

CERTIFIED NEUROSCIENCE REGISTERED NURSE (CNRN) PRACTICE EXAM (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 amount of bloody drainage via nasogastric tube (NGT) is indicative of needing to notify the surgeon?**
 - A. 30 ml/hr
 - B. 75 ml/hr
 - C. 100 ml/hr
 - D. 150 ml/hr

- 2. In treating adrenoleukodystrophy (ALD), what is typically the first step in management?**
 - A. Enzyme replacement therapy
 - B. Bone marrow transplant
 - C. Dietary modification
 - D. Physical therapy

- 3. What is a common side effect of the scopolamine patch, particularly in the elderly?**
 - A. Nausea
 - B. Dry mouth
 - C. Headache
 - D. Diarrhea

- 4. Which drug can be administered to avoid hepatotoxicity when taking Tylenol?**
 - A. Ibuprofen
 - B. Acetylcysteine
 - C. Aspirin
 - D. Meloxicam

- 5. What is the role of hydrochloric acid in the stomach?**
 - A. To emulsify fats
 - B. To aid in the absorption of nutrients
 - C. To create an acidic environment for protein digestion
 - D. To stimulate appetite

- 6. What is considered the number one complication in the GI surgery patient population?**
- A. Hemorrhage
 - B. Atelectasis
 - C. Infection
 - D. Wound dehiscence
- 7. What is an essential aspect of immediate postoperative cast care?**
- A. Monitor for signs of infection only
 - B. Assess for cast dryness, fit, perfusion, and NV checks
 - C. Keep the cast dry and apply ice
 - D. Elevate the cast above heart level at all times
- 8. What is an effective acute treatment for cluster headaches?**
- A. Ibuprofen
 - B. Acetaminophen
 - C. 100% O2 via a non-rebreathing face mask
 - D. Aspirin
- 9. What is a disadvantage of gamma-knife treatment for malignant brain tumors?**
- A. It cannot be used for large tumors
 - B. It's unable to detect malignant cells infiltrating normal tissues
 - C. It requires multiple sessions
 - D. It does not provide immediate symptom relief
- 10. What is the predisposition associated with prolonged postoperative ileus?**
- A. Less than 4 days
 - B. Adhesive bowel obstruction
 - C. More than 4 days
 - D. None of the above

Answers

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

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Explanations

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1. What amount of bloody drainage via nasogastric tube (NGT) is indicative of needing to notify the surgeon?

- A. 30 ml/hr
- B. 75 ml/hr**
- C. 100 ml/hr
- D. 150 ml/hr

When assessing the amount of bloody drainage from a nasogastric tube (NGT), it's important to recognize that the volume of drainage can indicate potential complications that may necessitate immediate surgical attention. A drainage volume of 75 ml/hr is significant enough to raise concern, as it suggests a more serious issue such as a possible gastrointestinal bleed or other complications that require further evaluation. In clinical practice, any consistent volume of bloody drainage from an NGT should prompt careful monitoring and consideration. While minor amounts may be expected post-operatively, particularly after surgeries involving the upper gastrointestinal tract, larger volumes are not typical and can indicate a problem. The thresholds for concern can vary based on the patient's overall status, the type of surgery performed, and the presence of accompanying symptoms. The choice of 75 ml/hr indicates a need for further investigation, as it suggests a potentially serious condition that could lead to hemodynamic instability or the requirement for surgical intervention. This volume represents a level of drainage that warrants notifying the surgeon to ensure appropriate follow-up and management.

2. In treating adrenoleukodystrophy (ALD), what is typically the first step in management?

- A. Enzyme replacement therapy
- B. Bone marrow transplant**
- C. Dietary modification
- D. Physical therapy

In the context of treating adrenoleukodystrophy (ALD), initiating management often involves considering a bone marrow transplant. This approach seeks to address the underlying genetic defect and restore enzyme function, which is crucial in managing the disease's progression. Bone marrow transplant can be particularly effective for patients in the early stages of ALD, especially for those with the cerebral form of the disease, where neurological decline can be rapid. The rationale for prioritizing a bone marrow transplant is rooted in its potential to halt or even reverse neurological damage by providing a source of functioning cells capable of producing the required enzymes that the body lacks due to the genetic mutation. This is often regarded as a definitive treatment option compared to other management strategies, which might address symptoms but do not modify the disease course. Other management strategies, such as enzyme replacement therapy, dietary modifications, and physical therapy, play supportive roles in the comprehensive management of ALD but are not first-line interventions aimed at altering the disease progression. They might be employed after foundational measures like bone marrow transplantation, depending on the patient's individual needs and specific stage of the disease.

