

HESI Schizophrenia Case Study Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. When a client does not respond to other antipsychotics, which medication is commonly initiated for treatment-resistant schizophrenia?**
 - A. Haloperidol decanoate**
 - B. Fluphenazine decanoate**
 - C. Perphenazine**
 - D. Clozapine (Clozaril)**

- 2. What issue did Sam express concern about while continuing medication?**
 - A. Fatigue**
 - B. Dizziness**
 - C. Weight gain**
 - D. Hair loss**

- 3. Which baseline assessment is essential before starting an atypical antipsychotic such as olanzapine?**
 - A. Baseline weight**
 - B. Orthostatic blood pressure**
 - C. Complete blood count**
 - D. Screening for tardive dyskinesia**

- 4. What is an appropriate nursing action to address sleep disturbance and low energy in this patient?**
 - A. Assess sleep-wake patterns and implement sleep hygiene strategies.**
 - B. Provide heavy daytime meals.**
 - C. Encourage constant daytime activity with no breaks.**
 - D. Schedule hourly night visits.**

- 5. What is the most common cause of relapse in the client with schizophrenia?**
 - A. Medications**
 - B. Symptom management**
 - C. Lack of community support**
 - D. Health practices**

- 6. After several weeks, Sam begins to participate more in daily groups but answers questions in a simple, one-word manner. Which description best fits his current speech and thought process?**
- A. Increased spontaneity**
 - B. Improved initiative with limited elaboration**
 - C. Full, detailed answers**
 - D. Rapid, pressured speech**
- 7. Which side effects would the nurse most likely observe with fluphenazine decanoate (Prolixin)?**
- A. High extrapyramidal effects, low anticholinergic effects**
 - B. High anticholinergic effects, low extrapyramidal effects**
 - C. Risk for agranulocytosis, fever, and elevated blood pressure**
 - D. Blood dyscrasias such as thrombocytopenia**
- 8. How often should white blood cell counts be monitored for a client on clozapine?**
- A. Weekly or every 2 weeks**
 - B. Daily**
 - C. Biannually**
 - D. Annually**
- 9. What specific types of services are coordinated by the case worker for Sam?**
- A. Schedule weekly therapy sessions**
 - B. Provide transportation to appointments only**
 - C. Advise on diet and exercise routines**
 - D. Coordinate services related to housing, finances, and medical appointments, for instance**
- 10. Regarding Cogentin use with Prolixin, which statement is true?**
- A. It increases EPS risk**
 - B. It prevents EPS but may reduce Prolixin efficacy**
 - C. It has no effect on side effects**
 - D. It exclusively treats tardive dyskinesia**

Answers

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

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Explanations

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1. When a client does not respond to other antipsychotics, which medication is commonly initiated for treatment-resistant schizophrenia?

- A. Haloperidol decanoate
- B. Fluphenazine decanoate
- C. Perphenazine
- D. Clozapine (Clozaril)**

When symptoms of schizophrenia don't respond to standard antipsychotics, the medication most supported by evidence is clozapine, because it has unique efficacy in treatment-resistant cases. It's the only antipsychotic with strong data showing meaningful improvement after trials of other agents at adequate doses and durations. This makes it the preferred option when patients fail to respond to typical antipsychotics. Clozapine's benefits in treatment resistance go beyond symptom reduction; it also lowers the risk of suicidality in schizophrenia, which is particularly important for patients at high risk. However, its use comes with significant safety considerations. The most notable risk is agranulocytosis, a dangerous drop in white blood cells, which is why clozapine requires regular blood monitoring. The monitoring starts with frequent checks and becomes less frequent over time, but it remains a lifelong requirement. Other potential side effects include weight gain, metabolic changes, seizures, myocarditis, and sedation, so ongoing assessment is essential. The other options are long-acting injectable antipsychotics or a typical antipsychotic that don't specifically address treatment resistance. Long-acting injectables can help with adherence and maintenance but are not chosen specifically for overcoming nonresponse to other antipsychotics. A typical antipsychotic may control symptoms for some, but they generally have a higher risk of extrapyramidal symptoms and have not demonstrated superior efficacy in treatment-resistant schizophrenia compared with clozapine. So, in a client with schizophrenia who does not respond to other antipsychotics, initiating clozapine is the best-supported choice due to its unique effectiveness in TRS, balanced with the necessary safety monitoring to manage its risks.

