CERTIFIED NEUROSCIENCE REGISTERED NURSE (CNRN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. Post sleeve gastrectomy, for how long should a patient remain NPO?

A. Three hours

B. Six hours

C. Twelve hours

D. Twenty-four hours

2. What does 'retching' involve?

A. Attempting to vomit with no outcome

B. Evacuation of gastric contents

C. Feeling nauseous

D. Experiencing abdominal cramping

3. Dementia with a temporal step-wise clinical progression is most likely due to which condition?

A. Normal pressure hydrocephalus

B. Vascular dementia

C. Alzheimer's disease

D. Frontotemporal dementia

4. Vitamin B12 deficiency may be caused by malabsorption due to which of the following?

A. Chronic renal failure

B. Pernicious anemia

C. Hemorrhagic disease

D. Aplastic anemia

5. Impaired language function (aphasia) out of proportion to other cognitive deficits is characterized by which condition?

A. Alzheimer's disease

B. Frontotemporal dementias

C. Pseudodementia

D. Multi-infarct dementia

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6. What condition occurs when the stomach out-pouches into the esophagus due to a weak lower esophageal sphincter?

A. Esophageal varices

B. Hiatal hernia

C. Gastroesophageal reflux disease

D. Achalasia

7. Tremors resulting from toxic or metabolic abnormalities occur in which situation?

A. Only at rest

B. Only with motion

C. Both at rest and with motion

D. Neither at rest nor with motion

8. What is the normal pressure range for the lower esophageal sphincter (LES)?

A. 10 torr

B. 20 torr

C. 30 torr

D. 40 torr

9. What is the general term for a document that provides health care directions for a person incapable of making their own decisions?

A. Living will

B. Power of attorney

C. Health care proxy

D. Advance directive

10. Which hormone stimulates the secretion of gastric acid?

A. Insulin

B. Gastrin

C. Cortisol

D. Serotonin

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Answers

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

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Explanations

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1. Post sleeve gastrectomy, for how long should a patient remain NPO?

A. Three hours

B. Six hours

C. Twelve hours

D. Twenty-four hours

After sleeve gastrectomy, patients are advised to remain NPO (nothing by mouth) for a specified duration to allow for recovery and minimize complications. The typical recommendation of six hours is based on the need to ensure that the gastro-intestinal tract is sufficiently healed from the anesthetic effects and initial surgical trauma. During this time, the patient's body can stabilize post-anesthesia, which helps reduce the risk of complications, including aspiration. This duration also allows any residual effects of the surgery to diminish before introducing oral intake, reducing the likelihood of nausea and vomiting. In postoperative care, specific practices may vary based on the individual surgeon's protocol and the patient's condition; however, six hours is a widely accepted timeframe for most individuals undergoing sleeve gastrectomy.

2. What does 'retching' involve?

A. Attempting to vomit with no outcome

B. Evacuation of gastric contents

C. Feeling nauseous

D. Experiencing abdominal cramping

Retching refers specifically to the involuntary actions involved when a person attempts to vomit, but no stomach contents are expelled. This act is characterized by the rhythmic contraction of the diaphragm and abdominal muscles, which creates the sensation and action associated with vomiting, even if it does not result in the expulsion of gastric contents. Retching is often accompanied by a feeling of discomfort or nausea, but unlike actual vomiting, it does not result in the evacuation of the stomach. Understanding this distinction is essential, as it highlights the process of what happens in the gastrointestinal system during these involuntary actions.

3. Dementia with a temporal step-wise clinical progression is most likely due to which condition?

A. Normal pressure hydrocephalus

B. Vascular dementia

C. Alzheimer's disease

D. Frontotemporal dementia

Vascular dementia is characterized by a temporal step-wise clinical progression due to the nature of its underlying pathology, which involves changes in blood flow to the brain. This can result from strokes or transient ischemic attacks (TIAs) that lead to the death of brain cells. Patients often experience sudden changes in cognitive function, followed by periods of relative stability, creating the step-wise progression typical of this form of dementia. In addition to this, vascular dementia can frequently coexist with other types of dementia, making its recognition crucial for appropriate management. This condition's progression stands in contrast to other dementias, such as Alzheimer's disease, which typically follows a more gradual decline, and frontotemporal dementia, which often involves more pronounced changes in behavior and language before cognitive decline. Normal pressure hydrocephalus might also present with progressive symptoms, but its clinical picture includes characteristic triad symptoms of gait disturbance, urinary incontinence, and cognitive decline, making it less aligned with a step-wise progression seen in vascular dementia.

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4. Vitamin B12 deficiency may be caused by malabsorption due to which of the following?

A. Chronic renal failure

B. Pernicious anemia

C. Hemorrhagic disease

D. Aplastic anemia

Vitamin B12 deficiency can occur due to malabsorption, and one of the primary causes of this is pernicious anemia. This condition is characterized by a lack of intrinsic factor, a protein produced by the stomach that is essential for the absorption of vitamin B12 in the intestine. Without adequate intrinsic factor, even if vitamin B12 is consumed through diet or supplements, the body cannot effectively absorb it, leading to a deficiency. In contrast, chronic renal failure primarily affects the kidneys and does not directly impact the absorption of vitamin B12. Hemorrhagic disease involves bleeding disorders, which would not typically influence vitamin absorption. Aplastic anemia involves the failure of blood cell production in the bone marrow and is not linked to the absorption of vitamin B12. Therefore, pernicious anemia stands out as the correct answer in the context of malabsorption-related vitamin B12 deficiency.

5. Impaired language function (aphasia) out of proportion to other cognitive deficits is characterized by which condition?

