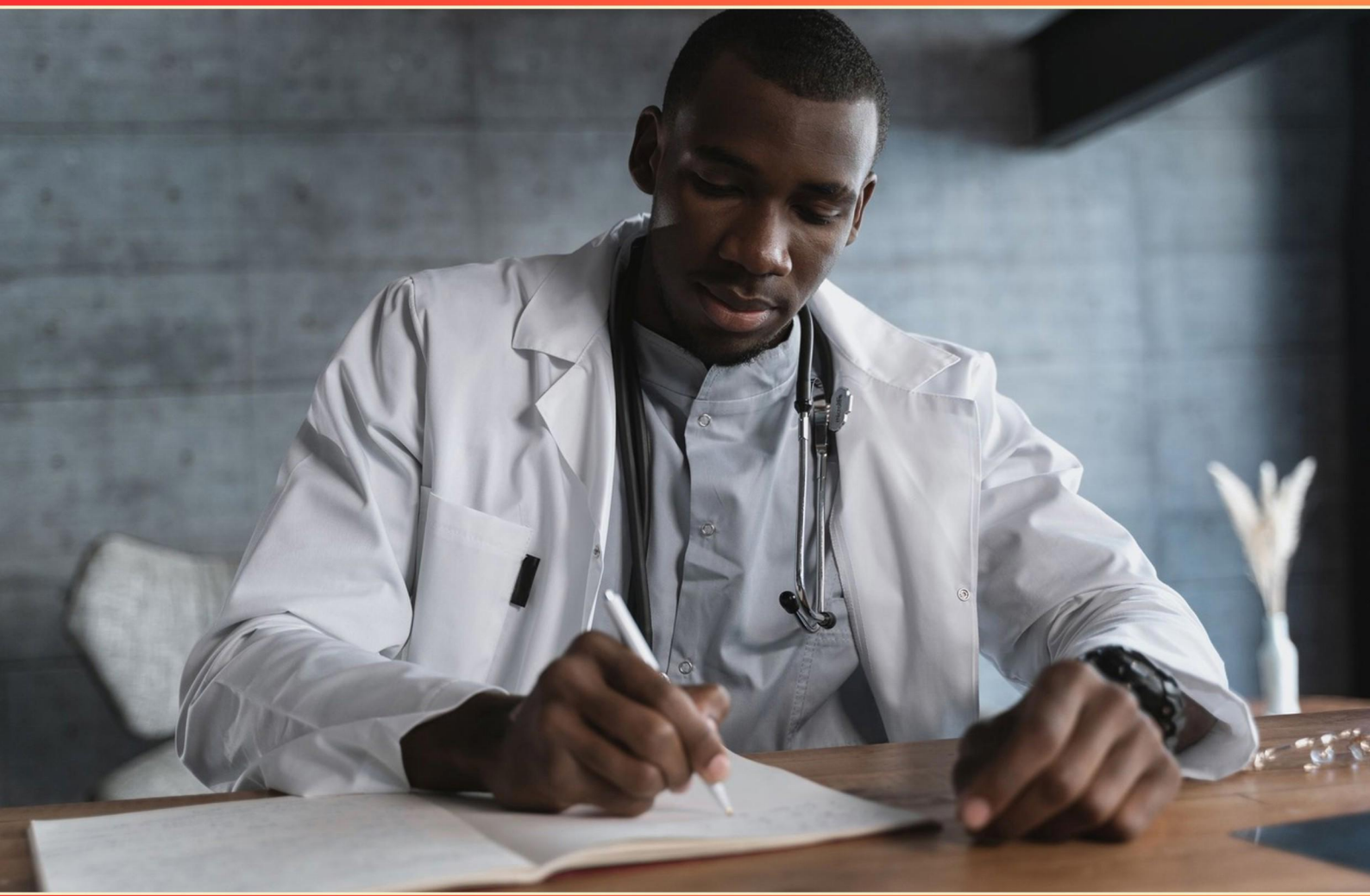
NCLEX ADRENAL DISORDERS PRACTICE TEST (SAMPLE)

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. A client with chronic hypercortisolism: which action should the nurse take to monitor infection risk?

A. Wash hands when entering the room.

B. Keep the client in airborne isolation.

C. Observe the client for signs of infection.

D. Assess the client's daily chest x-ray.

2. Which statement best describes corticosteroid therapy for Addison's disease?

A. It is only during illness.

B. It is a lifelong replacement therapy.

C. It is only during stress.

D. It is not necessary if asymptomatic.

3. Complications of pheochromocytoma can include which of the following?

A. Retinopathy

B. Osteoporosis

C. Anemia

D. Hyperthyroidism

4. A client with Cushing's disease is admitted after a stab wound to the abdomen. The nurse plans care and places highest priority on which potential problem?

A. Nervousness

B. Infection

C. Concern about appearance

D. Inability to care for self

5. What is the primary goal of therapy in an Addisonian crisis?

A. Restore fluid and mineral balance and replace steroids.

B. Treat hyperglycemia.

C. Reduce potassium.

D. Treat infection.

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6. Which statement best describes the action of aldosterone in fluid and electrolyte balance?

