

BENCHMARK CLINICAL JUDGMENT EXAM (CJE) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. A client with metastatic bone cancer is receiving enteral feedings. Which gastric residual value would prompt you to hold the feeding?**
 - A. 50 mL
 - B. 150 mL
 - C. 250 mL
 - D. 550 mL

- 2. Which of the following is a sign of carbon dioxide retention in COPD?**
 - A. Hypercapnia
 - B. Confusion
 - C. Headache
 - D. Shallow respirations

- 3. Which lab finding best indicates rifampin hepatotoxicity?**
 - A. Elevated bilirubin
 - B. Decreased albumin
 - C. Elevated alkaline phosphatase
 - D. Elevated liver enzymes

- 4. What is prerenal acute kidney injury?**
 - A. Lack of blood flow to the kidneys
 - B. Damage to kidney tissue
 - C. Obstruction of urine flow
 - D. Infection of the kidney tissue

- 5. Which of the following is considered a classic symptom of COPD?**
 - A. Barrel chest
 - B. Clubbing
 - C. Elevated blood pressure
 - D. Paresthesia

- 6. A burn patient is at high risk for which condition?**
 - A. Hyperthermia
 - B. Dehydration
 - C. Hypothermia
 - D. Ischemia

7. In end-stage renal disease with metabolic acidosis, what is the pH status?

- A. High pH
- B. Normal pH
- C. pH fluctuates
- D. Low pH

8. Treatment for peptic ulcer disease?

- A. Proton pump inhibitors and antibiotics
- B. Antacids only
- C. Surgery for all cases
- D. Diet modification only

9. In septic shock, fluids first, then cultures, antibiotics, oxygen. Which option shows the correct initial management sequence?

- A. Fluids Cultures Antibiotics Oxygen
- B. Fluids Oxygen Cultures Antibiotics
- C. Oxygen Cultures Antibiotics Fluids
- D. Cultures Antibiotics Fluids Oxygen

10. An ileostomy comes from which part of the digestive tract?

- A. Large intestine
- B. Stomach
- C. Kidney
- D. Small intestine

Answers

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

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Explanations

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1. A client with metastatic bone cancer is receiving enteral feedings. Which gastric residual value would prompt you to hold the feeding?

- A. 50 mL
- B. 150 mL
- C. 250 mL
- D. 550 mL**

Recognize when a feeding is not tolerating the stomach: a high gastric residual volume means the stomach isn't emptying properly, which raises the risk of regurgitation and aspiration if feeding continues. In many clinical protocols, a residual of 500 mL or more prompts holding the feeding and reassessing the patient. A residual of 550 mL clearly meets and exceeds that threshold, so stopping the feeding is indicated to evaluate for factors slowing gastric emptying and to prevent aspiration. The smaller volumes (50, 150, 250 mL) are below the typical hold threshold and would not automatically require stopping the feeding, though they may still prompt a recheck or a rate adjustment depending on the broader clinical picture.

2. Which of the following is a sign of carbon dioxide retention in COPD?

- A. Hypercapnia
- B. Confusion**
- C. Headache
- D. Shallow respirations

CO₂ retention from COPD raises the level of carbon dioxide in the blood, and the brain is particularly sensitive to this change. When CO₂ accumulates, mental status often becomes altered, manifesting as confusion that clinicians can observe during examination. While hypercapnia is the actual elevated CO₂ state (and headache or shallow breathing can accompany it), confusion serves as a direct, observable CNS sign of CO₂ retention. In this context, confusion best indicates that CO₂ buildup is affecting the patient.

3. Which lab finding best indicates rifampin hepatotoxicity?

- A. Elevated bilirubin
- B. Decreased albumin
- C. Elevated alkaline phosphatase
- D. Elevated liver enzymes**

When a drug causes liver injury, the most direct sign is injury to hepatocytes, which releases liver enzymes into the blood. Elevated liver enzymes (the aminotransferases like AST and ALT) reflect this hepatocellular damage and are the clearest immediate indicator of rifampin-induced hepatotoxicity. In contrast, bilirubin elevation can occur for various reasons and may show cholestasis or impaired excretion; alkaline phosphatase elevation points more to biliary (cholestatic) issues, and low albumin signals longer-term or more severe liver dysfunction. So recognizing elevated liver enzymes specifically captures the acute hepatocellular injury pattern caused by rifampin.

4. What is prerenal acute kidney injury?

A. Lack of blood flow to the kidneys

B. Damage to kidney tissue

C. Obstruction of urine flow

D. Infection of the kidney tissue

Prerenal AKI occurs when there isn't enough blood flow reaching the kidneys, so the glomerular filtration rate drops even though the kidney tissue itself is structurally intact. This reduction in perfusion is the reason for the kidney's decreased filtering, not direct kidney damage. If perfusion is restored promptly, kidney function often recovers; if it's prolonged, it can lead to intrinsic kidney injury. Think of it as a supply problem before the kidneys: the blood flow is insufficient, so the kidneys can't filter as well. This contrasts with other causes of AKI: damage to kidney tissue means intrinsic kidney injury (like tubular damage), obstruction of urine flow is a postrenal issue, and infection of kidney tissue (such as pyelonephritis) is an infectious process rather than a perfusion problem driving prerenal AKI.

