

CERTIFIED PEDIATRIC HEMATOLOGY ONCOLOGY NURSE (CPHON) 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 type of pain management is generally recommended for SCD patients experiencing a pain crisis?**
 - A. Over-the-counter analgesics only
 - B. Monoamine oxidase inhibitors
 - C. Opioids
 - D. Non-steroidal anti-inflammatory drugs (NSAIDs) only
- 2. Hemoglobin E is most commonly found in which region?**
 - A. North America
 - B. Southeast Asia
 - C. Western Europe
 - D. Africa
- 3. Which hematological abnormality is linked to Diamond Blackfan Anemia?**
 - A. Polycythemia
 - B. Hemolytic anemia
 - C. Reticulocytopenia
 - D. Thrombocytosis
- 4. When assessing for fluid overload in G6PDD patients, what is an important nursing action?**
 - A. Administer diuretics
 - B. Monitor daily weights
 - C. Increase fluid intake
 - D. Limit physical activity
- 5. What is the most common metabolic disorder of red blood cells worldwide?**
 - A. Iron deficiency anemia
 - B. G6PDD
 - C. Sickle cell disease
 - D. Aplastic anemia

- 6. What is the risk of secondary conditions for patients with Diamond Blackfan Anemia?**
- A. Increased risk of infections
 - B. Higher probability of autoimmune disorders
 - C. Development of muscular dystrophy
 - D. Increased risk of MDS
- 7. Which of the following are examples of congenital aplastic anemia?**
- A. Diamond-Blackfan Anemia and Fanconi Anemia
 - B. Fanconi Anemia and Dyskeratosis Congenita
 - C. Wiskott-Aldrich Syndrome and Sickle Cell Disease
 - D. Thalassemias and Hemophilia
- 8. Children with Fanconi Anemia may exhibit which of the following developmental issues?**
- A. Hyperactivity
 - B. Language delays
 - C. Mental retardation
 - D. Vision impairments
- 9. The clinical presenting symptoms of beta thalassemia include all of the following EXCEPT:**
- A. Failure to thrive by 6 months
 - B. Significant anemia
 - C. Excessive growth of limbs
 - D. Fatigue and weakness
- 10. What bone changes can occur in beta thalassemia patients who do not receive adequate transfusions?**
- A. Bossing of the forehead
 - B. Growth of extra limbs
 - C. Decreased bone density
 - D. Stunted growth in height

Answers

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

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Explanations

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1. What type of pain management is generally recommended for SCD patients experiencing a pain crisis?

- A. Over-the-counter analgesics only
- B. Monoamine oxidase inhibitors
- C. Opioids**
- D. Non-steroidal anti-inflammatory drugs (NSAIDs) only

For patients with sickle cell disease (SCD) who are experiencing a pain crisis, the recommendation typically focuses on the use of opioids. Pain crises, also known as vaso-occlusive crises, arise due to the blockage of blood vessels by sickled red blood cells, leading to severe and often debilitating pain. Opioids are effective in managing this type of acute pain due to their ability to bind to specific receptors in the brain and spinal cord, thereby providing significant relief from intense pain. In addition to their efficacy, opioids are appropriate for this situation as they can be dosed effectively to manage varying levels of pain and can be adjusted based on the patient's needs. It is crucial to ensure adequate pain control in these patients to prevent complications and improve their quality of life. Other methods of pain management, such as over-the-counter analgesics or NSAIDs, may be insufficient for the intensity of pain experienced during a crisis, as they typically provide only mild to moderate pain relief. Monoamine oxidase inhibitors, on the other hand, are not standard treatment for pain within the context of SCD and could have significant safety concerns and side effects, making them inappropriate for managing acute pain. Thus, opioids emerge as the best choice for effectively

2. Hemoglobin E is most commonly found in which region?

- A. North America
- B. Southeast Asia**
- C. Western Europe
- D. Africa

Hemoglobin E is particularly prevalent in Southeast Asia, where it is notably associated with certain ethnic groups, such as those in Thailand and Cambodia. The mutation that leads to Hemoglobin E results in a form of hemoglobin that can cause mild hemolytic anemia and is often seen in individuals from this region. In Southeast Asia, the presence of Hemoglobin E has evolved in response to malaria; carriers of Hemoglobin E are thought to have a selective advantage in malaria-endemic areas. This geographical concentration is why Southeast Asia is recognized as the region where Hemoglobin E is most commonly found, distinguishing it from areas like North America, Western Europe, or Africa, where this variant is less frequently seen. This knowledge is crucial for health professionals in understanding the epidemiology of hemoglobinopathies and tailoring their approach to patient care according to the populations they serve.

