

CERTIFIED EMERGENCY NURSE (CEN) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 characterizes hypovolemic shock?**
 - A. Decreased cellular perfusion due to a lack of circulating volume
 - B. Decreased cellular perfusion secondary to pump failure
 - C. Decreased cellular perfusion due to obstruction of blood flow
 - D. Decreased cellular perfusion by maldistribution of oxygen
- 2. Distributive shock leads to decreased cellular perfusion due to what mechanism?**
 - A. Obstruction of blood flow
 - B. Maldistribution of oxygen to the periphery
 - C. Failure of the heart's pumping ability
 - D. A lack of circulating blood volume
- 3. What effect do beta one receptors have on the body?**
 - A. Increase lung capacity
 - B. Affect heart contractility and rate
 - C. Regulate blood flow to the skin
 - D. Enhance digestive processes
- 4. What is transvenous pacing primarily used for in emergency medicine?**
 - A. To perform cardiac catheterization
 - B. To thread a catheter electrode into the right atrium or ventricle
 - C. To monitor heart rhythms continuously
 - D. To inject medications directly into the heart
- 5. Which of the following is a common sign of increased intracranial pressure in Shaken Baby Syndrome?**
 - A. Decreased heart rate
 - B. Unexplained vomiting and lethargy
 - C. Frequent urination
 - D. Rapid weight gain

- 6. How can tachycardia be classified based on patient symptoms?**
- A. Stable or unstable
 - B. Narrow or wide
 - C. Acute or chronic
 - D. Intermittent or persistent
- 7. What is a hallmark indicator of Shaken Baby Syndrome?**
- A. Minor bruises on limbs
 - B. The presence of subdural hemorrhage
 - C. No significant symptoms
 - D. Frequent crying without cause
- 8. Which phase of hypertensive crisis indicates blood pressure elevation but is less than 180/120?**
- A. Hypertensive urgency
 - B. Hypertensive emergency
 - C. Hypertension
 - D. Hypertensive disorder
- 9. What do chronotropes primarily affect in the heart?**
- A. Heart rate
 - B. Contractility
 - C. Electrical conduction
 - D. Cardiac output
- 10. Which medication class is used when patients cannot tolerate ACE inhibitors?**
- A. Beta blockers
 - B. Angiotensin receptor blockers
 - C. Calcium channel blockers
 - D. Diuretics

Answers

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

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Explanations

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1. What characterizes hypovolemic shock?

- A. Decreased cellular perfusion due to a lack of circulating volume**
- B. Decreased cellular perfusion secondary to pump failure
- C. Decreased cellular perfusion due to obstruction of blood flow
- D. Decreased cellular perfusion by maldistribution of oxygen

Hypovolemic shock is characterized primarily by decreased cellular perfusion resulting from a lack of circulating blood volume. This condition typically arises when there is significant loss of blood or fluid from the body, which can occur due to hemorrhage, dehydration, or severe burns. In hypovolemic shock, the reduced circulating volume leads to a decreased venous return to the heart, and consequently, the heart cannot pump enough blood to meet the metabolic needs of the tissues. As a result, oxygen delivery to the tissues is diminished, leading to cellular dysfunction and potential organ failure if not promptly addressed. This situation is distinct from other types of shock. For instance, pump failure primarily refers to cardiogenic shock, where the heart's ability to pump effectively is compromised, while obstruction of blood flow pertains to obstructive shock caused by conditions like pulmonary embolism or cardiac tamponade. Lastly, maldistribution of blood flow is a characteristic of distributive shock, which can arise from severe infections, leading to septic shock, where blood vessels dilate excessively, impairing proper blood distribution. Understanding these distinctions is critical for accurate diagnosis and timely intervention in emergency settings.

2. Distributive shock leads to decreased cellular perfusion due to what mechanism?

- A. Obstruction of blood flow
- B. Maldistribution of oxygen to the periphery**
- C. Failure of the heart's pumping ability
- D. A lack of circulating blood volume

Distributive shock is characterized by a paradoxical situation where there is sufficient blood volume, yet cells are unable to receive the necessary oxygen and nutrients they need. This phenomenon occurs primarily due to the maldistribution of blood flow, which ultimately leads to decreased cellular perfusion. In distributive shock, often seen in conditions like septic shock, neurogenic shock, or anaphylactic shock, the blood vessels become excessively dilated. This dilation disrupts the normal distribution of blood flow within the vascular system, causing significant areas of tissue to receive inadequate blood supply despite the presence of normal or even elevated systemic blood volume. As a result, while the heart may be effectively pumping blood, and volume may be adequate, the perfusion at the cellular level suffers, leading to tissue hypoxia and cellular dysfunction. This mechanism is crucial to understand, as it intricately connects the physiological responses leading to compromised cellular health during distributive shock, differentiating it from the other forms of shock that involve obstruction, heart failure, or decreased blood volume.

