



HESI A2

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1. A patient needs to take $\frac{3}{4}$ of a 500 mg tablet twice daily. How many milligrams does the patient receive per day?

- A. 750 mg
- B. 1000 mg
- C. 375 mg
- D. 500 mg

2. A nurse converts 2.5 liters to milliliters. What is the correct result?

- A. 2500 mL
- B. 25 mL
- C. 250 mL
- D. 25000 mL

3. A patient weighs 176 pounds. Using the conversion $2.2 \text{ lb} = 1 \text{ kg}$, what is the patient's weight in kilograms?

- A. 60 kg
- B. 70 kg
- C. 80 kg
- D. 87.5 kg

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4. A stock solution contains 250 mg of medication in every 5 mL. What is the concentration in mg per mL?

- A. 25 mg/mL
- B. 100 mg/mL
- C. 50 mg/mL
- D. 500 mg/mL



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5. A recipe requires a 3:5 ratio of sugar to flour. If 18 grams of sugar are used, how many grams of flour are needed?

- A. 30 g
- B. 36 g
- C. 45 g
- D. 25 g

6. An IV bag holds 500 mL and must infuse over 4 hours. How many milliliters per minute should the pump deliver (rounded to the nearest hundredth)?

- A. 4.17 mL/min
- B. 2.08 mL/min
- C. 0.48 mL/min
- D. 1.25 mL/min

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7. A drug is dosed at 0.05 mg/kg for a patient weighing 66 kg. The available vial contains 1.5 mg/mL. How many milliliters should be drawn up?

- A. 1.5 mL
- B. 3.0 mL
- C. 2.2 mL
- D. 4.4 mL

8. Solve for x: $4x - 7 = 2x + 11$

- A. $x = 12$
- B. $x = 9$
- C. $x = 6$
- D. $x = 2$

9. A medication label reads '0.25 mg per tablet.' A physician orders 1.5 mg. How many tablets should be administered?

- A. 4 tablets
- B. 6 tablets
- C. 8 tablets
- D. 5 tablets



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10. A clinical supply budget increased from \$4,800 to \$6,000. What is the percentage increase?

- A. 15%
- B. 25%
- C. 20%
- D. 30%

11. A pediatric order reads: 12 mg/kg/day in 3 divided doses. The child weighs 22 kg. Available suspension is 60 mg/5 mL. How many mL is each dose?

- A. 7.33 mL
- B. 5.50 mL
- C. 11.00 mL
- D. 3.67 mL

12. A physician orders heparin 1,200 units/hour. The pharmacy bag contains 25,000 units in 250 mL NS. What pump rate in mL/hr is correct?

- A. 12 mL/hr
- B. 10 mL/hr
- C. 8 mL/hr
- D. 15 mL/hr

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13. To prepare 600 mL of 0.6% NaCl by mixing 0.45% NaCl (Solution A) and 0.9% NaCl (Solution B), how many mL of Solution A are needed?

- A. 300 mL
- B. 150 mL
- C. 400 mL
- D. 200 mL



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14. A patient's fluid intake-to-output ratio must not exceed 3:2. If recorded output is 840 mL over 8 hours, what is the maximum allowable intake for that period?

- A. 1260 mL
- B. 1120 mL
- C. 1340 mL
- D. 1680 mL

15. A nurse administers an infusion at 42 drops/min using tubing with a drop factor of 15 gtt/mL. How many mL/hour is the patient receiving?

- A. 144 mL/hr
- B. 148 mL/hr
- C. 176 mL/hr
- D. 168 mL/hr

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16. Read the following passage: 'Researchers now understand that chronic sleep deprivation does not merely cause fatigue; it fundamentally impairs the prefrontal cortex's regulatory functions, diminishing emotional control and risk-assessment capabilities. Paradoxically, severely sleep-deprived individuals often rate their own performance as adequate, unable to perceive their cognitive deficits.' Which inference is BEST supported by this passage?

- A. Sleep deprivation primarily damages physical coordination rather than cognition
- B. A sleep-deprived person may confidently make poor clinical decisions without awareness of impairment
- C. The prefrontal cortex controls all functions that are affected by sleep loss
- D. Fatigue is a more dangerous symptom of sleep deprivation than cognitive impairment

17. A medication label states: 'For external use only. Apply a thin layer to the affected area twice daily. Keep away from eyes, mouth, and open wounds.' A patient asks a nurse whether they can use the cream on a paper cut on their finger. Based solely on the written directions, what should the nurse advise?

