

# Canadian Practical Nurse Registration Examination (CPRNE) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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.

# 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!**

## Questions

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- 1. What are the expected symptoms of Prinzmetal's angina during an episode?**
  - A. Mild discomfort and short duration**
  - B. Severe pain typically at rest**
  - C. Consistent pain pattern with exertion**
  - D. No pain but an irregular heart rate**
  
- 2. What is oliguria?**
  - A. Excessive urine output**
  - B. Normal urine output**
  - C. Decreased urine output**
  - D. Urinary tract infection**
  
- 3. According to best practices, how should crutches be positioned when using them?**
  - A. Place them 10 cm behind the feet**
  - B. Hold them at a 45-degree angle**
  - C. Place them 12 cm in front and to the side of the feet**
  - D. Rest them against the body**
  
- 4. Which symptom may indicate a Transient Ischemic Attack?**
  - A. Extreme fatigue**
  - B. Paralysis of one side of the body**
  - C. Persistent cough**
  - D. Stomach pain**
  
- 5. Which of the following symptoms is typically associated with acute respiratory distress syndrome (ARDS)?**
  - A. Chronic cough**
  - B. Wheezing**
  - C. Progressive hypoxia**
  - D. Excessive sputum production**

- 6. What does "unstageable" signify in a pressure ulcer?**
- A. Complete tissue loss**
  - B. Presence of necrotic tissue making depth assessment impossible**
  - C. Localized skin erosion**
  - D. Intact skin**
- 7. Which type of drainage indicates active bleeding and is bright red?**
- A. Sanguineous drainage**
  - B. Purulent drainage**
  - C. Serous drainage**
  - D. Serosanguineous drainage**
- 8. What are the severe symptoms of hypovolemic shock?**
- A. Fatigue and headache**
  - B. Pale skin and dizziness**
  - C. Cold/clammy skin and confusion**
  - D. Nausea and syncope**
- 9. Which symptom is NOT associated with pneumonia?**
- A. Persistent cough with possible sputum**
  - B. Chest pain with breathing**
  - C. Orthopnea**
  - D. Confusion or changes in level of consciousness**
- 10. What is the peak time for mixed insulin after the initial dose?**
- A. 1-2 hours**
  - B. 2-4 hours and then 6-12 hours**
  - C. 4-6 hours**
  - D. 6-8 hours**

## Answers

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

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## **Explanations**

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**1. What are the expected symptoms of Prinzmetal's angina during an episode?**

- A. Mild discomfort and short duration**
- B. Severe pain typically at rest**
- C. Consistent pain pattern with exertion**
- D. No pain but an irregular heart rate**

Prinzmetal's angina, also known as variant angina, typically presents with episodes of severe chest pain that often occur at rest, rather than during exertion. This type of angina is caused by coronary artery spasm, leading to transient ischemia in the heart muscle. The pain is generally intense and can last from a few minutes to up to 30 minutes, often occurring in cycles. During an episode, individuals may experience acute and debilitating pain, which is a distinguishing feature of this condition. While it can be associated with other symptoms like palpitations or syncope, the hallmark symptom is indeed the severe pain, setting it apart from other forms of angina, which are usually associated with exertion or stress. Understanding this symptom profile is important for identification and management of Prinzmetal's angina, as effective treatment strategies often involve medications that mitigate coronary artery spasms.

**2. What is oliguria?**

- A. Excessive urine output**
- B. Normal urine output**
- C. Decreased urine output**
- D. Urinary tract infection**

Oliguria refers to a condition characterized by decreased urine output, typically defined as producing less than 400 milliliters of urine in a 24-hour period for adults. This can be indicative of various medical conditions, including dehydration, kidney disease, or urinary obstruction, among others. Recognizing oliguria is crucial in clinical assessments as it may signal underlying health issues that require immediate attention. The other options describe different states of urine output or conditions. Excessive urine output, known as polyuria, is the opposite of oliguria. Normal urine output varies between individuals but generally ranges from 800 to 2000 milliliters per day in healthy adults. A urinary tract infection, while it can affect urine production and characteristics, is a distinct condition often presenting with different symptoms such as urgency, frequency, or burning sensation during urination. Understanding oliguria's definition and implications is essential for timely and appropriate medical care.

