ONCOLOGY NURSING SOCIETY (ONS) CERTIFICATION 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. What are the indications for using blood products in oncology?

A. To treat infections and dehydration

B. To treat anemia, thrombocytopenia, and coagulation disorders

C. To improve energy levels only

D. To enhance nutritional status

2. How often should oncology patients generally receive routine follow-up examinations?

A. Every month

B. Every 3 to 6 months

C. Once a year

D. Weekly

3. What is often the first line of treatment for pain in cancer patients?

A. Non-opioid analgesics

B. Radiation therapy

C. Physical therapy

D. Opioid therapy

4. Which medication is commonly used for managing symptoms in patients with chemotherapy-induced nausea?

A. Ondansetron.

B. Codeine.

C. Diphenhydramine.

D. Propranolol.

5. What is an important nursing intervention for managing cancer-related fatigue?

A. Promoting high-intensity exercise

B. Encouraging short rest periods throughout the day

C. Recommending long periods of bed rest

D. Limiting hydration to avoid bathroom breaks

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6. When a patient receiving daratumumab is scheduled for a blood transfusion, what should the nurse do first?

A. Initiate an infusion of 5% dextrose in water

B. Notify the transfusion center of the patient's medication history

C. Administer diphenhydramine and acetaminophen immediately

D. Obtain verbal consent for the blood transfusion

7. Patients undergoing which type of therapy are often advised to eat a bland diet?

A. Chemotherapy

B. Immunotherapy

C. Radiation therapy

D. Targeted therapy

8. What is the primary goal of palliative care in oncology?

A. To cure the cancer

B. To manage symptoms and improve quality of life

C. To provide chemotherapy

D. To facilitate clinical trials

9. Why are multi-disciplinary teams crucial in oncology care?

A. They focus on a single aspect of patient care

B. They provide a holistic approach to patient management and treatment planning

C. They streamline the decision-making process

D. They decide on treatment based solely on clinical studies

10. Which best defines a biosimilar medication?

A. A similar medication that cannot guarantee the same safety

B. A medication with minor structural differences but the same efficacy

C. A medication with the same ingredients, manufactured at a lower cost

D. A medication made from synthetic, chemically identical products

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Answers

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

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Explanations

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1. What are the indications for using blood products in oncology?

A. To treat infections and dehydration

B. To treat anemia, thrombocytopenia, and coagulation disorders

C. To improve energy levels only

D. To enhance nutritional status

The use of blood products in oncology is primarily indicated for treating conditions that often arise as a result of cancer or its treatments. This includes anemia, which can stem from the disease itself or from chemotherapy that suppresses bone marrow function, leading to a decreased production of red blood cells. Thrombocytopenia, a condition characterized by a low platelet count, is another critical reason for the administration of blood products, as it raises the risk of bleeding and requires intervention to maintain hemostasis. Coagulation disorders also necessitate the use of products such as fresh frozen plasma or clotting factor concentrates to manage or correct bleeding tendencies. The focus on these specific conditions underscores the role of blood products in supporting the hematologic system, ensuring adequate oxygen delivery, maintaining platelet counts to prevent bleeding, and addressing abnormalities in the coagulation cascade that can complicate cancer treatment. Other options are not relevant since treating infections or dehydration typically falls outside the scope of blood product usage, and while energy levels and nutritional status may be concerns in oncology patients, these issues are generally managed through supportive care measures other than blood transfusions.

2. How often should oncology patients generally receive routine follow-up examinations?

A. Every month

B. Every 3 to 6 months

C. Once a year

D. Weekly

Oncology patients typically undergo follow-up examinations every 3 to 6 months after completion of treatment. This interval allows healthcare providers to closely monitor for any signs of recurrence or late effects of treatment, while balancing the need for regular oversight with the patient's comfort and quality of life. Regular follow-up during this timeframe is crucial for early identification of potential complications or new cancer diagnoses, which can significantly impact treatment outcomes. Receiving follow-up examinations every month may lead to unnecessary anxiety for patients and increased resource use without additional benefits. Annual check-ups may not be frequent enough, potentially allowing for disease progression before detection. Weekly visits would be excessive and impractical for most patients, leading to potential burnout and reducing their overall quality of life. Thus, the 3 to 6 month interval is the most appropriate and established practice in oncology care.

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3. What is often the first line of treatment for pain in cancer patients?