A. Alzheimer's disease

B. Frontotemporal dementias

C. Pseudodementia

D. Multi-infarct dementia

Impaired language function, or aphasia, that is disproportionate to other cognitive deficits is most characteristically associated with frontotemporal dementias. This condition primarily affects the frontal and temporal lobes of the brain, regions that are heavily involved in language and behavior. In individuals with frontotemporal dementia, the changes in language abilities can occur earlier and more significantly than other cognitive deficits, such as memory or problem-solving skills, leading to noticeable language impairments alongside relatively preserved cognitive function in early stages. This condition often presents with significant alterations in speech, comprehension, and the ability to find words, which are hallmark characteristics of aphasia. The specificity and prominence of language impairment in frontotemporal dementia make it distinct compared to other types of dementia, where memory dysfunction typically precedes language difficulties.

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6. What condition occurs when the stomach out-pouches into the esophagus due to a weak lower esophageal sphincter?

A. Esophageal varices

B. Hiatal hernia

C. Gastroesophageal reflux disease

D. Achalasia

A hiatal hernia occurs when the stomach protrudes through the diaphragm into the thoracic cavity, which can often happen due to a weak lower esophageal sphincter. This condition allows part of the stomach to slide up into the chest, which can create a path for gastric contents to reflux into the esophagus. The weakened sphincter may not maintain adequate pressure to prevent the backflow of stomach contents, leading to potential complications such as gastroesophageal reflux disease (GERD). The significance of identifying hiatal hernia lies in its association with symptoms such as heartburn, regurgitation, and chest pain, which can be exacerbated by increased abdominal pressure or certain positions. Understanding this condition helps healthcare professionals manage related reflux symptoms and alleviate discomfort effectively. Gastroesophageal reflux disease is closely related but is more about the clinical symptoms resulting from the reflux itself rather than the anatomical displacement indicated in hiatal hernia. Conditions like esophageal varices and achalasia pertain to other pathophysiological processes within the esophagus and do not involve a structural change wherein the stomach projects into the esophagus.

7. Tremors resulting from toxic or metabolic abnormalities occur in which situation?

A. Only at rest

B. Only with motion

C. Both at rest and with motion

D. Neither at rest nor with motion

Tremors resulting from toxic or metabolic abnormalities can manifest in both static and dynamic situations, which is why the correct answer is that these tremors occur both at rest and with motion. Conditions such as drug toxicity or metabolic disturbances (like electrolyte imbalances) can lead to tremors that do not exclusively present in one specific context. For example, patients experiencing tremors associated with conditions like metabolic encephalopathy or certain drug toxicities may show an oscillatory movement whether they are stationary or active. This contrasts with other types of tremors where specific conditions might dictate that they only occur at rest (such as Parkinson's disease tremors) or only during movement (as seen in essential tremor). Therefore, understanding the nature of tremors in relation to the underlying cause is crucial for adequate assessment and management in neuroscience nursing.

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8. What is the normal pressure range for the lower esophageal sphincter (LES)?

A. 10 torr

B. 20 torr

C. 30 torr

D. 40 torr

The normal pressure range for the lower esophageal sphincter (LES) is typically around 30 torr. This pressure is crucial for maintaining the competence of the LES, which prevents the reflux of gastric contents into the esophagus. A pressure that is too low may lead to gastroesophageal reflux disease (GERD), as the sphincter may not close properly, allowing acid and other stomach contents to flow back into the esophagus. Conversely, significantly high pressures may indicate conditions such as achalasia or other motility disorders. Maintaining this optimal pressure range is vital for proper digestive function and to prevent complications related to reflux and esophageal irritation. Understanding this normal range helps healthcare professionals assess esophageal function and potential pathologies associated with dysphagia or reflux symptoms.

9. What is the general term for a document that provides health care directions for a person incapable of making their own decisions?

A. Living will

B. Power of attorney

C. Health care proxy

D. Advance directive

The term "advance directive" encompasses any legal document that provides guidance regarding an individual's health care decisions in situations where they are unable to make those decisions themselves. This includes various types of documents, such as a living will or a durable power of attorney for health care, which outline a person's wishes regarding medical treatment and designate someone to make decisions on their behalf. Advance directives are critical in ensuring that a person's health care preferences and values are respected even when they are incapacitated. They are legally recognized documents that can facilitate communication between healthcare providers and family members, helping to avoid confusion and potential conflicts regarding care. This is particularly relevant in the field of neuroscience nursing, where patients may have severe neurological conditions affecting their decision-making abilities. While living wills and powers of attorney are forms of advance directives, referring to the document generically as an advance directive is the most comprehensive and accurate way to describe this legal framework.

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10. Which hormone stimulates the secretion of gastric acid?

A. Insulin

B. Gastrin

C. Cortisol

D. Serotonin

The hormone that stimulates the secretion of gastric acid is gastrin. Gastrin is produced by G-cells in the stomach lining in response to food intake. When food enters the stomach, gastrin is released into the bloodstream and stimulates the parietal cells of the gastric mucosa to secrete hydrochloric acid (HCl). This process is essential for digestion, as gastric acid helps break down food and provides an acidic environment that is optimal for the action of digestive enzymes. In addition to promoting acid secretion, gastrin also stimulates gastric motility and helps maintain the overall digestive process. In contrast, insulin primarily regulates glucose metabolism and affects various aspects of metabolism but has no direct role in gastric acid secretion. Cortisol, a hormone produced by the adrenal glands, is involved in stress responses and metabolic regulation but does not stimulate gastric acid production. Serotonin, although it plays a role in regulating gastrointestinal motility and other functions, does not directly stimulate the secretion of gastric acid in the same manner that gastrin does.

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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:

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

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