3. What effect do beta one receptors have on the body?

- A. Increase lung capacity
- B. Affect heart contractility and rate**
- C. Regulate blood flow to the skin
- D. Enhance digestive processes

Beta one receptors primarily play a critical role in the cardiovascular system. When activated, these receptors lead to an increase in heart rate (positive chronotropic effect) and enhance the force of heart contractions (positive inotropic effect). This response is essential during situations that require increased cardiac output, such as exercise or stress, as the body demands more blood flow to meet the metabolic needs of tissues. Since beta one receptors are predominantly found in the heart, options related to lung capacity, blood flow to the skin, and digestive processes do not align with the function of these receptors. Lung capacity is influenced by beta two receptors, which target bronchial muscles; blood flow to the skin involves different regulatory mechanisms primarily associated with alpha receptors and not beta one; and digestive processes are regulated by other pathways and receptors, mainly parasympathetic stimulation. Thus, the focus on heart contractility and rate is precisely why this option correctly answers the question regarding the effect of beta one receptors on the body.

4. What is transvenous pacing primarily used for in emergency medicine?

- A. To perform cardiac catheterization
- B. To thread a catheter electrode into the right atrium or ventricle**
- C. To monitor heart rhythms continuously
- D. To inject medications directly into the heart

Transvenous pacing is primarily utilized in emergency medicine to provide temporary heart rhythm support by threading a catheter electrode into the right atrium or ventricle. This method is critical in situations where the heart is unable to maintain an effective rhythm due to conditions such as bradycardia or complete heart block. By positioning the electrode directly within the cardiac chambers, healthcare providers can deliver electrical impulses that stimulate the heart to contract, helping to restore an adequate heart rate and ultimately supporting patient hemodynamics. While cardiac catheterization is an essential procedure, its purpose is distinct from transvenous pacing, as it focuses on the assessment and treatment of coronary artery disease, rather than pacing the heart. Continuous heart rhythm monitoring is indeed a routine practice in emergency care, but it does not address the immediate need for pacing in patients with significant bradyarrhythmias. Similarly, injecting medications directly into the heart is not the function of transvenous pacing, as this procedure is specifically for electrical stimulation rather than for pharmacological intervention. Thus, the primary goal of transvenous pacing is effectively achieved through the correct placement of the catheter electrode within the heart's chambers.

5. Which of the following is a common sign of increased intracranial pressure in Shaken Baby Syndrome?

- A. Decreased heart rate
- B. Unexplained vomiting and lethargy**
- C. Frequent urination
- D. Rapid weight gain

In cases of Shaken Baby Syndrome, increased intracranial pressure often manifests through a range of clinical signs, and unexplained vomiting combined with lethargy is particularly indicative of this condition. When intracranial pressure rises, it can affect the brain's functioning, leading to altered levels of consciousness, irritability, and changes in behavior such as lethargy. Vomiting may occur as a result of increased pressure on the brain structures that regulate these functions. Therefore, when a child presents with these symptoms, it may suggest significant and potentially life-threatening issues related to intracranial pressure. The other choices do not typically correlate with increased intracranial pressure in this context. For instance, decreased heart rate is not a common presentation in the case of increased intracranial pressure, as it may instead lead to a variety of cardiovascular responses. Frequent urination and rapid weight gain are generally unrelated to the acute manifestations of increased intracranial pressure, making them less relevant when considering the signs and symptoms of Shaken Baby Syndrome.