A. Aldosterone promotes renal reabsorption of sodium and water and excretion of potassium and hydrogen ions

B. Aldosterone increases calcium absorption in the gut

C. Aldosterone stimulates glucose production in the liver

D. Aldosterone modulates immune response

7. Which medication used to treat hyperaldosteronism may cause menstrual disorders in women?

A. Spironolactone

B. Amlodipine

C. Dexamethasone

D. Aminoglutethimide

8. The primary treatment for pheochromocytoma is surgical removal of one or both adrenal glands depending on unilateral or bilateral.

A. Not Curable

B. Curable With Surgery

C. Only Palliatively Treated

D. Curable With Medication Only

9. After bilateral adrenalectomy, what lifelong hormone replacement is required?

A. Only glucocorticoids

B. Only mineralocorticoids

C. Both glucocorticoids and mineralocorticoids

D. None

10. Following unilateral adrenalectomy, the nurse would assess for hyperkalemia as indicated by which symptom?

A. Muscle weakness

B. Tremors

C. Diaphoresis

D. Constipation

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Answers

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

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Explanations

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1. A client with chronic hypercortisolism: which action should the nurse take to monitor infection risk?

A. Wash hands when entering the room.

B. Keep the client in airborne isolation.

C. Observe the client for signs of infection.

D. Assess the client's daily chest x-ray.

Chronic hypercortisolism suppresses the immune system, so patients are more prone to infections. The most effective way to monitor and reduce that risk is to practice strict hand hygiene whenever entering the room. Washing hands minimizes the transmission of microbes between healthcare providers and the patient, offering the strongest, most immediate protection for someone who's immunocompromised. Other options aren't as appropriate for monitoring infection risk: isolating the patient without a known airborne infection isn't indicated, simply observing for signs of infection is important but doesn't actively reduce risk, and daily chest x-rays are not a standard or necessary method for monitoring infection risk.

2. Which statement best describes corticosteroid therapy for Addison's disease?

A. It is only during illness.

B. It is a lifelong replacement therapy.

C. It is only during stress.

D. It is not necessary if asymptomatic.

The main idea here is that people with Addison's disease need corticosteroid replacement for life. When the adrenal cortex is damaged, the body can't produce cortisol reliably, so the body's needs aren't being met even if you feel fine at times. That means therapy is continuous and lifelong to maintain a baseline level of cortisol and prevent a crisis during stress. During illness or major stress, the dose is temporarily increased to mimic the normal surge your body would make, but this doesn't replace the need for ongoing, everyday replacement. If someone feels asymptomatic, that doesn't mean the deficiency has gone away or that treatment isn't needed—replacement remains essential because the underlying problem persists. In practice, glucocorticoid replacement (often with hydrocortisone) is part of a lifelong plan, and mineralocorticoid replacement may also be needed to handle electrolyte balance. The key takeaway is that lifelong corticosteroid therapy is required, with temporary dose increases only for periods of illness or stress.

3. Complications of pheochromocytoma can include which of the following?

A. Retinopathy

B. Osteoporosis

C. Anemia

D. Hyperthyroidism

Pheochromocytoma causes episodic surges and sometimes sustained elevations of blood pressure due to excess catecholamines. The retina is highly sensitive to high pressure, so these hypertension spikes can lead to hypertensive retinopathy—damage to the retinal vessels that may include arteriolar narrowing, hemorrhages, and other signs of vascular stress. That connection makes retinopathy a recognized complication of this condition. The other options—osteoporosis, anemia, and hyperthyroidism—don't have a direct, typical link to pheochromocytoma and its catecholamine-driven hypertension.

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4. A client with Cushing's disease is admitted after a stab wound to the abdomen. The nurse plans care and places highest priority on which potential problem?

A. Nervousness

B. Infection

C. Concern about appearance

D. Inability to care for self

The main idea is that high cortisol from Cushing's disease suppresses the immune system and slows wound healing. After a stab wound, this immunosuppression drastically raises the risk of infection and sepsis, and the patient may not show typical infection signs right away because the inflammatory response is blunted. Because infection can progress quickly to life-threatening complications, preventing infection and closely monitoring for any signs of infection is the highest priority. This includes strict aseptic wound care, timely antibiotic therapy if ordered, and careful monitoring of temperature and wound status, along with maintaining good glycemic control since hyperglycemia further impairs immune function. While anxiety, concerns about appearance, and independence are important, they are not the most immediate life-threatening concerns in this acute scenario.