- A. The cream should not be used on the cut because open wounds are listed as an area to avoid
- B. The label does not give enough information to advise the patient
- C. The cream is safe as long as it is not near the face
- D. The cream can be used on the paper cut because it is on the skin



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18. Passage: 'Urban emergency departments increasingly serve as the primary healthcare contact for uninsured patients. While this ensures immediate access to care, it strains department resources, extends wait times for all patients, and drives up costs that are absorbed system-wide. Some administrators advocate for linking ED visits to community health navigators who can connect patients with primary care.' What is the MAIN IDEA of this passage?

- A. Overreliance on EDs for primary care creates systemic problems that require coordinated solutions
- B. Community health navigators are the most effective solution to healthcare inequality
- C. Uninsured patients prefer emergency departments over primary care clinics
- D. Emergency departments should be reserved exclusively for life-threatening emergencies

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19. Passage: 'The author of the hospital's new triage protocol writes with clipped, imperative sentences: each step numbered, each condition bracketed by precise thresholds, no passive voice, no hedging language.' What is the author's most likely PURPOSE in using this style?

- A. To demonstrate the author's medical expertise to peer reviewers
- B. To ensure rapid, unambiguous decision-making under high-stress conditions
- C. To entertain clinical staff with a memorable format
- D. To persuade administrators to adopt a particular philosophy of patient care

20. A clinical study summary states: 'Patients who received the intervention showed a statistically significant reduction in systolic blood pressure ($p < 0.05$). However, the sample was drawn exclusively from patients at a single urban academic hospital.' What is the BEST inference about the applicability of these findings?

- A. The statistical significance means the findings will replicate in any population
- B. The findings can be generalized to all hypertensive adults worldwide
- C. Urban populations always respond differently to interventions than rural populations
- D. The limited sample source may restrict how broadly the results apply



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21. In the sentence 'The physician's prognosis was guarded, suggesting the patient's recovery would be slow and uncertain,' what does the word 'guarded' most nearly mean as used here?

- A. Defended from outside threat
- B. Protected from disclosure
- C. Officially documented in the chart
- D. Cautiously uncertain and not optimistic

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22. Passage: 'Critics of mandatory nurse-to-patient staffing ratios argue that rigid numerical limits reduce administrative flexibility and may lead hospitals to leave shifts understaffed rather than exceed the ratio. Proponents counter that without enforceable standards, market pressures consistently push staffing below safe thresholds.' What tone BEST characterizes this passage?

- A. Balanced and analytical
- B. Alarmed and one-sided
- C. Enthusiastic and persuasive
- D. Satirical and dismissive

23. A pre-operative instruction form reads: 'Do not eat or drink anything after midnight the night before your procedure. This includes water, gum, and hard candy. Brush your teeth normally but do not swallow. Arrive 90 minutes before your scheduled procedure time.' A patient's procedure is at 10:00 a.m. At what time should the patient arrive?

- A. 8:30 a.m.
- B. 8:00 a.m.
- C. 9:30 a.m.
- D. 9:00 a.m.



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24. Passage: 'Unlike the clean moral binaries of early public health campaigns, contemporary health literacy materials must navigate a landscape where misinformation and credible evidence share the same digital channels, audiences distrust institutional voices, and urgency competes with nuance.' What supporting detail does the author use to develop the idea that modern health communication is more complex?

- A. Institutional voices have always faced public skepticism
- B. Early campaigns relied on radio and print media
- C. Misinformation and credible evidence occupy the same platforms, complicating audience discernment
- D. Digital channels are less trustworthy than print sources

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25. In the sentence 'The nurse practitioner provided a comprehensive overview of the patient's postoperative regimen,' what does 'regimen' most nearly mean?

- A. A government-approved medical protocol
- B. A summary of the surgical procedure
- C. A strict military-style discipline program
- D. A structured plan or course of treatment

26. Passage: 'Hand hygiene compliance rates in hospitals remain stubbornly below recommended levels despite decades of education campaigns. Studies consistently show that time pressure, inconvenient placement of dispensers, and perceived low risk of transmission in certain moments are the primary behavioral drivers of non-compliance.' Which statement is a SUPPORTING DETAIL rather than the main idea?

