

Hospice and Palliative Registered Nurse Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. What is the first step in assessing new onset diarrhea for a patient who uses dietary fiber?**
 - A. Conduct a full blood panel**
 - B. Perform a digital rectal exam**
 - C. Initiate dietary restrictions**
 - D. Request a colonoscopy**

- 2. How is grief best defined in the context of loss?**
 - A. The emotional reaction to perceived loss**
 - B. A state of sadness that can last for years**
 - C. A process that must be completed for healing**
 - D. The inability to move on from past experiences**

- 3. What prompted the passage of the Patient Self-Determination Act (PSDA)?**
 - A. The Terry Schiavo case**
 - B. The Nancy Cruzan case**
 - C. The Karen Ann Quinlan case**
 - D. The Andrew Wakefield case**

- 4. Which cardiovascular side effect is important to teach a patient using bupropion?**
 - A. Hypertension**
 - B. Hypotension**
 - C. Palpitations**
 - D. Increased heart rate**

- 5. Which guideline is recommended for providing medication in instances of breakthrough pain?**
 - A. Use 30% to 50% of the total daily dose**
 - B. Use 10% to 20% of the total daily dose**
 - C. Provide a single high dose**
 - D. Administer only non-opioids**

6. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH) causes what abnormal laboratory finding?

- A. Low blood sodium levels**
- B. Higher urine osmolality than plasma osmolality**
- C. Elevated plasma osmolality**
- D. Decreased urine sodium levels**

7. What is an indication of an aggressively progressing lymphoma?

- A. Non-Hodgkin's origin**
- B. Large cell features**
- C. T-cell origin**
- D. Presence of Reed-Sternberg cells**

8. What does a comprehensive resource assessment entail?

- A. Assessment by a single practitioner**
- B. Collaboration with the interdisciplinary team**
- C. Focus solely on financial resources**
- D. Detailed patient history only**

9. Which of the following symptoms is commonly associated with end-stage liver disease?

- A. Hypoglycemia**
- B. Encephalopathy**
- C. Hypertension**
- D. Chest pain**

10. What is a key principle of opioid use when performing an equianalgesic conversion?

- A. Doubling the existing dose**
- B. Reducing the dose by approximately 25% for cross-tolerance**
- C. Maintaining the existing dose**
- D. Eliminating the medication**

Answers

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

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Explanations

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1. What is the first step in assessing new onset diarrhea for a patient who uses dietary fiber?

- A. Conduct a full blood panel
- B. Perform a digital rectal exam**
- C. Initiate dietary restrictions
- D. Request a colonoscopy

The correct choice involves performing a digital rectal exam as the first step in assessing new onset diarrhea for a patient who uses dietary fiber. This examination provides critical information about the rectal area and can help identify any potential abnormalities or causes of diarrhea such as inflammation, infection, or even impaction. Given that the patient has dietary fiber in their regimen, which can sometimes lead to changes in bowel habits, the digital rectal exam offers a direct and immediate method to assess for physical issues, offering insight into whether further investigation or another intervention is needed. The other options would not be appropriate initial steps for assessing diarrhea. Conducting a full blood panel is more invasive and time-consuming and would typically be reserved for when there are more concerning signs or symptoms. Initiating dietary restrictions may not be necessary at the onset of new diarrhea, as it's important to determine whether the fiber intake is the underlying issue or if there is another cause. Requesting a colonoscopy is also more invasive and would generally be considered later in the diagnostic process, particularly if there are symptoms suggesting significant underlying pathology. Therefore, starting with the digital rectal exam allows for a focused and effective assessment approach.

2. How is grief best defined in the context of loss?

- A. The emotional reaction to perceived loss**
- B. A state of sadness that can last for years
- C. A process that must be completed for healing
- D. The inability to move on from past experiences

Grief, in the context of loss, is best defined as the emotional reaction to perceived loss. This definition encapsulates the various feelings and responses individuals may experience when they have lost someone or something significant in their lives. Grief is profoundly personal and can manifest in many ways, including sadness, anger, confusion, or even relief, depending on the individual and the nature of the loss. Understanding grief as an emotional reaction emphasizes that it is a natural response to loss rather than a rigid state or a linear process. Recognizing grief in this way allows for a more compassionate approach to those who are mourning, as it acknowledges that every person's experience of grief is valid and unique. The other options, while related to concepts of grief, do not capture its essence as effectively. For instance, defining grief solely as a state of sadness ignores the multifaceted nature of grief, which encompasses a broad spectrum of emotions. Similarly, portraying grief as a process that must be completed for healing implies a linear approach that is often not reflective of the real, nonlinear journey through grief. Finally, framing grief as the inability to move on from past experiences presents a more negative perspective, which does not encompass the transformative aspects that can arise from working through grief. Instead, grief

