

Hospice and Palliative Registered Nurse Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Which statement about a patient's medical record is true?**
 - A. It is an essential professional resource**
 - B. It often contains information about personal relationships**
 - C. It is not considered a professional resource**
 - D. It should not be shared under any circumstances**

- 2. What aspect of a patient's condition does not typically improve with treatment for metastatic pancreatic cancer?**
 - A. Summary of lifestyle changes**
 - B. Reversal of anorexia-cachexia**
 - C. Resolution of digestive issues**
 - D. Management of pain symptoms**

- 3. Extrapyramidal symptoms (EPS) are commonly associated with which condition?**
 - A. Schizophrenia**
 - B. Parkinson's disease**
 - C. Anxiety disorders**
 - D. Chronic pain syndromes**

- 4. What is brachytherapy?**
 - A. A type of chemotherapy therapy**
 - B. An external radiation therapy technique**
 - C. Implanted radiation therapy using a radioactive source**
 - D. A form of immunotherapy**

- 5. What is the first step in the equianalgesic conversion process?**
 - A. Subtract the breakthrough doses from the total**
 - B. Add up the total amount of the current drug given in 24 hours**
 - C. Calculate the patient's pain level**
 - D. Divide the total doses by the number of days**

6. Which medication is contraindicated for patients experiencing diarrhea?

- A. Tricyclic antidepressants**
- B. Non-steroidal anti-inflammatory drugs (NSAIDs)**
- C. Opiates for managing pain**
- D. Macrolide antibiotics**

7. What is a reversible cause of anorexia/cachexia syndrome in end-stage illness?

- A. Fatigue**
- B. Xerostomia (dry mouth)**
- C. Nausea**
- D. Pain management inadequacies**

8. What symptom can corticosteroids, like dexamethasone, relieve in patients with liver metastases?

- A. Abdominal cramps**
- B. Bone pain**
- C. Complete fatigue**
- D. Nausea**

9. What is the major symptom of type A chronic obstructive pulmonary disease (COPD), specifically emphysema?

- A. Chronic cough**
- B. Dyspnea**
- C. Chest tightness**
- D. Wheezing**

10. What disorder is defined by persistent difficulty in parting with possessions, leading to extreme clutter?

- A. Hoarding disorder**
- B. Obsessive-Compulsive Disorder**
- C. Bipolar disorder**
- D. Social anxiety disorder**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement about a patient's medical record is true?

- A. It is an essential professional resource**
- B. It often contains information about personal relationships**
- C. It is not considered a professional resource**
- D. It should not be shared under any circumstances**

A patient's medical record serves as an essential professional resource, as it documents critical information about the patient's medical history, treatments, medications, and progress. This documentation is vital for healthcare providers to offer appropriate care and make informed decisions. It facilitates continuity of care, allows for effective communication among members of the healthcare team, and helps in the management of the patient's overall health. Medical records may indeed contain some information about personal relationships, but this is not their primary purpose. They typically focus more on clinical information rather than detailed aspects of personal relationships. While confidentiality is paramount, there are circumstances under which medical records can be shared, such as with other healthcare providers involved in the patient's care, in adherence to privacy laws such as HIPAA. Thus, the statement that highlights the medical record as an essential professional resource accurately reflects its importance in healthcare.

2. What aspect of a patient's condition does not typically improve with treatment for metastatic pancreatic cancer?

- A. Summary of lifestyle changes**
- B. Reversal of anorexia-cachexia**
- C. Resolution of digestive issues**
- D. Management of pain symptoms**

The aspect of a patient's condition that does not typically improve with treatment for metastatic pancreatic cancer is the reversal of anorexia-cachexia. Anorexia-cachexia syndrome is a complex metabolic condition characterized by significant weight loss, muscle wasting, and decreased appetite. This syndrome is prevalent in patients with cancer due to the effects of the tumor's metabolic demands, the body's inflammatory response, and the impact of cancer treatments. In metastatic pancreatic cancer, the approach to treatment may focus on palliative care, symptom management, and improving quality of life rather than achieving a complete reversal of these symptoms. Nutritional support and appetite stimulants can sometimes help manage symptoms, but they seldom completely resolve the underlying biological processes leading to cachexia. This is particularly significant because patients with pancreatic cancer often face advanced disease where their body is in a chronic state of energy imbalance. Other considerations, like lifestyle changes, digestive issues, and pain management, can be addressed to some extent. While they might not completely resolve or improve, these areas often have intervention strategies that can lead to better management and outcomes for the patient.

