

Certified Emergency Nurse (CEN) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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.

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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 leads show changes in a right marginal artery myocardial infarction?**
 - A. V1 and V2**
 - B. I, aVL, V5, V6**
 - C. 2, 3, aVF**
 - D. V3, V4, V5**
- 2. What symptom may indicate a serious infection in elderly patients?**
 - A. Elevated temperature**
 - B. Subnormal temperature**
 - C. Increased heart rate**
 - D. Generalized rash**
- 3. What is a distinguishing sign of pulsus paradoxus?**
 - A. Increase in Diastolic Blood Pressure**
 - B. No Change in Blood Pressure**
 - C. Decrease in Systolic Blood Pressure**
 - D. Increase in Heart Rate**
- 4. In which condition are paravertebral muscles spasming to force the trunk into hyperextension?**
 - A. Opisthotonus**
 - B. Akathisia**
 - C. Neuroleptic malignant syndrome**
 - D. Torticollis**
- 5. What causes serotonin syndrome?**
 - A. Excessive caffeine intake**
 - B. Mixing SSRIs with certain medications or substances**
 - C. Overuse of antipsychotic drugs alone**
 - D. Vitamin deficiency**

6. What is a common clinical feature of posterior descending artery MI?

- A. Tall R waves in V1 and V2**
- B. ST elevation in leads 2, 3, aVF**
- C. Elevation in arterial blood pressure**
- D. Bradycardia**

7. Which treatment is specifically suggested for immune-related thrombocytopenia?

- A. Hydration**
- B. Factor replacement**
- C. Prednisone**
- D. Antibiotics**

8. Which symptom is indicative of left-sided heart failure?

- A. Increased JVD**
- B. Peripheral edema**
- C. Shortness of breath (SOB)**
- D. Nausea**

9. In which condition is pain relief often enhanced with warm moist heat?

- A. DIC**
- B. Thrombocytosis**
- C. Sickle cell disease**
- D. Hemophilia A**

10. What does acute buccolingual crisis produce?

- A. Facial spasm with difficulty speaking**
- B. Neck twisting to one side**
- C. Hyperextension of the neck and trunk**
- D. Muscular rigidity throughout the body**

Answers

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

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Explanations

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1. Which leads show changes in a right marginal artery myocardial infarction?

- A. V1 and V2**
- B. I, aVL, V5, V6**
- C. 2, 3, aVF**
- D. V3, V4, V5**

In a right marginal artery myocardial infarction, the changes are typically reflected in the inferior leads of the electrocardiogram. These leads - which include lead II, lead III, and lead aVF - are primarily associated with the inferior wall of the heart and can help identify damage due to occlusion of the right coronary artery or its branches, such as the right marginal artery. In this case, the presence of changes in these specific leads suggests that the heart's inferior wall is affected, which corresponds with the vascular supply of the right marginal artery. Recognizing these changes in the inferior leads is crucial for diagnosing and managing myocardial infarctions effectively, as they indicate the location and extent of ischemic damage. The other choices would involve leads related to different areas of the heart or types of myocardial infarctions that do not correlate specifically with a right marginal artery occlusion, emphasizing the importance of understanding lead placements and what regions of the heart they represent in the context of myocardial infarctions.

2. What symptom may indicate a serious infection in elderly patients?

- A. Elevated temperature**
- B. Subnormal temperature**
- C. Increased heart rate**
- D. Generalized rash**

In elderly patients, a subnormal temperature can be a significant indicator of a serious infection. Unlike younger adults, who typically present with fever in response to infection, older adults may not exhibit a robust febrile response. Their immune systems can be less responsive, and as a result, infections may not cause the expected rise in body temperature. This can lead to a situation where a subnormal temperature signals a critical need for medical intervention and can be an early warning sign of sepsis or other serious infections. Elevated temperature could indicate infection but is less common in the elderly due to the blunted immune response. An increased heart rate can occur with various conditions, not just infections, and does not specifically indicate severity. A generalized rash might suggest an infection or other issues but is not as definitive as subnormal temperature in the context of elderly patients and serious infections. Thus, recognizing subnormal temperature as a potential hallmark of infection is crucial for prompt diagnosis and treatment in this vulnerable population.

