

Certified Pediatric Hematology Oncology Nurse (CPHON) Practice Exam (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

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- 1. Chronic neutropenia in children with Schwachman-Diamond Syndrome increases the risk for which of the following conditions?**
 - A. Aplastic anemia**
 - B. Rheumatoid arthritis**
 - C. Bone demineralization**
 - D. Asthma**

- 2. What is indicated by the presence of increased Hemoglobin F in Hb SS patients?**
 - A. Usually mild SCD**
 - B. Severe SCD**
 - C. Moderate to severe SCD**
 - D. Carrier state only**

- 3. Which of the following symptoms is often the first presenting sign of dactylitis in SCD patients?**
 - A. Joint swelling**
 - B. Hand and foot syndrome**
 - C. Fever**
 - D. Nausea**

- 4. What is one of the autoimmune disorders that can cause AIHA?**
 - A. Rheumatoid arthritis**
 - B. Multiple sclerosis**
 - C. Lupus**
 - D. Hashimoto's thyroiditis**

- 5. True or False: All patients with Fanconi Anemia will eventually develop myelodysplastic syndromes (MDS) or acute myeloid leukemia (AML).**
 - A. True**
 - B. False**
 - C. Not enough information**
 - D. Only in adulthood**

6. In Cold Antibody AIHA, at what stage does hemolysis primarily occur?

- A. Spleen**
- B. Liver**
- C. Bone marrow**
- D. Kidneys**

7. What important nursing intervention should be emphasized for families with children diagnosed with Fanconi Anemia?

- A. Children are less sensitive to carcinogens**
- B. Minimize exposure to frequent x-rays**
- C. Encourage high exposure to sunlight**
- D. Maximize radiation therapy**

8. Which chemical is strongly linked to genetic events leading to marrow failure?

- A. Formaldehyde**
- B. Arsenic**
- C. Benzene**
- D. Chloroform**

9. Hb Sbeta+ Thalassemia is usually categorized as what?

- A. Severe**
- B. Mild to moderate**
- C. Acute**
- D. Carrier state**

10. Which assessment is crucial for monitoring patients with G6PDD?

- A. Monitor for hyperglycemia**
- B. Monitor for dehydration**
- C. Monitor for signs of anemia**
- D. Monitor for elevated blood pressure**

Answers

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

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Explanations

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1. Chronic neutropenia in children with Schwachman-Diamond Syndrome increases the risk for which of the following conditions?

- A. Aplastic anemia**
- B. Rheumatoid arthritis**
- C. Bone demineralization**
- D. Asthma**

Chronic neutropenia, particularly in conditions such as Schwachman-Diamond Syndrome, leads to multiple challenges due to impaired immune function. Children with this syndrome often have a compromised ability to fight infections because neutrophils, a type of white blood cell essential for combating infections, are diminished. This persistent low level of neutrophils can also affect other aspects of health, including the maintenance of bone integrity. Bone demineralization is often a consequence of prolonged periods of infection or inflammation, which is common in children with neutropenia. The focus on chronic inflammation and the need for the body to rely on alternative mechanisms to compensate for the lack of neutrophils can result in a decrease in bone density over time. Therefore, bone demineralization is a concern in these patients as they may lead to an increased risk of fractures and other skeletal issues. While aplastic anemia, rheumatoid arthritis, and asthma are significant health concerns, they are not directly attributable to the chronic neutropenic condition associated with Schwachman-Diamond Syndrome in the same way that bone demineralization is.

2. What is indicated by the presence of increased Hemoglobin F in Hb SS patients?

- A. Usually mild SCD**
- B. Severe SCD**
- C. Moderate to severe SCD**
- D. Carrier state only**

The presence of increased Hemoglobin F (Hb F) in patients with hemoglobin SS disease (sickle cell disease) indicates a moderate to severe form of the disease. Hemoglobin F is the fetal form of hemoglobin, and its levels typically decrease after birth. In patients with sickle cell disease, elevated levels of Hb F can help inhibit the sickling process of red blood cells, leading to fewer vaso-occlusive crises and reduced anemia in these patients. Patients with Hb SS genotype and higher levels of Hb F often experience a milder disease course compared to those with lower levels of Hb F; however, significant elevations can still indicate a more severe disease profile due to various genetic factors or adaptations that may lead to the production of more fetal hemoglobin. In context to the other choices, the implication of mild sickle cell disease or carrier states would suggest lower levels of Hb F, not elevated levels. Therefore, the conclusion that increased levels of Hb F imply a moderate to severe presentation of sickle cell disease aligns with established clinical understandings of the condition and its phenotypic variability.