5. Which of the following is considered a classic symptom of COPD?

A. Barrel chest

B. Clubbing

C. Elevated blood pressure

D. Paresthesia

A barrel-shaped chest is a classic sign of COPD because it reflects lung hyperinflation from chronic air trapping. In COPD, air gets carried forward in and out of the lungs imperfectly, especially during expiration, which over time expands the chest's anteroposterior diameter. This rounded, "barrel" appearance often accompanies symptoms like shortness of breath and prolonged expiration, and it fits with the underlying changes of emphysema and chronic air trapping. Clubbing of the fingers appears with certain chronic lung conditions that cause long-standing hypoxemia (like some interstitial diseases or bronchiectasis), not COPD specifically. Elevated blood pressure is a cardiovascular finding rather than a defining respiratory symptom in COPD, and paresthesias are unrelated to the lung changes in COPD.

6. A burn patient is at high risk for which condition?

A. Hyperthermia

B. Dehydration

C. Hypothermia

D. Ischemia

Loss of the skin's protective barrier and exposure of a large surface area make burn patients especially prone to rapid heat loss. Damaged skin cannot help retain warmth, and exposed wound surfaces lose heat quickly through evaporation, as well as convection and radiation. This creates a high risk of hypothermia early in treatment. Hypothermia can worsen outcomes by impairing coagulation and immune function and complicating fluid resuscitation. Dehydration can occur from fluid shifts and losses, but the most immediate and characteristic risk in a burn patient is hypothermia; fever or infection can raise temperature later, but heat loss is the primary concern first. To prevent this, keep the patient in a warm environment, use warmed IV fluids, and cover wounds with dry dressings.

7. In end-stage renal disease with metabolic acidosis, what is the pH status?

- A. High pH
- B. Normal pH
- C. pH fluctuates
- D. Low pH**

Metabolic acidosis in end-stage renal disease causes acidemia. When the kidneys fail, they can't excrete hydrogen ions effectively or generate enough bicarbonate, so nonvolatile acids accumulate and bicarbonate is lost. This lowers the arterial pH, producing a low pH (acidic) state. The body may try to compensate by hyperventilating to reduce CO₂, which can raise pH somewhat, but the pH remains below normal unless the acidosis is treated.

8. Treatment for peptic ulcer disease?

- A. Proton pump inhibitors and antibiotics**
- B. Antacids only
- C. Surgery for all cases
- D. Diet modification only

*Treating peptic ulcers effectively requires both reducing stomach acid to allow healing and addressing the underlying cause, usually *H. pylori* infection. A proton pump inhibitor lowers acid production, creating a healing environment for the ulcer. Antibiotics eradicate *H. pylori*, which reduces recurrence and lowers complication risk. Antacids alone only relieve symptoms and don't heal the ulcer or treat the infection. Surgery isn't the starting approach and is reserved for complications or ulcers that don't respond to medical therapy. Diet changes alone haven't shown reliable healing benefits. So, combining a proton pump inhibitor with antibiotics targets both the acid environment and the infection, making it the best treatment strategy.*

9. In septic shock, fluids first, then cultures, antibiotics, oxygen. Which option shows the correct initial management sequence?

- A. Fluids Cultures Antibiotics Oxygen**
- B. Fluids Oxygen Cultures Antibiotics
- C. Oxygen Cultures Antibiotics Fluids
- D. Cultures Antibiotics Fluids Oxygen

In septic shock, the priority is to restore tissue perfusion quickly with IV fluids before addressing other steps. Giving fluids first helps reverse the profound circulatory collapse that leads to organ dysfunction. After fluids, obtaining cultures before starting antibiotics helps identify the offending organism, when feasible, without unduly delaying therapy. Once cultures are drawn, start broad-spectrum antibiotics promptly to control the infection, then provide oxygen to maintain adequate oxygenation and support at-risk tissues. This sequence—fluids cultures antibiotics oxygen—best reflects the order that prioritizes rapid resuscitation, diagnostic accuracy, timely antimicrobial therapy, and supportive oxygenation. Other sequences delay key first steps (resuscitation or empiric antimicrobial therapy) or place oxygen before ensuring perfusion, which is less optimal in the initial management of septic shock.

10. An ileostomy comes from which part of the digestive tract?

- A. Large intestine
- B. Stomach
- C. Kidney
- D. Small intestine**

An ileostomy uses the ileum, the last part of the small intestine, to create a stoma on the abdominal wall. Because the ileum is part of the small intestine, the waste draining through the stoma comes from the small intestine, not the large intestine, stomach, or kidneys. A connection from the large intestine would be a colostomy; from the stomach or kidneys would involve different drainage pathways. So the source is the small intestine.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://benchmarkcje.examzify.com>

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

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