STROKE CERTIFIED REGISTERED NURSE (SCRN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://strokecertifiedregisterednurse.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. What is vital to assess during the initial stroke evaluation?

A. The patient's medication history

B. The onset time of symptoms

C. The patient's family history

D. The level of physical fitness

2. Which factor increases the risk for both ischemic and hemorrhagic strokes?

A. Age

B. Low blood pressure

C. Consuming high levels of dietary fiber

D. Lack of physical activity

3. When should rehabilitation services begin for stroke patients?

A. Immediately after the stroke

B. As soon as possible, preferably in the acute phase

C. Only after hospital discharge

D. Within one month post-stroke

4. What is the function of the Circle of Willis in stroke management?

A. It absorbs toxins from the bloodstream

B. It helps in regulating blood pressure

C. It provides collateral circulation to the brain

D. It produces cerebrospinal fluid

5. What is a common treatment option for ischemic strokes?

A. Blood transfusion

B. Administration of thrombolytics

C. Anticoagulants only

D. Emergency surgery

6. Which test would be considered safest for a patient suspected of having a stroke whose tPA eligibility is uncertain?

A. CT scan

B. MR diffusion-weighted imaging

C. Ultrasound

D. Cerebral angiogram

SAMPLE

7. What is the primary goal of acute stroke management?

A. To implement long-term rehabilitation strategies

B. To restore blood flow to the brain

C. To manage blood pressure levels

D. To prevent complications from surgery

8. What role does advanced imaging play in stroke management?

A. It can detect underlying cardiac issues

B. It can reveal prior strokes

C. It can identify salvageable brain tissue and guide treatment decisions

D. It assesses overall brain function

9. What lab test is important for evaluating coagulation status pre-thrombolysis?

A. INR or aPTT

B. Complete blood count

C. Liver function tests

D. C-reactive protein

10. Atrial fibrillation is associated with which of the following risks?

A. An increased risk of stroke and mortality

B. An increased risk of allergic reactions

C. An increased risk of respiratory infections

D. A decreased risk of heart disease

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is vital to assess during the initial stroke evaluation?

A. The patient's medication history

B. The onset time of symptoms

C. The patient's family history

D. The level of physical fitness

Assessing the onset time of symptoms is critical during the initial stroke evaluation because it directly influences treatment decisions and outcomes for the patient. Identifying the precise time when symptoms began helps determine if the patient is a candidate for time-sensitive interventions, such as thrombolytic therapy, which must be administered within a specific window (typically within 3 to 4.5 hours of symptom onset). Faster identification of symptom onset can lead to more effective treatment and improved neurological outcomes. The onset time provides healthcare providers with essential information to differentiate between ischemic and hemorrhagic strokes and evaluate the severity of the event. Accurate time assessment allows for appropriate triage and can aid in predicting rehabilitation potential and overall prognosis. Thus, understanding when the symptoms began is the cornerstone of the rapid and effective management of stroke.

2. Which factor increases the risk for both ischemic and hemorrhagic strokes?

A. Age

B. Low blood pressure

C. Consuming high levels of dietary fiber

D. Lack of physical activity

Age is a well-established risk factor for both ischemic and hemorrhagic strokes. As individuals age, the likelihood of stroke increases significantly due to several physiological changes that occur in the body. For example, blood vessels may become more rigid and less elastic, which can lead to higher chances of ischemic strokes as well as hemorrhagic strokes due to potential weaknesses in vessel walls. Additionally, with advancing age, there is an increased prevalence of comorbidities such as hypertension, diabetes, and hyperlipidemia, all of which contribute to the overall risk of stroke. This cumulative effect makes age a critical factor in stroke risk assessment for both types of strokes, enhancing its relevance in clinical practice and patient education. In contrast, while low blood pressure can lead to insufficient blood flow, it is generally not considered a direct risk factor for stroke. Consuming high levels of dietary fiber is typically associated with cardiovascular health benefits and does not increase stroke risk. A lack of physical activity can lead to other risk factors such as obesity or hypertension, but its relationship is not as direct as age in terms of stroke incidence. Therefore, identifying age as a significant risk factor remains crucial for effective stroke prevention and management strategies.

