

# ENDOCRINE DISORDER PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://endocrinedisorder.examzify.com>



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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. Postoperative hypophysectomy: thirst and polyuria; which parameter should be checked next to assess for the expected complication?**
  - A. Serum glucose
  - B. Blood pressure
  - C. Respiratory rate
  - D. Urine specific gravity
  
- 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. Which diagnostic test helps distinguish cerebrospinal fluid drainage from nasal mucus after transsphenoidal hypophysectomy?**
  - A. Lower the head of the bed
  - B. Test the drainage for glucose
  - C. Obtain a culture of the drainage
  - D. Continue to observe the drainage
  
- 4. In thyroid storm, which statement correctly reflects the timing for iodide therapy relative to PTU?**
  - A. Iodide therapy before PTU
  - B. PTU only
  - C. PTU and iodine simultaneously
  - D. PTU, followed by iodide after PTU, plus steroids

- 5. Which pattern distinguishes central from peripheral precocious puberty?**
- A. Central: suppressed LH and FSH with elevated sex steroids; Peripheral: elevated LH and FSH in response to GnRH
  - B. Central: elevated LH and FSH in response to GnRH; Peripheral: suppressed gonadotropins with elevated sex steroids
  - C. Central: no response to GnRH; Peripheral: increased sex steroids with no change in gonadotropins
  - D. Central: high prolactin after GnRH; Peripheral: low prolactin
- 6. Which insulin type has the fastest onset after subcutaneous administration?**
- A. Regular human insulin
  - B. Intermediate-acting insulin
  - C. Long-acting insulin
  - D. Rapid-acting insulin analogs (lispro, aspart)
- 7. In Graves' disease, what is the typical pattern of TSH and free T4?**
- A. High TSH with high free T4.
  - B. Normal TSH with normal free T4.
  - C. Low or undetectable TSH with elevated free T4.
  - D. Low TSH with low free T4.
- 8. The nurse is caring for a client following an adrenalectomy and is monitoring for signs of adrenal insufficiency. Which of the following are signs and symptoms related to adrenal insufficiency?**
- A. Fever
  - B. Weakness
  - C. Hypotension
  - D. Mental status changes
- 9. Which dietary instruction best reflects a long-term meal planning strategy for a client with diabetes mellitus?**
- A. It is best to eat meals at approximately the same time each day.
  - B. It is best to adjust mealtimes depending on blood glucose levels.
  - C. It is best to vary mealtimes if insulin is not administered at the same time every day.
  - D. It is best to avoid being concerned about the time of meals as long as snacks are taken on time.



**10. Which statement best describes the pathophysiology of Cushing disease?**

- A. Cushing disease is characterized by an oversecretion of insulin.
- B. Cushing disease is characterized by an oversecretion of glucocorticoid hormones.
- C. Cushing disease is characterized by an undersecretion of corticotropic hormones.
- D. Cushing disease is characterized by an undersecretion of glucocorticoid hormones.

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## **Answers**

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

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## **Explanations**

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**1. Postoperative hypophysectomy: thirst and polyuria; which parameter should be checked next to assess for the expected complication?**

- A. Serum glucose
- B. Blood pressure
- C. Respiratory rate

**D. Urine specific gravity**

*After a hypophysectomy, the most feared complication is diabetes insipidus caused by loss of antidiuretic hormone. When DI occurs, the kidneys cannot concentrate urine, so patients produce large volumes of dilute urine despite thirst. The quickest way to detect this is to assess urine concentration, which is what urine specific gravity measures. A low urine specific gravity indicates dilute urine consistent with DI, signaling that the patient is not conserving water and may be developing this complication. Serum glucose, blood pressure, and respiratory rate aren't as directly informative about DI. Serum glucose would test for hyperglycemia (diabetes mellitus) but doesn't reflect ADH-dependent water handling. Blood pressure and respiratory rate can change with dehydration but don't specifically confirm the inability to concentrate urine. So measuring urine specific gravity provides the most direct and immediate insight into the expected postoperative complication.*