A. Non-opioid analgesics

B. Radiation therapy

C. Physical therapy

D. Opioid therapy

The first line of treatment for pain in cancer patients is typically non-opioid analgesics. This approach allows for effective management of mild to moderate pain while minimizing the risks associated with stronger medications. Non-opioid analgesics, such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), are often recommended as they can address pain caused by factors such as inflammation or tissue damage without the side effects associated with opioid medications. Using non-opioid analgesics first helps establish a treatment plan that prioritizes patient safety and comfort. If pain persists or escalates, the treatment plan can then be escalated to include stronger medications, such as opioids, while still using non-opioids as necessary to provide a multimodal approach to pain management. This stepwise approach is supported by guidelines from organizations focused on pain management in cancer patients and reflects a commitment to maximizing therapeutic benefits while minimizing adverse consequences. Other options like radiation therapy and physical therapy are often utilized as complementary strategies in managing cancer-related symptoms but do not typically serve as the first line for pain management. Opioid therapy is generally reserved for more severe pain or cases where non-opioid options have failed.

4. Which medication is commonly used for managing symptoms in patients with chemotherapy-induced nausea?

A. Ondansetron.

B. Codeine.

C. Diphenhydramine.

D. Propranolol.

Ondansetron is commonly used for managing symptoms in patients with chemotherapy-induced nausea because it is a serotonin 5-HT3 receptor antagonist. This medication works by blocking the action of serotonin, a chemical in the body that can trigger nausea and vomiting, particularly after chemotherapy treatments. Ondansetron is effective in preventing both acute and delayed nausea, making it a popular choice in oncology for patients undergoing chemotherapy. In contrast, the other medications listed do not have the same level of effectiveness in addressing nausea caused by chemotherapy. Codeine is an opioid and is primarily used for pain management rather than for nausea. Diphenhydramine is an antihistamine that can help with motion sickness and allergies but may not be effective enough for nausea from chemotherapy. Propranolol is a beta-blocker that is mainly used for conditions such as hypertension and anxiety, and it does not have a direct role in managing chemotherapy-induced nausea. Thus, ondansetron is the appropriate choice for the management of symptoms associated with chemotherapy.

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5. What is an important nursing intervention for managing cancer-related fatigue?

A. Promoting high-intensity exercise

B. Encouraging short rest periods throughout the day

C. Recommending long periods of bed rest

D. Limiting hydration to avoid bathroom breaks

Encouraging short rest periods throughout the day is an important nursing intervention for managing cancer-related fatigue. Cancer-related fatigue is a common and debilitating symptom that can significantly impact a patient's quality of life. It is often a multifactorial issue, influenced by the disease itself, treatments such as chemotherapy and radiation, and psychological factors. Short rest periods allow patients to conserve energy and manage fatigue more effectively by breaking up their day into manageable segments. This strategy can help them to engage in daily activities without overwhelming exhaustion. It recognizes the need for balance between activity and rest, which is essential for those experiencing fatigue. Promoting high-intensity exercise may not be appropriate for patients dealing with significant fatigue, as it can lead to increased exhaustion and discourage activity. Similarly, recommending long periods of bed rest can actually contribute to deconditioning and worsening fatigue over time. Lastly, limiting hydration to avoid bathroom breaks can lead to dehydration and a host of other complications, which are counterproductive to overall health and energy levels. Therefore, the focus on short, restorative periods of rest aligns well with evidence-based practices for managing cancer-related fatigue.

6. When a patient receiving daratumumab is scheduled for a blood transfusion, what should the nurse do first?

A. Initiate an infusion of 5% dextrose in water

B. Notify the transfusion center of the patient's medication history

C. Administer diphenhydramine and acetaminophen immediately

D. Obtain verbal consent for the blood transfusion

Notifying the transfusion center of the patient's medication history is crucial when a patient is receiving daratumumab, which is a monoclonal antibody used in the treatment of certain lymphomas and multiple myeloma. Daratumumab can interfere with blood typing and crossmatching because it can bind to certain red blood cells, leading to false-positive serological results. By informing the transfusion center of the patient's medication history, you enable them to take necessary precautions and possibly perform additional testing to ensure that the blood products are safe for the patient. This step helps prevent transfusion reactions that could occur due to the interference of daratumumab with the crossmatching process. While other actions, such as obtaining verbal consent or administering premedications like diphenhydramine and acetaminophen, are important in the overall process of managing patients receiving transfusions, they do not address the specific risk associated with daratumumab's impact on blood component compatibility as directly as notifying the transfusion center. Preparing for a safe transfusion starts by ensuring the facility has all pertinent information, particularly in the context of a medication like daratumumab.

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7. Patients undergoing which type of therapy are often advised to eat a bland diet?