3. What prompted the passage of the Patient Self-Determination Act (PSDA)?

- A. The Terry Schiavo case
- B. The Nancy Cruzan case**
- C. The Karen Ann Quinlan case
- D. The Andrew Wakefield case

The Patient Self-Determination Act (PSDA) was prompted by the Nancy Cruzan case, which underscored the importance of patients' rights to make decisions about their medical care, particularly in situations involving life-sustaining treatment. In this case, Nancy Cruzan was in a persistent vegetative state following a car accident, and her family's efforts to remove her from life support led to a prolonged legal battle that highlighted the need for clear guidelines regarding patient autonomy and advance directives. The Cruzan case brought to light crucial issues about the ability of individuals to express their wishes regarding end-of-life care and the necessity for healthcare providers to respect these wishes. Because of this case, there was a greater emphasis on the importance of documenting patients' healthcare choices and the need for healthcare facilities to inform patients of their rights to make decisions about their treatment. This led to the enactment of the PSDA in 1990, which mandates that healthcare organizations inform patients about their rights under state law to make decisions about their medical care, including the right to create advance directives. The act encourages individuals to reflect on their preferences for medical treatment in advance, ensuring that their choices are honored even when they cannot communicate them.

4. Which cardiovascular side effect is important to teach a patient using bupropion?

- A. Hypertension**
- B. Hypotension
- C. Palpitations
- D. Increased heart rate

Bupropion, an antidepressant often prescribed for major depressive disorder and smoking cessation, can lead to an elevation in blood pressure, making it vital to educate patients about the potential risk of hypertension. Patients may not realize that this medication can affect cardiovascular health, especially if they have a history of hypertension or cardiovascular issues. Monitoring blood pressure before and during treatment can help manage this side effect effectively. While other cardiovascular effects, such as palpitations and increased heart rate, can also be associated with bupropion use, the primary concern highlighted in clinical guidelines is hypertension. Hypotension is not typically linked to bupropion; hence, it is less critical to communicate this risk to patients taking the medication. It is crucial for patients to be aware of the potential for increased blood pressure so they can report any concerning symptoms and allow for timely intervention if needed.

5. Which guideline is recommended for providing medication in instances of breakthrough pain?

- A. Use 30% to 50% of the total daily dose**
- B. Use 10% to 20% of the total daily dose**
- C. Provide a single high dose**
- D. Administer only non-opioids**

For managing breakthrough pain, the recommended guideline involves using 10% to 20% of the total daily dose of the opioid medication. This approach is grounded in the understanding that breakthrough pain represents a transient increase in pain that occurs despite the use of a regular maintenance dose. Using a smaller percentage, such as 10% to 20%, allows for effective management of the sudden pain episode without significantly exceeding the patient's tolerance or causing unnecessary side effects. This dosage calculation ensures that the additional medication complements the existing regimen without leading to overdose or excessive sedation. The emphasis on this guideline reflects the necessity for careful dosing, particularly because patients may have varying levels of tolerance depending on their individual circumstances and underlying conditions. This approach encourages a balance between effective pain relief and patient safety, which is essential in palliative care settings. In contrast, using 30% to 50% of the total daily dose is generally considered excessive for breakthrough pain and may risk complications. Providing a single high dose does not account for the variable nature of breakthrough pain and is less suitable for consistent control. Lastly, relying only on non-opioids overlooks the role of opioids in managing severe pain, restricting the options available to effectively alleviate the patient's distress.

6. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH) causes what abnormal laboratory finding?

- A. Low blood sodium levels**
- B. Higher urine osmolality than plasma osmolality**
- C. Elevated plasma osmolality**
- D. Decreased urine sodium levels**

The syndrome of inappropriate secretion of antidiuretic hormone (SIADH) is characterized by an excessive release of antidiuretic hormone (ADH), which leads to the body retaining water and can significantly affect laboratory values. The correct choice emphasizes the relationship between urine and plasma osmolality levels. In SIADH, the excessive ADH causes the kidneys to retain water, which results in dilutional hyponatremia, or low sodium levels in the blood. As water is retained, the urine becomes concentrated due to the high levels of ADH, leading to higher urine osmolality compared to plasma osmolality. Essentially, the urine retains more solutes due to the concentrated state, while the plasma becomes more diluted. This condition is fundamental in understanding fluid and electrolyte management in patients with SIADH. Monitoring urine and plasma osmolality is crucial because it can assist healthcare providers in differentiating between SIADH and other causes of hyponatremia, understanding the fluid status of the patient, and guiding appropriate treatment interventions. Having this knowledge allows nurses and healthcare professionals to provide better patient care and effectively address the complications that can arise from fluid imbalances in patients suffering from conditions associated with SIADH.

