Disorders of the Adrenal Gland Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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

1. **After reviewing inpatient assignments, which patient should be assessed first?**

   A. A patient with Cushing disease who just returned to the unit after a bilateral adrenalectomy.

   B. A patient with Conn syndrome who experiences tremors.

   C. A patient with adrenal insufficiency who is euvolemic.

   D. A patient with hyperaldosteronism who has a mild hypertension.

2. **Assessment findings of moonface, hypertension, petechiae, and truncal obesity indicate increased ACTH. Which medication does the nurse expect to be prescribed?**

   A. hydrocortisone

   B. cyproheptadine

   C. spironolactone

   D. metformin

3. **Which disorder causes the adrenal cortex to secrete too much cortisol?**

   A. Cushing disease

   B. Cushing syndrome

   C. Addison disease

   D. Pheochromocytoma

4. **Which is an important nursing assessment for a patient receiving fludrocortisone to treat adrenal hypofunction?**

   A. Blood pressure

   B. Temperature

   C. Pulse rate

   D. Respiratory rate

5. A patient presents with symptoms consistent with acute adrenal insufficiency. Vital signs show a pulse of 118, respiratory rate 18, blood pressure 84/44, oxygen saturation 98%, and a temperature of 98.8 F. What is the priority intervention?

A. Start a rapid infusion of normal saline

B. Administer hydrocortisone intravenously

C. Administer potassium chloride

D. Obtain a cortisol level

6. Which condition would be least likely to cause adrenal insufficiency?

A. Adrenal adenoma

B. Pituitary tumor

C. Hypophysectomy

D. Abrupt discontinuation of corticosteroids

7. Which of the following are secondary causes of adrenal insufficiency?

A. Pituitary tumors

B. Hypophysectomy

C. Abrupt discontinuation of corticosteroids

D. All of the above

8. What is a nursing priority for a patient presenting to the ED with a history of adrenal insufficiency and laboratory results showing Na 130, K 5.6, and glucose 72?

A. Administer insulin and dextrose in normal saline to shift potassium into cells

B. Administer potassium supplements

C. Administer diuretics

D. Administer hydrocortisone infusion

9. When assigning patients, which scenario would justify giving the patient to an RN floated from the pediatric unit?

A. Patient with Cushing disease who has elevated blood glucose and requires frequent insulin.

B. Patient with Conn syndrome with elevated BP

C. Patient with Addison's disease requiring irrigation

D. Patient with hyperaldosteronism with stable labs

10. A patient suspected of having Cushing disease is scheduled for dexamethasone suppression testing. Which statement indicates need for further teaching?

A. My blood will be drawn over 3 days.

B. The test is done with a single blood draw.

C. I will not need to fast.

D. I will be given a medication at bedtime.

Answers

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

Explanations

1. After reviewing inpatient assignments, which patient should be assessed first?

A. A patient with Cushing disease who just returned to the unit after a bilateral adrenalectomy.

B. A patient with Conn syndrome who experiences tremors.

C. A patient with adrenal insufficiency who is euvolemic.

D. A patient with hyperaldosteronism who has a mild hypertension.

The most urgent concern is the patient who recently returned after bilateral adrenalectomy for Cushing disease. Removing both adrenal glands leaves the body without endogenous cortisol and aldosterone, so they are at high risk for acute adrenal insufficiency (adrenal crisis). This can cause sudden hypotension, tachycardia, confusion, and electrolyte disturbances (hyponatremia, hyperkalemia), and it can be life-threatening if not promptly recognized and treated with appropriate steroid replacement and fluid/electrolyte management. The other scenarios may involve important issues—tremors from hypokalemia in hyperaldosteronism, euvolemia in adrenal insufficiency, or mild hypertension—but they do not present an immediate threat to stability in the same way as a post-adrenalectomy patient who needs guaranteed steroid support and close monitoring for signs of crisis.

2. Assessment findings of moonface, hypertension, petechiae, and truncal obesity indicate increased ACTH. Which medication does the nurse expect to be prescribed?

A. hydrocortisone

B. cyproheptadine

C. spironolactone

D. metformin

Elevated ACTH points to ACTH-dependent Cushing syndrome, where excess ACTH drives too much cortisol. To reduce cortisol, one approach is to blunt ACTH secretion from the pituitary. Serotonin stimulates ACTH release, so a serotonin receptor antagonist can lower ACTH output. Cyproheptadine blocks serotonin receptors, which decreases ACTH secretion and thus cortisol production. That helps reverse features like moon face, truncal obesity, hypertension, and petechiae. Hydrocortisone would add cortisol, worsening the problem. Spironolactone mainly helps with fluid status and mineralocorticoid effects, not ACTH suppression. Metformin addresses glucose/metabolic issues but not the underlying cortisol excess.