2. What issue did Sam express concern about while continuing medication?

- A. Fatigue
- B. Dizziness
- C. Weight gain**
- D. Hair loss

Sam's concern centers on weight gain from continuing the medication. Weight gain is a common and meaningful side effect of many antipsychotic drugs, and it can affect a person's motivation to stay with treatment, self-image, and overall health, increasing the risk of metabolic issues like diabetes and cardiovascular disease. When someone voices worry about weight gain, it highlights how side effects can influence adherence and the need for clinicians to address metabolic monitoring, consider meds with lower weight-related risk if possible, and support healthy lifestyle measures. While fatigue, dizziness, or hair loss can occur with medications, this scenario focuses on weight gain as the specific issue Sam is concerned about.

3. Which baseline assessment is essential before starting an atypical antipsychotic such as olanzapine?

- A. Baseline weight**
- B. Orthostatic blood pressure**
- C. Complete blood count**
- D. Screening for tardive dyskinesia**

Understanding the metabolic risk associated with atypical antipsychotics, especially olanzapine, is the key idea here. Olanzapine often causes significant weight gain and can lead to metabolic syndrome, so having a baseline weight establishes a reference point to detect meaningful increases over time. This helps you monitor and address changes early, whether through lifestyle interventions or considering alternative treatments. Other options relate to safety monitoring, but they're not as directly tied to olanzapine's biggest risk. Orthostatic blood pressure checks are important in some patients for safety, but they don't specifically capture the major metabolic danger. A baseline complete blood count is not routinely required solely because of starting olanzapine, and screening for tardive dyskinesia is important for long-term movement disorder risk, not the primary baseline concern when initiating this drug.

4. What is an appropriate nursing action to address sleep disturbance and low energy in this patient?

- A. Assess sleep-wake patterns and implement sleep hygiene strategies.**
- B. Provide heavy daytime meals.**
- C. Encourage constant daytime activity with no breaks.**
- D. Schedule hourly night visits.**

Addressing sleep disturbance in schizophrenia starts with assessing sleep-wake patterns to understand timing, duration, and quality of sleep, as well as daytime behaviors and medications that affect rest. This baseline guides targeted sleep hygiene strategies, such as keeping a consistent bedtime and wake time, creating a dark, quiet, comfortable sleep environment, limiting caffeine and daytime naps, and scheduling daily activities to support a stable circadian rhythm. Nonpharmacologic sleep support can improve sleep quality, which in turn boosts daytime energy, mood, and cognitive function, helping with overall functioning and reducing the risk of relapse. Other approaches don't address the core issue or can worsen it: heavy daytime meals may disrupt digestion and sleep, constant daytime activity without breaks can exhaust the patient and destabilize energy, and hourly night visits would fragment sleep and further reduce restorative rest.

5. What is the most common cause of relapse in the client with schizophrenia?

A. Medications

B. Symptom management

C. Lack of community support

D. Health practices

The main idea is that adherence to antipsychotic medication is the strongest predictor of relapse prevention in schizophrenia. When a person stops taking their meds or misses doses, drug levels fall and psychotic symptoms often recur quickly, leading to relapse. That's why medication-related nonadherence is the most common cause of relapse. While good symptom management, solid community support, and healthy health practices are important for overall care and can reduce risk, they don't carry the same predictive weight as consistent medication use. Addressing barriers to adherence—side effects, lack of insight, access to meds, and support systems—is key to minimizing relapse.

6. After several weeks, Sam begins to participate more in daily groups but answers questions in a simple, one-word manner. Which description best fits his current speech and thought process?

A. Increased spontaneity

B. Improved initiative with limited elaboration

C. Full, detailed answers

D. Rapid, pressured speech

Interpreting speech and thought in schizophrenia involves looking at both how much a person engages and how much they say. Sam's growing participation in daily groups shows his willingness to engage has increased (initiative). But his answers are still simple and one word long, which means the content and depth of his speech haven't expanded. This pattern points to a limited elaboration of thoughts—often seen with alogia, a negative symptom where speech output is reduced despite willingness to participate. So the best fit is improved initiative with limited elaboration. It's not rapid or pressured speech, which would be quick and forceful; nor is it full, detailed answers or increased spontaneity, which would involve more content or unprompted, expansive speech.

