during the encounter and shaped safe follow-up.
- 7. D** — Open-ended questions allow the patient to describe concerns in their own words, while focused questions clarify onset, severity, associated symptoms, and functional impact. This sequence reduces assumptions and produces useful triage data. Exclusively closed questions, omitting onset, or documenting without clarification can miss information needed for an appropriate disposition. This approach keeps the response patient-centered, follows established ambulatory practice, and
- 8. B** — Post-discharge calls should identify warning signs of deterioration, adverse effects, or failure of the treatment plan. Such findings can require same-day review or emergency escalation. Administrative preferences are important but not urgent. Ambulatory nurses prioritize changes that threaten safety, impair recovery, or indicate that the transition plan is not working.
- 9. A** — Severe dyspnea at rest can signal an immediately unstable cardiopulmonary problem. The nurse should use the established emergency pathway, arrange urgent evaluation, and give clear safety

instructions. Scheduling, education, and delayed reassessment do not address the immediate risk. In ambulatory triage, the first decision is the safest disposition, not diagnostic certainty.

10. C — Neuroglycopenic and adrenergic symptoms, together with the ability to swallow safely, help determine urgency and the feasibility of oral treatment. Pharmacy preference, annual scheduling, and message format may matter later, but they do not establish immediate safety. Focused symptom assessment guides the next triage action and escalation decision. This approach keeps the response patient-centered, follows established ambulatory practice, and supports

11. B — A focused medication assessment identifies what was taken, when it was taken, the dose, symptoms, and possible interactions. This information supports safe triage and collaboration with the prescriber. Automatically stopping all medicines, dismissing the concern, or refilling without assessment can create avoidable harm and does not clarify the clinical situation.

12. C — In telehealth, the nurse must rapidly establish where the patient is, whether another person is present, and whether emergency help is required. Appearance plus concerning symptoms can indicate instability. Routine history, administrative tasks, and delayed scheduling postpone the safety response. Location and emergency access are essential components of virtual triage.

13. A — A single value may be affected by technique, timing, or temporary conditions. Repeated, comparable readings reveal trends that better support evaluation of treatment response and clinical change. The nurse should still identify dangerous outliers, but rejecting home data or relying on one isolated result can lead to inaccurate conclusions and unsafe decisions.

14. D — Clear triage documentation records what the patient reported, relevant objective data, nursing assessment, instructions, escalation, and disposition. This supports continuity, clinical reasoning, and legal accountability. A personal impression alone is insufficient, and waiting for a provider diagnosis omits the nursing actions that occurred during the encounter and shaped safe follow-up.

15. B — Open-ended questions allow the patient to describe concerns in their own words, while focused questions clarify onset, severity, associated symptoms, and functional impact. This sequence reduces assumptions and produces useful triage data. Exclusively closed questions, omitting onset, or documenting without clarification can miss information needed for an appropriate disposition. This approach keeps the response patient-centered, follows established ambulatory practice, and

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26. C — Neuroglycopenic and adrenergic symptoms, together with the ability to swallow safely, help determine urgency and the feasibility of oral treatment. Pharmacy preference, annual scheduling, and message format may matter later, but they do not establish immediate safety. Focused symptom

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38. C — Clear triage documentation records what the patient reported, relevant objective data, nursing assessment, instructions, escalation, and disposition. This supports continuity, clinical reasoning, and legal accountability. A personal impression alone is insufficient, and waiting for a provider diagnosis omits the nursing actions that occurred during the encounter and shaped safe follow-up.

39. D — Open-ended questions allow the patient to describe concerns in their own words, while focused questions clarify onset, severity, associated symptoms, and functional impact. This sequence reduces assumptions and produces useful triage data. Exclusively closed questions, omitting onset, or documenting without clarification can miss information needed for an appropriate disposition. This approach keeps the response patient-centered, follows established ambulatory practice, and

40. C — Post-discharge calls should identify warning signs of deterioration, adverse effects, or failure of the treatment plan. Such findings can require same-day review or emergency escalation. Administrative preferences are important but not urgent. Ambulatory nurses prioritize changes that threaten safety, impair recovery, or indicate that the transition plan is not working.

41. B — Severe dyspnea at rest can signal an immediately unstable cardiopulmonary problem. The nurse should use the established emergency pathway, arrange urgent evaluation, and give clear safety instructions. Scheduling, education, and delayed reassessment do not address the immediate risk. In ambulatory triage, the first decision is the safest disposition, not diagnostic certainty.

42. A — Neuroglycopenic and adrenergic symptoms, together with the ability to swallow safely, help determine urgency and the feasibility of oral treatment. Pharmacy preference, annual scheduling, and message format may matter later, but they do not establish immediate safety. Focused symptom assessment guides the next triage action and escalation decision. This approach keeps the response patient-centered, follows established ambulatory practice, and supports

43. D — A focused medication assessment identifies what was taken, when it was taken, the dose, symptoms, and possible interactions. This information supports safe triage and collaboration with the

prescriber. Automatically stopping all medicines, dismissing the concern, or refilling without assessment can create avoidable harm and does not clarify the clinical situation.

44. A — In telehealth, the nurse must rapidly establish where the patient is, whether another person is present, and whether emergency help is required. Appearance plus concerning symptoms can indicate instability. Routine history, administrative tasks, and delayed scheduling postpone the safety response. Location and emergency access are essential components of virtual triage.

45. B — A single value may be affected by technique, timing, or temporary conditions. Repeated, comparable readings reveal trends that better support evaluation of treatment response and clinical change. The nurse should still identify dangerous outliers, but rejecting home data or relying on one isolated result can lead to inaccurate conclusions and unsafe decisions.