**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. Which diagnostic test helps distinguish cerebrospinal fluid drainage from nasal mucus after transsphenoidal hypophysectomy?**

- A. Lower the head of the bed
- B. Test the drainage for glucose**
- C. Obtain a culture of the drainage
- D. Continue to observe the drainage

*Distinguishing CSF drainage from nasal mucus after transsphenoidal hypophysectomy relies on a characteristic chemical difference: CSF contains glucose, while nasal mucus does not in a reliable way. CSF glucose is typically about 60% of the plasma glucose level, so a drainage sample that shows measurable glucose strongly suggests CSF. A quick bedside glucose test on the drainage therefore provides a direct, practical way to confirm a CSF leak versus mucus. Lowering the head of the bed is a management step to reduce pressure and potential leaking but does not tell you whether the drainage is CSF or mucus. Culturing the drainage would look for infection, not differentiate CSF from mucus. Simply observing the drainage over time does not provide the diagnostic distinction needed.*

**4. In thyroid storm, which statement correctly reflects the timing for iodide therapy relative to PTU?**

- A. Iodide therapy before PTU
- B. PTU only
- C. PTU and iodine simultaneously
- D. PTU, followed by iodide after PTU, plus steroids**

*In thyroid storm you want rapid control of hormone levels by first stopping new hormone production, then quickly blocking release of what's already stored, while supporting peripheral effects. Propylthiouracil (PTU) does the crucial job of inhibiting thyroid hormone synthesis (and also decreases T4 to T3 conversion). Once synthesis is being blocked, giving iodide can promptly shut down the release of stored thyroid hormone. Because iodide can, in the absence of synthesis blockade, potentially sustain or increase hormone production in some scenarios, it's given after PTU so that synthesis is already suppressed when iodide acts. Adding steroids helps reduce peripheral conversion of T4 to T3 and treats potential adrenal insufficiency, providing broad stabilization. So the preferred sequence is PTU first, followed by iodide, with steroids.*

## 5. Which pattern distinguishes central from peripheral precocious puberty?

- A. Central: suppressed LH and FSH with elevated sex steroids; Peripheral: elevated LH and FSH in response to GnRH
- B. Central: elevated LH and FSH in response to GnRH; Peripheral: suppressed gonadotropins with elevated sex steroids**
- C. Central: no response to GnRH; Peripheral: increased sex steroids with no change in gonadotropins
- D. Central: high prolactin after GnRH; Peripheral: low prolactin

The key idea is whether puberty is driven by the hypothalamic-pituitary-gonadal axis or by outside sources of sex steroids. In central precocious puberty, the axis is activated early, so the pituitary readily responds to GnRH with an increase in LH and FSH, driving higher sex steroid levels. A GnRH stimulation test in this scenario shows a rise in both LH and FSH, reflecting gonadotropin dependence. In peripheral precocious puberty, sex steroids come from the ovaries, adrenals, or exogenous sources, independent of the pituitary. The high sex steroids suppress pituitary gonadotropin production via negative feedback, so basal LH and FSH are low and show little or no increase with GnRH stimulation, even though sex steroids are elevated. So the best description is that central precocious puberty has an elevated LH/FSH response to GnRH, while peripheral precocious puberty has suppressed gonadotropins with elevated sex steroids.

## 6. Which insulin type has the fastest onset after subcutaneous administration?

- A. Regular human insulin
- B. Intermediate-acting insulin
- C. Long-acting insulin
- D. Rapid-acting insulin analogs (lispro, aspart)**

The key idea is how quickly an insulin preparation starts acting after subcutaneous injection, which depends on how quickly the insulin is absorbed into the bloodstream. Rapid-acting insulin analogs—lispro and aspart (and related analogs)—are engineered to be absorbed quickly, existing mainly as monomers rather than hexamers. This rapid absorption translates to onset of action within roughly 10 to 30 minutes, making them the fastest among common insulins and well-suited for eating around mealtimes. In contrast, regular human insulin forms hexamers that must dissociate to active monomers, delaying onset to about 30 to 60 minutes. Intermediate-acting insulins (like NPH) have slower, more variable absorption and longer onset, and long-acting insulins have even slower onset with a prolonged, steady effect to provide basal coverage. So, the fastest onset after subcutaneous administration is the rapid-acting insulin analogs.

