NCLEX ENDOCRINE SYSTEM PRACTICE TEST (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.

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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. Which preoperative instruction is appropriate for a patient scheduled for thyroidectomy?

A. Cough and deep breathe every hour.

B. Support the head with the hands when changing position.

C. Perform range-of-motion exercises of the head and neck.

D. Apply gentle pressure against the incision when swallowing.

2. Which clinical manifestations would a client with newly diagnosed type 1 diabetes most likely report during a health history?

A. Irritability, polydipsia, and polyuria

B. Polyuria, polydipsia, and polyphagia

C. Nocturia, weight loss, and polydipsia

D. Polyphagia, polyuria, and diaphoresis

3. Which finding would indicate the need to adjust hydrocortisone dosage in a patient with adrenal hypofunction?

A. Fever

B. Fluid retention

C. Severe diarrhea

D. Rapid weight gain

4. Desmopressin is a synthetic analog of which hormone?

A. Thyroid-stimulating hormone (TSH)

B. Antidiuretic hormone (ADH)

C. Adrenocorticotropic hormone (ACTH)

D. Parathyroid hormone (PTH)

5. Which hormone is primarily secreted by the corpus luteum to support early pregnancy?

A. Progesterone

B. Estrogen

C. FSH

D. LH

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6. Which physiologic response should be expected in hyperthyroidism?

A. Bradycardia

B. Blurred vision

C. Cold intolerance

D. Increased appetite

7. After total thyroidectomy, which instruction is most important for the client to follow?

A. Be aware of signs of dehydration.

B. Take thyroid replacement medications as prescribed.

C. Avoid all over-the-counter medications.

D. Report signs of hypoglycemia.

8. Which action by the nurse while administering human growth hormone ensures effective therapy?

A. Administration at nighttime

B. Administration via oral route

C. Administration along with meals

D. Administration by metered spray

9. A glycosylated hemoglobin measurement of 6%. What should the nurse conclude about this client when planning teaching strategies based on the results of this laboratory test?

A. The client is experiencing a rebound hyperglycemia.

B. The client needs the insulin changed to a different type.

C. The client has followed the treatment plan as prescribed.

D. The client requires further teaching regarding nutritional guidelines.

10. What is the primary action of parathyroid hormone (PTH) on the kidneys?

A. Decreases calcium reabsorption and increases phosphate reabsorption in the proximal tubule.

B. Increases calcium reabsorption and decreases phosphate reabsorption in the distal tubule.

C. Increases calcium reabsorption and phosphate reabsorption in the distal tubule.

D. Has no effect on calcium or phosphate reabsorption.

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Answers

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

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Explanations

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1. Which preoperative instruction is appropriate for a patient scheduled for thyroidectomy?

A. Cough and deep breathe every hour.

B. Support the head with the hands when changing position.

C. Perform range-of-motion exercises of the head and neck.

D. Apply gentle pressure against the incision when swallowing.

Protecting the neck and incision area to prevent stress on the suture line is the key idea here. After thyroid surgery, the neck is vulnerable, and even small movements can pull on the incision and disrupt healing or cause bleeding. Having the patient support the head with the hands when changing position keeps the neck in a neutral, stable position and reduces traction on the incision, which helps prevent complications and promotes proper healing. Coughing and deep breathing are important for preventing pneumonia, but after thyroidectomy, activities that strain the neck should be approached with caution and typically with neck support; the focus preoperatively is on minimizing neck movement rather than forcing frequent coughing. Range-of-motion exercises of the head and neck would place strain on the fresh incision and are not appropriate preoperatively. Pressing gently on the incision when swallowing could also disrupt the healing incision. The simple, protective habit of using the hands to support the head during position changes best preserves the stability of the surgical site.

2. Which clinical manifestations would a client with newly diagnosed type 1 diabetes most likely report during a health history?