SAMPLE

3. When should rehabilitation services begin for stroke patients?

A. Immediately after the stroke

B. As soon as possible, preferably in the acute phase

C. Only after hospital discharge

D. Within one month post-stroke

Starting rehabilitation services as soon as possible, preferably in the acute phase, is crucial for stroke patients because early intervention can significantly influence outcomes and recovery. Initiating rehabilitation during the acute phase takes advantage of the neuroplasticity of the brain, which is the ability of the brain to reorganize itself by forming new neural connections. This is particularly vital after a stroke when the brain may begin to adapt to new pathways for motor and cognitive functions. Research indicates that beginning rehabilitation early can help improve mobility, reduce disability, and enhance the overall quality of life. Interventions in this time frame may include physical therapy, occupational therapy, and speech-language therapy, which can aid in regaining lost skills and promoting independence. The acute phase is typically the period right after the stroke event when the patient is still hospitalized, making it the optimum time for various rehabilitation strategies to be implemented. Other options suggest starting rehabilitation at later stages, such as only after hospital discharge or within a month post-stroke, which may delay potential recovery benefits. A brief pause in starting rehabilitation can hinder recovery and decrease the effectiveness of treatment strategies that leverage the body's healing processes shortly after a stroke. Therefore, beginning rehabilitation as soon as possible aligns with best practices in stroke recovery and optimal patient outcomes.

4. What is the function of the Circle of Willis in stroke management?

A. It absorbs toxins from the bloodstream

B. It helps in regulating blood pressure

C. It provides collateral circulation to the brain

D. It produces cerebrospinal fluid

The Circle of Willis plays a crucial role in the vascular supply to the brain by providing collateral circulation. In the event of a blockage or narrowing in one of the major arteries supplying blood to the brain, the Circle of Willis allows blood to reroute through alternative pathways. This can be particularly significant during a stroke, as it helps maintain cerebral perfusion and reduce the extent of ischemic injury by ensuring that affected brain regions continue to receive some level of blood supply. This function is essential in stroke management because it can influence the outcome and recovery of the patient. If collateral circulation is sufficient, it may help protect brain tissue and improve functional outcomes. Understanding this anatomical feature is vital for clinicians when assessing a patient's stroke and determining the best course of action for treatment and rehabilitation.

SAMPLE

5. What is a common treatment option for ischemic strokes?

A. Blood transfusion

B. Administration of thrombolytics

C. Anticoagulants only

D. Emergency surgery

The administration of thrombolytics is a standard treatment for ischemic strokes. Ischemic strokes occur when a blood vessel supplying blood to the brain is obstructed, usually by a clot. Thrombolytics, often referred to as "clot busters," work by dissolving the clot and restoring blood flow to the affected area of the brain. The earlier these medications are administered, ideally within a few hours of symptom onset, the better the chances of minimizing brain damage and improving recovery outcomes. The use of thrombolytics aligns with the established protocols and clinical guidelines for managing ischemic stroke, emphasizing the importance of rapid intervention and restoration of cerebral perfusion. This treatment has been shown to significantly improve neurological outcomes in eligible patients when given promptly.

6. Which test would be considered safest for a patient suspected of having a stroke whose tPA eligibility is uncertain?

A. CT scan

B. MR diffusion-weighted imaging

C. Ultrasound

D. Cerebral angiogram

The CT scan is the safest test for a patient suspected of having a stroke when the eligibility for tPA (tissue Plasminogen Activator) is uncertain primarily because it is rapid, widely available, and effective at ruling out intracranial hemorrhage, which is a critical consideration before administering tPA. In the acute setting of a stroke, time is of the essence, and a CT scan can quickly provide crucial information about the patient's condition. It can differentiate between ischemic strokes, where tPA might be indicated, and hemorrhagic strokes, where such treatment would be contraindicated. Other options, while they may have specific advantages, present greater risks or require more time. MR diffusion-weighted imaging, although sensitive for detecting ischemic stroke, involves longer acquisition times and the presence of a magnetic field, which can be problematic in emergencies. Ultrasound is useful for assessing carotid arteries but does not provide detailed intracranial information necessary for tPA decision-making. A cerebral angiogram, while helpful in evaluating blood vessels in cases of stroke, is an invasive procedure that carries risks like vessel injury or allergic reactions, making it less suitable in situations where quick and safe assessment is essential.

