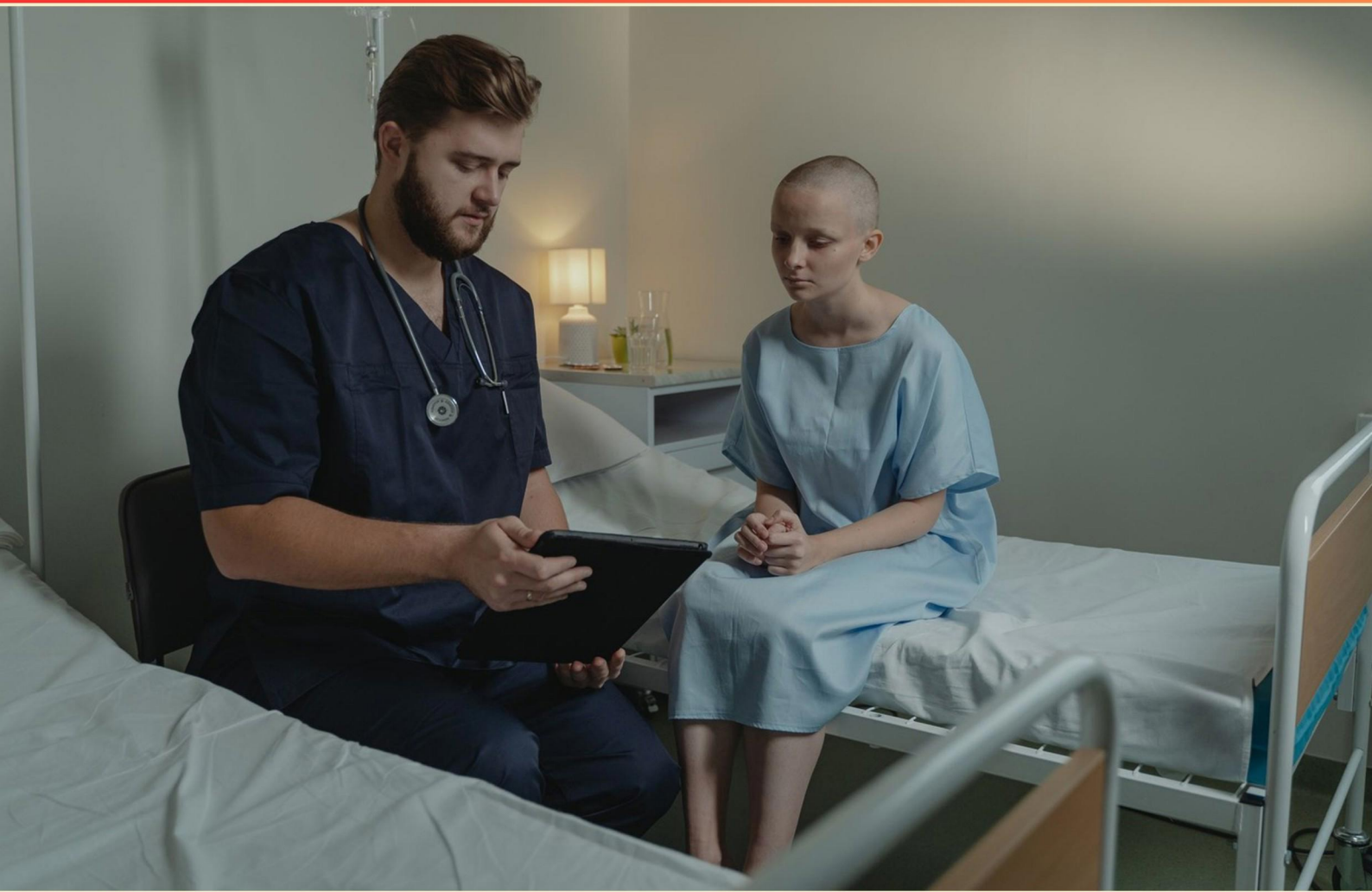


CERTIFIED HOSPICE AND PALLIATIVE ASSISTANT (CHPNA) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
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. In 2014, where was palliative care primarily delivered?**
 - A. In nursing homes
 - B. In acute care settings
 - C. In patient homes
 - D. In rehabilitation centers
- 2. What is usually involved when assessing spirituality?**
 - A. Consulting only the patient's medical history
 - B. Understanding the person's values and beliefs
 - C. Focusing strictly on physical health issues
 - D. Ignoring community involvement
- 3. What is a primary benefit of good communication in the context of patient care?**
 - A. Causes delays in treatment
 - B. Improves patient interaction with family
 - C. Fosters seamless continuity of care
 - D. Limits the need for patient education
- 4. What recommendation is suggested for managing syncopal episodes and falls?**
 - A. Increase fluid intake regardless of blood pressure
 - B. Consider discontinuing antihypertensive medications
 - C. Encourage excessive physical activity
 - D. Modify the patient's diet to include more salt
- 5. What side effect is associated with high dose opioid therapy?**
 - A. Decreased blood pressure
 - B. Myoclonus due to increased metabolites
 - C. Reduced heart rate
 - D. Increased appetite

- 6. Which type of intervention may assist with muscle relaxation in patients experiencing myoclonus?**
- A. Physical therapy
 - B. Gentle massage
 - C. Medications alone
 - D. Electrical stimulation
- 7. What are classic signs of superior vena cava syndrome (SVCS)?**
- A. Fever and chills
 - B. Loss of appetite and weight loss
 - C. Facial edema and dyspnea
 - D. Nausea and vomiting
- 8. What is an important teaching point for a patient using bupropion?**
- A. Risk of suicidal thoughts
 - B. Cardiovascular side effects
 - C. Potential for respiratory depression
 - D. Risk of liver toxicity
- 9. What is the most common presentation of spinal cord compression (SCC)?**
- A. Difficulty walking
 - B. Back pain
 - C. Numbness in extremities
 - D. Loss of bladder control
- 10. Which condition can nonsteroidal anti-inflammatory drugs (NSAIDs) increase the risk of in at-risk individuals?**
- A. Chronic pain syndromes
 - B. Myocardial infarction and stroke
 - C. Acid reflux
 - D. Kidney disease

Answers

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

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Explanations

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1. In 2014, where was palliative care primarily delivered?