3. Which disorder causes the adrenal cortex to secrete too much cortisol?

A. Cushing disease

B. Cushing syndrome

C. Addison disease

D. Pheochromocytoma

Excess cortisol that originates from stimulation of the adrenal cortex by ACTH is at the heart of this question. In Cushing disease, a pituitary adenoma makes too much ACTH, which drives the adrenal cortex to produce and release more cortisol than normal. That direct pituitary source of ACTH leading to adrenal cortisol overproduction is why Cushing disease is the best answer for a pituitary-driven cause of hypercortisolism. It's worth noting that Cushing syndrome is the broader term for high cortisol levels from any cause—pituitary (Cushing disease), ectopic ACTH, adrenal tumors, or external steroid use. Addison disease is the opposite process (adrenal insufficiency, low cortisol). Pheochromocytoma involves excess catecholamines from the adrenal medulla, not cortisol, so it does not explain hypercortisolism.

4. Which is an important nursing assessment for a patient receiving fludrocortisone to treat adrenal hypofunction?

A. Blood pressure

B. Temperature

C. Pulse rate

D. Respiratory rate

Fludrocortisone acts like aldosterone, promoting sodium and water reabsorption in the kidneys. That increases extracellular fluid volume and can raise blood pressure, so monitoring blood pressure is essential to assess both therapeutic effect and potential over-replacement. By checking BP regularly, you can detect hypertension, edema, or fluid overload early and adjust the dose as needed. Temperature, pulse, and respiratory rate aren't as directly tied to the drug's mineralocorticoid effect, so they don't provide the clearest signal about how the medication is working or whether its dose is appropriate. Remember to watch for signs of electrolyte imbalance, especially hypokalemia, but the key nursing assessment here is maintaining careful blood pressure surveillance.

5. A patient presents with symptoms consistent with acute adrenal insufficiency. Vital signs show a pulse of 118, respiratory rate 18, blood pressure 84/44, oxygen saturation 98%, and a temperature of 98.8 F. What is the priority intervention?

A. Start a rapid infusion of normal saline

B. Administer hydrocortisone intravenously

C. Administer potassium chloride

D. Obtain a cortisol level

In an adrenal crisis, the immediate danger is circulatory collapse from severe volume depletion, so the priority is to restore intravascular volume quickly. Starting a rapid infusion of isotonic saline directly addresses the major problem—hypotension and poor perfusion—by expanding the circulating blood volume and improving tissue perfusion. While giving steroids is essential to replace the deficient cortisol and to help reverse shock, it should follow or accompany the initial fluid resuscitation rather than delay it. Administering hydrocortisone intravenously is important, but if you wait to wait for lab confirmation or for steroid administration, the patient's perfusion can deteriorate further. Potassium management and cortisol testing have their roles, but they are not the immediate life-saving step in this moment. Correcting any life-threatening electrolyte disturbances is important after stabilization, and cortisol levels should not delay treatment in a suspected adrenal crisis. So the quickest, most impactful move is rapidly expanding the patient's circulating volume with intravenous normal saline to stabilize blood pressure and perfusion.

6. Which condition would be least likely to cause adrenal insufficiency?

A. Adrenal adenoma

B. Pituitary tumor

C. Hypophysectomy

D. Abrupt discontinuation of corticosteroids

Adrenal insufficiency arises when cortisol (and often aldosterone) production falls because the adrenal axis is destroyed or suppressed, whether at the adrenal gland itself (primary), at the pituitary (secondary, due to low ACTH), or after stopping exogenous steroids (tertiary due to axis suppression). An adrenal adenoma is the least likely to cause this. If the adenoma is functional, it usually drives excess hormone production, most commonly cortisol (leading to Cushing syndrome) rather than deficiency. Even nonfunctioning unilateral adrenal adenomas generally don't cause adrenal insufficiency because the opposite adrenal gland can compensate, and the problem isn't destruction or suppression of the axis. In contrast, a pituitary tumor can reduce ACTH output (secondary insufficiency), removing ACTH entirely with hypophysectomy (surgical removal) guarantees loss of ACTH and cortisol production, and abrupt withdrawal of corticosteroids can precipitate tertiary/adrenal insufficiency by leaving the axis suppressed and unable to resume adequate cortisol production quickly.