3. Extrapiramidal symptoms (EPS) are commonly associated with which condition?

- A. Schizophrenia
- B. Parkinson's disease**
- C. Anxiety disorders
- D. Chronic pain syndromes

Extrapiramidal symptoms (EPS) are a group of movement disorders that can occur as a side effect of certain medications, particularly antipsychotics. While these symptoms may be associated with conditions like schizophrenia due to the medications used for treatment, the most direct association with EPS is actually found in Parkinson's disease. In Parkinson's disease, the degenerative process that affects the basal ganglia can lead to motor symptoms that resemble those seen in EPS, such as tremors, rigidity, bradykinesia, and postural instability. The underlying mechanism for EPS in both conditions is related to the dopaminergic pathways in the brain; these pathways are disrupted in both Parkinson's and related to the medications used for treating schizophrenia. In contrast, conditions like anxiety disorders and chronic pain syndromes are not typically associated with EPS, as the therapeutic interventions for these issues do not generally involve the types of medications that induce such side effects. Therefore, the connection between Parkinson's disease and EPS is the most significant, as it highlights the relationship between the disease process itself and the resulting motor symptoms.

4. What is brachytherapy?

- A. A type of chemotherapy therapy
- B. An external radiation therapy technique
- C. Implanted radiation therapy using a radioactive source**
- D. A form of immunotherapy

Brachytherapy is a form of radiation therapy where a radioactive source is placed directly inside or very close to the area requiring treatment. This method allows for a higher dose of radiation to be delivered to a localized area while minimizing exposure to surrounding healthy tissues. It is commonly used in the treatment of various cancers, including prostate, breast, and cervical cancers. By implanting the radioactive material, brachytherapy can provide a more targeted treatment approach, which often results in fewer side effects and a shorter treatment time compared to other forms of radiation, such as external beam radiation therapy. This localized approach is particularly beneficial in palliative care settings, where the goal is to relieve symptoms and improve quality of life for patients with advanced disease. In contrast, chemotherapy involves the use of drugs to kill cancer cells and is not related to the physical placement of radiation near or within the tumor. External radiation therapy refers to the administration of radiation from outside the body, rather than from an internal source as seen in brachytherapy. Immunotherapy represents a different treatment strategy that utilizes the body's immune system to combat cancer, which is fundamentally distinct from the radiation techniques described.

5. What is the first step in the equianalgesic conversion process?

- A. Subtract the breakthrough doses from the total
- B. Add up the total amount of the current drug given in 24 hours**
- C. Calculate the patient's pain level
- D. Divide the total doses by the number of days

The first step in the equianalgesic conversion process is to add up the total amount of the current drug given in 24 hours. This step is critical because it establishes a clear baseline of how much analgesic the patient is currently receiving. Understanding the total daily dose allows the clinician to determine how much pain relief the patient is achieving and how much medication is required to effectively manage their pain when switching to a different medication. Once the total daily dose is established, it becomes possible to refer to equianalgesic tables, which provide conversion factors for different opioids or analgesics. These tables assist in calculating an appropriate equivalent dose of the new medication, considering factors like potency, route of administration, and individual patient response. Calculating the patient's pain level, examining breakthrough doses, or dividing total doses by the number of days are relevant factors in the overall pain management strategy but do not precede the need to know the total daily intake of the current medication. Having a comprehensive understanding of the medication currently being administered is essential before making any conversions or adjustments in treatment.

6. Which medication is contraindicated for patients experiencing diarrhea?

- A. Tricyclic antidepressants**
- B. Non-steroidal anti-inflammatory drugs (NSAIDs)
- C. Opiates for managing pain
- D. Macrolide antibiotics

Tricyclic antidepressants are indeed typically contraindicated for patients experiencing diarrhea. These medications can have anticholinergic properties, which may lead to constipation in some patients. However, in the context of diarrhea, the use of tricyclic antidepressants is not recommended because they can exacerbate the gastrointestinal symptoms. While non-steroidal anti-inflammatory drugs (NSAIDs) can cause gastrointestinal irritation, they are not specifically contraindicated for diarrhea. Opiates are often used to manage pain and can also be utilized to treat diarrhea by decreasing gut motility, making them an appropriate choice in some contexts. Macrolide antibiotics, while they can contribute to diarrhea as a side effect in some cases, are not generally contraindicated specifically for patients with diarrhea. In summary, tricyclic antidepressants stand out as the medication that should be avoided in situations of diarrhea, due to their potential to worsen gastrointestinal disturbances.