3. What is a distinguishing sign of pulsus paradoxus?

- A. Increase in Diastolic Blood Pressure**
- B. No Change in Blood Pressure**
- C. Decrease in Systolic Blood Pressure**
- D. Increase in Heart Rate**

Pulsus paradoxus is characterized by a significant decrease in systolic blood pressure during inspiration. This phenomenon occurs when the pressure in the thoracic cavity changes with breathing, leading to a temporary reduction in venous return to the heart during inhalation. As a result, there's a notable drop in the blood pressure recorded during the inhaled phase of respiration. In patients experiencing conditions such as cardiac tamponade, severe asthma, or constrictive pericarditis, this decrease can be pronounced and is a critical indicator for diagnosis and management. Therefore, the understanding of pulsus paradoxus hinges on the recognition that systolic blood pressure shows a marked reduction with the respiratory cycle, particularly during inspiration. This distinctive pattern helps clinicians evaluate patients presenting with respiratory distress or signs of cardiac instability.

4. In which condition are paravertebral muscles spasming to force the trunk into hyperextension?

- A. Opisthotonus**
- B. Akathisia**
- C. Neuroleptic malignant syndrome**
- D. Torticollis**

Opisthotonus is a spasm of the back muscles that causes the trunk to arch backward, leading to a hyperextended position. This can occur as a protective mechanism in response to certain neurological conditions, such as meningitis or seizures, where muscle contraction forces the body into an exaggerated posture. In this state, the head and heels may touch the ground while the spine is elongated and arched, illustrating the characteristic hyperextension. In contrast, akathisia involves a subjective feeling of inner restlessness and an overwhelming need to be in constant motion, rather than a specific posture. Neuroleptic malignant syndrome (NMS) encompasses a severe reaction to antipsychotic medications, presenting with muscle rigidity, fever, and autonomic instability, but not necessarily the hyperextended posture seen in opisthotonus. Torticollis, on the other hand, is characterized by an abnormal, asymmetrical head or neck position without the pronounced hyperextension seen in opisthotonus.

5. What causes serotonin syndrome?

- A. Excessive caffeine intake
- B. Mixing SSRIs with certain medications or substances**
- C. Overuse of antipsychotic drugs alone
- D. Vitamin deficiency

Serotonin syndrome is primarily caused by the excessive accumulation of serotonin in the brain, which can occur when serotonin levels are increased through various means. The most significant factor is the combination of selective serotonin reuptake inhibitors (SSRIs) with other medications or substances that also elevate serotonin levels. Common examples include mixing SSRIs with certain other antidepressants, monoamine oxidase inhibitors (MAOIs), tramadol, or recreational drugs such as MDMA. This synergistic effect can lead to an overload of serotonin, resulting in the constellation of symptoms associated with serotonin syndrome, which may include agitation, confusion, rapid heart rate, dilated pupils, and muscle rigidity. Understanding that this syndrome is typically rooted in drug interactions is crucial for prevention and effective management in clinical settings.

6. What is a common clinical feature of posterior descending artery MI?

- A. Tall R waves in V1 and V2**
- B. ST elevation in leads 2, 3, aVF
- C. Elevation in arterial blood pressure
- D. Bradycardia

In the context of myocardial infarction (MI) involving the posterior descending artery, a common clinical feature is the presence of tall R waves in V1 and V2. This observation is characteristic of a posterior wall infarction as the electrical activity is disrupted when the heart muscle is injured in that region. When the posterior descending artery is compromised, it impacts the heart's electrical conduction pathways, leading to variations in the EKG readings. The tall R waves in the right precordial leads (V1 and V2) can occur due to the transition of electrical forces from the back of the heart toward the anterior wall, demonstrating the effects of the posterior MI. Other features of a posterior MI might include reciprocal ST segment changes in the anterior leads, and this pattern helps clinicians identify the MI's location. Tall R waves are distinct in this situation and provide critical information in understanding the patient's cardiac status. In contrast, the other options do not accurately describe the usual indicators of a posterior descending artery MI. For example, ST elevation in leads 2, 3, and aVF typically points toward an inferior MI involving the right coronary artery rather than a posterior MI. Similarly, elevation in arterial blood pressure is not a consistent finding, as blood pressure may vary.

