Endocrine Disorder 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. **A client has just been admitted with a diagnosis of myxedema coma. If all of the following interventions were prescribed, the nurse should place highest priority on completing which action first?**

   A. Warming the client

   B. Administering oxygen

   C. Giving fluid replacement

   D. Administering thyroid hormone

2. **Which statement by a client using an insulin pump indicates a need for teaching regarding insulin pump therapy?**

   A. I'll need to check my blood sugars before meals in case I need a premeal insulin bolus.

   B. If my blood sugars are elevated, I can bolus myself with additional insulin as prescribed.

   C. Now that I have this pump, I don't have to worry about insulin reactions or ketoacidosis occurring again.

   D. I still need to follow an appropriate diet and exercise plan even though I don't have to inject myself daily anymore.

3. **A client with diabetic ketoacidosis presents with metabolic acidosis. Which medication is the primary treatment?**

   A. Regular insulin

   B. Potassium

   C. Calcium gluconate

   D. Sodium bicarbonate

4. **During data collection for primary hyperparathyroidism, which complaint would be characteristic?**

   A. Diarrhea

   B. Polyuria

   C. Polyphagia

   D. Weight gain

5. A client is brought to the emergency department in an unresponsive state, and a diagnosis of hyperglycemic hyperosmolar state (HHS) is made. The nurse who is assisting with care for the client obtains which item in preparation for the treatment of this syndrome?

A. NPH insulin

B. A nasal cannula

C. IV infusion of sodium bicarbonate

D. Intravenous (IV) infusion of normal saline

6. A client with hyperparathyroidism is prescribed furosemide (Lasix). Which dietary instruction is appropriate?

A. Increase dietary intake of calcium.

B. Drink at least 2 to 3 L of fluid daily.

C. Eat sparingly when experiencing nausea.

D. Decrease dietary intake of potassium.

7. A client who has had thyroidectomy asks about the course of hoarseness. Which statement accurately describes its course?

A. The hoarseness indicates nerve damage.

B. The hoarseness will worsen before it subsides.

C. The hoarseness is normal and will gradually subside.

D. The hoarseness is harmless but permanent.

8. For a client with Addison's disease at risk for dehydration, which nursing intervention is appropriate to prevent dehydration?

A. Maintaining a low-sodium diet

B. Monitoring intake and output

C. Encouraging an intake of at least 3000 mL/day

D. Encouraging an intake of low-protein foods

9. Which action best reduces the risk of lipodystrophy in insulin therapy?

A. Rotate injection sites

B. Use fixed site

C. Use larger needle

D. Mix insulins in the same syringe

10. Buffalo hump is best described as which of the following?

A. A Fat Pad at the Base of the Neck

B. Weight Loss Over the Abdomen

C. A Patchy Rash on the Chest

D. Rapid Hair Loss on the Scalp

Answers

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

Explanations

1. A client has just been admitted with a diagnosis of myxedema coma. If all of the following interventions were prescribed, the nurse should place highest priority on completing which action first?

A. Warming the client

B. Administering oxygen

C. Giving fluid replacement

D. Administering thyroid hormone

In myxedema coma, the immediate danger is impaired ventilation leading to inadequate oxygen delivery, so addressing breathing takes precedence. Hypoventilation can cause dangerous drops in oxygen levels and buildup of carbon dioxide, which rapidly worsens the patient's mental status and organ function. Providing supplemental oxygen directly improves arterial oxygenation and buys time for the other interventions to be started safely. Warming, fluid replacement, and thyroid hormone therapy are all important, but they should follow stabilization of the airway and breathing. Correcting hypoxemia is the first step so the brain and other organs aren't deprived of oxygen while you address temperature, volume status, and definitive thyroid replacement. Administering thyroid hormone is essential for reversing the underlying problem, yet starting it before ensuring adequate oxygenation and airway protection can be risky if the patient's breathing remains compromised.