- A. In nursing homes
- B. In acute care settings**
- C. In patient homes
- D. In rehabilitation centers

In 2014, palliative care was primarily delivered in acute care settings. This is because acute care settings, such as hospitals, are often where patients facing serious illnesses receive urgent medical attention and complex treatment decisions. Palliative care within these environments focuses on providing relief from symptoms, pain management, and support for patients and their families as they navigate difficult health challenges. While other settings like nursing homes, patient homes, and rehabilitation centers do play a role in the continuum of palliative care, the acute care setting is particularly critical as it allows for immediate intervention and coordination with various specialties involved in a patient's care. The integration of palliative care services in hospitals exemplifies a growing recognition of the need to address not only the medical but also the emotional, social, and spiritual needs of seriously ill patients at a stage when they are often under significant stress and uncertainty.

2. What is usually involved when assessing spirituality?

- A. Consulting only the patient's medical history
- B. Understanding the person's values and beliefs**
- C. Focusing strictly on physical health issues
- D. Ignoring community involvement

Assessing spirituality often involves understanding a person's values and beliefs because spirituality encompasses a wide array of personal convictions that guide how individuals perceive their existence, purpose, and relationships with others and the universe. When healthcare providers evaluate a patient's spiritual needs, they typically explore these values and beliefs to offer holistic care that respects the patient's individual perspective. Recognizing the significance of each person's unique spiritual framework can facilitate more meaningful conversations and support, allowing healthcare providers to address emotional, psychological, and social needs alongside physical health. This comprehensive approach acknowledges that spirituality can play a critical role in coping with illness, end-of-life decisions, and overall well-being. Other approaches, such as solely consulting the patient's medical history or emphasizing only physical health issues, would neglect the essential spiritual dimensions that contribute to the patient's overall care journey. Similarly, overlooking community involvement disregards the potential impact that social relationships and support systems can have on a person's spiritual health.