7. Which side effects would the nurse most likely observe with fluphenazine decanoate (Prolixin)?

- A. High extrapyramidal effects, low anticholinergic effects**
- B. High anticholinergic effects, low extrapyramidal effects**
- C. Risk for agranulocytosis, fever, and elevated blood pressure**
- D. Blood dyscrasias such as thrombocytopenia**

High potency typical antipsychotics like fluphenazine produce extrapyramidal symptoms because they strongly block dopamine D2 receptors in the nigrostriatal pathway. This leads to movement disorders such as dystonia, parkinsonism, akathisia, and potentially tardive dyskinesia. These drugs have relatively little anticholinergic activity, so anticholinergic side effects (dry mouth, blurred vision, urinary retention, constipation) are not prominent. The decanoate long-acting form maintains steady dopamine blockade over time, so EPS risk remains a key concern with this medication. Hematologic risks like agranulocytosis or thrombocytopenia are not characteristic of fluphenazine, being more associated with other antipsychotics such as clozapine. So the most likely side-effect pattern with fluphenazine decanoate is a high risk of extrapyramidal symptoms with low anticholinergic effects.

8. How often should white blood cell counts be monitored for a client on clozapine?

- A. Weekly or every 2 weeks**
- B. Daily**
- C. Biannually**
- D. Annually**

Regular white blood cell monitoring is essential when starting clozapine because it can cause agranulocytosis, a dangerous drop in immune cells that increases infection risk. To catch problems early, lab checks are done frequently at first: weekly, and can be spaced to every two weeks as the patient remains stable. Daily checks are unnecessary and impractical, while biannual or annual monitoring would miss dangerous drops in counts. A common plan is weekly testing for the first several months, then every two weeks, and finally monthly as long as clozapine is continued. With that in mind, checking white blood cell counts weekly or every two weeks represents the appropriate monitoring approach during treatment.

9. What specific types of services are coordinated by the case worker for Sam?

- A. Schedule weekly therapy sessions**
- B. Provide transportation to appointments only**
- C. Advise on diet and exercise routines**
- D. Coordinate services related to housing, finances, and medical appointments, for instance**

The core idea here is that a case worker acts as the central coordinator of multiple essential supports to help a person manage daily life and stay connected to treatment. This goes beyond just arranging one service. In schizophrenia care, stability often depends on more than therapy alone—effective case management links housing, finances, and medical care so everything fits together smoothly. That’s why coordinating services related to housing, finances, and medical appointments is the best fit. It reflects an integrated approach: ensuring stable housing, helping with benefits or budget planning, and aligning medical visits, all in a coordinated plan. The other options describe important tasks, but they’re too narrow—scheduling therapy, arranging transportation, or giving lifestyle advice address only one aspect rather than the broad, connected support a case worker provides.

10. Regarding Cogentin use with Prolixin, which statement is true?

- A. It increases EPS risk**
- B. It prevents EPS but may reduce Prolixin efficacy**
- C. It has no effect on side effects**
- D. It exclusively treats tardive dyskinesia**

Extrapyramidal symptoms from high-potency typical antipsychotics come from blocking dopamine in the nigrostriatal pathway. Benztropine (Cogentin) is an antimuscarinic that reduces the overactivity of acetylcholine in that same pathway, helping to restore the balance with dopamine and thus prevent or lessen EPS such as dystonia, rigidity, and akathisia. That is why it’s effective to use with Prolixin. At the same time, anticholinergic meds can produce cognitive and systemic side effects—dry mouth, constipation, urinary retention, blurred vision, confusion—that can complicate overall clinical response. In some patients, this anticholinergic effect can blunt or obscure the antipsychotic’s efficacy in ways that might be interpreted as reduced therapeutic benefit from Prolixin. So the statement that Cogentin prevents EPS but may reduce Prolixin efficacy reflects both the motor benefit and the potential impact on overall treatment response.

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://hesischizophreniacasestudy.examzify.com>

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

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