6. How can tachycardia be classified based on patient symptoms?

- A. Stable or unstable**
- B. Narrow or wide
- C. Acute or chronic
- D. Intermittent or persistent

Tachycardia can be classified as stable or unstable based on the patient's symptoms and hemodynamic status. In stable tachycardia, the patient typically shows no signs of significant distress, maintains adequate blood pressure, and exhibits no signs of organ hypoperfusion. They may experience symptoms such as palpitations or mild dizziness, but their overall condition remains stable. In contrast, unstable tachycardia is characterized by significant symptoms or hemodynamic compromise. Patients may present with severe hypotension, altered mental status, chest pain, or signs of shock, indicating that the tachycardia is affecting their physiological stability. Recognizing whether a patient is stable or unstable is critical in determining the urgency of intervention and the appropriate treatment plan. This classification helps guide clinical decisions regarding the need for immediate interventions such as synchronized cardioversion in unstable cases, while stable cases may be managed with medication or observation.

7. What is a hallmark indicator of Shaken Baby Syndrome?

- A. Minor bruises on limbs
- B. The presence of subdural hemorrhage**
- C. No significant symptoms
- D. Frequent crying without cause

The hallmark indicator of Shaken Baby Syndrome, which is a form of abusive head trauma in infants, is the presence of subdural hemorrhage. This occurs due to the violent shaking motion of the baby, which can cause the brain to move within the skull, leading to tearing of the blood vessels. Subdural hemorrhages are particularly concerning because they may result in increased intracranial pressure and potential long-term neurological damage. While other symptoms might be present in cases of Shaken Baby Syndrome, such as minor bruises, frequent crying, or absence of significant symptoms, these are not as definitive as subdural hemorrhage in diagnosing this condition. The presence of subdural hemorrhages is often coupled with other signs like retinal hemorrhages or other brain injuries, making it a critical finding in the evaluation of suspected child abuse.

8. Which phase of hypertensive crisis indicates blood pressure elevation but is less than 180/120?

- A. Hypertensive urgency
- B. Hypertensive emergency
- C. Hypertension**
- D. Hypertensive disorder

The correct choice is focused on defining the specific categories of hypertensive crises based on blood pressure measurements. Hypertensive urgency is characterized by significantly elevated blood pressure that is at least 180/120 mm Hg but does not show the acute target organ damage present in a hypertensive emergency. In contrast, a simple diagnosis of hypertension does not necessarily imply an acute crisis; it refers to a chronic state of elevated blood pressure that might not require immediate treatment. When referring to the context of a hypertensive crisis, understanding that an urgent situation arises when chronic hypertension reaches levels above 180/120, but without the associated organ damage that defines an emergency, helps to clarify these distinctions. Therefore, the classification of hypertension itself encompasses a broader and more chronic state that may not correlate directly with an acute crisis needing immediate intervention.

9. What do chronotropes primarily affect in the heart?

- A. Heart rate**
- B. Contractility
- C. Electrical conduction
- D. Cardiac output

Chronotropes primarily affect heart rate by influencing the pace at which the heart beats. They work through the autonomic nervous system to modify how often the sinoatrial (SA) node generates action potentials, which initiates each heartbeat. Positive chronotropes increase the heart rate, often seen with medications like atropine or epinephrine, while negative chronotropes, such as beta-blockers, decrease heart rate. Contractility, which refers to the strength of the heart's contraction, is influenced by inotropic agents rather than chronotropic agents. Electrical conduction relates to how electrical impulses are transmitted through the heart's conduction system, which involves variations in dromotropic effects. Cardiac output is a result of both heart rate and stroke volume, but since chronotropes specifically target the heart rate, they do not directly change stroke volume or other factors that would affect overall cardiac output. Therefore, in the context of the question, heart rate is the primary focus of chronotropic agents.

10. Which medication class is used when patients cannot tolerate ACE inhibitors?

- A. Beta blockers
- B. Angiotensin receptor blockers**
- C. Calcium channel blockers
- D. Diuretics

Angiotensin receptor blockers (ARBs) are typically prescribed for patients who cannot tolerate ACE inhibitors due to side effects such as cough or angioedema. Both classes of medications act on the renin-angiotensin system, but ARBs provide a similar beneficial effect on blood pressure and heart function without the common adverse reactions associated with ACE inhibitors. While beta blockers, calcium channel blockers, and diuretics have their specific roles in managing hypertension and heart conditions, they do not provide the same mechanism of action or specific benefits associated with the inhibition of angiotensin II as ARBs do. Therefore, when a patient experiences intolerance to ACE inhibitors, switching to an ARB allows for continued management of cardiovascular risks without the compounding effects of unacceptable side effects.

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:

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

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