

EXAM  
CODE **554**

CATALOG  
NUMBER **NURx310**

TAKE ADVANTAGE OF ONLINE  
**PRACTICE  
EXAMS**  
SEE PAGE 5 FOR DETAILS

# Adult Nursing

CREDIT  
HOURS

**8**

LEVEL

**UPPER**

PUBLISHED FEBRUARY 2021

The most current content guides are available at:

[www.excelsior.edu/contentguides](http://www.excelsior.edu/contentguides)

**U** **EXCEL**<sup>®</sup>  
STUDY.LEARN.SUCCEED.

# CONTENTS

<b>Preparing for the Exam</b> .....	<b>1</b>
<b>Before You Choose This UExcel Exam</b> .....	<b>1</b>
Uses for the Examination.....	1
Examination Length and Scoring.....	1
Score Reporting.....	2
Letter Grade Description.....	2
Excelsior College Bookstore.....	2
Excelsior College Library.....	2
<b>Take Charge of Your Own Learning</b> .....	<b>2</b>
How Long Will It Take Me to Study?.....	2
How Can I Create an Effective Long-Term Study Plan?.....	3
What Learning Strategy Should I Use?.....	4
Study Tips.....	4
Using UExcel Practice Exams.....	5
About Test Preparation Services.....	6
<b>Exam Preparation Strategies</b> .....	<b>6</b>
Content Guides.....	6
Using the Content Outline.....	6
Using the Sample Questions and Rationales.....	6
<b>Recommended Resources for the UExcel Exam in Adult Nursing</b> .....	<b>7</b>
Textbook Editions.....	7
Exam Verification Resources.....	7
Optional Resources.....	7
Reducing Textbook Costs.....	7
Practice Exam.....	7
Open Educational Resources.....	8
<b>Content Outline</b> .....	<b>9</b>
General Description of the Examination.....	9
Learning Outcomes.....	9
General Education Career Competencies Addressed in this Exam.....	9
Content Outline.....	10
<b>Sample Questions</b> .....	<b>18</b>
<b>Rationales</b> .....	<b>23</b>
<b>Taking the Exam</b> .....	<b>28</b>
<b>Registering for Your Exam</b> .....	<b>28</b>
Register Online.....	28
Examination Administration.....	28
Accessibility Services.....	28
Computer-Delivered Testing.....	28
Whiteboards.....	28
Breaks.....	28
Online Proctoring.....	28
<b>On the Day of Your Exam</b> .....	<b>29</b>
Important Reminders.....	29
Academic Integrity Nondisclosure Statement.....	29
UExcel Grade Report.....	29
Grade Appeals.....	29
What If I Miss My Appointment?.....	29
Late Arrivals.....	29
Information About UExcel Exams for Colleges and Universities.....	29
<b>Adult Nursing Exam Development Committee</b> .....	<b>30</b>
<b>Sample Grade Report</b> .....	<b>31</b>



## SECTION ONE

# Preparing for the Exam

## Before You Choose This UExcel Exam

---

### Uses for the Examination

- Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination.
- Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.
- Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

Examinees who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Examinees **not enrolled** in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

For more information on exam availability and actual testing information, see the [Exam Registration and Information Guide](#).

### Examination Length and Scoring

This examination consists of 130 multiple choice and other type questions. You will have three (3) hours to complete the exam. Your score will be reported as a letter grade. Questions are scored either correct (1) or incorrect (0). There is no partial credit. Each credit-bearing exam contains pretest questions, which are embedded throughout the exam. They are indistinguishable from the scored questions. It is to your advantage to do your best on all the questions. Pretest questions are being tried out for use in future versions of the exam.

The UExcel exams do **not** have a fixed grading scale such as A = 90–100%, B = 80–90%, and so forth, as you might have seen on some exams in college courses. Each UExcel test has a scale that is set by a faculty committee and is different for each exam. The process, called standard setting, is described in more detail in the [Technical Handbook](#). Excelsior puts each exam through a standard setting because different test questions have different levels of difficulty. To explain further, getting 70% of the questions right on the exam when the questions are easy does not show the same level of proficiency as getting 70% of questions correct when the questions are hard. Every form of a test (a form contains the test questions) has its own specific grading scale tailored to the particular questions on each exam form.

Please also note that on each form, some of the questions (referred to as pretest questions) count toward the score and some do not; the grading scale applies only to those questions that count toward the score. The area with percentage ratings on the second page of your score report is intended to help identify relative strengths and weaknesses and which content areas to emphasize, should you decide to take the examination again. Your grade

is **based on only the scored questions**. Therefore, the percentage ratings do not necessarily reflect the total percentage that counted toward your grade.

For the best view of the types of questions on this exam, see the sample questions in the back of this guide. Practice, practice, practice!

## Score Reporting

For most of our examinations, based on performance, an examinee is awarded a letter grade of A, B, C, or F. A letter grade of D can be given, but credit is awarded for A, B, and C letter grades only. The letter grades reported to examinees indicate that their performance was equivalent to the performance of students who received the same letter grade in a comparable, on-campus course.

More specifically, the letter grade indicates the examinee's proficiency relative to the learning outcomes specified in the exam content guide. Following are general descriptions of examinee performance at each level:

## Letter Grade Description

- A Highly Competent: Examinee's performance demonstrates an advanced level of knowledge and skill relative to the learning outcomes.
- B Competent: Examinee's performance demonstrates a good level of knowledge and skill relative to the learning outcomes.
- C Marginally Competent: Examinee's performance demonstrates a satisfactory level of knowledge and skill relative to the learning outcomes.
- D Not Competent (no credit recommended): Examinee's performance demonstrates weak knowledge of the content and minimal skill relative to the learning outcomes.<sup>①</sup>
- F Fail (no credit recommended): Examinee's performance demonstrates no knowledge of the content and no skill in the subject relative to the learning outcomes.

Credit is transcribed by Excelsior College for examinees who achieve letter grades of C or higher.

We encourage colleges and universities to use the Excelsior College letter grades of A, B, and C as acceptable standards for awarding credit.

<sup>①</sup> In general, two-hour exams do not award a D letter grade.

See page 31, at the back of this content guide, for a sample UExcel Grade Report for Examinations.

## Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online at (login required): [www.excelsior.edu/bookstore](http://www.excelsior.edu/bookstore)

## Excelsior College Library

Library services are available to students enrolled in a degree program at Excelsior College. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources. To access the Excelsior College Library, visit [www.excelsior.edu/library](http://www.excelsior.edu/library) (login is required). Access to the library is available 24/7.

## Take Charge of Your Own Learning

---

At Excelsior College, independent, self-directed study supported by resources we help you find is not a new concept. We have always stressed to students who take exams that they are acting as their own teacher, and that they should spend as much time studying for an exam as they would spend in a classroom and on homework for a corresponding college course in the same subject area.

Begin by studying the content outline contained in this content guide, at its most detailed level. You will see exactly which topics are covered, and where chapters on those topics can be found in the Recommended Resources. You will see exactly where you might need to augment your knowledge or change your approach.

The content outline, along with the learning outcomes for this exam and recommended textbooks, will serve as your primary resources.

## How Long Will It Take Me to Study?

Study for a UExcel exam is comparable to an equivalent college-level course. As an independent

learner, you should study and review as much as you would for the same subject in a campus-based college course. If you already have a background in the subject, you may be able to pass the exam successfully with fewer hours of study. It depends upon the learner as well as the subject, the number of credits (for example, a 6- or 8-credit exam will require more hours of study than a 3-credit exam), and the length of the exam. We strongly encourage you to create a long-term action or study plan, so that you have a systematic approach to prepare for the exam. We've included guidelines for creating such a plan.

## How Can I Create an Effective Long-Term Study Plan?

### 1. Determine the time you will require to complete your preparation for this exam.

If you have not studied the subject before, you should plan to budget approximately 45 hours of study time for every credit: 135 hours for 3 credits, 180 hours for 4 credits, 270 hours for 6 credits, and 360 hours for 8 credits. These hours are rules of thumb based on expectations for a student taking a course in the subject; it may take you more or less time, depending on how familiar you are with the material and how easily you absorb the information studying on your own. Aside from the content review, you should then factor in time to search for and use other resources, and to complete any projects and assignments in the study materials that will clarify your understanding of the topics in the content outline (that part in the content guide where the specific areas of study are spelled out). Spend more time on concepts and areas in which you feel you are weak. Totaled, this is approximately the amount of time you should expect to devote to a three-credit, campus-based course. The actual amount of time you require depends on many factors, and will be approximate. If your background is weak, you may need to set aside substantially more than 135–150 hours. If your background is strong, you may budget less time.