46. C — Clear triage documentation records what the patient reported, relevant objective data, nursing assessment, instructions, escalation, and disposition. This supports continuity, clinical reasoning, and legal accountability. A personal impression alone is insufficient, and waiting for a provider diagnosis omits the nursing actions that occurred during the encounter and shaped safe follow-up.

47. B — Open-ended questions allow the patient to describe concerns in their own words, while focused questions clarify onset, severity, associated symptoms, and functional impact. This sequence reduces assumptions and produces useful triage data. Exclusively closed questions, omitting onset, or documenting without clarification can miss information needed for an appropriate disposition. This approach keeps the response patient-centered, follows established ambulatory practice, and

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63. D — Care coordination links identified needs with realistic resources while preserving patient choice. Transportation barriers can prevent follow-up and worsen outcomes, so the nurse should explore approved services and alternatives. Simply documenting the problem, cancelling needed care, or shifting all responsibility to the patient does not implement a workable ambulatory care plan.

64. A — Medication changes require practical instructions about purpose, timing, monitoring, and when to seek help. Teach-back confirms that the patient can explain the plan in their own words, revealing misunderstandings before harm occurs. Handouts alone, delayed teaching, and transferring decisions without assessment do not verify readiness for safe self-management. This approach keeps the response patient-centered, follows established ambulatory practice, and supports

65. B — Unexpected point-of-care results warrant verification of identity, collection technique, equipment status, and applicable quality controls before clinical decisions are made. This reduces error and supports reliable interpretation. Ignoring verification, discarding data, or independently changing a treatment plan bypasses safeguards and can lead to inappropriate treatment or missed deterioration. This approach keeps the response patient-centered, follows established ambulatory practice, and supports

66. C — Transitions are safer when key information, responsibilities, medications, follow-up, and warning signs are communicated promptly to the patient and receiving team. Relying on memory, limiting communication to billing, or waiting for a complication creates gaps. Ambulatory care coordination emphasizes closed-loop communication and clear ownership of next steps. This approach keeps the response patient-centered, follows established ambulatory practice, and supports timely

67. C — Cost is a real barrier to adherence and should be assessed without judgment. The nurse can collaborate with the prescriber, pharmacist, or resource team to identify feasible, safe alternatives. Dismissing cost, advising skipped treatment, or promising unverified assistance fails to create a reliable plan and may undermine patient trust. This approach keeps the response patient-centered, follows established ambulatory practice, and

68. B — Safe wound care depends on ordered technique, clean practice, assessment of healing, and patient instruction about symptoms that require contact. Reusing contaminated materials, omitting

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90. B — Patient information should be discussed only in settings and with people who have a legitimate need to know. A public elevator cannot protect confidentiality. The nurse should promptly redirect the conversation and, if needed, address the privacy concern through appropriate channels. Adding details or assuming staff status removes the duty to safeguard privacy.

91. D — Ethical advocacy uses fair, consistent criteria and helps patients understand available options. Resource limits do not eliminate the duty to reduce inequity and avoid favoritism. Personal preference, secrecy, and rewarding the loudest complaint are not defensible allocation methods. The nurse advocates for systems that support equitable, clinically appropriate access. This approach keeps the response patient-centered, follows established ambulatory practice, and

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124. A — Qualified medical interpreters support accurate, confidential communication and allow the nurse to assess understanding. Plain-language materials reinforce the discussion. Children should not interpret complex health information, and unverified apps can introduce errors. Speaking louder does not overcome a language barrier. The nurse should use accessible communication methods that respect the patient and family.

125. C — Education should be adapted to functional needs. Accessible formats may include large print, audio, tactile supports, or a reviewed electronic format, depending on patient preference. The nurse then confirms usability and comprehension. Small print, no teaching, or unmodified materials create barriers and reduce the patient's ability to safely follow the care plan.

126. B — When patients are overwhelmed, teaching should focus on the few actions most important for immediate safety and self-management, then build over time. Small steps improve retention and confidence. An information dump, omission of warning signs, and unexplained jargon increase cognitive burden and can leave the patient unable to act when symptoms change.

127. C — Education effectiveness is shown by what participants can understand and apply, such as recognizing warning signs or demonstrating a self-management skill. Presentation length, slide count, and silence do not establish learning. The nurse should set measurable objectives and evaluate whether the educational method helps patients use information in daily care decisions.

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145. C — Education effectiveness is shown by what participants can understand and apply, such as recognizing warning signs or demonstrating a self-management skill. Presentation length, slide count, and silence do not establish learning. The nurse should set measurable objectives and evaluate whether the educational method helps patients use information in daily care decisions.

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147. A — Teach-back assesses understanding by asking the patient to describe the plan in their own words. It identifies gaps without framing the patient as being tested. Nodding can reflect politeness rather than comprehension. Repeating information louder or ending quickly does not verify learning, particularly when health literacy, stress, or language barriers are present.

148. B — Qualified medical interpreters support accurate, confidential communication and allow the nurse to assess understanding. Plain-language materials reinforce the discussion. Children should not interpret complex health information, and unverified apps can introduce errors. Speaking louder does not overcome a language barrier. The nurse should use accessible communication methods that respect the patient and family.

149. D — Education should be adapted to functional needs. Accessible formats may include large print, audio, tactile supports, or a reviewed electronic format, depending on patient preference. The nurse then confirms usability and comprehension. Small print, no teaching, or unmodified materials create barriers and reduce the patient's ability to safely follow the care plan.

150. C — When patients are overwhelmed, teaching should focus on the few actions most important for immediate safety and self-management, then build over time. Small steps improve retention and confidence. An information dump, omission of warning signs, and unexplained jargon increase cognitive burden and can leave the patient unable to act when symptoms change.