A. Irritability, polydipsia, and polyuria

B. Polyuria, polydipsia, and polyphagia

C. Nocturia, weight loss, and polydipsia

D. Polyphagia, polyuria, and diaphoresis

The main concept is how insulin deficiency in type 1 diabetes leads to symptoms driven by hyperglycemia and cellular starvation. When insulin isn't available, glucose stays in the blood and spills into the urine, causing osmotic diuresis. This increased urination leads to dehydration, which triggers thirst. At the same time, because glucose can't enter cells, the body feels hungry despite high blood glucose, leading to increased appetite. So the classic triad you'd expect a newly diagnosed patient to report includes increased urination, increased thirst, and increased hunger. Weight loss is also common because the body begins breaking down fat and muscle for energy, but the most characteristic initial history findings are polyuria, polydipsia, and polyphagia. Other options mix in symptoms like nocturia or diaphoresis, which are less specific to initial type 1 diabetes and can occur in other circumstances (nocturia from various causes, diaphoresis with hypoglycemia).

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3. Which finding would indicate the need to adjust hydrocortisone dosage in a patient with adrenal hypofunction?

A. Fever

B. Fluid retention

C. Severe diarrhea

D. Rapid weight gain

When managing adrenal hypofunction with hydrocortisone replacement, you adjust the dose based on signs of over- or under-replacement. Fluid retention signals too much steroid effect, particularly on mineralocorticoid activity, leading to edema and weight gain. This indicates the dose is too high and should be reduced to avoid complications from excess glucocorticoid/mineralocorticoid action. Fever would point to infection or a stress response rather than a need to decrease steroid dose, and in illness you may actually need to adjust dosing upward to mimic the body's stress response. Severe diarrhea can alter fluid and electrolyte balance and may affect management, but it doesn't directly indicate overdosing of hydrocortisone. Rapid weight gain could accompany fluid retention, but the explicit sign of edema or fluid retention is the clearest cue to reduce the dose.

4. Desmopressin is a synthetic analog of which hormone?

A. Thyroid-stimulating hormone (TSH)

B. Antidiuretic hormone (ADH)

C. Adrenocorticotropic hormone (ACTH)

D. Parathyroid hormone (PTH)

Desmopressin is a synthetic analog of antidiuretic hormone (ADH). ADH is produced in the hypothalamus and released from the posterior pituitary to regulate water balance by acting on the kidney's collecting ducts, where it promotes insertion of aquaporin-2 channels. This increases water reabsorption, concentrates the urine, and reduces urine output. Desmopressin mimics this action, but with a longer duration and greater selectivity for the kidney, making it useful for conditions like central diabetes insipidus and certain bleeding disorders due to increased release of von Willebrand factor and factor VIII. It is not related to thyroid-stimulating hormone, ACTH, or parathyroid hormone, which control thyroid function, adrenal cortex activity, and calcium balance, respectively.

5. Which hormone is primarily secreted by the corpus luteum to support early pregnancy?

A. Progesterone

B. Estrogen

C. FSH

D. LH

Progesterone is the hormone primarily secreted by the corpus luteum to support early pregnancy. After ovulation, the corpus luteum releases progesterone (with some estrogen) to make the endometrium secretory and receptive to implantation, and to keep the uterine lining thick and vascularized. If pregnancy occurs, the embryo's hCG signals the corpus luteum to continue producing progesterone, which keeps the uterus quiet and prevents shedding of the lining until the placenta takes over later. Without sufficient progesterone, the endometrium would regress and pregnancy could be lost. FSH and LH are pituitary hormones that regulate ovarian function and are not produced by the corpus luteum, and while the corpus luteum does produce some estrogen, progesterone is the key hormone that sustains early pregnancy.

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6. Which physiologic response should be expected in hyperthyroidism?

A. Bradycardia

B. Blurred vision

C. Cold intolerance

D. Increased appetite

Hyperthyroidism ramps up the body's metabolic rate, so tissues demand more energy. That increased energy use can stimulate appetite, making heightened hunger a plausible physiologic response to the excess thyroid hormones, even though weight loss is common because of increased catabolism. The other options don't fit with hyperthyroid physiology: bradycardia is a slower heart rate, while hyperthyroidism typically causes tachycardia; blurred vision is not a general systemic response and is more specific to ocular changes in Graves' disease; cold intolerance reflects a lower metabolic rate, which is not present in hyperthyroidism. So a rise in appetite aligns with the overall picture of an accelerated metabolism driven by excess thyroid hormones.