3. What is a common side effect of the scopolamine patch, particularly in the elderly?

- A. Nausea
- B. Dry mouth**
- C. Headache
- D. Diarrhea

The scopolamine patch is primarily used to prevent motion sickness and postoperative nausea. One of the well-documented side effects of scopolamine, especially notable in elderly patients, is dry mouth. This occurs due to the anticholinergic properties of the medication, which inhibit the secretion of saliva and other fluids in the body. In older adults, who may already have reduced salivary function or other comorbidities that affect hydration and mucosal health, this side effect can be particularly concerning. It may lead to discomfort, difficulty in swallowing, and increased risk of dental issues or oral infections. Understanding this side effect is crucial for healthcare providers when prescribing scopolamine, as they need to monitor elderly patients closely and provide education regarding hydration and oral care to mitigate the risk of complications associated with dry mouth.

4. Which drug can be administered to avoid hepatotoxicity when taking Tylenol?

- A. Ibuprofen
- B. Acetylcysteine**
- C. Aspirin
- D. Meloxicam

Acetylcysteine is the correct choice for preventing hepatotoxicity when taking Tylenol, which is the brand name for acetaminophen. The liver metabolizes acetaminophen, and in cases of overdose, it can lead to the depletion of glutathione, a key antioxidant in the liver that helps to neutralize toxic metabolites. Acetylcysteine acts as a precursor to glutathione and can replenish its levels, effectively providing a protective effect against liver damage. Administering acetylcysteine within a certain window following an acetaminophen overdose can significantly reduce the risk of hepatotoxicity. Other drugs listed do not offer the same preventative action against acetaminophen-induced liver damage. For example, ibuprofen and meloxicam are nonsteroidal anti-inflammatory drugs (NSAIDs) and do not have any protective effects specific to the hepatotoxic risks associated with acetaminophen. Similarly, aspirin is not indicated in this context; it may even exacerbate liver issues in certain situations. Thus, acetylcysteine is specifically recognized in clinical practice for its role in managing acetaminophen toxicity.

5. What is the role of hydrochloric acid in the stomach?

- A. To emulsify fats
- B. To aid in the absorption of nutrients
- C. To create an acidic environment for protein digestion**
- D. To stimulate appetite

Hydrochloric acid plays a crucial role in the stomach primarily by creating an acidic environment that is essential for protein digestion. The presence of hydrochloric acid (HCl) lowers the pH of the stomach contents, activating pepsinogen to pepsin, the enzyme responsible for breaking down proteins into peptides. This acidic environment also helps in denaturing proteins, making them more accessible for enzymatic breakdown, and provides a barrier against pathogens, contributing to the overall digestive process. While emulsifying fats, aiding nutrient absorption, and stimulating appetite are all important aspects of digestion, they are not the primary functions of hydrochloric acid in the stomach. Emulsification is primarily facilitated by bile in the small intestine rather than by the stomach's acidic content. Nutrient absorption occurs largely in the small intestine, where bile acids and pancreatic enzymes further process digested food. Appetite stimulation is more related to hormonal signals and neurological factors rather than directly influenced by the presence of hydrochloric acid. Thus, option C accurately captures the main function of hydrochloric acid in the digestive process.

6. What is considered the number one complication in the GI surgery patient population?

- A. Hemorrhage
- B. Atelectasis**
- C. Infection
- D. Wound dehiscence

In the context of GI surgery patients, atelectasis is a significant complication that can occur after surgical procedures, particularly those involving the abdomen or thorax. This condition refers to the partial or complete collapse of the lung, which can result in hypoventilation and inadequate gas exchange. The main risk factors for atelectasis include the effects of anesthesia, reduced mobility post-surgery, and the presence of pain that can inhibit deep breathing. Following surgical procedures, patients often have decreased lung volumes and may struggle to take deep breaths due to pain, leading to inadequate expansion of the alveoli and, consequently, atelectasis. This condition can be particularly prevalent in the immediate postoperative period if appropriate measures such as incentive spirometry or early ambulation are not implemented. Although the other options also represent potential complications, atelectasis is notably one of the most common and critical issues that healthcare providers monitor in the postoperative care of GI surgery patients. The emphasis on preventing atelectasis through respiratory therapy and patient education is crucial in promoting optimal recovery and reducing the likelihood of further complications.

