

Certified Emergency Nurse (CEN) Practice Test (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

- 1. 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**
- 2. In a patient with arterial occlusion, how is the pain typically relieved?**
 - A. With rest within 5 minutes**
 - B. By applying heat to the area**
 - C. With movement or walking**
 - D. By raising the legs high**
- 3. What is the primary use of milrinone (Primacor)?**
 - A. Diuretic therapy**
 - B. Positive inotrope for heart failure**
 - C. Antihypertensive medication**
 - D. Vasopressor agent**
- 4. Which condition is characterized by profound dehydration with no acidosis?**
 - A. Hyperthyroidism**
 - B. HHS (hyperglycemic hyperosmolar state)**
 - C. DKA (diabetic ketoacidosis)**
 - D. Myxedema coma**
- 5. In immunocompromised individuals, which condition is characterized by a lack of spleen?**
 - A. HIV infection**
 - B. Corticosteroid therapy**
 - C. Post-splenectomy**
 - D. Diabetes**

- 6. What is a key symptom of renal failure that involves electrolyte imbalance?**
- A. Hypokalemia**
 - B. Hyperkalemia**
 - C. Hypernatremia**
 - D. Hyponatremia**
- 7. What is a common symptom of Hemophilia C?**
- A. Joint swelling**
 - B. Jaundice**
 - C. Severe headache**
 - D. Nausea**
- 8. 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**
- 9. Which symptom indicates hypokalemia?**
- A. Nausea**
 - B. Muscular cramping**
 - C. Prominent U wave on EKG**
 - D. Diarrhea**
- 10. What is important to check for once capture is obtained during pacing?**
- A. Carotid pulse**
 - B. Peripheral circulation**
 - C. Heart rhythm on ECG**
 - D. Patient's mental status**

Answers

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

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Explanations

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1. 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.

2. In a patient with arterial occlusion, how is the pain typically relieved?

- A. With rest within 5 minutes**
- B. By applying heat to the area**
- C. With movement or walking**
- D. By raising the legs high**

In cases of arterial occlusion, the pain typically arises from inadequate blood flow, leading to ischemia in the affected limb. Resting the affected limb is crucial because it reduces the demand for oxygen by the muscles, which helps alleviate the ischemic pain. When the patient rests, the metabolic demand decreases, allowing any residual blood flow to meet the needs of the tissues more effectively, often resulting in pain relief within a short timeframe. In contrast, applying heat to the area is generally not advisable, as this may exacerbate the problem by causing vasodilation and potentially increasing blood flow demands in an area already starved for adequate oxygen. Movement or walking can further stress the affected area, potentially worsening pain due to increased muscle activity and demand, while raising the legs high may not effectively address the underlying issue of arterial occlusion and could even lead to complications in certain circumstances.

3. What is the primary use of milrinone (Primacor)?

- A. Diuretic therapy
- B. Positive inotrope for heart failure**
- C. Antihypertensive medication
- D. Vasopressor agent

Milrinone, marketed under the brand name Primacor, is primarily used as a positive inotrope for heart failure. It works by enhancing the heart's contractility, which means it increases the strength of the heart's contractions. This action is particularly beneficial in patients with heart failure, where the heart's pumping ability is compromised. In addition to its inotropic effects, milrinone also has vasodilatory properties, which helps to reduce the workload on the heart by lowering systemic vascular resistance. This combination of increased contractility and decreased afterload can improve cardiac output and overall hemodynamics in patients experiencing acute decompensated heart failure. Other medications mentioned in the answer choices serve different functions. Diuretics, for instance, are primarily used to reduce fluid overload by promoting urine production, while antihypertensives target blood pressure control. Vasopressors are agents that typically constrict blood vessels to increase blood pressure but do not enhance cardiac contractility in the same way that milrinone does. Understanding the specific role of milrinone in the management of heart failure is crucial for effective emergency nursing practice.

4. Which condition is characterized by profound dehydration with no acidosis?

- A. Hyperthyroidism
- B. HHS (hyperglycemic hyperosmolar state)**
- C. DKA (diabetic ketoacidosis)
- D. Myxedema coma

The condition characterized by profound dehydration without any acidosis is hyperglycemic hyperosmolar state (HHS). In HHS, often seen in patients with type 2 diabetes, there is significantly elevated blood glucose levels leading to osmotic diuresis, which results in severe dehydration. However, unlike diabetic ketoacidosis (DKA), HHS does not involve the production of ketones, which are responsible for the metabolic acidosis seen in DKA. Thus, patients with HHS maintain a normal arterial pH since there is no significant accumulation of acidosis in their system. This distinction between HHS and DKA is critical in recognizing the clinical presentation and management of these conditions. Additionally, hyperthyroidism and myxedema coma do not primarily present with severe dehydration as a defining feature, making them less relevant in this context.

