

Endocrine Disorder Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

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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. A client with hyperglycemic hyperosmolar state is discharged after treatment. The client says, 'I will call the doctor next time I can't eat for more than a day or so.' Which statement reflects the client's knowledge?**
 - A. The client needs immediate education before discharge.**
 - B. The client requires follow-up teaching regarding the administration of insulin.**
 - C. The client's statement is accurate, but knowledge should be evaluated further.**
 - D. The client's statement is inaccurate, and the client should be scheduled for outpatient diabetic counseling.**

- 2. Immediately after subtotal thyroidectomy, which finding requires the most urgent attention?**
 - A. Infection**
 - B. Bleeding**
 - C. Dehydration**
 - D. Urinary retention**

- 3. Which statement demonstrates correct understanding of OTC medication safety for a client with Cushing's syndrome?**
 - A. I will read the labels on any over-the-counter medications I purchase.**
 - B. I will stop taking my prescribed meds if I have side effects.**
 - C. OTC meds are always safe with my therapy.**
 - D. I will avoid all medications entirely.**

- 4. An older client with a history of hyperparathyroidism and severe osteoporosis is hospitalized. The nurse should address which problem first?**
 - A. Constipation**
 - B. Urinary retention**
 - C. The possibility of injury**
 - D. Need for teaching about the disorder**

- 5. Following adrenalectomy, which sign would indicate possible wound infection requiring assessment?**
- A. Fever without localized signs**
 - B. Fever with localized signs**
 - C. A mild headache**
 - D. Nausea with stable vital signs**
- 6. 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**
- 7. A client with Graves' disease has exophthalmos and is experiencing photophobia. Which intervention would best assist the client with this problem?**
- A. Administering methimazole (Tapazole) every 8 hours**
 - B. Lubricating the eyes with tap water every 2 to 4 hours**
 - C. Instructing the client to avoid straining or heavy lifting**
 - D. Providing protective eyewear such as dark glasses when outdoors**
- 8. 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**

- 9. A hospitalized client is newly diagnosed with diabetes mellitus. The client must take both NPH and Regular insulin for glucose control. The nurse develops a teaching plan to help the client meet which outcome as a first step in managing the disease?**
- A. Avoid all strenuous exercise.**
 - B. Maintain health at an optimum level.**
 - C. Lose 40 pounds to achieve ideal body weight.**
 - D. Adjust insulin according to capillary blood glucose levels.**
- 10. Which behavior is likely related to hypothyroidism based on history?**
- A. Anxiety**
 - B. Irritability**
 - C. Depression**
 - D. Nervousness**

Answers

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

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Explanations

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1. A client with hyperglycemic hyperosmolar state is discharged after treatment. The client says, 'I will call the doctor next time I can't eat for more than a day or so.' Which statement reflects the client's knowledge?

A. The client needs immediate education before discharge.

B. The client requires follow-up teaching regarding the administration of insulin.

C. The client's statement is accurate, but knowledge should be evaluated further.

D. The client's statement is inaccurate, and the client should be scheduled for outpatient diabetic counseling.

The key idea here is that discharge education must address urgent sick-day management after a life-threatening hyperglycemic crisis. Hyperglycemic hyperosmolar state can worsen quickly if intake is reduced or if dehydration persists, so patients need to understand that delaying care is dangerous and that certain situations require prompt evaluation rather than waiting to contact the doctor later. Saying they'll wait to call only if they can't eat for more than a day shows a gap in recognizing the urgency of reduced intake and dehydration in HHNS. Immediate education is needed to teach what to do during illness or poor intake, including when to seek urgent care, how to manage fluids and food intake, and how to monitor glucose and symptoms. While further insulin teaching or outpatient counseling are important, they don't address the immediate danger demonstrated by the patient's statement.

2. Immediately after subtotal thyroidectomy, which finding requires the most urgent attention?

A. Infection

B. Bleeding

C. Dehydration

D. Urinary retention

Immediately after subtotal thyroidectomy, the most urgent finding is a rapidly expanding neck hematoma from postoperative bleeding. This can quickly compress the trachea and obstruct the airway, which is life-threatening and requires immediate action. The first priority is to secure the airway and decompress the hematoma—loosen dressings, assess breathing, call for help, and return to the operating room to evacuate the clot and achieve hemostasis. Other issues, while important, do not pose the same immediate threat to the patient's life in the early post-op period. Dehydration and urinary retention are concerns but do not directly threaten airway stability. Infection tends to present later with fever and wound issues rather than sudden airway compromise. Hypocalcemia from parathyroid injury can occur early and cause symptoms like tingling or cramps, but the scenario that most quickly endangers the patient's life right after surgery is a neck bleed causing airway obstruction.

3. Which statement demonstrates correct understanding of OTC medication safety for a client with Cushing's syndrome?

A. I will read the labels on any over-the-counter medications I purchase.

B. I will stop taking my prescribed meds if I have side effects.

C. OTC meds are always safe with my therapy.

D. I will avoid all medications entirely.

Reading the labels on any OTC medication is the best practice here. When you review the label, you learn the active ingredients, dosing, warnings, and any potential interactions with current prescription therapy or underlying conditions like Cushing's syndrome. This matters because OTC products can contain corticosteroids, decongestants that raise blood pressure or heart rate, NSAIDs that affect stomach lining and blood pressure, or herbal/dietary supplements that alter steroid metabolism. With Cushing's syndrome, where cortisol balance and related risks (glucose control, hypertension, bone health) are already a concern, knowing exactly what's in a product helps you avoid adding steroids unintentionally or triggering other adverse effects. It's also a practical reminder to consult your clinician or pharmacist before taking any OTC medicine, rather than stopping prescribed meds due to side effects or avoiding all medications altogether.