**3. According to best practices, how should crutches be positioned when using them?**

- A. Place them 10 cm behind the feet**
- B. Hold them at a 45-degree angle**
- C. Place them 12 cm in front and to the side of the feet**
- D. Rest them against the body**

The ideal positioning of crutches is crucial for effective use and maintaining balance. Placing the crutches 12 cm in front and to the side of the feet allows for proper support when transferring weight, which promotes stability and helps prevent falls. This positioning ensures that the user can effectively use the crutches to assist with mobility while keeping their center of gravity over their base of support. When positioned in front and slightly to the side, the crutches facilitate forward movement and allow the user to maintain an appropriate stride when walking. This setup also promotes natural arm movement, enabling the individual to walk comfortably and safely. The chosen distance effectively combines support and mobility, reducing the risk of injury or strain. Other positioning options, such as placing crutches too far behind the feet or resting them against the body, do not offer the necessary support and can lead to difficulties in balance and movement. Additionally, holding crutches at a 45-degree angle is not optimal for walking as it does not facilitate the forward step needed for effective use.

**4. Which symptom may indicate a Transient Ischemic Attack?**

- A. Extreme fatigue**
- B. Paralysis of one side of the body**
- C. Persistent cough**
- D. Stomach pain**

A Transient Ischemic Attack (TIA), often referred to as a mini-stroke, is characterized by sudden neurological symptoms that last for a short duration, typically less than 24 hours. One of the hallmark symptoms of a TIA is paralysis or weakness on one side of the body, which can occur because of temporary interruption of blood flow to specific areas of the brain. This symptom indicates that there is a transient reduction in brain function due to lack of oxygen and nutrients, often resulting in motor impairment on one side. In contrast, extreme fatigue is more ambiguous and can be indicative of various other health issues but is not a primary symptom specifically associated with TIAs. A persistent cough could point to respiratory issues, and stomach pain generally relates to gastrointestinal problems, neither of which directly correlate to the neurological deficits seen in a TIA. Hence, paralysis of one side of the body most accurately reflects the transient neurological symptoms that are characteristic of a TIA.

5. Which of the following symptoms is typically associated with acute respiratory distress syndrome (ARDS)?

- A. Chronic cough
- B. Wheezing
- C. Progressive hypoxia**
- D. Excessive sputum production

Progressive hypoxia is a hallmark symptom of acute respiratory distress syndrome (ARDS). In ARDS, there is an inflammatory response in the lungs that leads to increased permeability of the alveolar-capillary membrane. This results in fluid accumulation in the alveoli, impairing gas exchange and causing a significant drop in oxygen levels in the bloodstream. As the condition progresses, the patient experiences increasing difficulty in breathing and a marked decrease in oxygen saturation, which is described as progressive hypoxia. Other symptoms associated with ARDS may include rapid breathing, use of accessory muscles for breathing, and a distressing feeling of not being able to catch one's breath. However, the defining feature that differentiates ARDS from other respiratory conditions is the rapid progression of hypoxia due to impaired gas exchange rather than the presence of chronic symptoms or excessive sputum production.

6. What does "unstageable" signify in a pressure ulcer?

- A. Complete tissue loss
- B. Presence of necrotic tissue making depth assessment impossible**
- C. Localized skin erosion
- D. Intact skin

The term "unstageable" in the context of pressure ulcers indicates that there is a presence of necrotic tissue, such as eschar or slough, which obscures the visibility of the wound bed. As a result, the depth and the extent of tissue damage cannot be accurately assessed. This lack of visibility prevents healthcare professionals from determining the true stage of the ulcer based on established guidelines, which require clear visualization of the wound bed to classify it. In contrast, complete tissue loss directly relates to stages of ulcers where underlying structures are visible, some classifications involve intact or eroded skin without necrosis, thus not qualifying as "unstageable." Therefore, the description of "unstageable" specifically correlates with the inability to assess due to the presence of necrotic tissue, making it essential to manage such wounds appropriately while aiming for debridement and observation to better evaluate their condition.