5. In immunocompromised individuals, which condition is characterized by a lack of spleen?

- A. HIV infection**
- B. Corticosteroid therapy**
- C. Post-splenectomy**
- D. Diabetes**

The condition characterized by a lack of spleen is post-splenectomy. The spleen plays a critical role in the immune system, particularly in filtering bacteria and managing the body's immune response to infections. When an individual has undergone splenectomy, which is the surgical removal of the spleen, they become more susceptible to infections, particularly from encapsulated organisms like *Streptococcus pneumoniae* and *Haemophilus influenzae* type b. Post-splenectomy patients are at increased risk for certain life-threatening infections due to their compromised ability to respond effectively to these pathogens. This surgical intervention is significant in the context of immunocompromised individuals, as it directly affects their immune function. Conditions like HIV infection, corticosteroid therapy, and diabetes can contribute to an immunocompromised state but do not inherently involve the absence of the spleen. Thus, the choice reflecting the lack of spleen directly correlates to post-splenectomy.

6. What is a key symptom of renal failure that involves electrolyte imbalance?

- A. Hypokalemia**
- B. Hyperkalemia**
- C. Hypernatremia**
- D. Hyponatremia**

Hyperkalemia, or elevated levels of potassium in the blood, is a significant symptom of renal failure and is often related to the kidneys' diminished ability to excrete potassium. In cases of renal failure, the impaired renal function results in decreased clearance of potassium, leading to its accumulation in the bloodstream. This electrolyte imbalance can have serious cardiovascular consequences, including the potential for arrhythmias, which is why it is considered a key symptom in this context. In renal failure, the body also struggles with maintaining the balance of other electrolytes, but hyperkalemia is particularly notable due to its acute effects on heart function. Therefore, it is essential for emergency nurses to monitor potassium levels in patients with renal deficiencies closely, as timely intervention can prevent life-threatening complications.

7. What is a common symptom of Hemophilia C?

- A. Joint swelling**
- B. Jaundice**
- C. Severe headache**
- D. Nausea**

A common symptom of Hemophilia C is joint swelling, which occurs due to bleeding into the joints. This bleeding is a result of a deficiency in factor XI, a clotting factor involved in the coagulation cascade. When bleeding occurs in the joints, it can lead to inflammation, pain, and significant swelling, which are characteristic symptoms encountered in individuals with this form of hemophilia. Other conditions may present with symptoms such as jaundice, severe headache, or nausea, but these are not typical features of Hemophilia C. Jaundice may indicate liver dysfunction or hemolytic disease, severe headaches can stem from various causes such as migraines or increased intracranial pressure, and nausea is a nonspecific symptom that can arise from numerous gastrointestinal or systemic conditions. However, joint swelling distinctly represents the bleeding complications associated with Hemophilia C.

8. 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.

9. Which symptom indicates hypokalemia?

- A. Nausea
- B. Muscular cramping
- C. Prominent U wave on EKG**
- D. Diarrhea

The symptom that indicates hypokalemia is the presence of a prominent U wave on an electrocardiogram (EKG). Hypokalemia, or low potassium levels in the blood, can significantly affect cardiac electrical activity. The U wave is often seen following the T wave in an EKG and can become pronounced in cases of hypokalemia, reflecting altered repolarization of cardiac cells due to potassium deficiency. When potassium levels drop, the heart becomes more susceptible to arrhythmias, and the characteristic changes on the EKG, including U wave prominence, serve as valuable indicators for healthcare professionals assessing a patient's electrolyte status. Monitoring EKG changes in patients who might have electrolyte imbalances is essential in emergency and critical care settings. While nausea, muscular cramping, and diarrhea can be associated with various medical conditions, including those affecting electrolyte balance, they do not specifically and reliably indicate hypokalemia in the way that the prominent U wave on an EKG does.

10. What is important to check for once capture is obtained during pacing?

- A. Carotid pulse
- B. Peripheral circulation**
- C. Heart rhythm on ECG
- D. Patient's mental status

Once capture is obtained during pacing, it is crucial to check for peripheral circulation. This is because verifying signs of adequate perfusion ensures that the heart is effectively pumping blood, which is the ultimate goal of pacing. When pacing is successfully capturing the heart, it implies that the electrical impulses from the pacing device are effectively stimulating the myocardium to contract. However, it is equally important to ensure that this contraction translates to adequate blood flow to the rest of the body. Assessing peripheral circulation typically involves checking for pulse strength, skin temperature, and color, all of which can indicate whether blood is being pumped effectively from the heart to the extremities. If there is poor circulation despite capture, it might suggest further complications, such as a failure to adequately increase cardiac output or potential issues like a severe underlying cardiac condition. While monitoring the heart rhythm on the ECG, checking the carotid pulse, and assessing the patient's mental status are indeed important in different contexts, they do not directly assess the effectiveness of the pacing in relation to ensuring that the patient has adequate peripheral circulation.

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!