2. Which statement by a client using an insulin pump indicates a need for teaching regarding insulin pump therapy?

A. I'll need to check my blood sugars before meals in case I need a premeal insulin bolus.

B. If my blood sugars are elevated, I can bolus myself with additional insulin as prescribed.

C. Now that I have this pump, I don't have to worry about insulin reactions or ketoacidosis occurring again.

D. I still need to follow an appropriate diet and exercise plan even though I don't have to inject myself daily anymore.

The main idea here is that insulin pump therapy still requires vigilance and ongoing management because insulin delivery can be interrupted. Even with a pump, you can develop insulin deficiency if the pump stops delivering insulin due to a failed infusion, empty reservoir, kinked tubing, or site issue. When delivery stops, blood glucose can rise quickly and progress to diabetic ketoacidosis if not recognized and treated promptly. So saying you don't have to worry about insulin reactions or ketoacidosis again is a misconception that needs targeted teaching: you still monitor blood glucose, check for ketones if glucose is high, have a plan for pump problems, and know when to switch to alternative insulin delivery if needed. In practice, you should continue checking blood sugars before meals to determine whether a bolus is needed, you can administer correction boluses for elevated readings, and you still follow a diet and exercise plan. These steps reflect ongoing, proactive management that remains essential with pump therapy.

3. A client with diabetic ketoacidosis presents with metabolic acidosis. Which medication is the primary treatment?

A. Regular insulin

B. Potassium

C. Calcium gluconate

D. Sodium bicarbonate

In diabetic ketoacidosis, the metabolic acidosis comes from accumulation of ketoacids due to insulin deficiency. The primary treatment is giving insulin, specifically IV regular insulin, because it directly tackles the underlying problem: it stops ongoing ketone production by suppressing lipolysis and hepatic ketogenesis and helps shift metabolism toward glucose utilization. As insulin is given, glucose and ketone levels fall, and the acidosis improves gradually. Insulin also helps normalize electrolyte disturbances that accompany DKA, but it can cause potassium to drop, so potassium monitoring and replacement are essential during therapy. Potassium management is important but not the first-line treatment for the acidosis itself, since potassium levels can be misleading in DKA and require careful correction as insulin is started. Calcium gluconate is reserved for specific situations such as evident hyperkalemia with ECG changes or other electrolyte issues, not as the primary therapy for the acidosis. Sodium bicarbonate is only used in very severe acidosis (for example, pH very low) and is not routinely employed as the initial treatment. So, the medication that most directly addresses and reverses the metabolic derangements of DKA is insulin therapy.

4. During data collection for primary hyperparathyroidism, which complaint would be characteristic?

A. Diarrhea

B. Polyuria

C. Polyphagia

D. Weight gain

In primary hyperparathyroidism, excess parathyroid hormone raises calcium in the blood. The resulting hypercalcemia makes the kidneys less able to concentrate urine and blunts the response to ADH, producing a nephrogenic diabetes insipidus–like effect. This leads to increased urine output, or polyuria, which is a characteristic complaint you would expect to find when collecting data. Diarrhea isn't typical of PHPT and is more common with other GI or endocrine issues; polyphagia and weight gain aren't defining features of this condition either.

5. A client is brought to the emergency department in an unresponsive state, and a diagnosis of hyperglycemic hyperosmolar state (HHS) is made. The nurse who is assisting with care for the client obtains which item in preparation for the treatment of this syndrome?

A. NPH insulin

B. A nasal cannula

C. IV infusion of sodium bicarbonate

D. Intravenous (IV) infusion of normal saline

In hyperglycemic hyperosmolar state, the immediate priority is correcting massive fluid loss and improving circulatory volume. Starting an intravenous infusion of normal saline provides isotonic fluid to replenish intravascular volume, restore kidney perfusion, reduce serum osmolality gradually, and create a stable base for subsequent glucose control with insulin. This approach is essential before insulin therapy, because giving insulin without sufficient fluids can worsen dehydration and shift potassium too rapidly. The other options don't address the main urgent need: a nasal cannula only supports oxygenation, bicarbonate is reserved for rare severe acidosis, and long-acting insulin isn't suitable for acute stabilization—the patient needs fluids first, with insulin therapy considered after perfusion and electrolytes are assessed.