3. Which hematological abnormality is linked to Diamond Blackfan Anemia?

- A. Polycythemia
- B. Hemolytic anemia
- C. Reticulocytopenia**
- D. Thrombocytosis

Diamond Blackfan Anemia (DBA) is a type of macrocytic anemia that is primarily characterized by a specific deficiency of red blood cell production due to a defect in erythroid progenitor cells. One of the hallmark laboratory findings in DBA is reticulocytopenia, which refers to a low reticulocyte count. This is significant because reticulocytes are immature red blood cells that are typically released by the bone marrow in response to anemia. In DBA, despite the presence of anemia, the reticulocyte count is low because the marrow is unable to adequately produce new erythrocytes due to the underlying hematological defect. The association of reticulocytopenia with Diamond Blackfan Anemia indicates that the body is not responding appropriately to the anemic state by producing more red blood cells. This finding helps in differentiating DBA from other forms of anemia where increased destruction or loss of red blood cells might lead to a compensatory increase in reticulocyte production. In contrast, conditions like polycythemia, hemolytic anemia, and thrombocytosis are associated with different mechanisms and findings that do not characterize DBA. Polycythemia involves an increase in red blood cell mass, hemolytic anemia often presents with elevated ret

4. When assessing for fluid overload in G6PDD patients, what is an important nursing action?

- A. Administer diuretics
- B. Monitor daily weights**
- C. Increase fluid intake
- D. Limit physical activity

Monitoring daily weights is a critical nursing action when assessing for fluid overload, especially in patients with G6PDD (Glucose-6-Phosphate Dehydrogenase Deficiency), who may be particularly vulnerable to complications from fluid imbalances. Daily weights provide a straightforward, quantitative measure of fluid status over time. By weighing a patient at the same time each day, nursing staff can detect changes in weight that may indicate fluid retention or overload, allowing for timely intervention. Weight fluctuations can be attributed to fluid retention rather than shifts in body tissue or muscle mass. For patients with G6PDD, who can face acute hemolytic crises in the presence of certain stressors such as infection, dehydration, or exposure to specific substances, closely monitoring their fluid status through daily weights is essential to prevent complications. Other options like administering diuretics or increasing fluid intake can have varying implications depending on the patient's condition. In some cases, diuretics may be necessary, but they should not be given without careful assessment and doctor's orders. Increasing fluid intake could exacerbate fluid overload rather than alleviate it. Limiting physical activity might be appropriate in some scenarios, but it does not directly address the assessment of fluid overload. Thus, monitoring daily weights stands out

5. What is the most common metabolic disorder of red blood cells worldwide?

- A. Iron deficiency anemia
- B. G6PDD**
- C. Sickle cell disease
- D. Aplastic anemia

The most common metabolic disorder of red blood cells worldwide is glucose-6-phosphate dehydrogenase deficiency (G6PDD). This enzymatic deficiency is linked to the inability of red blood cells to properly handle oxidative stress, which leads to hemolytic anemia. G6PD is an essential enzyme in the pentose phosphate pathway, and its absence makes red blood cells more vulnerable to various oxidative agents, including certain medications, infections, and foods such as fava beans. G6PDD is particularly prevalent in regions of the world where malaria is endemic, as the disorder provides a protective advantage against malaria due to the reduced lifespan of affected red blood cells which makes it harder for the malaria parasites to survive. This evolutionary aspect contributes to its widespread occurrence, especially in Southeast Asia, Africa, and parts of the Mediterranean. While other conditions such as iron deficiency anemia, sickle cell disease, and aplastic anemia are also significant health concerns, they do not have the same global prevalence specifically in terms of enzymatic deficiency. Iron deficiency anemia, for instance, is a nutritional deficiency but not a metabolic disorder of red blood cells in the same way as G6PD deficiency. Sickle cell disease is a genetic disorder that affects hemoglobin structure rather than

6. What is the risk of secondary conditions for patients with Diamond Blackfan Anemia?

- A. Increased risk of infections
- B. Higher probability of autoimmune disorders
- C. Development of muscular dystrophy
- D. Increased risk of MDS**

Diamond Blackfan Anemia (DBA) is a type of macrocytic anemia characterized by a failure of the bone marrow to produce enough red blood cells. While there are various secondary conditions associated with DBA, the notable concern among these is the increased risk of myelodysplastic syndromes (MDS). This heightened risk occurs because patients with DBA often have chromosomal abnormalities linked to the pathogenesis of MDS. Genetic factors contribute significantly to both conditions, with DBA being associated with mutations in genes related to the ribosomal biogenesis. Over time, the bone marrow damage and resultant ineffective erythropoiesis that characterize DBA can lead to clonal hematopoiesis, raising the likelihood of developing MDS. When considering the other options, the risk of infections is typically more associated with leukopenia or specific conditions affecting the immune system, which are not primary concerns in DBA. Autoimmune disorders, while they can occur in the general population of those with hematological disorders, do not have a distinctly elevated association with DBA as an inherited condition. Muscular dystrophy is unrelated to DBA and is a separate group of genetic disorders affecting muscle tissue, thus making it an unlikely secondary condition related to DBA. Consequently, the development