7. Which of the following are secondary causes of adrenal insufficiency?

A. Pituitary tumors

B. Hypophysectomy

C. Abrupt discontinuation of corticosteroids

D. All of the above

Secondary adrenal insufficiency occurs when the pituitary cannot provide enough ACTH to stimulate the adrenal cortex, or when the hypothalamic-pituitary axis is suppressed. Each of these scenarios fits that pattern. Pituitary tumors reduce ACTH production, so the adrenal cortex isn't adequately stimulated and cortisol falls, while aldosterone is usually preserved because its regulation by ACTH is minimal and the renin-angiotensin system keeps mineralocorticoid function intact. Hypophysectomy, the surgical removal of the pituitary, directly eliminates the source of ACTH, leading to deficient cortisol production with preserved aldosterone. Abrupt discontinuation of corticosteroids after long-term therapy suppresses the HPA axis; the body's own ACTH/cortisol production remains suppressed for a time, producing insufficient cortisol when the exogenous steroids are stopped. Thus, all of these scenarios can cause secondary adrenal insufficiency, making "all of the above" the correct choice.

8. What is a nursing priority for a patient presenting to the ED with a history of adrenal insufficiency and laboratory results showing Na 130, K 5.6, and glucose 72?

A. Administer insulin and dextrose in normal saline to shift potassium into cells

B. Administer potassium supplements

C. Administer diuretics

D. Administer hydrocortisone infusion

In adrenal crisis, the immediate danger is the hyperkalemia from aldosterone deficiency, which can cause dangerous cardiac issues. The fastest way to reduce serum potassium is to give insulin with dextrose. Insulin drives potassium from the extracellular space into cells, lowering the current K+ level quickly, and the accompanying dextrose prevents hypoglycemia from the insulin. Using this approach in isotonic saline also supports volume status while you address the underlying problem. While hydrocortisone replacement and aggressive IV fluids are essential to treat the adrenal insufficiency, they do not lower potassium as rapidly as insulin with glucose. Potassium supplements would worsen the hyperkalemia, and diuretics are not the immediate solution in this unstable, volume-depleted patient. The key is to stabilize the potassium now, then proceed with definitive adrenal crisis management.

9. When assigning patients, which scenario would justify giving the patient to an RN floated from the pediatric unit?

A. Patient with Cushing disease who has elevated blood glucose and requires frequent insulin.

B. Patient with Conn syndrome with elevated BP

C. Patient with Addison's disease requiring irrigation

D. Patient with hyperaldosteronism with stable labs

The main idea is matching the patient's care needs with the nurse's specialized experience when floating between units. A pediatric nurse floating to another unit is most appropriately assigned to a patient whose needs align with pediatric endocrine and diabetes management. A child with Cushing disease may develop hyperglycemia that requires frequent insulin administration, careful blood glucose monitoring, dose adjustments, and recognition of hypo- and hyperglycemia signs. These tasks are central to pediatric nursing care, with emphasis on weight-based dosing, monitoring for growth-related considerations, and family education, all of which the pediatric unit nurse is specifically trained to handle. The other scenarios involve conditions that are more typical of adult care or require procedures outside the pediatric endocrine focus, such as relying on adult hypertension management, a procedural irrigation not central to endocrinology, or stable labs with less need for frequent insulin management. Therefore, the nurse from pediatrics would be most justified to care for a patient with Cushing disease and frequent insulin needs.

10. A patient suspected of having Cushing disease is scheduled for dexamethasone suppression testing. Which statement indicates need for further teaching?

A. My blood will be drawn over 3 days.

B. The test is done with a single blood draw.

C. I will not need to fast.

D. I will be given a medication at bedtime.

Dexa suppression testing is designed to see if cortisol production can be shut down by a small dose of dexamethasone given at night. In the common overnight protocol, you take dexamethasone at about bedtime and have a single blood cortisol level drawn the next morning. If cortisol stays high, it suggests endogenous Cushing syndrome; if it drops appropriately, suppression occurs and the result helps differentiate causes. Saying blood will be drawn over 3 days isn't how this test is usually done, which is why that statement signals the need for teaching. The standard approach uses one morning blood draw after the overnight dose. The other statements fit with the typical plan: you receive the medication at bedtime, and you don't necessarily have to fasting beforehand, since no special fasting is usually required.

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://disordersofadrenalgland.examzify.com

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