

DISORDERS OF THE ADRENAL GLAND PRACTICE TEST (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. Which is a common cause of secondary adrenal insufficiency?**
 - A. Pituitary Tumor
 - B. Adrenal Hemorrhage
 - C. Addison Disease
 - D. Adrenal Adenoma

- 2. In classic CAH due to 21-hydroxylase deficiency, which combination of hormone production occurs?**
 - A. Deficient cortisol; excess aldosterone and decreased androgens.
 - B. Deficient aldosterone; excess cortisol.
 - C. Deficient cortisol and aldosterone with excess androgen production.
 - D. Excess cortisol with normal aldosterone and androgens.

- 3. How does ACTH influence adrenal cortex zones?**
 - A. ACTH stimulates zona glomerulosa to produce aldosterone
 - B. ACTH stimulates the zona fasciculata to produce cortisol; has little effect on zona glomerulosa; aldosterone regulated by RAAS
 - C. ACTH stimulates the adrenal medulla to secrete catecholamines
 - D. ACTH has no effect on adrenal cortex

- 4. For which reason would telemetry monitoring be indicated for a patient with acute adrenal insufficiency?**
 - A. Hyperkalemia
 - B. Hyponatremia
 - C. Hypocalcemia
 - D. Hyperglycemia

- 5. Which clinical finding would the nurse expect in a patient with reduced aldosterone secretion?**
 - A. Hyperkalemia
 - B. Hypokalemia
 - C. Hypercalcemia
 - D. Hypocalcemia

- 6. After educating a patient with hypercortisolism about preventing injury, which statement indicates effective understanding?**
- A. I should eat a diet rich in calcium.
 - B. I should avoid dairy products entirely.
 - C. I should limit calcium intake.
 - D. I should avoid exercise altogether.
- 7. What is the most sensitive screening approach for pheochromocytoma in pregnancy?**
- A. 24-hour urinary metanephrines
 - B. Plasma-free metanephrines
 - C. Plasma free catecholamines
 - D. Imaging with ultrasound
- 8. What is the initial management step in suspected adrenal crisis?**
- A. Immediate IV hydrocortisone (e.g., 100 mg) and aggressive isotonic IV fluids, plus search for reversible causes.
 - B. Oral hydrocortisone
 - C. Start antibiotics
 - D. Avoid steroids until diagnosis confirmed
- 9. Which laboratory test would be expected for a patient admitted with acute adrenal insufficiency?**
- A. Sodium
 - B. Cortisol
 - C. Potassium
 - D. Glucose
- 10. 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

Answers

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

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Explanations

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1. Which is a common cause of secondary adrenal insufficiency?

- A. Pituitary Tumor**
- B. Adrenal Hemorrhage
- C. Addison Disease
- D. Adrenal Adenoma

Secondary adrenal insufficiency occurs when the pituitary fails to provide enough ACTH to stimulate the adrenal cortex, so cortisol falls while aldosterone remains largely normal because its control is mainly through the renin-angiotensin system. A pituitary tumor is a common cause because it can impair ACTH production directly, leading to cortisol deficiency without the mineralocorticoid problems seen in primary adrenal failure. Adrenal hemorrhage destroys the adrenal cortex, producing primary adrenal insufficiency with low cortisol and low aldosterone (and often electrolyte disturbances). Addison disease is primary autoimmune destruction of the adrenal glands, also causing low cortisol with aldosterone deficiency. An adrenal adenoma typically affects the adrenal gland itself and does not cause secondary adrenal insufficiency.

2. In classic CAH due to 21-hydroxylase deficiency, which combination of hormone production occurs?

- A. Deficient cortisol; excess aldosterone and decreased androgens.
- B. Deficient aldosterone; excess cortisol.
- C. Deficient cortisol and aldosterone with excess androgen production.**
- D. Excess cortisol with normal aldosterone and androgens.

In classic CAH from 21-hydroxylase deficiency, the block in the adrenal steroid pathway reduces production of both cortisol and aldosterone, while precursors are shunted into androgen synthesis. So cortisol and aldosterone are deficient, and androgens are elevated due to increased ACTH drive and enzyme block. This combination—deficient cortisol and aldosterone with excess androgens—best fits the scenario. The other patterns don't match: aldosterone is not increased (it's decreased), cortisol is not in excess (it's deficient), and androgens are not normal.

3. How does ACTH influence adrenal cortex zones?

- A. ACTH stimulates zona glomerulosa to produce aldosterone
- B. ACTH stimulates the zona fasciculata to produce cortisol; has little effect on zona glomerulosa; aldosterone regulated by RAAS
- C. ACTH stimulates the adrenal medulla to secrete catecholamines**
- D. ACTH has no effect on adrenal cortex

ACTH acts mainly on the adrenal cortex, particularly the zona fasciculata and zona reticularis, to stimulate production and release of glucocorticoids (cortisol) and adrenal androgens by upregulating steroidogenic enzymes. It has little effect on the zona glomerulosa, where aldosterone is governed primarily by the renin-angiotensin system and potassium levels. The adrenal medulla, on the other hand, secretes catecholamines in response to sympathetic nervous system input, not ACTH. So ACTH drives cortisol production in the cortex, while aldosterone is controlled by RAAS and potassium, and medullary catecholamine release is driven by sympathetic signals.