5. What is the primary goal of therapy in an Addisonian crisis?

A. Restore fluid and mineral balance and replace steroids.

B. Treat hyperglycemia.

C. Reduce potassium.

D. Treat infection.

In an Addisonian crisis, the most urgent goal is to stabilize the patient by restoring fluid volume and electrolyte balance while providing steroid replacement. The rapid, isotonic fluid resuscitation corrects dehydration and hypotension, and helps address hyponatremia. Administering a glucocorticoid such as hydrocortisone gives immediate cortisol replacement and also provides some mineralocorticoid effect, which helps with sodium retention and potassium balance. If blood glucose is low, give dextrose-containing fluids as needed. After the patient is stabilized, continue steroid therapy and start long-term management with an appropriate mineralocorticoid replacement (like fludrocortisone) as needed. Treating an infection or other precipitating cause is important, but the primary, life-saving steps are fluids and steroids.

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6. Which statement best describes the action of aldosterone in fluid and electrolyte balance?

A. Aldosterone promotes renal reabsorption of sodium and water and excretion of potassium and hydrogen ions

B. Aldosterone increases calcium absorption in the gut

C. Aldosterone stimulates glucose production in the liver

D. Aldosterone modulates immune response

Aldosterone acts on the distal nephron to promote sodium reabsorption, and where sodium goes, water tends to follow, increasing blood volume. At the same time, it increases the excretion of potassium and hydrogen ions into the urine. This happens mainly in the collecting ducts and late distal tubules: aldosterone increases the number and activity of epithelial sodium channels and Na+/K+-ATPase pumps in principal cells, driving sodium reabsorption and potassium secretion. Hydrogen ion secretion by intercalated cells also rises, which can influence acid-base balance. This combination—sodium and water retention with potassium and hydrogen ion loss—is how aldosterone helps regulate fluid status, blood pressure, and electrolyte balance. The other statements don't reflect aldosterone's primary role. Calcium absorption in the gut is more closely tied to vitamin D and parathyroid hormone. Glucose production in the liver is a glucocorticoid effect (like cortisol). Immune modulation is also more associated with glucocorticoids.

7. Which medication used to treat hyperaldosteronism may cause menstrual disorders in women?

A. Spironolactone

B. Amlodipine

C. Dexamethasone

D. Aminoglutethimide

Spironolactone blocks the effect of aldosterone in the kidneys, which helps treat hyperaldosteronism by promoting potassium retention and water excretion. In women, its antiandrogenic effects can disrupt normal ovulatory cycles, leading to menstrual irregularities or amenorrhea. This side effect is a well-recognized consequence of spironolactone's hormonal actions, making it the medication linked to menstrual disturbances among those listed. The other drugs don't target aldosterone receptors in the same way and aren't used as first-line treatments for hyperaldosteronism, so they're not associated with this specific menstrual effect.

8. The primary treatment for pheochromocytoma is surgical removal of one or both adrenal glands depending on unilateral or bilateral.

A. Not Curable

B. Curable With Surgery

C. Only Palliatively Treated

D. Curable With Medication Only

Pheochromocytoma is cured by removing the tumor, because the excess catecholamines causing the problems come from the tumor itself. When the tumor is confined to one adrenal gland, removing that gland is typically curative. If both glands are involved, surgeons may remove one or both, sometimes attempting to spare enough adrenal tissue to preserve hormone production, but the definitive step is surgical resection. Before surgery, patients are stabilized with alpha-adrenergic blockade to prevent a dangerous blood pressure surge during tumor handling. Medications alone can control symptoms or blood pressure temporarily, but they do not eradicate the tumor, so they are not curative.

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9. After bilateral adrenalectomy, what lifelong hormone replacement is required?

A. Only glucocorticoids

B. Only mineralocorticoids

C. Both glucocorticoids and mineralocorticoids

D. None

After removing both adrenal glands, the body can no longer produce cortisol (a glucocorticoid) or aldosterone (a mineralocorticoid). Because of this, lifelong replacement of both hormone classes is required. Glucocorticoid replacement prevents adrenal crisis and supports energy metabolism and vascular responsiveness. Mineralocorticoid replacement maintains sodium and water balance, as well as potassium excretion, helping to keep blood pressure stable. Without mineralocorticoid replacement, serious electrolyte disturbances and hypotension can occur. In practice, treatment often uses a glucocorticoid (such as hydrocortisone) for daily needs, plus a mineralocorticoid (such as fludrocortisone) to ensure mineralocorticoid activity. Patients also need education on increased dosing during illness or stress and not stopping therapy abruptly.

10. Following unilateral adrenalectomy, the nurse would assess for hyperkalemia as indicated by which symptom?

A. Muscle weakness

B. Tremors

C. Diaphoresis

D. Constipation

Hyperkalemia after removing an adrenal gland relates to reduced aldosterone activity, since aldosterone helps the kidneys excrete potassium. When potassium builds up outside the cells, it changes the electrical properties of muscle cells, making them less excitable and leading to muscle weakness. This is a classic and early sign to look for in the postoperative period. Tremors aren't a typical indicator of high potassium; they can come from other causes. Diaphoresis is a nonspecific autonomic response and not a hallmark of hyperkalemia. Constipation isn't a direct sign of elevated potassium either. So, muscle weakness best reflects the effect of excess potassium on muscle function after adrenal removal.

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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://nclexadrenaldisorders.examzify.com

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

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