3. Which of the following symptoms is often the first presenting sign of dactylitis in SCD patients?

- A. Joint swelling**
- B. Hand and foot syndrome**
- C. Fever**
- D. Nausea**

Dactylitis, often referred to as "hand-foot syndrome," is indeed commonly recognized as one of the earliest symptoms in patients with sickle cell disease (SCD). It manifests as painful swelling of the hands and feet due to vaso-occlusive crises, where sickle-shaped red blood cells occlude blood vessels, leading to tissue ischemia and inflammation. This condition is particularly prevalent in infants and young children with SCD, as they may not have developed the ability to communicate pain or discomfort effectively. The painful swelling associated with dactylitis can serve as a significant indicator that prompts further evaluation for SCD, especially in pediatric patients. In the context of the other options, while joint swelling, fever, and nausea can also occur in SCD patients, they are less specific or may develop in response to other complications associated with the disease. Joint swelling can be associated with pain crises but is not necessarily the first symptom. Fever can indicate infection or crisis but is not directly associated with the development of dactylitis. Nausea is not a typical first sign and could happen due to various reasons, including treatment side effects or other health issues. Thus, recognizing hand-foot syndrome as an initial sign is crucial for timely diagnosis.

4. What is one of the autoimmune disorders that can cause AIHA?

- A. Rheumatoid arthritis**
- B. Multiple sclerosis**
- C. Lupus**
- D. Hashimoto's thyroiditis**

Autoimmune hemolytic anemia (AIHA) is a condition characterized by the immune system mistakenly attacking and destroying red blood cells, leading to anemia. One of the autoimmune disorders commonly associated with AIHA is systemic lupus erythematosus (SLE), often simply referred to as lupus. Lupus is known for affecting multiple systems in the body and is characterized by the production of various autoantibodies. In patients with lupus, the presence of autoantibodies, particularly those that target red blood cell components, can lead to hemolysis. This destruction of red blood cells ultimately results in the symptoms associated with anemia, such as fatigue, pallor, and other systemic manifestations. While other autoimmune conditions listed can cause various hematological complications, they are not as directly linked to AIHA as lupus. Understanding the relationship between autoimmune disorders and their hematological manifestations is crucial for recognizing and managing these conditions effectively.

5. True or False: All patients with Fanconi Anemia will eventually develop myelodysplastic syndromes (MDS) or acute myeloid leukemia (AML).

- A. True**
- B. False**
- C. Not enough information**
- D. Only in adulthood**

The statement that all patients with Fanconi Anemia will eventually develop myelodysplastic syndromes (MDS) or acute myeloid leukemia (AML) is false. Fanconi Anemia is a genetic disorder that increases the risk of developing certain malignancies, particularly MDS and AML; however, not every individual with the condition will necessarily progress to these types of cancers. Fanconi Anemia is characterized by a defect in the DNA repair mechanism, which can lead to hematological abnormalities and predisposition to various cancers. While the lifetime risk of developing MDS or AML is indeed higher in individuals with Fanconi Anemia compared to the general population, many patients may not experience these complications during their lifetime. The variability in outcomes can depend on a range of factors, including the genetic background, environmental exposures, and the severity of the hematologic issues. Therefore, it is important to note that while there is a significant risk associated with Fanconi Anemia, saying that all patients will develop MDS or AML is inaccurate. This nuanced understanding of the disease highlights the importance of regular monitoring and individualized patient care.

6. In Cold Antibody AIHA, at what stage does hemolysis primarily occur?

- A. Spleen**
- B. Liver**
- C. Bone marrow**
- D. Kidneys**

In the context of Cold Antibody Autoimmune Hemolytic Anemia (AIHA), hemolysis primarily occurs in the liver. This is due to the fact that the antibodies involved in cold AIHA, typically IgM autoantibodies, bind to red blood cells when the body is exposed to cold temperatures. After binding, these red blood cells can be sequestered and destroyed in the liver's reticuloendothelial system, particularly by Kupffer cells, which are specialized macrophages found in the liver. The phenomenon of hemolysis in the liver reflects the organ's role in filtering and removing altered or damaged blood cells from circulation. As a result, the liver becomes a key site for the clearance of red blood cells coated with these cold antibodies, leading to the hemolytic process characteristic of this condition. While other organs like the spleen and bones can play roles in the clearance and processing of blood cells, in the case of Cold AIHA, the liver's involvement is particularly significant due to the mechanisms of antibody-mediated destruction that occur therein.