Take a few minutes to review the content outline to assess your familiarity with the content. Then, in the space below, write the number of hours you will allocate to complete preparing for the exam.

Hours Required =

### 2. Determine the time you will have available for study.

In self-study, you need structure, as well as motivation and persistence, and a methodical approach to preparation. There is no set class to keep you on task. You have to do that yourself. Construct a time-use chart to record your daily activities over a one-week period. The most accurate way to do this is to complete the chart on a daily basis to record the actual amount of time you spend eating, sleeping, commuting, working, watching television, caring for others and yourself, reading, and everything else in an adult's life. However, if your schedule is regular, you might prefer to complete the chart in one sitting and, perhaps, by consulting your appointment book or planner.

After you have recorded your activities, you will be ready to schedule study periods around these activities or, perhaps, instead of some of them. In the space below, write the number of hours you will be able to set aside for study each week.

Hours Required =

### 3. Divide the first number by the second number.

This will give you the number of weeks you will need to set aside for independent study. For example, if you think you will require 170 hours of study and you have 10 hours available to study each week, divide 170 hours by 10 hours and you will get 17. This means that you will need about 17 weeks to complete this course of study. However, you will also need to allow about a week for review and self-testing. Moreover, to be on the safe side, you should also add two weeks to allow for unforeseen obstacles and times when you know you will not be able to study (e.g., during family illnesses or holidays). So, in this case, you should allot a total of 18 to 19 weeks to complete your study.

### 4. Schedule your examination to coincide with the end of your study period.

For example, if you plan to allow 18 weeks for study, identify a suitable examination date and begin study at least 18 weeks before that date. (The date you begin study assumes that you will have received all of your study materials, particularly textbooks, by that time.)

### **5. Format a long-term study plan.**

You will need to use a calendar, planner, or some other tool to format and track your long-term study plan. Choose a method that is convenient and one that keeps you aware of your study habits on a daily basis. Identify the days and exact hours of each day that you will reserve for study throughout your whole independent study period. Check to see that the total number of hours you designate for study on your long-term study plan adds up to the number of hours you have determined you will need to complete this course of study (Step 1).

### **6. Record in your long-term study plan the content you plan to cover during each study period.**

Enter the session numbers, review, and examination preparation activities you will complete during each study period. While it is suggested that approximately 160–170 hours of study is required for this exam, each and every student may require different timelines based on their comfort with, and comprehension of, the material.

You now have a tentative personal long-term study plan. Keep in mind that you will have to adjust your study plan, perhaps several times, as you study. It is only by actually beginning to work systematically through the material, using the content outline, that you will be able to determine accurately how long you should allow for each unit.

## **What Learning Strategy Should I Use?**

The following guidelines are intended to help you acquire the grounding in the knowledge and skills required for successful completion of this examination.

### **1. Approach learning with a positive attitude.**

Most students are capable of learning subject content if they devote enough time and effort to the task. This devotion will give you a positive edge and a feeling of control.

### **2. Diligently complete the exact work you specified in your study plan.**

Your study plan is being designed for the specific purpose of helping you achieve the learning outcomes for this exam.

### **3. Be an active learner.**

You should actively engage in the learning process. Read critically, take notes, and continuously monitor your comprehension. Keep a written record of your progress, highlight content you find difficult to grasp, and seek assistance from someone in your learning community who can help you if you have difficulty understanding a concept.

### **4. Be patient: you may not understand everything immediately.**

When encountering difficulty with new material, be patient with yourself and don't give up. Understanding will come with time and further study. Sometimes you may need to take a break and come back to difficult material. This is especially true for any primary source material (original letters, documents, and so forth) that you may be asked to read. The content outline will guide you through the material and help you focus on key points. You will find that many concepts introduced in earlier sessions will be explained in more detail in later sessions.

### **5. Apply your learning to your daily life.**

Use insights you gain from your study to better understand the world in which you live. Apply the learning whenever you can. Look for instances that support or contradict your reading on the subject.

### **6. Accommodate your preferred way of learning.**

How do you learn best? Common ways to learn are reading, taking notes and making diagrams, and by listening to someone (on video or live). Others learn by doing. Do any of these descriptions apply to you? Or does your learning style vary with the learning situation? Decide what works for you and try to create a learning environment to accommodate your preferences.

## **Study Tips**

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

- **preview or survey** each chapter

- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group**
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

Study smart for your UExcel exam! Success starts with establishing a relationship with your advisor.

## Using UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. They can be taken using any computer with a supported web browser such as Google Chrome.

The practice exam package comes with two sets of questions. Please be aware that there will be fewer questions on the practice exams than there will be on the exam you take for credit. Generally, the practice questions will not be the same as the ones you will see when you take the actual exam for credit. They are intended to expose you to the types of questions you'll encounter in the actual exam. Practice questions are a tool, and do not provide a full exam experience. For example, the practice question sets do not have time limitations. Begin with the Content Guide, especially the detailed content outline. Memorizing specific questions and answers on the practice sets is not as effective as using the questions to practice, along with the content outline, to see which concepts you may need to study further. To register for the practice exam, visit [www.excelsior.edu](http://www.excelsior.edu) and log into your MyExcelsior

account. **Please note: You must be registered for the corresponding credit-bearing exam before you can register for the practice exam.**

Practice exams are not graded. Rather, they are intended to help you make sure you understand the subject and give you a sense of what the questions will be like on the exam for credit. Ideally, you would check any questions you got wrong, look at the explanations, and go back to the textbook to reinforce your understanding. After taking both forms of the practice exam, you should feel confident in your answers and confident that you know the material listed in the content outline.

Practice exams are one of the most popular study resources. Practice exams are typically shorter than the credit-bearing exam. Since the questions are drawn from the same pool of questions that appear on the credit-bearing exam, what you will see when you sit for the graded exam will be roughly the same. Used as intended, these practice exams will enable you to:

- Review the types of questions you may encounter on the actual exam.
- Practice testing on a computer in a timed environment.
- Practice whenever and wherever it is convenient for you.

Take two different forms of a practice exam within a 180-day period. (We highly recommend that you take the first form of the practice exam as a pretest, early in the study period. Use the results to identify areas to further study and carry out a plan. Then take the second form as a post-test and see how much you have improved.)

Although there is no guarantee, our research suggests that exam takers who do well on the practice exams are more likely to pass the actual exam than those who do not take advantage of the opportunity. Note that since the practice exams are not graded (calibrated) the same way as the scores on the credit-bearing exam, it will be hard for you to use the practice exams as a way to predict your score on the credit-bearing exam. The main purpose of the practice exams is for you to check your knowledge and to become comfortable with the types of questions you are likely to see in the actual, credit-bearing exam.

## About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College does not endorse the products and services of any tutorial or test preparation firm. We do not review the materials provided by these firms for the content or compatibility of their material and resources with UExcel® exams or Excelsior College Examinations®. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student's home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at [www.excelsior.edu/testprep](http://www.excelsior.edu/testprep).

## Exam Preparation Strategies

---

Each learner is different. However, all learners should read the content outline in the exam's Content Guide and ensure that they have mastered the concepts. For someone with no prior knowledge of the subject, a rule of thumb is 135 hours of study for a 3-credit exam—this number is just to give you an idea of the level of effort you will need, more or less.

## Content Guides

This content guide is the most important resource. It lists the outcomes, a detailed content outline of what is covered, and textbooks and other study resources. It also has sample questions and suggestions for how to study. Content guides are updated periodically to correspond with changes in particular examinations and in textbook editions. Examinees can download any of the latest free UExcel content guides by visiting the individual exam page or from the list at [www.excelsior.edu/contentguides](http://www.excelsior.edu/contentguides).

### Using the Content Outline

Each content area in the content outline includes the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive. You may need to refer to other chapters in the recommended textbooks. Chapter numbers and titles may differ among textbook editions.

This content outline contains examples of the types of information you should study. Although these examples are many, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

### Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.

# Recommended Resources for the UExcel Exam in Adult Nursing

---

The resources listed below were selected by the faculty members on the examination committee for use in developing this exam.

Resources listed under “Strongly Recommended” were used by the committee to verify all the questions on the exam. Please refer to the Content Outline to see which parts of the exam are cross-referenced to these resources.

Resources listed under “Optional” provide additional material that may deepen or broaden your understanding of the subject, or that may provide an additional perspective on the exam content. Textbook resources, both Strongly Recommended and Optional, may be purchased from the Excelsior College bookstore at [www.excelsior.edu/bookstore](http://www.excelsior.edu/bookstore).