**7. Which type of drainage indicates active bleeding and is bright red?**

- A. Sanguineous drainage**
- B. Purulent drainage**
- C. Serous drainage**
- D. Serosanguineous drainage**

Sanguineous drainage is characterized by the presence of bright red blood, indicating fresh or active bleeding. This type of drainage typically occurs immediately after surgery or in the presence of trauma, reflecting the body's response to injury through the release of blood. The vibrant color signifies oxygen-rich arterial blood, which is a critical detail in assessing a patient's condition. In contrast, purulent drainage is associated with infections and contains pus, presenting as yellow, green, or brown and not indicating fresh bleeding. Serous drainage is clear or straw-colored, resembling serum from blood, indicating fluid rather than active bleeding. Serosanguineous drainage is a mixture of serum and blood, which appears pink or light red, but does not represent active bleeding to the same extent as sanguineous drainage.

**8. What are the severe symptoms of hypovolemic shock?**

- A. Fatigue and headache**
- B. Pale skin and dizziness**
- C. Cold/clammy skin and confusion**
- D. Nausea and syncope**

Severe symptoms of hypovolemic shock include cold or clammy skin and confusion due to the body's response to significant fluid loss and reduced blood volume. When a person experiences hypovolemic shock, there is insufficient blood flow to vital organs, leading to compromised oxygen delivery and nutrient supply. As the body attempts to maintain blood pressure and perfusion, it constricts blood vessels in the extremities, resulting in cold and clammy skin. Confusion can occur as the brain does not receive enough blood and oxygen, impairing cognitive function and potentially leading to disorientation or altered levels of consciousness. This symptom reflects a critical state of the body's compensatory mechanisms failing to sustain adequate perfusion, which is a hallmark of severe hypovolemic shock. In contrast, other symptoms listed, such as fatigue and headache or nausea and syncope, are less indicative of the severity and acute nature of hypovolemic shock. Pale skin and dizziness might be present but are not as definitive of a severe state as the combination of cold/clammy skin and confusion, which signify that the body is under significant duress and in need of immediate medical intervention.

**9. Which symptom is NOT associated with pneumonia?**

- A. Persistent cough with possible sputum**
- B. Chest pain with breathing**
- C. Orthopnea**
- D. Confusion or changes in level of consciousness**

The symptom of orthopnea is typically associated with conditions such as heart failure or severe respiratory issues, where the individual has difficulty breathing while lying flat. Pneumonia, on the other hand, generally presents with symptoms that are more directly related to lung infection and inflammation. Symptoms like a persistent cough with possible sputum production are common in pneumonia as the body attempts to clear the infection from the lungs. Chest pain that worsens with breathing can occur due to pleuritic pain, which is irritation of the pleura due to the infection process. Additionally, confusion or changes in the level of consciousness can occur in pneumonia, especially in older adults or those with severe infections, due to hypoxia or systemic illness impacting brain function. Therefore, orthopnea stands out as not typically associated with pneumonia, making it the correct answer in this context.

**10. What is the peak time for mixed insulin after the initial dose?**

- A. 1-2 hours**
- B. 2-4 hours and then 6-12 hours**
- C. 4-6 hours**
- D. 6-8 hours**

The peak time for mixed insulin after the initial dose is typically in the 2-4 hour range, followed by a secondary peak that can occur around 6-12 hours later. This is due to the composition of mixed insulin formulations, which combine both short-acting and intermediate-acting insulins. The short-acting component generally reaches its peak effect within 2-4 hours, facilitating the immediate regulation of blood glucose after meals. The intermediate-acting insulin then comes into play, providing a more sustained effect over a longer period, which can lead to a second peak as it continues to lower blood glucose levels. Understanding the peak times for different types of insulin is crucial for effective diabetes management, as it aids in timing meals and other insulin doses to maintain optimal blood sugar control. Recognizing this pattern helps healthcare providers and patients anticipate the timing of potential hypoglycemia and manage their insulin therapy more effectively.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://cprne.examzify.com>**

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

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