7. What is an indication of an aggressively progressing lymphoma?

- A. Non-Hodgkin's origin
- B. Large cell features
- C. T-cell origin**
- D. Presence of Reed-Sternberg cells

An aggressively progressing lymphoma is often characterized by rapid growth and poor prognosis, which highlights the significance of cellular characteristics and lineage in lymphoma pathology. T-cell origin lymphomas are particularly known for their aggressive nature compared to their B-cell counterparts. While both types can manifest with aggressive behavior, many T-cell lymphomas, such as peripheral T-cell lymphoma or anaplastic large cell lymphoma, often exhibit more rapid progression and more challenging treatment responses. In contrast, the presence of Reed-Sternberg cells is specifically associated with Hodgkin lymphoma, which typically is not characterized by rapid progression in comparison to certain aggressive non-Hodgkin lymphomas. Similarly, while large cell features can suggest aggressive behavior, they are not limited to T-cell lymphomas and can also be seen in other types of lymphomas. Non-Hodgkin's origins can encompass a wide variety of lymphoma types, some of which may not exhibit aggressive characteristics. Therefore, the focus on T-cell origin as an indication of aggressive progression aligns with observed clinical patterns in lymphoma behavior.

8. What does a comprehensive resource assessment entail?

- A. Assessment by a single practitioner
- B. Collaboration with the interdisciplinary team**
- C. Focus solely on financial resources
- D. Detailed patient history only

A comprehensive resource assessment is a vital component in hospice and palliative care, emphasizing the collaboration of various disciplines. In this context, working with the interdisciplinary team is crucial because it brings together diverse expertise and perspectives that can more holistically address a patient's needs. This collaboration includes not only medical practitioners but also social workers, chaplains, therapists, and other professionals who can identify the full spectrum of resources—be it emotional, spiritual, practical, or financial—that a patient may require. The strengths of this collaborative approach lie in its ability to consider all aspects of a patient's experience and circumstances. Different team members can offer insights that lead to more effective care plans and resource allocations, ensuring that the patient and family receive comprehensive support tailored to their unique situation. In contrast, relying solely on assessment by a single practitioner would limit the information gathered to one viewpoint, potentially overlooking critical areas of need. Focusing solely on financial resources neglects the importance of social, emotional, and healthcare needs. Likewise, a detailed patient history only captures the clinical aspect without integrating interdisciplinary input necessary for a truly holistic assessment. Therefore, collaboration with the interdisciplinary team stands out as the most effective method for conducting a comprehensive resource assessment in hospice and palliative care.

9. Which of the following symptoms is commonly associated with end-stage liver disease?

- A. Hypoglycemia
- B. Encephalopathy**
- C. Hypertension
- D. Chest pain

Encephalopathy is a common symptom associated with end-stage liver disease due to the liver's impaired ability to process toxins in the body, particularly ammonia. When the liver fails to detoxify these substances, they can accumulate in the bloodstream and affect brain function, leading to hepatic encephalopathy. Symptoms can range from mild confusion and lethargy to severe disorientation and coma. This condition highlights the critical role the liver plays in metabolic processes and neurological function. As liver disease progresses and its functional capacity declines, patients are at a heightened risk for developing this type of encephalopathy, often requiring careful management to ensure safety and comfort. The other symptoms listed, while potentially related to other health issues, do not specifically characterize end-stage liver disease in the same way that encephalopathy does. Understanding the relationship between liver function and neurological health is essential for providing comprehensive care in hospice and palliative settings.

10. What is a key principle of opioid use when performing an equianalgesic conversion?

- A. Doubling the existing dose
- B. Reducing the dose by approximately 25% for cross-tolerance**
- C. Maintaining the existing dose
- D. Eliminating the medication

A key principle of opioid use during equianalgesic conversion is to reduce the calculated dose by approximately 25% for cross-tolerance. When a patient is switched from one opioid to another, their sensitivity to the current opioid may not translate directly to the new opioid due to differences in potency and individual variability in metabolism. This reduction in dose accounts for the likelihood that the patient's previous tolerance may not apply fully to the new opioid, effectively addressing the risk of overdose or adverse effects. In practice, utilizing a conservative approach—such as the 25% reduction—is essential for patient safety. This adjustment is based on clinical experience and research indicating that cross-tolerance can vary significantly among individuals. Hence, starting with a lower dose helps ensure that the patient receives adequate pain management while minimizing risks associated with opioid toxicity. Other options, such as doubling the existing dose or maintaining it, do not consider the variations in tolerance that can occur when switching opioids, which could place the patient at higher risk for inadequate analgesia or overdose. Eliminating the medication is impractical in the context of managing pain in patients who require continued opioid therapy.

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:

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

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