You should allow ample time to obtain the necessary resources and to study sufficiently before taking the exam, so plan appropriately, with an eye towards your own personal learning needs. See the sections in this guide on the Excelsior College Bookstore and the Excelsior College Library, and under Reducing Textbook Costs, to help you secure the Strongly Recommended resources successfully.

## Textbook Editions

Textbook editions listed in the UExcel content guides may not be the same as those listed in the bookstore. Textbook editions may not exactly match up in terms of table of contents and organization, depending upon the edition. However, our team of exam developers checks exam content against every new textbook edition to verify that all subject areas tested in the exam are still adequately available in the study materials. If needed, exam developers will list additional Strongly Recommended resources to ensure that all topics in the exam are still sufficiently covered. Public libraries may have the textbooks you need, or may be able to obtain them for you through interlibrary loan to reduce textbook costs. You may also consider financial aid, if you qualify, to further help defray the steep cost of textbooks. A section on open educational

resources (OER) has been included in this guide to help you locate additional, possibly free resources to augment your study.

## Exam Verification Resources

Lewis, S. et al. (2017). *Medical-surgical nursing: Assessment and management of clinical problems* (10th ed.). St. Louis: Mosby.

This text covers general nursing concepts related to the adult client and nursing assessment and management of medical surgical problems. The nursing process is a major organizing theme. The text provides a brief review of anatomy and physiology before describing assessment and common diagnostic studies for each body system. The nursing role in management of diseases and disorders of body systems includes information related to health promotion and maintenance, acute intervention, and ambulatory and home care. Study aids include learning objectives and multiple choice review questions and answers, case studies with critical thinking challenges, and content related to nursing research issues.

Other medical-surgical textbooks are likely to cover much of the information in the content outline, as well.

## Optional Resources

The examination development committee did not identify any specific Optional resources for this exam. If you would like to explore topics in more depth, we encourage you to refer to available Open Educational Resources (OER).

## Reducing Textbook Costs

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.

## Practice Exam

The Adult Nursing exam has a corresponding practice exam, which is delivered in the Canvas learning platform.

## Open Educational Resources

There are many resources available online free of charge that may further enhance your study for the exam. Known as Open Educational Resources (OER), these may be textbooks, courses, tutorials, or encyclopedias. Any additional OER that you find independently should be used to augment study—not as replacements for the Strongly Recommended resources.

Most sites for university-based OER can be searched through [www.ocwconsortium.org](http://www.ocwconsortium.org) and/or [www.oercommons.org](http://www.oercommons.org).

Sites that specialize in web courses designed by college professors under contract with the website sponsor, rather than in web versions of existing college courses, include:

[www.education-portal.com](http://www.education-portal.com)

[www.opencourselibrary.org](http://www.opencourselibrary.org) (abbreviated as OCL)

We have included specific courses that cover material for one or more UExcel® exams from the sites in the listings above. It's worth checking these sites frequently to see if new courses have been added that may be more appropriate or may cover an exam topic not currently listed.

Sites like Khan Academy ([www.khanacademy.com](http://www.khanacademy.com)) and iTunes U feature relatively brief lessons on very specific topics rather than full courses. Full courses are also available on iTunes U (<http://www.apple.com/education/ipad/itunes-u/>). We have chosen a few courses and collections for this listing.

### Open Online Textbooks

Boundless open textbooks

<https://www.boundless.com/open-textbooks/>

BookBoon

<http://bookboon.com/en/textbooks-ebooks>

Flatworld Knowledge

<http://catalog.flatworldknowledge.com/#our-catalog>

### College Readiness

Khan Academy

<http://www.khanacademy.org/>

Hippocampus

<http://www.hippocampus.org/>

Open Course Library

<http://opencourselibrary.org/collg-110-college-success-course/>

### Study Aids

Education Portal

<http://education-portal.com/>

Khan Academy

<http://www.khanacademy.org/>

Annenberg Learner

<http://www.learner.org/>

OpenCourseWare

<http://ocwconsortium.org/en/courses/search>

OER Commons

<http://www.oercommons.org/>

Open Course Library

<http://www.opencourselibrary.org/>

To achieve academic success, rate yourself at Excelsior College's Self-Regulated Learning Lab. Visit the Diagnostic Assessment & Achievement of College Skills site at <https://srl.daacs.net/>

It's free!

## SECTION TWO

# Content Outline

### **General Description of the Examination**

The UExcel Adult Nursing examination is based on material typically taught in an eight-credit, two-semester upper-level sequence of courses in medical-surgical nursing or adult nursing.

The examination measures knowledge and understanding of the health needs and nursing care of young, middle-aged, and older adults. More particularly, it measures knowledge and understanding of the physiological, developmental, psychological, social, cultural, and spiritual dimensions of health and illness in adults, as well as the ability to use the nursing process in a variety of settings to deliver health care to adults with actual or potential health problems.

Those beginning study for the exam should be familiar with concepts taught in an associate degree nursing program.

### **Learning Outcomes**

After you have successfully worked your way through the recommended study materials, you should be able to demonstrate the following learning outcomes:

1. Apply common theories of adult development and behavior and recognize individual differences in adult health behaviors. (Aligns to GECC 4.2)
2. Identify the theoretical background, manifestations, and treatment patterns and modalities related to the stress response, and to pain, fluid and electrolyte imbalance, and shock.
3. Use the nursing process (assessment, analysis, planning, implementation, and evaluation) to provide appropriate care for adult medical-surgical patients whose dysfunctions affect the following systems: cardiovascular and hematologic; respiratory; urinary; reproductive; endocrine; gastrointestinal; sensory and neurological; musculoskeletal; immune and integumentary. (Aligns to GECC 2.1)

### **General Education Career Competencies Addressed in this Exam**

GECC-2: Mathematical and Scientific Problem Solving: Apply scientific knowledge and reasoning to make evidence-based decisions.

GECC-4: Cultural Diversity and Expression: Explain the dynamics of social identity or cultural differences within interpersonal and societal relations.

## Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Adult Nursing examination, the percent of the examination, and the hours to devote to each content area are listed below.

Content Area	Percent of the Examination	Hours of Study
I. Core Concepts	10%	36
II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction	10%	36
III. Nursing Management of Clients with Respiratory System Dysfunction	10%	36
IV. Nursing Management of Clients with Urinary System Dysfunction	10%	36
V. Nursing Management of Clients with Reproductive System Dysfunction	10%	36
VI. Nursing Management of Clients with Endocrine System Dysfunction	10%	36
VII. Nursing Management of Clients with Gastrointestinal System Dysfunction	10%	36
VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction	10%	36
IX. Nursing Management of Clients with Musculoskeletal System Dysfunction	10%	36
X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction	10%	36
<b>Total</b>	<b>100%</b>	

\*Approximate: For those examinees who know the topic well, less time may be needed to learn the subject matter. For those who are new to the subject matter, more time may be required for study.

NOTE: Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

### I. Core Concepts

---

#### 10 PERCENT OF EXAM

---

##### Lewis (2014)

Ch. 4, Patient and Caregiver Teaching

Ch. 5, Chronic Illness and Older Adults

Ch. 6, Stress and Stress Management

Ch. 8, Pain

- Ch. 16, Fluid, Electrolyte, and Acid-Base Imbalances
- Ch. 39, Nutritional Problems
- Ch. 66, Shock, Sepsis, and Multiple Organ Dysfunction Syndrome
- Ch. 67, Acute Respiratory Failure and Acute Respiratory Distress Syndrome

- 
- A. Theories about adulthood — E. Erikson, R.J. Havighurst, D.J. Levinson
  - B. Individual differences in health behaviors — physical, developmental, psychological, social, cultural, and spiritual dimensions of health and illness
  - C. Stress response
    1. Physiological response (for example: fight-or-flight response, neuroendocrine response)
    2. Psychological response (for example: anxiety, fear, panic)
    3. Patterns of coping and adaptation
  - D. Pain
    1. Theories of pain mechanism (for example: specificity theory, gate control theory)
    2. Types of pain (for example: superficial, deep, referred, phantom limb, acute, chronic)
    3. Treatment modalities (for example: medications, imagery, behavior modification, modes of medication administration)
  - E. Fluid and electrolyte imbalance
    1. Disturbances in homeostasis (for example: fluid overload and deficiencies, metabolic and respiratory acidosis and alkalosis, electrolyte disturbances)
    2. Manifestations (for example: hyperpnea, tetany, confusion, EKG changes)
    3. Treatment modalities (for example: fluid and electrolyte replacement therapy, medications, dietary modifications)
  - F. Shock
    1. Types — cardiogenic, hypovolemic, distributive