7. What is a reversible cause of anorexia/cachexia syndrome in end-stage illness?

- A. Fatigue
- B. Xerostomia (dry mouth)**
- C. Nausea
- D. Pain management inadequacies

Xerostomia, or dry mouth, is indeed a reversible cause of anorexia/cachexia syndrome in patients experiencing end-stage illness. This condition can significantly impact a person's ability to eat and enjoy food due to discomfort or difficulty swallowing. When saliva production is insufficient, it can lead to a decreased appetite and contribute to the symptoms of cachexia, which is characterized by weight loss and muscle wasting that often accompanies chronic illness. Management of xerostomia can lead to improvements in a patient's quality of life and may enhance their nutritional intake. Interventions such as artificial saliva products, oral hydration, or other treatments to stimulate saliva flow can effectively alleviate this symptom, making xerostomia a key target for reversal in the context of appetite preservation. The other options can certainly influence a patient's overall condition, but they do not present reversible causes in the same context. Fatigue, for instance, while it may affect appetite indirectly, is typically associated with chronic illness and is less likely to be reversible. Nausea is a common symptom in end-stage illness but is usually managed rather than completely reversed. Pain management inadequacies can lead to worsening symptoms, but improving pain control doesn't directly reverse anorexia/cachexia; it may only address one aspect of the patient's

8. What symptom can corticosteroids, like dexamethasone, relieve in patients with liver metastases?

- A. Abdominal cramps
- B. Bone pain**
- C. Complete fatigue
- D. Nausea

Corticosteroids, such as dexamethasone, are commonly used in the management of patients with liver metastases due to their ability to reduce inflammation and modulate the immune response. One of the symptoms they can specifically help relieve is bone pain. This is particularly relevant in cases where cancer has metastasized to the bones, leading to pain and discomfort. Bone pain can be a significant issue for patients with advanced cancer, and corticosteroids can help decrease the pressure from swelling or inflammation in the affected areas, thereby alleviating discomfort. Their ability to help manage pain is an accepted part of palliative care, as it improves quality of life for patients experiencing significant suffering. While corticosteroids may have some role in alleviating other symptoms, such as nausea through improved appetite, their primary effectiveness in this context is more notably linked to pain relief, particularly bone pain due to metastasis. This is why the option related to bone pain stands out as the correct choice in this scenario.

9. What is the major symptom of type A chronic obstructive pulmonary disease (COPD), specifically emphysema?

- A. Chronic cough**
- B. Dyspnea**
- C. Chest tightness**
- D. Wheezing**

In type A chronic obstructive pulmonary disease (COPD), which is specifically characterized by emphysema, dyspnea, or shortness of breath, stands out as the major symptom. Emphysema leads to the destruction of the alveoli (air sacs) in the lungs, which reduces the surface area available for gas exchange. This damage limits airflow and makes it difficult for individuals to exhale fully, resulting in the sensation of breathlessness, particularly during exertion. Patients may experience dyspnea progressively, finding it more challenging to perform daily activities as the disease advances. The other symptoms, such as chronic cough, chest tightness, and wheezing, can also occur, but they typically play a lesser role in emphysema compared to the profound impact of dyspnea. Emphysema predominantly affects the ability to breathe, emphasizing why dyspnea is identified as the primary symptom in this condition. Understanding this symptomology is crucial for effective assessment and management within palliative and hospice care settings, as managing breathlessness can significantly affect the quality of life for patients with emphysema.

10. What disorder is defined by persistent difficulty in parting with possessions, leading to extreme clutter?

- A. Hoarding disorder**
- B. Obsessive-Compulsive Disorder**
- C. Bipolar disorder**
- D. Social anxiety disorder**

Hoarding disorder is characterized by a persistent difficulty in discarding or parting with possessions, regardless of their actual value. This behavior leads to extreme clutter in living spaces, which can significantly impair functioning and restrict the use of the home. Individuals with hoarding disorder often feel distress at the thought of getting rid of their belongings, which contributes to the accumulation of items to the point where their living area becomes uninhabitable. The distinction between hoarding disorder and other anxiety or mood disorders, such as obsessive-compulsive disorder, bipolar disorder, or social anxiety disorder, lies in the specific symptoms and behaviors associated with each condition. While obsessive-compulsive disorder may involve compulsive behaviors related to cleanliness or organization, it does not necessarily involve the extreme accumulation of possessions seen in hoarding disorder. Bipolar disorder primarily affects mood and energy levels, and social anxiety disorder is centered around fear of social situations, not possession retention. Understanding these nuances is crucial for proper diagnosis and treatment.

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://hospicepalliativern.examzify.com>

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

SAMPLE