SAMPLE

7. What is the primary goal of acute stroke management?

A. To implement long-term rehabilitation strategies

B. To restore blood flow to the brain

C. To manage blood pressure levels

D. To prevent complications from surgery

The primary goal of acute stroke management is to restore blood flow to the brain. In the context of an ischemic stroke, where a blockage in a blood vessel prevents adequate blood supply, timely intervention is crucial to minimize brain cell death and preserve neurological function. Restoring blood flow can be achieved through various methods, including thrombolytic therapy (clot-busting drugs) or mechanical thrombectomy (removal of the clot). These interventions aim to reverse the effects of the stroke and can greatly influence patient outcomes if administered within a critical time frame, typically within a few hours of symptom onset. While managing blood pressure levels is important in the overall care and treatment of a stroke patient, it is supportive rather than the primary goal during the acute phase. Similarly, implementing long-term rehabilitation strategies and preventing complications from surgery are essential aspects of stroke care but fall outside the immediate focus of acute management. The urgent application of treatments to restore blood flow takes precedence in acute stroke scenarios to protect brain function and limit disability.

8. What role does advanced imaging play in stroke management?

A. It can detect underlying cardiac issues

B. It can reveal prior strokes

C. It can identify salvageable brain tissue and guide treatment decisions

D. It assesses overall brain function

Advanced imaging techniques, such as CT perfusion or MRI, are crucial in stroke management as they can distinctly visualize the ischemic brain and identify regions that still have the potential to be salvaged, known as the penumbra. This information is essential in guiding acute treatment decisions, such as determining the appropriateness of thrombolytic therapy or endovascular interventions. Identifying salvageable brain tissue helps physicians to maximize patient outcomes by targeting interventions effectively before irreversible damage occurs in the core infarcted area. While other options address important aspects of patient care, such as the identification of underlying conditions or assessing overall brain function, they do not directly relate to the critical role of imaging in guiding immediate and specific treatment strategies during the acute phase of stroke. The capability to visualize and assess salvageable tissue is a defining element of how advanced imaging improves stroke management and impacts clinical decisions promptly.

SAMPLE

9. What lab test is important for evaluating coagulation status pre-thrombolysis?

A. INR or aPTT

B. Complete blood count

C. Liver function tests

D. C-reactive protein

Evaluating coagulation status prior to thrombolysis is crucial, as the use of thrombolytic agents in patients with acute ischemic stroke can lead to serious complications, including hemorrhagic transformation if the coagulation parameters are not within acceptable limits. The International Normalized Ratio (INR) and activated Partial Thromboplastin Time (aPTT) are the primary tests used to assess coagulation status. INR is particularly significant for patients on anticoagulant therapy, such as warfarin, as it helps determine the risk of bleeding. aPTT evaluates the intrinsic and common pathways of coagulation and is important in assessing the efficacy of heparin therapy. Together, these tests provide comprehensive insight into whether a patient can safely receive thrombolytic therapy without significantly increasing their risk of bleeding during or after the procedure. The remaining options do not specifically measure coagulation status. A complete blood count primarily assesses overall hematological health but does not provide direct information on coagulation factors. Liver function tests evaluate the liver's ability to produce proteins necessary for clotting but do not directly measure coagulation. C-reactive protein is an inflammatory marker and does not have any role in assessing coagulation status. Thus, INR and aPT

10. Atrial fibrillation is associated with which of the following risks?

A. An increased risk of stroke and mortality

B. An increased risk of allergic reactions

C. An increased risk of respiratory infections

D. A decreased risk of heart disease

Atrial fibrillation (AF) significantly increases the risk of stroke because it can cause irregular blood flow in the heart. This irregularity can lead to the formation of blood clots in the atria, particularly in the left atrial appendage. If these clots dislodge, they can travel to the brain, resulting in a stroke. Studies have shown that AF is one of the most important risk factors for stroke, hence the association with increased morbidity and mortality rates. Additionally, the presence of atrial fibrillation can complicate management for patients with various other health issues, further contributing to an increased risk of mortality. The understanding of AF as a major contributor to adverse cardiovascular outcomes reinforces the necessity for appropriate anticoagulation therapy and careful monitoring in affected individuals to mitigate stroke risk. The other choices relate to complications or risks that are not directly tied to atrial fibrillation, thereby establishing option A as the only accurate reflection of the associated risks with this condition.

SAMPLE

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://strokecertifiedregisterednurse.examzify.com

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

SAMPLE