## 7. In Graves' disease, what is the typical pattern of TSH and free T4?

- A. High TSH with high free T4.
- B. Normal TSH with normal free T4.
- C. Low or undetectable TSH with elevated free T4.**
- D. Low TSH with low free T4.

Graves disease causes autoimmune stimulation of the TSH receptor, which drives overproduction of thyroid hormones. The rise in circulating free T4 (and often T3) provides negative feedback to the pituitary, so TSH is suppressed. The typical lab pattern reflects this: low or undetectable TSH with elevated free T4. This distinguishes Graves from euthyroid states (where TSH and free T4 are normal) and from hypothyroid states (where TSH is high or normal and free T4 is low).

8. The nurse is caring for a client following an adrenalectomy and is monitoring for signs of adrenal insufficiency. Which of the following are signs and symptoms related to adrenal insufficiency?

- A. Fever
- B. Weakness
- C. Hypotension**
- D. Mental status changes

*Recognizing adrenal crisis after adrenalectomy hinges on noticing hypotension as the most concerning sign. When cortisol is deficient, vascular responsiveness to circulating catecholamines diminishes, so blood vessels don't constrict effectively. If aldosterone is also lacking, there's salt wasting and reduced intravascular volume, further dropping blood pressure. This combination makes hypotension the clearest, most immediate clue that adrenal insufficiency is affecting the patient. Weakness often accompanies cortisol deficiency because of overall fatigue and possible hypoglycemia, and mental status changes can occur with dehydration and electrolyte disturbances. However, these symptoms are nonspecific and can arise from many postoperative factors. Fever is not a hallmark of adrenal crisis itself; it more commonly reflects infection or other postoperative complications. In this setting, monitoring for a drop in blood pressure is crucial, and prompt management with fluids and appropriate steroids is essential to prevent progression to shock.*

9. Which dietary instruction best reflects a long-term meal planning strategy for a client with diabetes mellitus?

- A. It is best to eat meals at approximately the same time each day.**
- B. It is best to adjust mealtimes depending on blood glucose levels.
- C. It is best to vary mealtimes if insulin is not administered at the same time every day.
- D. It is best to avoid being concerned about the time of meals as long as snacks are taken on time.

*A steady, predictable meal schedule helps align carbohydrate intake with insulin action and daily metabolic rhythms, making blood glucose more stable over the long term. Eating meals at roughly the same time each day creates a regular pattern of post-meal glucose rise, which clinicians can anticipate and manage with consistent dosing. This consistency supports easier planning of insulin or other medications, improves adherence, and reduces large glucose fluctuations. If mealtimes are adjusted based on current blood glucose, or if they're allowed to vary when insulin timing isn't fixed, or if focus is only on snacks without considering regular meals, glucose control tends to become more variable. Regular meal timing is a practical foundation for sustained glycemic management.*



**10. Which statement best describes the pathophysiology of Cushing disease?**

- A. Cushing disease is characterized by an oversecretion of insulin.
- B. Cushing disease is characterized by an oversecretion of glucocorticoid hormones.**
- C. Cushing disease is characterized by an undersecretion of corticotropic hormones.
- D. Cushing disease is characterized by an undersecretion of glucocorticoid hormones.

*In Cushing disease, the problem is excess cortisol caused by a pituitary adenoma that secretes ACTH. This ACTH stimulates the adrenal cortex to produce glucocorticoids, leading to sustained high levels of cortisol in the body. That's why the statement describing oversecretion of glucocorticoid hormones best fits the pathophysiology. Cortisol is the primary glucocorticoid involved, and its excess drives the characteristic metabolic and systemic effects seen in Cushing disease. The other options don't fit: insulin isn't overproduced in this condition, and ACTH and cortisol are not undersecreted.*

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## 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://endocrinedisorder.examzify.com>

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

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