2. Pathophysiology — compensatory, progressive, refractory
  3. Manifestations (for example: changes in renal function, acid base balance, perfusion, cardiac output, level of consciousness, fluid dynamics)
  4. Treatment modalities (for example: respiratory support, fluids, medications, hemodynamic monitoring, perfusion assistive devices)
  5. Complications (for example: adult respiratory distress syndrome [ARDS], disseminated intravascular coagulation [DIC], prerenal failure)
- G. Technology management in the hospital and at home
    1. Respiratory support
    2. Parenteral therapy (for example: central line management, total parenteral nutrition, chemotherapy, vasoactive medication)
    3. Enteral feeding tubes (for example: gastrostomy, nasogastric, jejunostomy)

## II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction

### 10 PERCENT OF EXAM

*This area focuses on topics such as hypertension, ischemic heart disease, congestive heart failure, valvular disorders, thrombophlebitis, peripheral vascular disease, aneurysm, inflammatory and infective heart disease, dysrhythmias, anemias, and blood dyscrasias.*

#### Lewis

**Section 6, Problems of Oxygenation: Transport**  
(Ch. 29–30)

**Section 7, Problems of Oxygenation: Perfusion**  
(Ch. 31–37)

- 
- A. **Assessment** (for example: identifying cardiovascular risk factors, assessing physical and behavioral manifestations and responses, interpreting laboratory and diagnostic test results, monitoring dysrhythmias, assessing response to surgery and diagnostic procedures)

- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for decreased cardiac output, activity intolerance, anxiety, fluid volume excess, high risk for infection, impaired tissue integrity, self-esteem disturbance, altered comfort, altered tissue perfusion, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and risk factor modification; supervising the administration of blood products; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating patterns of pain and response to pain therapy; evaluating response to diuretics, cardiotonics, antiarrhythmics, antihypertensives, chemotherapy, thrombolytic therapy, pacemakers, internal defibrillators, cardiac catheterization and related procedures, and surgery)

- A. **Assessment** (for example: identifying respiratory risk factors; assessing physical and behavioral manifestations; interpreting laboratory and diagnostic test results, such as arterial blood gases and pulmonary function tests)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for ineffective airway clearance, ineffective breathing pattern, impaired gas exchange, altered lifestyle, anxiety, activity intolerance, and prevention of complications)
- D. **Implementation** (for example: assisting with maintenance of adequate airway; assisting with activities of daily living; medication management; promoting effective coping strategies; teaching about self-care, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antibiotics, corticosteroids, bronchodilators, chest tubes, oxygen therapy, and surgery)

### III. Nursing Management of Clients with Respiratory System Dysfunction

---

**10 PERCENT OF EXAM**

---

*This area focuses on topics such as asthma; inflammatory and infective respiratory diseases, such as pneumonia and tuberculosis; pneumothorax; chronic obstructive pulmonary disease; cor pulmonale; pulmonary embolism; acute respiratory failure; sleep apnea; and cancer of the larynx and lung.*

**Lewis**

**Section 5, Problems of Oxygenation: Ventilation**  
(Ch. 25–28)

---

### IV. Nursing Management of Clients with Urinary System Dysfunction

---

**10 PERCENT OF EXAM**

---

*This area focuses on topics such as cystitis; pyelonephritis; obstructive uropathies, such as benign prostatic hyperplasia; renal calculi; acute and chronic renal failure; renal trauma; urinary incontinence; glomerulonephritis; and cancer of the bladder.*

**Lewis**

**Section 9, Problems of Urinary Function** (Ch. 44–46)

---

- A. **Assessment** (for example: identifying risk factors for urinary and renal dysfunction, assessing physical and behavioral manifestations, interpreting laboratory and diagnostic test results, assessing incontinence patterns)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for fluid and electrolyte imbalance, altered comfort, altered urinary elimination, body image disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with management of urinary catheters and urinary diversion; assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antibiotics, antihypertensives, diuretics, dialysis, and surgery)

## V. Nursing Management of Clients with Reproductive System Dysfunction

---

**10 PERCENT OF EXAM**

---

*This area focuses on topics such as sexually transmitted diseases; pelvic inflammatory disease; endometriosis; premenstrual syndrome; perimenopausal problems; impotence; cancer of the ovaries, cervix, endometrium, and breast; and cancer of the testes and prostate.*

### Lewis

- Ch. 50, Assessment of Reproductive System
  - Ch. 51, Breast Disorders
  - Ch. 52, Sexually Transmitted Infections
  - Ch. 53, Female Reproductive and Genital Problems
  - Ch. 54, Male Reproductive and Genital Problems
- 

- A. **Assessment** (for example: identifying risk factors for reproductive system dysfunction, assessing for physical and behavioral manifestations, identifying high-risk behaviors for sexually transmitted diseases, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate outcome criteria)
- C. **Planning** (for example: formulating specific strategies for self-esteem disturbance, body image disturbance, knowledge deficit, altered sexuality patterns, self-protection and protection of partners, altered comfort, and prevention of complications)
- D. **Implementation** (for example: promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; promoting optimal sexual health; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge and adherence to self-monitoring practices; validating the client's perception of the effectiveness of intervention; evaluating response to hormonal agents, antibiotics, chemotherapy, radiation therapy, and surgery)

## VI. Nursing Management of Clients with Endocrine System Dysfunction

---

**10 PERCENT OF EXAM**

---

*This area focuses on topics such as diabetes mellitus, thyroid dysfunction, parathyroid dysfunction, pituitary dysfunction, and adrenal dysfunction.*

### Lewis

- Ch. 47, Assessment of Endocrine System
  - Ch. 48, Diabetes Mellitus
  - Ch. 49, Endocrine Problems
-

- A. **Assessment** (for example: identifying risk factors for endocrine system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for activity intolerance, sleep pattern disturbance, altered nutrition, knowledge deficit, risk for infection, impaired skin integrity, altered fluid volume, altered role performance, ineffective coping, altered body image, and prevention of complications)
- D. **Implementation** (for example: promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of the intervention; evaluating response to hypoglycemic agents, hormonal agents, and surgery)

- A. **Assessment** (for example: identifying risk factors for gastrointestinal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for preparation for diagnostic testing, altered comfort, fluid volume deficit, altered nutrition, altered bowel elimination, impaired skin integrity, knowledge deficit, self-esteem disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living; helping clients manage ostomy care; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; providing nutritional support; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to anticholinergic agents, histamine receptor inhibitors, antacids, antiemetics, antidiarrheals, cathartics, enteral and parenteral nutrition, diagnostic or therapeutic endoscopic procedures, surgery)

## VII. Nursing Management of Clients with Gastrointestinal System Dysfunction

### 10 PERCENT OF EXAM

*This area focuses on topics such as inflammatory and infective disorders of the gastrointestinal tract; constipation; eating and absorption disorders; obesity; bowel obstruction; hiatal hernia; ulcers; cholelithiasis; pancreatitis; cirrhosis; inflammatory bowel disease; hepatitis; abdominal trauma; and cancer of the mouth, esophagus, stomach, pancreas, liver, colon, and rectum.*

#### Lewis

**Section 8, Problems of Ingestion, Digestion, Absorption, and Elimination (Ch. 38–43)**

## VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction

---

### 10 PERCENT OF EXAM

---

*This area focuses on topics such as glaucoma, cataracts, retinal detachment, corneal disorders, inner ear dysfunction, Meniere's disease, otosclerosis, headaches, cerebrovascular accident, intracranial aneurysms, degenerative neurological diseases, brain and spinal cord trauma, seizure disorders, Guillain-Barré syndrome, inflammatory neurological disease, Lyme disease, Parkinson's disease, multiple sclerosis, Alzheimer's disease, myasthenia gravis, and brain tumors.*

#### Lewis

**Ch. 20,** Assessment of Visual and Auditory Systems

**Ch. 21,** Visual and Auditory Problems

**Ch. 55,** Assessment of Nervous System

**Ch. 56,** Acute Intracranial Problems

**Ch. 57,** Stroke

**Ch. 58,** Chronic Neurologic Problems

**Ch. 59,** Dementia and Delirium

**Ch. 60,** Spinal Cord and Peripheral Nerve Problems

---

- A. Assessment** (for example: identifying risk factors for sensory system and neurological system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. Planning** (for example: formulating specific strategies for impaired physical mobility, visual and auditory impairment, self-esteem disturbance, risk for injury, impaired skin integrity, impaired swallowing, altered elimination, sensory/perceptual alteration, impaired verbal communication, altered thought processes, self-care deficit, and prevention of complications)
- D. Implementation** (for example: assisting with activities of daily living and rehabilitation; promoting effective coping strategies for client and family; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping client achieve optimal level of functioning; providing a safe environment; implementing the medical plan)
- E. Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating antispasmodics, anticholinergics, analgesics, anticholinesterase inhibitors, miotic agents, osmotic diuretics, corticosteroids, anticonvulsants, and surgery)