7. Which treatment is specifically suggested for immune-related thrombocytopenia?

- A. Hydration**
- B. Factor replacement**
- C. Prednisone**
- D. Antibiotics**

Immune-related thrombocytopenia, often referred to as immune thrombocytopenic purpura (ITP), occurs when the immune system mistakenly targets and destroys platelets in the blood, leading to a low platelet count. The primary treatment for this condition is the use of corticosteroids, such as prednisone. Prednisone works by suppressing the immune response, which helps to decrease the destruction of platelets. It can effectively raise platelet counts in many patients by reducing the immune activity that leads to thrombocytopenia. The ability of prednisone to modulate the immune response makes it the cornerstone of therapy for immune-mediated conditions such as ITP. Other treatments for low platelet counts may include addressing underlying causes or using additional medications if steroids are not effective or if the condition is chronic; however, in the context of immediate treatment specifically for immune-related thrombocytopenia, prednisone is the recommended choice. Hydration, factor replacement, and antibiotics do not address the immune mechanism driving the low platelet count in this scenario, which is why they are not suitable primary treatments for immune-related thrombocytopenia.

8. Which symptom is indicative of left-sided heart failure?

- A. Increased JVD**
- B. Peripheral edema**
- C. Shortness of breath (SOB)**
- D. Nausea**

Shortness of breath is a hallmark symptom of left-sided heart failure. This condition occurs when the left ventricle struggles to effectively pump blood out to the body, which leads to a backup of fluid into the lungs (pulmonary circulation). As fluid accumulates in the lungs, it can cause pulmonary congestion, making it difficult for the patient to breathe, particularly during exertion or when lying flat. This results in symptoms like shortness of breath, which is also known as dyspnea. In contrast, increased jugular venous distention (JVD) is more commonly associated with right-sided heart failure, where fluid backs up into the systemic venous system. Peripheral edema is another symptom linked with right-sided heart failure, as the right side is responsible for returning blood to the heart. Nausea can occur in various medical conditions but is not specific to left-sided heart failure. Thus, shortness of breath stands out as a key indicator of left-sided heart failure due to the impaired circulation of blood and resultant fluid accumulation in the lungs.

9. In which condition is pain relief often enhanced with warm moist heat?

- A. DIC**
- B. Thrombocytosis**
- C. Sickle cell disease**
- D. Hemophilia A**

In sickle cell disease, warm moist heat is commonly used to provide pain relief for patients experiencing vaso-occlusive crises. These crises occur when sickled red blood cells obstruct blood flow, leading to localized ischemia and significant pain. Applying warm moist heat helps to promote vasodilation, which improves blood flow to the affected areas, alleviating discomfort and reducing muscle tension. Warm heat can also have a calming effect that may help manage the overall distress and discomfort associated with pain episodes in sickle cell disease. This approach is generally non-invasive and can be easily implemented in various settings, providing an effective means of symptom management. In contrast, other conditions like DIC, thrombocytosis, and hemophilia A are not typically alleviated by warm moist heat. DIC involves complex coagulopathy and systemic effects that require different management strategies. Thrombocytosis can indicate a risk of thrombosis or complications where heat application isn't beneficial. Hemophilia A primarily focuses on addressing bleeding and coagulation factors rather than pain management through heat application.

10. What does acute buccolingual crisis produce?

- A. Facial spasm with difficulty speaking**
- B. Neck twisting to one side**
- C. Hyperextension of the neck and trunk**
- D. Muscular rigidity throughout the body**

Acute buccolingual crisis, often related to severe extrapyramidal symptoms, typically results in facial spasms that can hinder the ability to speak. This condition often arises as a reaction to certain medications, particularly antipsychotics, and presents with dystonic movements, particularly affecting the facial and lingual muscles. The spasm can cause significant distress and impair communication, making it challenging for individuals to articulate their words effectively and leading to noticeable facial contortions. Other manifestations of muscle rigidity or twisting are typically associated with different conditions or syndromes. The hyperextension of the neck and trunk is more characteristic of a condition called opisthotonus, while generalized muscular rigidity throughout the body (often seen in conditions like tetanus) does not specifically pertain to the buccolingual crisis. Similarly, neck twisting to one side is indicative of torticollis but does not accurately describe the symptoms of an acute buccolingual episode. Thus, the clinical presentation of facial spasms with difficulty in speaking aligns appropriately with the characteristics of acute buccolingual crisis.

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://cen.examzify.com>

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

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