3. What is a primary benefit of good communication in the context of patient care?

- A. Causes delays in treatment
- B. Improves patient interaction with family
- C. Fosters seamless continuity of care**
- D. Limits the need for patient education

Good communication plays a crucial role in fostering seamless continuity of care for patients. This ensures that all members of the healthcare team are informed and updated about the patient's condition, preferences, and treatment plan. When communication is effective, it helps to coordinate care among various providers, preventing misunderstandings or errors that could lead to fragmented or inconsistent treatment. Continuity of care is especially vital in settings involving hospice and palliative care, where the focus is on providing comprehensive and holistic support to patients with serious, life-limiting illnesses. By maintaining clear and open lines of communication, healthcare providers can ensure that patients receive consistent messaging and care strategies that align with their goals and values. This approach not only enhances patient safety but also improves patient satisfaction, as patients and their families feel understood and involved in the care process.

4. What recommendation is suggested for managing syncopal episodes and falls?

- A. Increase fluid intake regardless of blood pressure
- B. Consider discontinuing antihypertensive medications**
- C. Encourage excessive physical activity
- D. Modify the patient's diet to include more salt

Discontinuing antihypertensive medications can be a critical recommendation for managing syncopal episodes and falls, particularly in older adults or individuals with varying blood pressure levels. In such cases, medication that lowers blood pressure may contribute to episodes of syncope, especially if the patient experiences orthostatic hypotension (a sudden drop in blood pressure upon standing). By re-evaluating and potentially discontinuing these medications, healthcare providers can help mitigate the risk of falls and fainting spells associated with low blood pressure. This approach supports a more individualized treatment plan tailored to the patient's current health status, which is crucial when addressing concerns such as syncope and fall risk. In contrast, increasing fluid intake or modifying the diet to include more salt might be beneficial in some circumstances, primarily to raise blood volume and blood pressure; however, these strategies do not directly address the root cause if the patient is on antihypertensive therapy. Encouraging excessive physical activity could be detrimental, as it might increase the risk of falls or syncope in vulnerable individuals. Hence, reconsidering the use of antihypertensive medications is a more effective strategy in managing these episodes.

5. What side effect is associated with high dose opioid therapy?

- A. Decreased blood pressure
- B. Myoclonus due to increased metabolites**
- C. Reduced heart rate
- D. Increased appetite

High dose opioid therapy is known to cause myoclonus, which is characterized by sudden, involuntary muscle jerks or spasms. This side effect occurs due to an accumulation of opioid metabolites, particularly when higher doses are used or in patients with renal insufficiency. The increased levels of these metabolites can affect the central nervous system, leading to neurological side effects such as myoclonus. In this context, decreased blood pressure and reduced heart rate are not typically primary side effects associated with high-dose opioid use. While opioids can cause a decrease in blood pressure due to their vasodilatory effects, this is not considered a consistent or defining side effect in high-dose therapy compared to myoclonus. Additionally, increased appetite is not a common side effect of opioid therapy; opioids often lead to decreased appetite and gastrointestinal motility rather than an increase. Thus, myoclonus stands out as a specific and well-documented side effect linked to the use of high doses of opioids, primarily attributed to the impact of elevated opioid metabolites in the body.

6. Which type of intervention may assist with muscle relaxation in patients experiencing myoclonus?

- A. Physical therapy
- B. Gentle massage**
- C. Medications alone
- D. Electrical stimulation

Gentle massage can be an effective intervention for assisting with muscle relaxation in patients experiencing myoclonus. This approach promotes relaxation by helping to reduce muscle tension and improving circulation. The tactile stimulation from massage can create a calming effect, which is particularly beneficial for individuals dealing with involuntary muscle contractions or spasms associated with myoclonus. While physical therapy, medications, and electrical stimulation may also play a role in managing myoclonus, gentle massage specifically targets relaxation and comfort through direct contact and soothing movements. It often complements other treatment methods by addressing both physical and emotional aspects of discomfort, potentially improving the overall well-being of the patient.