## IX. Nursing Management of Clients with Musculoskeletal System Dysfunction

---

### 10 PERCENT OF EXAM

---

*This area covers topics such as fractures, rheumatoid arthritis, osteoarthritis, osteomyelitis, osteoporosis, cervical and lumbar disc disease, carpal tunnel syndrome, amputations, osteogenic sarcoma, and metastatic lesions.*

#### Lewis

Ch. 61, Assessment of Musculoskeletal System

Ch. 62, Musculoskeletal Trauma and Orthopedic Surgery

Ch. 63, Musculoskeletal Problems

Ch. 64, Arthritis and Connective Tissue Diseases

---

- A. Assessment** (for example: identifying risk factors for musculoskeletal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client problems, determining appropriate goals and outcome criteria)
- C. Planning** (for example: formulating specific strategies for impaired physical mobility, risk for injury, risk for falls, knowledge deficit, altered lifestyle, body image disturbance, altered comfort, self-care deficit, sleep pattern disturbance, and prevention of complications)
- D. Implementation** (for example: assisting with activities of daily living and rehabilitation; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping with exercises, transfer techniques, cast care, prostheses, traction, supportive devices, and assistive devices for mobilization; implementing the medical plan)
- E. Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; evaluating adherence to exercise regimen; validating the client's perception of the effectiveness of intervention; evaluating response to nonsteroidal anti-inflammatory agents, corticosteroids, muscle relaxants, analgesics, and surgery, such as total joint replacement, laminectomy, fusion, arthroscopy)

## X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction

---

### 10 PERCENT OF EXAM

---

*This area covers topics such as allergies; immunological deficiencies, such as acquired immunodeficiency syndrome (AIDS); systemic lupus erythematosus; tissue transplantation and rejection; inflammatory and infective dermatological disorders; burns; wounds and ulcers; and skin cancers.*

#### Lewis

Ch. 12, Genetics and Genomics

Ch. 13, Altered Immune Responses and Transplantation

Ch. 14, Infection and Human Immunodeficiency Virus Infection

Ch. 22, Assessment of Integumentary System

Ch. 23, Integumentary Problems

Ch. 24, Burns

---

- A. Assessment** (for example: identifying risk factors for immune system and integumentary system dysfunction, assessing for physical and behavioral manifestations, assessing wound characteristics, assessing stages of wound healing, interpreting laboratory and diagnostic test results)
- B. Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)

- C. **Planning** (for example: formulating specific strategies for anxiety, ineffective breathing pattern, altered elimination, risk for infection, impaired tissue integrity, fluid volume deficit, knowledge deficit, anticipatory grieving, social isolation, impaired social interactions, body image disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living; medication management; assisting with environmental control and avoidance of allergens; assisting with prevention of infection; assisting with therapeutic baths, soaks, and topical medications; promoting effective coping strategies; promoting optimal sexual health; teaching about self-care, self-monitoring techniques, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antihistamines, immunotherapy, antibiotics, immunosuppressants, skin care regimens, grafting, and reconstructive surgery)

## SECTION THREE

# Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 23–27 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which finding indicates adequate fluid volume in a client with hypovolemic shock?
  - 1) urinary output of at least 0.5 ml/kg/hr
  - 2) urine pH greater than 7.5
  - 3) urine specific gravity of 1.090
  - 4) negative urine glucose
2. Which factor is likely to contribute to the development of diarrhea in a client on continuous tube feeding via jejunostomy?
  - 1) rapid rate of feeding
  - 2) excess water in feeding
  - 3) improper tube placement
  - 4) low-fiber formula
3. The nurse should suspect hypocalcemia when the client exhibits which signs?
  - 1) tingling of the fingers, muscle spasms, and tetany
  - 2) night blindness, tachycardia, and weakness
  - 3) pale mucous membranes, shortness of breath, and lethargy
  - 4) bleeding tendencies, thirst, and hypotension
4. Which abnormal heart sound in a client recovering from a myocardial infarction should lead the nurse to suspect the onset of heart failure?
  - 1) split S1
  - 2) gallop rhythm
  - 3) ejection click
  - 4) pericardial friction rub
5. Which finding in a client's lower extremities should lead the nurse to suspect venous insufficiency?
  - 1) pallor
  - 2) tenderness to touch
  - 3) swollen joints
  - 4) leathery skin texture

6. The nurse assesses that a client with lung cancer is exhibiting prolonged bleeding at a venipuncture site. The nurse should suspect that the client is developing which complication?
  - 1) anemia
  - 2) acute respiratory failure
  - 3) metastasis to the lymph nodes
  - 4) disseminated intravascular coagulation
7. The nurse teaches a client with venous insufficiency how to prevent the recurrence of venous stasis ulcers. Which client comment at the next clinic visit indicates an understanding of the nurse's teaching?
  - 1) "Support hose with the same pressure gradient on the entire leg are the best kind for me."
  - 2) "When I sit down, I try to alternate pressure by crossing and uncrossing my legs."
  - 3) "I take walks often and go swimming at least three times a week."
  - 4) "My support hose keep creeping down, so I hold them up with round garters."
8. Which data indicate a possible pneumothorax in a client who has had a thoracentesis?
  - 1) diminished breath sounds and dyspnea
  - 2) blood-tinged sputum and dullness on percussion
  - 3) flail chest and crackles on auscultation
  - 4) paradoxical chest movement and inspiratory stridor
9. A client receiving preoperative instructions about a total laryngectomy asks the nurse to explain esophageal speech. Which information should the nurse include?
  - 1) The client can start to learn esophageal speech immediately after the surgery.
  - 2) The client starts learning esophageal speech by practicing controlled belching.
  - 3) Esophageal speech is clearly understandable from the beginning.
  - 4) Esophageal speech is easy to learn and most clients are proficient by discharge.
10. The nurse teaches a client's family how to administer oxygen to the client prior to nasotracheal suctioning. The nurse can conclude that the teaching was effective if a family member states which reason for giving oxygen first?
  - 1) It will decrease the discomfort of suctioning.
  - 2) It will make it easier to cough and get secretions out during the procedure.
  - 3) It will replace what is suctioned out when the tube is in the lungs.
  - 4) It will provide an extra supply so there is enough in the bloodstream during suctioning.
11. Which data should the nurse expect when taking a health history from a client diagnosed as having acute pyelonephritis?
  - 1) recent urethral catheterization
  - 2) long-standing hypertension
  - 3) chronic urinary tract infections
  - 4) recent influenza
12. Which measure should the nurse implement when a client is experiencing respiratory difficulty during peritoneal dialysis?
  - 1) Slow the flow rate and elevate the head of the client's bed.
  - 2) Maintain the client in a supine position and encourage coughing and deep breathing.
  - 3) Drain the fluid immediately and assess the client's vital signs.
  - 4) Provide oxygen as needed and encourage the client to perform relaxation exercises.
13. The nurse teaches a client with acute renal failure about follow-up care. Which client statement indicates that the nurse's teaching was successful?
  - 1) "I need to take antibiotics to avoid infections."
  - 2) "I need to decrease my protein intake to protect my kidneys."
  - 3) "I will have periodic laboratory tests to monitor my progress."
  - 4) "I will drink at least one gallon of fluid per day."