7. What important nursing intervention should be emphasized for families with children diagnosed with Fanconi Anemia?

- A. Children are less sensitive to carcinogens**
- B. Minimize exposure to frequent x-rays**
- C. Encourage high exposure to sunlight**
- D. Maximize radiation therapy**

Emphasizing the importance of minimizing exposure to frequent x-rays for families with children diagnosed with Fanconi Anemia is essential due to the underlying genetic factors that affect DNA repair in these patients. Children with Fanconi Anemia have an increased sensitivity to the effects of radiation and other carcinogens, which can significantly raise their risk of developing acute myeloid leukemia and other malignancies. Frequent x-ray exposure can lead to cumulative damage to their already vulnerable DNA, potentially resulting in further complications or the progression of their condition. Hence, it is crucial for healthcare providers to educate families on the risks associated with unnecessary imaging and to explore alternative diagnostic methods when possible, aiming to protect the child's health and minimize potential oncogenic risks. The other options provided do not align with the protective measures needed for these children.

8. Which chemical is strongly linked to genetic events leading to marrow failure?

- A. Formaldehyde**
- B. Arsenic**
- C. Benzene**
- D. Chloroform**

Benzene is strongly linked to genetic events that can lead to marrow failure, specifically because it is known to be a bone marrow toxin and is classified as a leukemogen. Chronic exposure to benzene has been associated with various hematological disorders, including aplastic anemia and leukemia. This connection is due to benzene's ability to interfere with normal blood cell production and cause damage to the DNA within hematopoietic stem cells in the bone marrow, leading to a higher risk of developing conditions such as marrow failure. The other chemicals listed have been studied for their toxic effects but do not show the same strong, direct association with marrow failure as benzene. Formaldehyde, for instance, has some links to other health issues but is less directly implicated in marrow toxicity. Arsenic primarily has associations with skin and bladder cancers, while chloroform has been studied for its potential carcinogenic effects but lacks a robust connection to bone marrow failure specifically. This makes benzene the most significant chemical in the context of genetic events leading to marrow failure.

9. Hb Sbeta+ Thalassemia is usually categorized as what?

- A. Severe
- B. Mild to moderate**
- C. Acute
- D. Carrier state

Hb S beta+ thalassemia is categorized as mild to moderate because it typically results from a combination of sickle cell disease and beta-thalassemia, where the beta-globin gene is partially mutated. The presence of Hb S (sickle hemoglobin) along with the reduced production of beta-globin chains leads to a milder form of anemia compared to severe conditions, such as Hb S beta0 thalassemia, where there is a complete absence of beta-globin chain production. Patients with Hb S beta+ thalassemia usually experience fewer complications and have a higher hemoglobin level than those with more severe forms of sickle cell disease or thalassemia. The condition allows for some production of beta-globin, which contributes to a level of normal hemoglobin and mitigates the severity of symptoms. Therefore, this classification reflects the clinical presentation and the balance of both the sickling and thalassemic components, leading to a disease that tends to have a more favorable clinical course.

10. Which assessment is crucial for monitoring patients with G6PDD?

- A. Monitor for hyperglycemia
- B. Monitor for dehydration
- C. Monitor for signs of anemia**
- D. Monitor for elevated blood pressure

Monitoring for signs of anemia is indeed crucial for patients with glucose-6-phosphate dehydrogenase deficiency (G6PDD). This genetic enzyme deficiency can lead to hemolytic anemia, especially after exposure to certain triggers such as specific medications, infections, or foods like fava beans. Patients with G6PDD have a reduced ability to protect their red blood cells from oxidative stress, which can lead to the premature destruction of these cells. Therefore, regular assessments for anemia, which may present as fatigue, pallor, and elevated heart rate, are essential in the management of these patients to detect and address any hemolytic episodes promptly. While monitoring for hyperglycemia, dehydration, and elevated blood pressure may be relevant in other contexts or conditions, they are not specifically critical in the monitoring of G6PDD. Hyperglycemia is primarily a concern in diabetes, dehydration can be a general concern in many patients, and elevated blood pressure is important but not directly related to the complications of G6PDD. Thus, the focus on signs of anemia is justified since it directly relates to the risks associated with this enzyme deficiency.

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://cphon.examzify.com>

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

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