- A. Hand hygiene compliance is an ongoing challenge in hospital settings
- B. Inconvenient dispenser placement is one factor driving non-compliance
- C. Decades of efforts have failed to reach recommended compliance levels
- D. Education alone has not been sufficient to solve the compliance problem



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27. A patient consent form includes this clause: 'By signing below, you acknowledge that you have received and understood this information. Your signature does not waive any rights you hold under applicable law, nor does it release the facility from liability for negligence.' A patient asks: 'If I sign, can the hospital avoid responsibility if a nurse makes a careless mistake?' Based solely on this text, what is the correct answer?

- A. No, the form explicitly states it does not release the facility from liability for negligence
- B. The form is ambiguous on this point
- C. Only if the patient initials the negligence clause separately
- D. Yes, signing the form releases the hospital from all liability

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28. Passage: 'The proliferation of direct-to-consumer genetic testing has outpaced the clinical infrastructure needed to support it. Many individuals now receive probabilistic risk data about serious conditions without access to genetic counselors who can contextualize those findings.' What is the author's most likely PURPOSE in writing this passage?

- A. To discourage consumers from purchasing genetic tests
- B. To argue that genetic counselors are unnecessary in the digital age
- C. To praise the medical advances made possible by consumer genomics
- D. To highlight a gap between the availability of genetic information and the support systems needed to interpret it

29. A patient education pamphlet contains this sentence: 'Patients with renal insufficiency should avoid prolonged use of NSAIDs, as these medications can further compromise kidney function.' What is the MAIN IDEA of this sentence?

- A. NSAIDs are dangerous for all patients regardless of kidney function
- B. Short-term NSAID use is always safe for patients with renal insufficiency
- C. Patients with reduced kidney function are at risk of further harm from extended NSAID use
- D. Kidney disease is primarily caused by NSAID overuse



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30. Passage: 'A new nurse orients to a medical-surgical floor. Her preceptor tells her the unit uses a paper sign-out form; the posted protocol, however, specifies an electronic handoff tool. When the nurse asks which to follow, the preceptor says, 'We all use paper here.' The unit's official policy states: Written protocols supersede verbal instructions and informal unit practices in all patient safety matters.' Based on the written policy, what should the nurse do?

- A. Follow the preceptor's verbal instruction because the preceptor has more experience
- B. Use whichever method she personally finds most efficient
- C. Escalate to hospital administration before taking any action
- D. Follow the electronic handoff protocol because the written policy requires written protocols to supersede informal practices



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Answer Key & Explanations

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1. A — 750 mg

$\frac{3}{4}$ of 500 mg = 375 mg per dose; twice daily gives $375 \times 2 = 750$ mg total.

2. A — 2500 mL

There are 1000 mL per liter, so $2.5 \times 1000 = 2500$ mL.

3. C — 80 kg

$176 \div 2.2 = 80$ kg exactly, since $80 \times 2.2 = 176$.

4. C — 50 mg/mL

$250 \text{ mg} \div 5 \text{ mL} = 50 \text{ mg/mL}$; dividing total amount by total volume yields unit concentration.

5. A — 30 g

Setting up the proportion $\frac{3}{5} = \frac{18}{x}$ gives $x = (18 \times 5) \div 3 = 30$ g of flour.

6. B — 2.08 mL/min

$500 \text{ mL} \div (4 \text{ hr} \times 60 \text{ min/hr}) = 500 \div 240 \approx 2.08 \text{ mL/min}$.

7. C — 2.2 mL

Required dose = $0.05 \times 66 = 3.3$ mg; volume = $3.3 \div 1.5 = 2.2$ mL.

8. B — $x = 9$

Subtract 2x: $2x - 7 = 11$; add 7: $2x = 18$; divide by 2: $x = 9$.

9. B — 6 tablets

Tablets = ordered dose \div dose per tablet = $1.5 \div 0.25 = 6$ tablets.

10. B — 25%

Percentage increase = (increase \div original) $\times 100 = (1200 \div 4800) \times 100 = 25\%$.

11. A — 7.33 mL

Daily dose = $12 \times 22 = 264$ mg; per dose = $264 \div 3 = 88$ mg; volume = $(88 \div 60) \times 5 = 7.33$ mL.