14. A female client who has a vaginal yeast infection complains of itching and burning of the vulva and perineum. What should the nurse suggest to the client to promote comfort?
- 1) Apply antibiotic cream.
  - 2) Empty the bladder frequently.
  - 3) Wear cotton underwear.
  - 4) Douche every morning.
15. When assessing the nutritional status of a client with premenstrual syndrome, the nurse should ask the client about her intake of which of the following?
- 1) supplemental fat-soluble and water-soluble vitamins
  - 2) natural diuretics, such as grapefruit
  - 3) foods high in protein and low in fat
  - 4) coffee, tea, and chocolate
16. The nurse is teaching a client who has had a vaginal hysterectomy. Which is a common complication that the client should know how to manage?
- 1) difficulty in voiding
  - 2) loss of appetite
  - 3) gastrointestinal upset
  - 4) excessive fatigue
17. Which instruction should the nurse include in a discharge plan to prevent lymph edema in a client who has had a mastectomy?
- 1) Sleep on the affected side or on your back for eight weeks.
  - 2) Measure arm circumference weekly at four inches above and four inches below the elbow.
  - 3) Use your hand, arm, and shoulder on the operative side to perform activities of daily living.
  - 4) Follow a diet low in sodium and take a diuretic every day.
18. Which is an appropriate short-term goal for a client with Cushing's syndrome?
- The client will
- 1) gain weight.
  - 2) restrict activity.
  - 3) allow others to assist with hygiene.
  - 4) avoid people with colds or the flu.
19. The nurse has begun discharge planning with an active adolescent client who has been newly diagnosed with diabetes requiring insulin therapy. Which concept should the nurse include in the teaching plan?
- 1) The client should eat more food during periods of increased exercise.
  - 2) It is not necessary to monitor glucose levels before and after strenuous exercise.
  - 3) The client should choose the thigh site for insulin injections prior to exercise.
  - 4) The client should use a higher than usual dose of insulin before aerobic exercise.
20. Which finding indicates the effective maintenance of fluid balance in a client with diabetes insipidus?
- 1) urinary output of 3–4 L/day
  - 2) urine specific gravity of 1.010
  - 3) pulse rate of 100–110
  - 4) blood pressure of 90/64
21. Which findings should the nurse expect when assessing a client with hyperthyroidism?
- 1) lethargy and constipation
  - 2) dry scaly skin and cold extremities
  - 3) weight loss and increased appetite
  - 4) periorbital pallor and frequent blinking
22. What is the primary purpose of administering histamine antagonists to a client with gastritis?
- 1) to neutralize gastric acids
  - 2) to inhibit acid production by the gastric mucosa
  - 3) to relieve pain caused by gastric inflammation
  - 4) to decrease inflammation of the gastric mucosa

23. Which strategy for dietary management should the nurse include in a home care plan for a client who has had a gastric resection?
- 1) Maintain a fat-free diet for bowel regularity.
  - 2) Promote liberal intake of fluids with and between meals.
  - 3) Increase carbohydrate intake with meals.
  - 4) Serve six small high-protein meals per day.
24. The nurse has taught the family of a client with pancreatitis about home care related to total parenteral nutrition (TPN). Which activity by a family member indicates an understanding of how to prevent the most common complication of this therapy?
- 1) washing the hands carefully
  - 2) testing for protein in the urine
  - 3) recording daily weights
  - 4) troubleshooting mechanical problems in the pump
25. A client is being discharged following a corneal transplant. The nurse should instruct the client and caregivers to report which early manifestation of graft rejection?
- 1) blind spot in the visual field
  - 2) decrease in vision
  - 3) diplopia
  - 4) excess tearing in the eye
26. The nurse teaches a client with multiple sclerosis strategies to enhance bladder control. Which statement by the client indicates that the nurse's teaching was effective?
- 1) "I'll reduce my fluid intake."
  - 2) "I'll take my antihistamine medication as scheduled."
  - 3) "I'll catheterize myself several times a day."
  - 4) "I'll eat a diet high in protein."
27. Which action should the nurse take to prevent hip dislocation in a client who has had a total hip replacement?
- 1) Turn the client to the affected side.
  - 2) Keep the client's hip in abduction.
  - 3) Maintain hip flexion of the affected leg to less than 30°.
  - 4) Use a two-person lift when getting the client out of bed.
28. The assessment of pallor, pulselessness, and paresthesia in the affected extremity of a client in skeletal traction should alert the nurse to which possible complication?
- 1) fat embolus
  - 2) neurovascular damage
  - 3) osteomyelitis
  - 4) deep venous thrombosis
29. Which finding should the nurse expect in the health history of a female client diagnosed with osteoporosis?
- 1) recent weight gain
  - 2) prolonged immobility
  - 3) taking an estrogen replacement
  - 4) increased calcium in the diet
30. The nurse is reviewing the results of laboratory tests for a client who has AIDS. Which finding should alert the nurse that the client is at risk for a serious opportunistic infection?
- 1) negative polymerase chain reaction
  - 2) decreased amount of human immunodeficiency virus
  - 3) 2:1 ratio of T-helper cells to T-suppressor cells
  - 4) CD4+ lymphocyte count of 350–450 cells/ $\mu$ l
31. If a client who has had a renal transplant develops fever, elevated BUN level, hypertension, and graft tenderness, the nurse should suspect which complication?
- 1) infection
  - 2) renal failure
  - 3) kidney rejection
  - 4) fluid overload

32. The nurse is teaching a client how to prevent the spread of pediculosis capitis to other family members. Which strategy would be the most effective?
- 1) Wash the bedclothes daily.
  - 2) Use antibacterial soap and shampoo.
  - 3) Use topical corticosteroids to control pruritus.
  - 4) Do not share hats and scarves.
33. When providing emergent treatment for an open skin wound, the nurse should use which substance to clean the wound?
- 1) warm tap water
  - 2) sterile isotonic solution
  - 3) half-strength hydrogen peroxide
  - 4) alcohol swabs

## SECTION FOUR

# Rationales

### 1.(IF4)

- \*1) Urinary output of at least .05 ml/kg/hr indicates adequate fluid volume.
- 2) Urine pH is not related to fluid volume.
- 3) Elevated urine specific gravity indicates fluid volume depletion.
- 4) Normal negative urine glucose is not related to fluid volume.

### 2.(IG3)

- \*1) Rapid rate of feeding can cause diarrhea due to distention and increased osmolarity.
- 2) Excess water in feeding will decrease osmolarity, decrease diarrhea, and increase urinary output.
- 3) Improper tube placement could lead to respiratory complications or vomiting.
- 4) Low-fiber formula is more likely to lead to constipation.

### 3.(IE2)

- \*1) Tingling of the fingers, muscle spasms, and tetany are indicative of decreased calcium. Calcium is needed for nerve transmission and muscle contraction.
- 2) Night blindness, tachycardia, and weakness are not related to calcium deficit.
- 3) Pale mucous membranes, shortness of breath, and lethargy are not related to calcium deficit.
- 4) Bleeding tendencies, thirst, and hypotension are not related to calcium deficit.

### 4.(IIA)

- 1) A split S1 is a rare finding and does not indicate congestive heart failure (CHF).
- \*2) Gallop rhythm (presence of an S3) is indicative of fluid volume overload and CHF.
- 3) An ejection click is indicative of valvular disease.
- 4) A pericardial friction rub is indicative of pericarditis.

### 5.(IIA)

- 1) Pallor is a symptom of an arterial obstruction, not of venous insufficiency.
- 2) Tenderness to touch is not a symptom of venous insufficiency.
- 3) Swollen joints are a symptom of inflammatory joint problems, not of venous insufficiency.
- \*4) Leathery skin texture is typical of the chronic skin changes in venous insufficiency.

### 6.(IIB)

- 1) Although prolonged bleeding may result in anemia, it is not a sign of anemia.
- 2) Bleeding is not a sign of acute respiratory failure.
- 3) Although lung cancer may metastasize to the lymph nodes, prolonged bleeding is not a sign of metastasis.
- \*4) Disseminated intravascular coagulation with resultant clotting abnormalities is frequently secondary to malignancy.

\*correct answer

7.(IIE)

- 1) Support hose with the same pressure gradient will not promote venous return.
- 2) Crossing the legs even for short periods of time decreases venous return and should be avoided.
- \*3) Exercise such as walking and swimming improves the effect of the skeletal muscle pump on venous return.
- 4) Round garters may seriously decrease venous return and should not be used.

8.(IIIA)

- \*1) Diminished breath sounds and dyspnea result from air in the pleural cavity and indicate a possible pneumothorax.
- 2) Air in the pleural cavity does not cause blood-tinged sputum; dullness on percussion is due to fluid in the chest cavity.
- 3) Flail chest occurs in an open chest; crackles result from delayed reopening of the small airways.
- 4) Paradoxical chest movement occurs with an open chest and inspiratory stridor is caused by airway obstruction.

9.(IIID)

- 1) The surgical site must be significantly healed before the speech therapist can help the client learn esophageal speech.
- \*2) Practicing controlled belching is the first step toward learning esophageal speech. Air is swallowed and trapped in the esophagus. When the trapped air is released in a controlled belch, the pharyngoesophageal segment vibrates and produces sound.
- 3) Due to the difficulty of controlling the sound produced, esophageal speech is usually difficult to understand.
- 4) Only about 10% of clients will develop fluent esophageal speech.

