

# ELNEC MODULE 6 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 sign of imminent death?**
  - A. Decreased urine output
  - B. Increased appetite
  - C. Rapid color returned to extremities
  - D. Strong, regular breathing
- 2. True or False: The goal of controlled sedation is to relieve intractable symptoms, NOT to hasten death.**
  - A. True
  - B. False
  - C. Depends on physician
  - D. Only with consent
- 3. A veteran near the end of life has valued his Navy service. How should the nurse respond to the importance of his veteran identity?**
  - A. Ask the client if there are any special rituals for veterans that should be performed.
  - B. Ignore veteran status in care planning.
  - C. Suggest generic rituals for all veterans.
  - D. Tell them you will arrange a memorial.
- 4. When a patient asks about prognosis, which response best supports understanding?**
  - A. We can talk about what prognosis means.
  - B. Let's not discuss that; it's not helpful.
  - C. Would you like me to explain what this could mean and what your options are?
  - D. You'll be fine; there's no need to worry.
- 5. In end-of-life care, what is the expected approach to patient comfort when life-sustaining therapy is withheld or discontinued?**
  - A. Aggressively pursue all possible treatments.
  - B. Pain is ignored until death.
  - C. Comfort-focused measures take priority; patient preferences guide decisions.
  - D. No changes in symptom management.

**6. What is the living will typically specify?**

- A. Treatment preferences for specific medical conditions and scenarios; often clarifies resuscitation preferences
- B. Financial wishes for estate planning
- C. Funeral preferences
- D. List of preferred physicians

**7. Define an advance directive and describe its two common components.**

- A. A legal document outlining patient preferences for care and designating a surrogate decision-maker; components typically include a living will and durable power of attorney for health care
- B. A hospital form for expressing preferences; components are a consent to treatment and a physician referral
- C. A financial power of attorney and a will; components include a living trust and guardianship
- D. A patient registry for clinical trials and a do-not-resuscitate order

**8. When discussing CPR with a patient, what is an appropriate initial nurse response?**

- A. What do you know about CPR? Have you ever heard about it before?
- B. CPR is always the best option.
- C. We will decide after more discussion.
- D. We should not discuss CPR now.

**9. What does a Do Not Resuscitate (DNR) order specify?**

- A. CPR should not be performed in the event of cardiac or respiratory arrest; other measures to ensure comfort continue.
- B. All life-sustaining interventions should be stopped.
- C. Resuscitation should be attempted with any means.
- D. Only allow resuscitation by medical students.

**10. In Spiritual and Cultural Considerations, which statement best reflects the role of the nurse?**

- A. Are responsible only for physical symptoms
- B. Orchestrate care with the interprofessional team to honor spiritual and cultural beliefs, traditions, rites, and rituals
- C. Ignore religious practices
- D. Focus only on medications

## **Answers**

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

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## **Explanations**

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### 1. Which is a sign of imminent death?

- A. Decreased urine output
- B. Increased appetite
- C. Rapid color returned to extremities
- D. Strong, regular breathing

*As death approaches, the body slows and organ systems begin to fail, and the kidneys are often among the first to show visible signs. Decreased urine output occurs because reduced circulation to the kidneys and lower fluid intake lead to less urine being produced. This oliguria reflects the body conserving resources as it shuts down, making it a common and meaningful indicator that the dying process is near. That's why this choice fits best. Increased appetite is not typical at the end of life; most people experience reduced appetite and intake. Rapid color returning to extremities is unusual—near death, extremities are usually cool or mottled rather than quickly regaining color. Strong, regular breathing is not expected—breathing often becomes irregular, shallow, or labored as death nears. Monitoring urine output helps with understanding where the patient is in the dying process.*

### 2. True or False: The goal of controlled sedation is to relieve intractable symptoms, NOT to hasten death.

- A. True
- B. False
- C. Depends on physician
- D. Only with consent

*The main idea is that controlled sedation is used to relieve severe, unmanageable symptoms at the end of life, with the intent to ease suffering rather than to shorten life. When symptoms are refractory, clinicians carefully titrate sedatives to achieve comfort, accepting that death may be closer as a consequence but not as the goal. This aligns with the ethical concept that relief of suffering is the primary objective, and if death occurs as a foreseen but unintended outcome, it can be ethically permissible under double effect, provided goals of care are discussed with and guided by the patient and family.*

### 3. A veteran near the end of life has valued his Navy service. How should the nurse respond to the importance of his veteran identity?

- A. Ask the client if there are any special rituals for veterans that should be performed.
- B. Ignore veteran status in care planning.
- C. Suggest generic rituals for all veterans.
- D. Tell them you will arrange a memorial.

*Recognizing and honoring a veteran's identity at end of life can provide comfort, meaning, and a sense of continuity for the patient. The best approach is to invite the patient to share any veteran-specific rituals or honors they would like and to help arrange those if possible. This respects the patient's autonomy and personal preferences, and it allows care to reflect their values, beliefs, and sense of pride in service. It avoids assuming what the patient wants or applying generic measures that may not fit their wishes, and it prevents offering a memorial or other actions without clear consent. By asking and listening, the nurse supports the patient's identity and enhances meaning at this stage of care.*

**4. When a patient asks about prognosis, which response best supports understanding?**

- A. We can talk about what prognosis means.
- B. Let's not discuss that; it's not helpful.
- C. Would you like me to explain what this could mean and what your options are?**
- D. You'll be fine; there's no need to worry.