A. Chemotherapy

B. Immunotherapy

C. Radiation therapy

D. Targeted therapy

Patients undergoing radiation therapy, especially those receiving treatment to the abdominal or pelvic area, are often advised to eat a bland diet. This recommendation is rooted in the common side effects associated with radiation treatment, such as nausea, vomiting, diarrhea, and general gastrointestinal discomfort. A bland diet, which typically includes foods that are easy to digest and low in fiber, can help minimize these symptoms and prevent further irritation of the digestive system. Such foods may include rice, bananas, applesauce, and toast, commonly referred to as the BRAT diet, which helps to manage gastrointestinal distress. While chemotherapy can also lead to nausea and gastrointestinal upset, the recommendation for a bland diet is particularly emphasized during radiation therapy due to its targeted effects on the gastrointestinal tract in some cases. Immunotherapy and targeted therapy may have side effects, but they do not generally necessitate a bland diet to the same extent as radiation therapy does for patients experiencing radiation-related gastrointestinal symptoms.

8. What is the primary goal of palliative care in oncology?

A. To cure the cancer

B. To manage symptoms and improve quality of life

C. To provide chemotherapy

D. To facilitate clinical trials

The primary goal of palliative care in oncology is to manage symptoms and improve quality of life. Palliative care focuses on providing relief from the symptoms, pain, and stress associated with serious illnesses, including cancer. It is an integral part of cancer treatment that can be provided alongside curative therapies or as the main focus of care when curative treatment is no longer an option. This approach emphasizes understanding the patient's experience, providing emotional and spiritual support, and enhancing the overall well-being of the individual and their family. By addressing issues such as pain, nausea, fatigue, anxiety, and interpersonal challenges, palliative care aims to improve the patient's quality of life, regardless of the stage of the disease or the need for other treatments. In contrast, the other options are not aligned with the core objective of palliative care. For example, curing cancer, providing chemotherapy, or facilitating clinical trials focus more on disease management and treatment rather than the holistic support of symptom relief and quality of life enhancement that palliative care emphasizes.

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9. Why are multi-disciplinary teams crucial in oncology care?

A. They focus on a single aspect of patient care

B. They provide a holistic approach to patient management and treatment planning

C. They streamline the decision-making process

D. They decide on treatment based solely on clinical studies

Multi-disciplinary teams are crucial in oncology care because they provide a holistic approach to patient management and treatment planning. In oncology, cancer patients often face a complex array of challenges that require input from various healthcare experts, including oncologists, nurses, surgical teams, radiologists, nutritionists, social workers, and palliative care specialists. This collaborative approach ensures that all aspects of a patient's health and well-being are considered, leading to more personalized and effective treatment plans. A holistic approach goes beyond simply addressing the cancer itself; it encompasses total patient care, including physical, emotional, and social needs. By integrating diverse expertise, multi-disciplinary teams can address the psychosocial factors affecting patient outcomes, manage side effects more effectively, and provide comprehensive support throughout the cancer continuum—from diagnosis through survivorship or end-of-life care. This collaborative framework enhances communication among providers and ensures that care is coordinated, reducing the risk of fragmented treatment plans that may arise when care focuses solely on specific aspects of patient care. Ultimately, tailoring the treatment plan to the individual patient's needs and preferences, while taking into account the multifaceted nature of cancer care, is what makes multi-disciplinary teams essential in oncology.

10. Which best defines a biosimilar medication?

A. A similar medication that cannot guarantee the same safety

B. A medication with minor structural differences but the same efficacy

C. A medication with the same ingredients, manufactured at a lower cost

D. A medication made from synthetic, chemically identical products

The definition of a biosimilar medication aligns with the concept that these are biological products that are highly similar to an already FDA-approved reference product, despite having some minor structural differences. The key aspect of biosimilars is that they are shown through rigorous testing to have no clinically meaningful differences in terms of safety, purity, and potency when compared to the reference product. The choice indicating that a biosimilar has minor structural differences but maintains the same efficacy accurately reflects the regulatory standards and the scientific rationale behind biosimilars. This means that while there may be slight variations in the molecular structure due to the complex nature of biologics, the therapeutic effect and overall clinical performance are intended to remain consistent with the original medication. In contrast, the other options inaccurately capture the essence of biosimilars. For instance, claiming a biosimilar cannot guarantee the same safety does not reflect the comprehensive studies required for their approval. Stating that a biosimilar has the same ingredients or is made from synthetic, chemically identical products suggests a misunderstanding of the fundamental differences between biological medications and traditional pharmaceuticals, as biosimilars are derived from living organisms and can vary significantly from the reference product due to their biological nature.

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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://oncologynursing.examzify.com

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

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