12. A — 12 mL/hr

Concentration = $25,000 \div 250 = 100$ units/mL; rate = $1,200 \div 100 = 12$ mL/hr.

13. C — 400 mL

By alligation: parts of A = $0.9 - 0.6 = 0.3$; parts of B = $0.6 - 0.45 = 0.15$; ratio A:B = 2:1; A = $(\frac{2}{3}) \times 600 = 400$ mL.

14. A — 1260 mL

Maximum intake = $(\frac{3}{2}) \times 840 = 1.5 \times 840 = 1260$ mL, derived directly from the 3:2 ratio constraint.

15. D — 168 mL/hr

mL/hr = (drops/min $\times 60$) \div drop factor = $(42 \times 60) \div 15 = 2520 \div 15 = 168$ mL/hr.



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**16. B — A sleep-deprived person may confidently make poor clinical decisions without awareness of impairment**

Inference requires combining stated facts: impaired risk-assessment plus the inability to perceive one's own deficits logically implies a person would make poor decisions while feeling confident — a conclusion not stated outright but directly supported.

17. A — The cream should not be used on the cut because open wounds are listed as an area to avoid

Following written directions means applying the explicit text: 'open wounds' are listed as areas to avoid, and a paper cut qualifies as an open wound.

18. A — Overreliance on EDs for primary care creates systemic problems that require coordinated solutions

The main idea encompasses all details: the passage describes the problem of ED overuse AND introduces a proposed solution, making the broader systemic framing the correct main idea rather than any single detail.

19. B — To ensure rapid, unambiguous decision-making under high-stress conditions

Author's purpose is inferred from stylistic choices: imperative, numbered, threshold-specific language in a triage context signals the goal is speed and clarity in high-pressure situations, not persuasion, credential display, or entertainment.

20. D — The limited sample source may restrict how broadly the results apply

Inference in scientific reading requires recognizing that a single-site sample limits external validity — a conclusion the passage implies through its caveat without stating it directly.

21. D — Cautiously uncertain and not optimistic

Vocabulary in context: the surrounding phrase 'slow and uncertain recovery' defines 'guarded' as a clinical synonym for cautiously pessimistic or uncertain, not its everyday physical-protection meaning.

22. A — Balanced and analytical

Author's tone is determined by how both sides are presented: the passage gives equal weight to critics and proponents without advocating for either, establishing a balanced, analytical tone.

23. A — 8:30 a.m.

Following written directions requires applying the arithmetic: 10:00 a.m. minus 90 minutes equals 8:30 a.m.

24. C — Misinformation and credible evidence occupy the same platforms, complicating audience discernment

Identifying supporting details requires selecting the detail that directly supports the stated claim of increased complexity — the co-presence of misinformation and evidence on shared platforms is explicitly cited as a complicating factor.

25. D — A structured plan or course of treatment

Vocabulary in context: 'regimen' in a clinical setting refers to a prescribed plan of care or treatment schedule, which fits the postoperative context described.

26. B — Inconvenient dispenser placement is one factor driving non-compliance

A supporting detail is a specific piece of evidence backing the broader claim — dispenser placement is one particular behavioral driver cited, while the other options reflect broader thematic claims or conclusions.



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27. A — No, the form explicitly states it does not release the facility from liability for negligence

Following written directions and reading comprehension: the clause explicitly states the signature does not release the facility from liability for negligence, making the answer directly derivable from the text.

28. D — To highlight a gap between the availability of genetic information and the support systems needed to interpret it

Author's purpose: the passage identifies a problem (data availability without interpretive support) without prescribing a solution, which signals an informative-analytical purpose — raising awareness of the gap rather than advocating a specific position.

29. C — Patients with reduced kidney function are at risk of further harm from extended NSAID use

The main idea is the central claim: the sentence warns specifically about the risk of further kidney damage from prolonged NSAIDs in patients who already have renal insufficiency, not a blanket prohibition for all patients.

30. D — Follow the electronic handoff protocol because the written policy requires written protocols to supersede informal practices

Following written directions in a scenario-based question requires applying the explicitly stated rule: written protocols supersede verbal instructions and informal practices, so the electronic tool must be used regardless of local custom.



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