7. After total thyroidectomy, which instruction is most important for the client to follow?

A. Be aware of signs of dehydration.

B. Take thyroid replacement medications as prescribed.

C. Avoid all over-the-counter medications.

D. Report signs of hypoglycemia.

After total thyroidectomy, the body can't produce thyroid hormones, so lifelong thyroid hormone replacement is essential to sustain metabolism, energy, and overall organ function. Taking the thyroid replacement medication as prescribed keeps hormone levels steady; missing doses or inconsistent timing can lead to hypothyroid symptoms such as fatigue, weight gain, cold intolerance, and slowed metabolism, and can adversely affect cardiovascular health. This is the most important instruction because it directly replaces the hormones the body can no longer make. While monitoring for dehydration, avoiding all OTC meds, or watching for hypoglycemia may be relevant in other contexts, they don't address the critical need created by removal of the thyroid gland. Practical guidance includes taking the medication at the same time each day, typically on an empty stomach, and avoiding interactions with calcium or iron supplements or other drugs that can impair absorption.

8. Which action by the nurse while administering human growth hormone ensures effective therapy?

A. Administration at nighttime

B. Administration via oral route

C. Administration along with meals

D. Administration by metered spray

The key idea is timing therapy to the body's normal hormone pattern. Growth hormone is released in pulses, with a major surge during sleep. Administering the dose at night, by subcutaneous injection, takes advantage of this nocturnal peak and aligns the treatment with the body's natural rhythm, maximizing its growth-promoting effects. Oral administration isn't effective for growth hormone because a peptide would be broken down in the digestive tract, so it wouldn't reach the bloodstream in active form. A metered nasal spray isn't a standard delivery for growth hormone, so it wouldn't provide the same systemic exposure. Administering with meals doesn't impact effectiveness if given by injection, but it doesn't exploit the nighttime peak.

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9. A glycosylated hemoglobin measurement of 6%. What should the nurse conclude about this client when planning teaching strategies based on the results of this laboratory test?

A. The client is experiencing a rebound hyperglycemia.

B. The client needs the insulin changed to a different type.

C. The client has followed the treatment plan as prescribed.

D. The client requires further teaching regarding nutritional guidelines.

Glycosylated hemoglobin (HbA1c) reflects average blood glucose over roughly the past 2 to 3 months. A value of 6% indicates good long-term glycemic control, corresponding to an estimated average glucose around 126 mg/dL. For many people with diabetes, this is at or near the target range, suggesting the patient has been adherent to the prescribed regimen (diet, activity, and medications). Because this result shows good control, the teaching plan should reinforce and maintain the current treatment approach rather than suggesting a change in therapy. It supports continuing the same strategies for nutrition, exercise, and medication adherence. It doesn't indicate rebound hyperglycemia or a need to alter insulin, though ongoing education and periodic monitoring remain important to sustain this level of control.

10. What is the primary action of parathyroid hormone (PTH) on the kidneys?

A. Decreases calcium reabsorption and increases phosphate reabsorption in the proximal tubule.

B. Increases calcium reabsorption and decreases phosphate reabsorption in the distal tubule.

C. Increases calcium reabsorption and phosphate reabsorption in the distal tubule.

D. Has no effect on calcium or phosphate reabsorption.

PTH's main job in the kidneys is to conserve calcium and promote phosphate excretion. It boosts calcium reabsorption in the distal tubule, so more calcium is pulled back into the bloodstream and less is lost in urine. It also reduces phosphate reabsorption, mainly in the proximal tubule, leading to more phosphate being excreted. This combination raises serum calcium and lowers serum phosphate, and it's complemented by PTH's stimulation of vitamin D activation, which further increases intestinal calcium absorption. So the option that describes increasing calcium reabsorption and decreasing phosphate reabsorption captures these essential renal actions of PTH.

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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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