7. Which of the following are examples of congenital aplastic anemia?

- A. Diamond-Blackfan Anemia and Fanconi Anemia
- B. Fanconi Anemia and Dyskeratosis Congenita**
- C. Wiskott-Aldrich Syndrome and Sickle Cell Disease
- D. Thalassemias and Hemophilia

The correct answer highlights conditions that are specifically recognized as congenital aplastic anemias. Congenital aplastic anemia is characterized by the failure of bone marrow to produce sufficient blood cells, which can be inherited or caused by genetic abnormalities. Fanconi Anemia is indeed a classic example of congenital aplastic anemia. It is a genetic disorder that leads to bone marrow failure and is associated with increased risk of cancer and other anomalies. Dyskeratosis Congenita, another condition mentioned, also involves bone marrow dysfunction, leading to aplastic anemia, among other systemic issues. Both conditions demonstrate the inherited nature of congenital aplastic anemia, underpinning the genetic pathways that lead to failure in hematopoiesis. In contrast, the other options include conditions that do not primarily present as congenital aplastic anemia. While Wiskott-Aldrich Syndrome is a genetic disorder affecting the immune system and involves thrombocytopenia, it does not primarily manifest as aplastic anemia. Similarly, Sickle Cell Disease is a hemoglobinopathy with different pathophysiology related to abnormal hemoglobin, and thalassemias and hemophilia are conditions primarily related to issues with hemoglobin production and clotting, respectively, rather than bone marrow failure. Thus, the

8. Children with Fanconi Anemia may exhibit which of the following developmental issues?

- A. Hyperactivity
- B. Language delays
- C. Mental retardation**
- D. Vision impairments

Fanconi Anemia is a genetic disorder that primarily affects the bone marrow and can lead to various developmental issues due to its impact on the body's ability to produce blood cells and respond to DNA damage. Among the potential developmental concerns, mental retardation is often included as a possible manifestation. Children with this condition may experience cognitive delays because of the complex interactions of their medical issues, including physical health problems, treatment complications, and environmental factors. While hyperactivity, language delays, and vision impairments can occur in children with various developmental disorders, they are not typical direct manifestations of Fanconi Anemia. The most widely acknowledged link within the spectrum of potential issues associated with this condition is cognitive impairment, which encompasses what may be described as mental retardation. Therefore, recognizing mental retardation in the context of Fanconi Anemia takes into account the broader neurodevelopmental risks these children may face as a result of their unique genetic and clinical circumstances.

9. The clinical presenting symptoms of beta thalassemia include all of the following EXCEPT:

- A. Failure to thrive by 6 months
- B. Significant anemia
- C. Excessive growth of limbs**
- D. Fatigue and weakness

In beta thalassemia, individuals typically exhibit symptoms related to anemia and its effects on the body due to the reduced production of hemoglobin. The correct answer highlights that excessive growth of limbs is not a clinical presenting symptom of this condition. Failure to thrive by six months, significant anemia, and fatigue and weakness are common symptoms associated with beta thalassemia. Children often show signs of inadequate growth due to the chronic fatigue and weakness stemming from anemia, which results from insufficient functioning hemoglobin and impaired oxygen transport in the bloodstream. Over time, the body's compensatory mechanisms can lead to splenomegaly and other manifestations. In contrast, limb growth abnormalities are not typically associated with beta thalassemia. This condition does not induce excessive or abnormal limb growth; rather, the growth may be stunted due to the overall health impact and the body's inability to produce sufficient red blood cells.

10. What bone changes can occur in beta thalassemia patients who do not receive adequate transfusions?

- A. Bossing of the forehead**
- B. Growth of extra limbs
- C. Decreased bone density
- D. Stunted growth in height

In patients with beta thalassemia who do not receive adequate transfusions, bone changes can include specific craniofacial abnormalities as a result of the body attempting to compensate for chronic anemia. The incorrect answer selected indicates "bossing of the forehead," which is indeed a correct manifestation. Bossing of the forehead occurs due to marrow expansion caused by ineffective erythropoiesis, where the body produces more red blood cells but is unable to do so effectively due to the underlying disease. As a response to chronic anemia, there is increased hematopoietic activity in the skull and other flat bones, leading to an overgrowth or thickening of the bone structure, resulting in a prominent forehead. Inadequate transfusions can lead to ineffective management of the disease, resulting in iron overload and associated complications, but the direct bone change often noted in clinical observation is the stamp of alteration in the shape of the skull and facial bones. Recognizing such changes is vital for the management of beta thalassemia patients, as these physical signs are indicative of the underlying pathophysiology of the disorder and its consequences when left untreated.

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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