6. A client with hyperparathyroidism is prescribed furosemide (Lasix). Which dietary instruction is appropriate?

A. Increase dietary intake of calcium.

B. Drink at least 2 to 3 L of fluid daily.

C. Eat sparingly when experiencing nausea.

D. Decrease dietary intake of potassium.

Loop diuretics like furosemide increase urine output, which can lead to dehydration and electrolyte imbalances. Maintaining good hydration helps prevent volume depletion and supports kidney function as the drug promotes calcium excretion to lower calcium levels. Drinking 2–3 liters of fluid daily is an appropriate, practical instruction in this context. Increasing calcium intake would worsen hypercalcemia, which isn't desired, while diet changes about nausea or potassium are not the primary focus here; in fact, loop diuretics commonly cause potassium loss, so decreasing potassium isn't advised.

7. A client who has had thyroidectomy asks about the course of hoarseness. Which statement accurately describes its course?

A. The hoarseness indicates nerve damage.

B. The hoarseness will worsen before it subsides.

C. The hoarseness is normal and will gradually subside.

D. The hoarseness is harmless but permanent.

After thyroidectomy, hoarseness is commonly due to temporary edema and irritation around the vocal cords from the surgery. The recurrent laryngeal nerve, which helps move the vocal cords, can be affected by manipulation or swelling, leading to a hoarse voice. This is usually not permanent—the swelling and irritation gradually improve, so the voice clears over days to weeks as the tissues settle. If hoarseness were due to a permanent nerve injury, it would be expected to persist beyond the typical recovery window, which is why the normal, expected course is gradual improvement. In short, this post-op hoarseness is a common, temporary effect that tends to subside as edema resolves.

8. For a client with Addison's disease at risk for dehydration, which nursing intervention is appropriate to prevent dehydration?

A. Maintaining a low-sodium diet

B. Monitoring intake and output

C. Encouraging an intake of at least 3000 mL/day

D. Encouraging an intake of low-protein foods

Fluid balance is the central idea here because Addison's disease causes loss of sodium and water, putting the client at high risk for dehydration. The best nursing intervention is to monitor intake and output. By routinely tracking what fluids are ingested and what is eliminated, you get real-time data on the patient's hydration status and can detect early dehydration or ongoing losses. This information guides timely adjustments in oral fluids, intravenous therapy, or electrolyte management and helps prevent dehydration from worsening. A fixed fluid goal without assessing actual needs isn't as reliable, since individual requirements vary with activity, temperature, illness, and adrenal insufficiency. A low-sodium diet would actually worsen dehydration in Addison's disease, which often involves sodium wasting. Encouraging a high-fluid intake without context may lead to inappropriate volume changes, and focusing on low-protein foods does not address hydration at all.

9. Which action best reduces the risk of lipodystrophy in insulin therapy?

A. Rotate injection sites

B. Use fixed site

C. Use larger needle

D. Mix insulins in the same syringe

Rotating injection sites helps prevent lipodystrophy by avoiding repeated trauma and continuous insulin exposure to the same small area. Lipodystrophy, especially lipohypertrophy, is a localized change in fat tissue that can develop when injections are given repeatedly in the same spot. Once these tissue changes occur, insulin absorption becomes irregular, leading to unpredictable blood glucose control and potential episodes of hypo- or hyperglycemia. By varying injections across different sites and within larger regions (abdomen, thighs, arms, buttocks) and avoiding scarred or hardened tissue, the tissue has a chance to recover and maintains more consistent absorption. The other options don't address the underlying tissue changes: sticking to a fixed site perpetuates damage; using a larger needle can increase tissue injury; and mixing insulins in the same syringe doesn't prevent lipodystrophy and can introduce dosing complications.

10. Buffalo hump is best described as which of the following?

A. A Fat Pad at the Base of the Neck

B. Weight Loss Over the Abdomen

C. A Patchy Rash on the Chest

D. Rapid Hair Loss on the Scalp

Buffalo hump is a dorsocervical fat pad—an accumulation of fat at the base of the neck and upper back. It reflects cortisol-related fat redistribution, commonly seen in Cushing syndrome from prolonged glucocorticoid exposure or endogenous hypercortisolism. The other options describe different problems (weight loss in the abdomen, a patchy chest rash, or rapid hair loss) that do not explain this characteristic fat pad.

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://endocrinedisorder.examzify.com

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