7. What are classic signs of superior vena cava syndrome (SVCS)?

- A. Fever and chills
- B. Loss of appetite and weight loss
- C. Facial edema and dyspnea**
- D. Nausea and vomiting

Superior vena cava syndrome (SVCS) is a condition that arises when there is obstruction of the superior vena cava, which is the large vein that carries blood from the head, neck, and upper extremities back to the heart. Classic signs of this syndrome are primarily related to the physical changes that occur due to the obstruction in blood flow. Facial edema and dyspnea are hallmark symptoms of SVCS. The obstruction results in increased venous pressure, which leads to the accumulation of fluid in the tissues of the face, neck, and sometimes even the arms, causing noticeable swelling or edema. Dyspnea, or difficulty breathing, occurs because the obstruction can impede normal blood flow and cause congestion in the lungs, making it harder for individuals to breathe properly. The other options presented, while they may be associated with various medical conditions, are not characteristic of SVCS. Fever and chills, loss of appetite and weight loss, as well as nausea and vomiting, can indicate a variety of other issues but do not specifically reflect the pathophysiology associated with superior vena cava syndrome.

8. What is an important teaching point for a patient using bupropion?

- A. Risk of suicidal thoughts
- B. Cardiovascular side effects**
- C. Potential for respiratory depression
- D. Risk of liver toxicity

Bupropion is an antidepressant commonly used to treat major depressive disorder and to support smoking cessation. One important teaching point for patients using bupropion involves understanding the potential for cardiovascular side effects. This medication can increase blood pressure and heart rate in some individuals, particularly at higher doses or in those with pre-existing cardiovascular conditions. Educating patients about these risks is crucial, as it empowers them to monitor their symptoms and report any concerning changes to their healthcare provider. The other options, while they may present risks associated with other medications or conditions, are less relevant for bupropion specifically. Suicidal thoughts are a risk with many antidepressants, but they are especially pertinent in younger patients or when the medication is first initiated. Respiratory depression is not a common concern with bupropion, unlike some other medications used for depression or anxiety. Liver toxicity is a risk with certain drugs but is not typically associated with bupropion. Therefore, emphasizing cardiovascular side effects as a teaching point is vital for patient safety and effective management.

9. What is the most common presentation of spinal cord compression (SCC)?

- A. Difficulty walking
- B. Back pain**
- C. Numbness in extremities
- D. Loss of bladder control

The most common presentation of spinal cord compression (SCC) is back pain. This symptom often serves as the initial indicator of the condition and can arise from various causes, such as tumor growth, trauma, or conditions like degenerative disc disease that exert pressure on the spinal cord. The back pain linked to SCC is typically characterized by its persistent nature and may worsen with movement or certain positions. Understanding back pain in the context of SCC is crucial because it is frequently the first sign that patients experience, prompting further evaluation. While other symptoms such as difficulty walking, numbness in extremities, and loss of bladder control are also associated with SCC, they tend to occur later as the condition progresses. These additional symptoms arise due to the involvement of specific neurological pathways and deficits caused by the compression, but the prevalent and earliest symptom reported by patients is usually back pain. This emphasizes the importance of early recognition and intervention to prevent further neurological damage.

10. Which condition can nonsteroidal anti-inflammatory drugs (NSAIDs) increase the risk of in at-risk individuals?

- A. Chronic pain syndromes
- B. Myocardial infarction and stroke**
- C. Acid reflux
- D. Kidney disease

Nonsteroidal anti-inflammatory drugs (NSAIDs) have been associated with an increased risk of cardiovascular events, including myocardial infarction (heart attack) and stroke. This risk is particularly significant in individuals who may already be at risk due to existing cardiovascular conditions or other risk factors such as age, hypertension, or a history of heart disease. NSAIDs function by blocking cyclooxygenase (COX) enzymes, which leads to reduced synthesis of prostaglandins involved in inflammation and pain. However, prostaglandins also play a key role in maintaining cardiovascular homeostasis. By inhibiting these compounds, NSAIDs can lead to adverse cardiovascular effects, such as increased blood pressure, fluid retention, and potential adverse effects on the heart's performance. Understanding the implications of NSAID use is crucial for healthcare professionals, especially when prescribing these medications to at-risk populations where careful consideration of benefits versus risks must be assessed.

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://chpna.examzify.com>

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

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