4. For which reason would telemetry monitoring be indicated for a patient with acute adrenal insufficiency?

- A. Hyperkalemia**
- B. Hyponatremia
- C. Hypocalcemia
- D. Hyperglycemia

In acute adrenal insufficiency the deficit of aldosterone leads to reduced potassium excretion by the kidneys, causing hyperkalemia. This rise in potassium can rapidly disrupt cardiac conduction and produce dangerous arrhythmias, so continuous telemetry monitoring is indicated to detect and respond to those rhythm changes promptly. Early ECG signs of hyperkalemia include tall, peaked T waves; as levels rise, the PR interval lengthens and the QRS widens, potentially progressing to a sine-wave pattern and life-threatening rhythms. While hyponatremia and other electrolyte abnormalities can occur, they do not carry the same immediate risk to cardiac rhythm as hyperkalemia in this context, and hyperglycemia is not typically the presenting issue in acute adrenal crisis.

5. Which clinical finding would the nurse expect in a patient with reduced aldosterone secretion?

- A. Hyperkalemia**
- B. Hypokalemia
- C. Hypercalcemia
- D. Hypocalcemia

Aldosterone promotes potassium excretion in the distal nephron. It increases sodium reabsorption and drives a lumen-negative potential that encourages potassium secretion into the tubular fluid. When aldosterone secretion is reduced, less potassium is secreted, so serum potassium rises. This makes hyperkalemia the expected finding. Calcium levels aren't directly regulated by aldosterone in the same way; calcium balance is mainly controlled by hormones like PTH and calcitriol. So hypercalcemia or hypocalcemia aren't typical results of reduced aldosterone alone.

6. After educating a patient with hypercortisolism about preventing injury, which statement indicates effective understanding?

- A. I should eat a diet rich in calcium.**
- B. I should avoid dairy products entirely.
- C. I should limit calcium intake.
- D. I should avoid exercise altogether.

Hypercortisolism accelerates bone loss, increasing the risk of fractures. A central part of preventing injury is maintaining bone strength, which hinges on adequate calcium intake (along with vitamin D and safe weight-bearing activity). Eating a diet rich in calcium supports bone mineral density, helping counteract cortisol-induced bone resorption. Calcium is found in dairy products, fortified foods, and some greens, so choosing calcium-rich options helps meet the daily needs to keep bones stronger. The other statements would undermine bone health: avoiding dairy completely reduces calcium intake; limiting calcium intake directly weakens bone density; and avoiding exercise eliminates the stimulation that helps build and maintain bone strength.

7. What is the most sensitive screening approach for pheochromocytoma in pregnancy?

- A. 24-hour urinary metanephrines
- B. Plasma-free metanephrines**
- C. Plasma free catecholamines
- D. Imaging with ultrasound

Plasma-free metanephrines are the most sensitive screening approach for pheochromocytoma in pregnancy. Metanephrines are produced continuously by the tumor and surrounding tissues, so measuring them in plasma captures this ongoing production more reliably than relying on episodic catecholamine surges. The plasma-free test, typically measured with LC-MS/MS, tends to have the highest sensitivity and is less affected by short-lived stress or postural changes than other tests. In contrast, 24-hour urinary metanephrines depend on complete urine collection and can miss intermittent secretion or be biased by collection inaccuracies. Plasma free catecholamines are more variable because they reflect acute states and can be influenced by stress, medications, or sampling conditions, making them less dependable for screening. Imaging with ultrasound can help localize a tumor but is not a screening test for catecholamine excess and is used after biochemical confirmation. For these reasons, plasma-free metanephrines provide the best balance of sensitivity and practicality for initial screening in pregnancy.

8. What is the initial management step in suspected adrenal crisis?

- A. Immediate IV hydrocortisone (e.g., 100 mg) and aggressive isotonic IV fluids, plus search for reversible causes.**
- B. Oral hydrocortisone
- C. Start antibiotics
- D. Avoid steroids until diagnosis confirmed

In suspected adrenal crisis, the priority is rapid stabilization of the patient's circulation and glucose, because cortisol deficiency can cause life-threatening shock. The best first step is immediate intravenous hydrocortisone together with aggressive isotonic IV fluids. Hydrocortisone provides both glucocorticoid and mineralocorticoid effects quickly, helping to raise blood pressure and improve vascular tone. Give a 100 mg IV bolus of hydrocortisone right away, then continue with 50 mg IV every 6 hours (or a continuous infusion) as the patient is being stabilized. Start isotonic saline promptly to restore intravascular volume and perfusion, and monitor and correct electrolytes and glucose as needed. Do not delay steroids for diagnostic confirmation or rely on oral steroids in shock, and antibiotics are only added if an infection is suspected as a trigger rather than the initial step. The aim is to treat the crisis immediately while evaluating and addressing reversible causes.

9. Which laboratory test would be expected for a patient admitted with acute adrenal insufficiency?

- A. Sodium
- B. Cortisol**
- C. Potassium
- D. Glucose

In acute adrenal insufficiency, the body cannot mount the necessary cortisol response to stress. Cortisol is the hormone that helps maintain blood pressure, supports gluconeogenesis to keep blood sugar from falling, and modulates the stress response. When the adrenal glands fail or ACTH signaling is deficient, cortisol levels become inappropriately low for the level of physiological stress. That makes measuring cortisol the most direct way to identify the problem: a low or inappropriately normal cortisol level during crisis points to adrenal insufficiency. Hyponatremia, hyperkalemia, and hypoglycemia can accompany the crisis due to the metabolic and mineralocorticoid effects, but these findings are not as specific or diagnostic as the cortisol level itself. An ACTH stimulation test may be used if cortisol results are inconclusive, but the key expected lab finding in this scenario is a low cortisol level.

10. 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.

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!

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