4. An older client with a history of hyperparathyroidism and severe osteoporosis is hospitalized. The nurse should address which problem first?

A. Constipation

B. Urinary retention

C. The possibility of injury

D. Need for teaching about the disorder

Preventing injury is the top priority here. In an older patient with hyperparathyroidism and severe osteoporosis, bones are highly fragile from ongoing bone resorption, so the risk of a fracture or serious injury during routine hospital activities (repositioning, transfers, walking, or even handling) is high. The immediate nursing focus should be to minimize fall and fracture risk with strict safety measures: keep the bed in the lowest position, use appropriate side rails, keep the call light within reach, remove hazards from the room, ensure non-slip footwear, provide assistance with any movement, and have any assistive devices ready. Once safety and injury prevention are established, other concerns like constipation or urinary retention and teaching about the disorder can be addressed, but they are not the immediate threats to the patient's well-being in the hospital setting.

5. Following adrenalectomy, which sign would indicate possible wound infection requiring assessment?

- A. Fever without localized signs**
- B. Fever with localized signs**
- C. A mild headache**
- D. Nausea with stable vital signs**

Localized signs of infection alongside fever after adrenalectomy point most strongly to a wound infection that needs assessment. The wound itself showing redness, warmth, swelling, tenderness, or purulent drainage indicates the infection is at the incision site and should be evaluated promptly to prevent spread or deeper sepsis. Fever by itself without localizing signs can be from other causes and isn't as specific to the wound. A mild headache or nausea with stable vitals are nonspecific and less suggestive of a wound infection. Therefore, fever with localized signs is the best indicator that the wound may be infected and requires assessment.

6. 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.

7. A client with Graves' disease has exophthalmos and is experiencing photophobia. Which intervention would best assist the client with this problem?

- A. Administering methimazole (Tapazole) every 8 hours**
- B. Lubricating the eyes with tap water every 2 to 4 hours**
- C. Instructing the client to avoid straining or heavy lifting**
- D. Providing protective eyewear such as dark glasses when outdoors**

When the eyes are protruding in Graves' disease, the lids may not protect the cornea effectively, leading to drying, irritation, and sensitivity to light (photophobia). The most effective way to address this is to shield the eyes from drying air and bright light. Protective eyewear outdoors, such as dark sunglasses or wraparound glasses, creates a barrier against wind, dust, and glare, helping to keep the cornea moist and reducing photophobia. This simple, noninvasive measure directly targets the symptom of eye dryness and light sensitivity. Medication like methimazole treats thyroid hormone production but doesn't resolve the eye exposure issue, so it isn't the best choice for addressing exophthalmos-related photophobia. Using tap water for lubrication isn't ideal or as effective as appropriate ocular lubricants, and while eye lubrication can help, shielding the eyes provides the strongest immediate benefit for photophobia. Additional supportive care, such as artificial tears and humidified environments, can complement protection, and ophthalmology follow-up is important if there are signs of corneal damage.

8. 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.

9. A hospitalized client is newly diagnosed with diabetes mellitus. The client must take both NPH and Regular insulin for glucose control. The nurse develops a teaching plan to help the client meet which outcome as a first step in managing the disease?

- A. Avoid all strenuous exercise.**
- B. Maintain health at an optimum level.**
- C. Lose 40 pounds to achieve ideal body weight.**

D. Adjust insulin according to capillary blood glucose levels.

The essential idea here is that adjusting insulin based on actual blood glucose readings is the foundation for starting insulin therapy with both a short-acting and an intermediate-acting insulin. Regular insulin targets mealtime glucose and acts quickly, while NPH provides longer-acting, basal coverage. To dose these agents safely and effectively, the patient must learn to measure capillary glucose and use those readings to guide insulin dosing. This gives concrete data to decide how much insulin is needed before meals and how to adjust the NPH dose for ongoing control, reducing the risk of hypoglycemia or hyperglycemia. Other aspects like avoiding exercise, aiming for a specific weight, or general health optimization are important later steps, but they hinge on having reliable glucose readings and an ability to adjust insulin first. With proper glucose monitoring and dose adjustment, the regimen becomes safer and more effective, enabling better overall glucose control.

10. Which behavior is likely related to hypothyroidism based on history?

- A. Anxiety**
- B. Irritability**
- C. Depression**
- D. Nervousness**

Low thyroid hormone slows both body and brain, so mood and energy tend to be dampened. In history, hypothyroidism often presents with depressive mood, fatigue, and slowed thinking rather than heightened arousal. Anxiety, irritability, and nervousness come more from excess thyroid hormone or other anxiety-provoking states due to increased sympathetic activity. Therefore, depressive behavior best fits the pattern seen with hypothyroidism.

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!

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