10.(IIIE)

- 1) Administering oxygen is not related to the comfort of suctioning.
- 2) Administering oxygen has no effect on the effort required to cough.
- 3) Administering oxygen before suctioning will not replace oxygen that is in the lungs.
- \*4) Administering oxygen before suctioning increases the amount of oxygen in the bloodstream. The client will be better able to tolerate the decrease in oxygen flow that occurs during suctioning.

11.(IVA)

- 1) Pyelonephritis is not related to bladder catheterization.
- 2) Pyelonephritis is not related to hypertension.
- \*3) Pyelonephritis is an infection of the kidney that most commonly is secondary to repeated bladder infections.
- 4) Pyelonephritis is most commonly bacterial, not viral.

12.(IVD)

- \*1) Slowing the infusion rate of the dialysate and raising the head of the bed allow the fluid to distend the lower abdomen. Taking pressure off the diaphragm provides more time for the client to become accustomed to the increased abdominal pressure.
- 2) Placing the client in a supine position would increase upward pressure and increase the respiratory difficulty.
- 3) Draining the fluid is an emergency measure taken only if the client was experiencing severe respiratory difficulty.
- 4) Providing oxygen and encouraging relaxation will not decrease pressure on the diaphragm, which is causing the respiratory difficulty.

\*correct answer

13.(IVE)

- 1) Prophylactic antibiotic therapy is not appropriate.
- 2) Severe reduction in protein intake is not necessary and may cause catabolism of body proteins, especially if enough calories are provided.
- \*3) Periodic laboratory tests are done to monitor recovery of renal function and to ensure appropriate further treatment.
- 4) Drinking one gallon of water daily would severely tax the impaired kidneys' ability to maintain water balance and would place the client at high risk for hypervolemia.

14.(VD)

- 1) Antibiotic therapy is a risk factor for the development of yeast infections.
- 2) Emptying the bladder will not affect a vaginal yeast infection.
- \*3) Cotton underwear decreases the risk of developing specific vaginal infections by keeping the perineum cool and dry.
- 4) Frequent douching is a risk factor for the development of vaginal infections.

15.(VA)

- 1) Intake of supplemental vitamins may actually decrease premenstrual syndrome.
- 2) Intake of natural diuretics may alleviate the premenstrual symptom of water retention.
- 3) High-protein, low-fat diets have not been linked to symptoms of premenstrual syndrome.
- \*4) Coffee, tea, and chocolate contain caffeine, which has been implicated in premenstrual syndrome.

16.(VD)

- \*1) Difficulty in voiding is a common complication of a vaginal hysterectomy.
- 2) Loss of appetite is not a common or expected complication.
- 3) GI upset is not a common or expected complication.
- 4) Excessive fatigue is not a common or expected complication.

17.(VC)

- 1) Sleeping on the affected side promotes pooling of lymphatic fluid and should be avoided.
- 2) Measuring arm circumference will monitor the development or progression of lymphedema but will not prevent its development.
- \*3) Passive and active range of motion promotes lymphatic drainage and will help to prevent the development of lymphedema.
- 4) Use of diuretics will not alter lymphatic drainage.

18.(VIB)

- 1) The client is likely to have gained weight due to water retention and fat deposition. Weight loss or stabilization is a more appropriate goal.
- 2) Activity restriction is not recommended as it can lead to further muscle wasting.
- 3) The client should be encouraged to provide her or his own self-care needs. Moderate activity decreases the complications of immobility and helps improve self-esteem.
- \*4) The client should avoid people with colds or the flu. High levels of circulating corticosteroids cause an immunosuppressive effect, placing the client at high risk for infection.

19.(VIC)

- \*1) Exercise improves insulin utilization and glucose uptake by muscles; therefore, without additional glucose sources, the client may develop hypoglycemia. Eating extra food during periods of increased activity will provide the required glucose.
- 2) It is very important for the client to monitor glucose levels before and after strenuous exercise, to maintain glucose levels in the optimal range.
- 3) The client should avoid using the thigh for insulin injections prior to exercise because the increased muscle activity will increase the absorption rate of insulin.
- 4) Increasing the insulin dose before exercise will cause more rapid depletion of the body's glucose levels and may lead to hypoglycemia.

\*correct answer

20.(VIE)

- 1) Urinary output of 3 - 4 L/day is excessive and may be indicative of fluid volume deficit.
- \*2) Urine specific gravity of 1.010 is normal and provides evidence that the kidneys are concentrating urine appropriately.
- 3) A pulse rate of 100 - 110 is a compensatory mechanism and may be the result of hypokalemia related to diabetes insipidus.
- 4) A blood pressure of 90/64 is low and may be the result of hypokalemia related to diabetes insipidus.

21.(VIA)

- 1) Lethargy and constipation are signs of hypothyroidism.
- 2) Dry, scaly skin and cold extremities are signs of hypothyroidism.
- \*3) Weight loss and increased appetite are signs of hyperthyroidism.
- 4) Periorbital pallor and frequent blinking are not associated with hyperthyroidism.

22.(VIIB)

- 1) Histamine antagonists do not neutralize gastric acid; they inhibit the secretion of gastric acid.
- \*2) The major action of histamine antagonists is inhibiting acid production by the gastric mucosa.
- 3) Histamine antagonists do not treat gastric inflammation.
- 4) See 3).

23.(VIID)

- 1) A fat-free diet will further limit absorption of fat-soluble vitamins and is not advised.
- 2) Fluids taken with meals can increase gastric distention and the "dumping" of hypertonic fluid into the intestine, initiating the symptoms of dumping syndrome.

- 3) Increased carbohydrate intake with meals can lead to postprandial hypoglycemia and is contraindicated.
- \*4) Serving six small high-protein meals daily decreases the volume of food that enters the intestine and decreases the risk of dumping syndrome, especially if meals are eaten without drinking fluids.

24.(VIIE)

- \*1) Handwashing is the single most effective means of preventing infection, which is the most common complication of central lines and total parenteral nutrition (TPN).
- 2) Testing the urine for protein evaluates kidney function but does not prevent complications of TPN.
- 3) Recording daily weights helps to evaluate the effectiveness of TPN but does not prevent complications.
- 4) Troubleshooting mechanical problems in the pump does not prevent infection.

25.(VIID)

- 1) A blind spot is not related to graft rejection.
- \*2) Decrease in vision is often the first sign of graft rejection.
- 3) Diplopia is not related to graft rejection.
- 4) Excessive tearing is not related to graft rejection.

26.(VIIE)

- 1) Reducing fluid intake will not alter bladder control, but may increase constipation and risk of urinary tract infections due to stagnant urine in the bladder.
- 2) Antihistamines will not alter bladder control.
- \*3) Self-catheterization several times daily will ensure complete emptying of the bladder to prevent urinary retention and bladder atony in multiple sclerosis.
- 4) A high-protein diet will have no effect on bladder control.

27.(IXD)

- 1) The client should not lie on the affected side without the surgeon's approval, generally several weeks after surgery.

\*correct answer

- \*2) The affected hip must remain in an abducted position to prevent prosthesis dislocation.
- 3) Hip flexion should not be less than 45–60 degrees.
- 4) One person is needed to help the client protect the affected side when getting out of bed.

28.(IXA)

- 1) Fat emboli result in damage and symptoms to other organs, not to the affected extremity.
- \*2) Pallor, pulselessness, and paresthesia are signs of neurovascular damage.
- 3) Fever and increased white blood cells are signs of osteomyelitis.
- 4) Pain, swelling, and localized warmth are signs of deep vein thrombosis.

29.(IXA)

- 1) Recent weight gain is not associated with osteoporosis.
- \*2) Prolonged immobility is a risk factor for osteoporosis.
- 3) Estrogen replacement decreases the risk of osteoporosis.
- 4) High calcium intake decreases the risk of osteoporosis.

30.(XB)

- 1) A positive polymerase chain reaction indicates HIV activity.
- 2) Decreased amount of HIV indicates a decreased risk of opportunistic infection.
- 3) A 2:1 ratio of T-helper to T-suppressor cells is the normal healthy ratio and does not indicate risk for opportunistic infection.
- \*4) A CD4+ count below 500 places the body at risk for opportunistic infection.

31.(XB)

- 1) Hypertension and graft tenderness are not signs of infection.
- 2) Fever and graft tenderness are not signs of renal failure.
- \*3) Fever, elevated BUN, hypertension, and graft tenderness are indicators of renal graft rejection.
- 4) Fever and graft tenderness are not signs of fluid overload.