7. What is an essential aspect of immediate postoperative cast care?

- A. Monitor for signs of infection only
- B. Assess for cast dryness, fit, perfusion, and NV checks**
- C. Keep the cast dry and apply ice
- D. Elevate the cast above heart level at all times

The correct choice involves several crucial components necessary for effective immediate postoperative cast care. Assessing for cast dryness, proper fit, and perfusion, along with neurovascular checks, is vital to ensuring that the cast is functioning as intended and that the underlying limb remains healthy. The cast must be dry to maintain its structural integrity and to avoid skin irritation or infection. Evaluating the fit ensures that the cast is not too tight or too loose, both of which can cause complications like pressure sores or inadequate immobilization. Checking perfusion is important for assessing blood flow to the limb, and this is often indicated by monitoring capillary refill, warmth, and color of the toes or fingers beyond the cast. Neurovascular checks are critical for identifying any early signs of complications, such as compartment syndrome or nerve damage. While keeping the cast dry and applying ice, as well as elevating the cast, are important practices in postoperative care, they are not as comprehensive in addressing potential issues that might arise without proper assessments. Monitoring for infection is also crucial, but it's a narrower focus compared to the broader scope of cast care, which includes fit and circulation assessments. Thus, option B encapsulates the multifaceted approach required for effective cast management after a surgical procedure.

8. What is an effective acute treatment for cluster headaches?

- A. Ibuprofen
- B. Acetaminophen
- C. 100% O₂ via a non-rebreathing face mask**
- D. Aspirin

Cluster headaches are known for their intense and severe pain, usually localized around one eye and often occurring in cyclical patterns. An effective acute treatment for these headaches focuses on rapidly alleviating the pain and discomfort associated with an active attack. Inhalation of 100% oxygen via a non-rebreathing face mask is a well-established acute treatment for cluster headaches. The mechanism involves oxygen alleviating the headache pain almost immediately in many patients, likely due to its ability to counteract the hypoxia (reduced oxygen supply) often associated with cluster headache attacks. Administering oxygen helps to dilate the blood vessels and effectively reduces pain. In contrast, while ibuprofen, acetaminophen, and aspirin are all common analgesics, they are not particularly effective for treating the severe intensity of cluster headaches. These medications may offer some relief for tension-type headaches or mild migraines but do not act quickly or powerfully enough to manage the specific symptoms of cluster headaches during an active episode. Therefore, the best option for acute treatment in this context is the administration of 100% oxygen.

9. What is a disadvantage of gamma-knife treatment for malignant brain tumors?

- A. It cannot be used for large tumors
- B. It's unable to detect malignant cells infiltrating normal tissues**
- C. It requires multiple sessions
- D. It does not provide immediate symptom relief

Gamma Knife treatment, while a beneficial technique for targeting malignant brain tumors through precise radiation, has certain limitations. One notable disadvantage is its inability to detect malignant cells infiltrating normal tissues. This treatment primarily focuses on delivering a high dose of radiation to a specific lesion while sparing surrounding healthy tissue. While this is advantageous in targeting defined tumors, it does not have the capability to identify microscopic disease that has spread into neighboring healthy brain tissue. Consequently, if malignant cells infiltrate areas adjacent to the tumor, these cells may remain untreated, potentially leading to challenges in overall tumor management. Let's consider the context of the other options: the assertion regarding large tumors is valid as Gamma Knife is generally more effective for smaller tumors due to the precision required in targeting. The requirement for multiple sessions is not necessarily true, as complex cases may only need a single session, and sometimes the treatment can be completed in one day depending on the tumor size and location. Immediate symptom relief is also not one of the characteristics of this treatment modality as Gamma Knife therapy focuses on long-term tumor control rather than immediate alleviation of symptoms.

10. What is the predisposition associated with prolonged postoperative ileus?

- A. Less than 4 days
- B. Adhesive bowel obstruction
- C. More than 4 days**
- D. None of the above

Prolonged postoperative ileus is characterized by the failure of the intestines to resume normal function after surgery. It is typically defined as an absence of bowel movement or bowel sounds lasting longer than 4 days following surgery. The period of more than 4 days indicates a significant delay in gastrointestinal recovery, which can lead to various complications, including discomfort, distension, and nausea. The predisposition to prolonged postoperative ileus can be influenced by multiple factors, including the type of surgery performed, the patient's overall health, and the presence of postoperative complications. Options specifying less than 4 days or none of the conditions do not align with the established definition of prolonged ileus. Additionally, while an adhesive bowel obstruction can occur in relation to postoperative ileus, it is not a direct predisposition but rather a potential complication that may arise from factors involved in prolonged ileus. Therefore, recognizing that a duration of more than 4 days signifies a problem is critical in understanding postoperative care and management.

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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