*Understanding prognosis is best supported when the clinician invites the patient to participate and offers to explain what prognosis could mean for them and what options they have. The response does exactly that: it opens the door to talk about what prognosis means in understandable terms and explicitly asks if the patient would like an explanation and a discussion of options. This fosters shared decision-making, respects the patient's readiness, and links information to concrete choices aligned with the patient's goals. It avoids shutting down the conversation or giving blanket reassurance, making it the most supportive for understanding.*

**5. In end-of-life care, what is the expected approach to patient comfort when life-sustaining therapy is withheld or discontinued?**

- A. Aggressively pursue all possible treatments.
- B. Pain is ignored until death.
- C. Comfort-focused measures take priority; patient preferences guide decisions.**
- D. No changes in symptom management.

*When life-sustaining therapy is withheld or discontinued, the focus shifts to relieving suffering and promoting comfort, with decisions guided by the patient's own preferences and goals of care. This means prioritizing symptom relief—pain control, relief of shortness of breath, nausea, agitation, and distress—through appropriate medications and supportive measures, while also addressing emotional, spiritual, and social needs. It respects the patient's autonomy and previously stated wishes, including advance directives and discussions about what quality of life means to them, and involves family or surrogates as appropriate. This approach is not about continuing every possible treatment or neglecting symptoms. Aggressive interventions that may prolong suffering are not the aim, and ignoring comfort or failing to adjust symptom management would be contrary to patient-centered end-of-life care.*

**6. What is the living will typically specify?**

- A. Treatment preferences for specific medical conditions and scenarios; often clarifies resuscitation preferences**
- B. Financial wishes for estate planning
- C. Funeral preferences
- D. List of preferred physicians

*The living will focuses on what medical treatments you want or don't want if you're unable to speak for yourself, especially as you approach end-of-life situations. It typically lays out specific treatment preferences for different medical conditions or scenarios and often clarifies decisions about resuscitation, such as whether to have CPR or use life-sustaining measures like machines to support breathing or circulation. It guides clinicians and families to follow your wishes when you cannot communicate them, rather than addressing finances, funeral plans, or choosing a physician. These other aspects are handled by separate documents or arrangements.*

**7. Define an advance directive and describe its two common components.**

- A. A legal document outlining patient preferences for care and designating a surrogate decision-maker; components typically include a living will and durable power of attorney for health care**
- B. A hospital form for expressing preferences; components are a consent to treatment and a physician referral
- C. A financial power of attorney and a will; components include a living trust and guardianship
- D. A patient registry for clinical trials and a do-not-resuscitate order

*An advance directive is a legal document that records a person's preferences for medical care in case they cannot speak for themselves and often names someone to make decisions for them. It usually has two parts. The living will states which medical treatments the person wants or does not want in specific situations, such as decisions about resuscitation, intubation, tubes for feeding or breathing, and the use of comfort-focused care. The durable power of attorney for health care designates a trusted person to make medical decisions on the patient's behalf when they are unable to decide, guided by the patient's stated wishes or known values. Together, these components ensure that future care aligns with the individual's wishes and provides a clear decision-maker to act when needed.*

**8. When discussing CPR with a patient, what is an appropriate initial nurse response?**

- A. What do you know about CPR? Have you ever heard about it before?**
- B. CPR is always the best option.
- C. We will decide after more discussion.
- D. We should not discuss CPR now.

*Opening a conversation about CPR with a patient by asking what they already know and if they've heard about it before centers the discussion on the patient's perspectives. This invites the patient into the conversation, assesses baseline knowledge, and reveals beliefs, concerns, or misconceptions. From this starting point, the nurse can tailor information, correct misunderstandings, and explore the patient's goals and values, supporting informed, shared decision-making about resuscitation preferences. Other approaches presume CPR is always the best option, delay the discussion, or dismiss the topic, which can undermine autonomy, miss important patient values, and postpone critical planning. After this open-ended entry, the nurse can provide education about what CPR involves and how it aligns with the patient's goals and prognosis.*

**9. What does a Do Not Resuscitate (DNR) order specify?**

- A. CPR should not be performed in the event of cardiac or respiratory arrest; other measures to ensure comfort continue.**
- B. All life-sustaining interventions should be stopped.
- C. Resuscitation should be attempted with any means.
- D. Only allow resuscitation by medical students.

*Do Not Resuscitate orders specify that if the patient's heart stops or they stop breathing, CPR and other drastic rescue measures should not be attempted. The goal is to avoid initiating chest compressions, defibrillation, intubation, or similar resuscitation efforts. At the same time, comfort-focused care and routine medical treatments that do not revive reproduction of life-sustaining function can and should continue to help relieve symptoms. In short, a DNR restricts resuscitation, not all medical care. It reflects a patient's or surrogate's wishes about what level of intervention is appropriate, especially when CPR would not provide meaningful benefit.*

**10. In Spiritual and Cultural Considerations, which statement best reflects the role of the nurse?**

- A. Are responsible only for physical symptoms
- B. Orchestrate care with the interprofessional team to honor spiritual and cultural beliefs, traditions, rites, and rituals**
- C. Ignore religious practices
- D. Focus only on medications

*The main idea here is that nursing care should be holistic, honoring what matters most to the patient's beliefs and practices. The best answer shows that the nurse works with the whole care team to respect spiritual and cultural beliefs, traditions, rites, and rituals, and to weave those into the plan of care. This collaboration ensures that care supports the person's values, reduces distress related to spiritual or cultural concerns, and preserves dignity at every stage of illness or end-of-life care. It recognizes that beliefs about suffering, healing, and death influence decisions, coping, and daily experiences, so addressing these needs is as essential as managing symptoms. For example, a nurse might arrange for a chaplain or religious advisor to visit, respect dietary or ritual practices, coordinate timing so rituals aren't disrupted by procedures or medications, and involve family in decisions in a culturally appropriate way. Focusing only on physical symptoms or medications neglects these dimensions, and ignoring religious practices can undermine trust and comfort.*

## 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](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://elnecmodule6.examzify.com>

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

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