32.(XB)

- 1) Washing bedclothes daily will not affect the spread of pediculosis capitis to other family members.
- 2) Using antibiotic soap and shampoo will not affect pediculosis; a special shampoo containing pyrethrin or benzene hexachloride is needed.
- 3) Topical steroids may help the pruritus briefly but will not kill the pediculi or prevent their spread.
- \*4) The sharing of headgear (hats and scarves) is the prime means of spreading pediculosis. Headwear should never be shared with others.

33.(XD)

- 1) Warm tap water is not sterile and may introduce chemicals such as chlorine or bacteria. It is also hypotonic and may cause further damage to the wound.
- \*2) A sterile isotonic solution will promote washing away of debris or bacteria and will not further damage the tissue.
- 3) Half-strength hydrogen peroxide is too strong an oxidizing agent to use on an open wound.
- 4) Alcohol swabs are drying and may also further damage the tissue.

\*correct answer

## SECTION FIVE

# Taking the Exam

## Registering for Your Exam

### Register Online

[www.excelsior.edu/examregistration](http://www.excelsior.edu/examregistration)

Follow the instructions and pay by Visa, MasterCard, American Express, or Discover Card.

### Examination Administration

Pearson Testing Centers serve as the administrator for all Excelsior College computer-delivered exams.

### Accessibility Services

Excelsior College is committed to the principle that every individual should have an equal opportunity to enroll in an Excelsior College degree program, to register for courses or examinations in order to demonstrate their knowledge and skills under appropriate conditions, and to complete a degree.

The Accessibility Services Office at Excelsior College is responsible for considering requests for reasonable accommodations for individuals with verifiable, documented disabilities. If you are requesting an accommodation due to a disability/condition, complete a [Request for Accommodation form](#).

### Computer-Delivered Testing

The UExcel exams are delivered by computer. You can take this exam either in a [Pearson VUE testing center](#) or at your home or office with an online proctor. If you are interested in remote proctoring, visit [PearsonVUE OnVUE online proctoring](#).

The system is designed to be as user-friendly as possible, even for those with little or no computer experience. On-screen instructions are similar to those you would see in a paper examination booklet. You will use either the keyboard or the mouse to submit your answers, depending upon the type of question.

Before taking your exam, we strongly encourage you to go on a virtual tour of the testing center. To access this tour, click the What to Expect in a Pearson VUE test center at the following link: [home.pearsonvue.com/test-taker/security.aspx](http://home.pearsonvue.com/test-taker/security.aspx)

You also will receive a small, erasable whiteboard if you need one.

### Whiteboards

Examinees cannot bring scratch paper to the exam. Instead, one will be provided for you to write notes or calculations on: a small whiteboard if you are testing at a Pearson Testing Center, and an on-screen “whiteboard” if you are testing online. You can see what the [on-screen “whiteboard”](#) looks like, and even try it out.

### Breaks

Breaks are only permitted for exams taken at Pearson VUE Testing Centers, and are not permitted during exams delivered via online proctoring.

### Online Proctoring

As of spring 2021, Excelsior is offering an [online delivery option for UExcel exams](#), using OnVUE, Pearson VUE’s online delivery and proctoring service.

You must use a personal (vs. an employer's) computer if you want to take the exam online and not in a testing center, so the exam can be effectively delivered to you.

Breaks are not allowed during an exam taken online from home. You may not leave your seat during an online-proctored exam, so be prepared to sit for two or three hours. If you need extra time, the exam will have to be taken at a PearsonVUE Testing Center, and an accommodation formally requested.

NOTE: English Composition, Spanish, Music, and College Writing will NOT be available for online proctoring.

## On the Day of Your Exam

### Important Reminders

On the day of your exam, remember to:

- dress comfortably: the computer will not mind that you're wearing your favorite relaxation outfit
- arrive at the test site rested and prepared to concentrate for an extended period
- allow sufficient time to travel, park, and locate the test center
- be prepared for possible variations in temperature at the test center due to weather changes or energy conservation measures
- bring your ID, but otherwise, don't weigh yourself down with belongings that will have to be kept in a locker during the test.

### Academic Integrity Nondisclosure Statement

- All examinees must agree to the terms of the Excelsior College Academic Integrity Policy before taking an examination. The agreement will be presented on screen at the Pearson VUE Testing Center before the start of your exam.
- Once the examinee agrees to the terms of the Academic Integrity Nondisclosure Agreement (NDA), the exam will begin.

If you choose not to accept the terms of the agreement

- your exam will be terminated
- you will be required to leave the testing center
- you will not be eligible for a refund. For more information, review the Student Policy Handbook at [www.excelsior.edu/studentpolicyhandbook](http://www.excelsior.edu/studentpolicyhandbook).

Student behavior is monitored during and after the exam. Electronic measures are used to monitor the security of test items and scan for illegal use of intellectual property. This monitoring includes surveillance of Internet chat rooms, websites, and other public forums.

### UExcel Grade Report

After you complete the exam, you will be issued a UExcel Grade Report for Examinations. See the [sample UExcel Grade Report](#) in this content guide.

### Grade Appeals

If you believe that your score grade is incorrect, you may appeal your grade to [examcredit@excelsior.edu](mailto:examcredit@excelsior.edu). Details about the appeals process are in the [Student Handbook](#).

### What If I Miss My Appointment?

If you don't cancel or reschedule your testing appointment 24 hours before your test appointment, you will have to pay the full fee of the exam, even if you don't show up.

### Late Arrivals

You will also forfeit the exam fee if you arrive to the test center more than 15 minutes late.

### Information About UExcel Exams for Colleges and Universities

A committee of teaching faculty and practicing professionals determines the learning outcomes to be tested on each exam. Excelsior College Center for Educational Measurement staff oversee the technical aspects of test construction in accordance with current professional standards. To promote fairness in testing, we take special care to ensure that the language used in the exams and related materials is consistent, professional, and user friendly. Editorial

staff perform systematic quantitative and qualitative reviews to ensure accuracy, clarity, and compliance with conventions of bias-free language usage.

Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination.

This recommendation is endorsed by the American Council on Education. However, the exam is not applicable toward a nursing degree at Excelsior College. See the exam listing on the back cover for baccalaureate-level exams that are part of the College program. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

## Adult Nursing Exam Development Committee

---

Zara Brenner, MSN, RN, CS (University of Rochester, Medical/Surgical Nursing, 1977) Assistant Professor of Nursing, SUNY College of Brockport; Clinical Nurse Specialist, The Genesee Hospital

Sandy Burgener, PhD (Wayne State University, Nursing Research: Gerontology, 1989) Associate Professor of Nursing, Indiana University

Linda Copel, PhD (Texas Woman's University, Nursing: Research & Theory Development, 1984) Associate Professor of Nursing, Villanova University

Wendy Nelson, MSN (University of Cincinnati; Burn, Trauma, and Emergency Nursing, 1982) Assistant Professor, The Sage Colleges

Ann Sedore, PhD, RN (Syracuse University, Adult Education, 1988) Chief Nursing Officer/Senior Hospital Administrator, University Hospital, State University of New York at Syracuse

# Sample Grade Report

---

Excelsior College  
GRADE REPORT FOR EXAMINATIONS

Contact ID:

Test Date: 11/21/2020

Letter Grade: C

Examination Code and Title: 210 Statistics

Recommended Credit:  
3 Lower Level

Your examination results are expressed as a Letter Grade of A, B, C, or F. Your results are automatically verified when they are received at Excelsior College. If an error is detected, you will be notified immediately.

**Recommended Credit** is the number of semester hours credit that Excelsior College awards and recommends for your grade. Excelsior College awards and recommends credit for letter grades of C or better.

**If you plan to take another examination**, you may download free content guides and the User's Guide by visiting our website at [www.excelsior.edu/exams/content-guides/](http://www.excelsior.edu/exams/content-guides/).

**If you need an Excelsior College Official Examinations Transcript** to document the credit you have earned for this examination for another institution, the request can be made online by accessing the Excelsior College website ([www.excelsior.edu](http://www.excelsior.edu)), logging into your MyExcelsior account, and scrolling down to the For Exams Takers box and clicking on the Request transcripts link. If you do not already have a MyExcelsior username and password, you can obtain one at no cost by accessing the Excelsior College website, clicking the Log In to MyExcelsior button, and then clicking the link "Create a MyExcelsior User Account."







7 Columbia Circle, Albany, New York 12203-5159

Phone | toll free 888-647-2388 or 518-464-8500

TDD | 518-464-8501

Fax | 518-464-8777

[excelsior.edu/exams](https://excelsior.edu/exams)