

Hospice and Palliative Registered Nurse Certification Practice Exam (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. Which nursing intervention may help alleviate a patient's anxiety?**
 - A. Encouraging solitude
 - B. Writing an extensive medical history
 - C. Providing lorazepam as needed
 - D. Reducing frequency of patient monitoring

- 2. What should be considered for a patient experiencing syncopal episodes and falls?**
 - A. Encouraging more physical activity
 - B. Discontinuing antihypertensive medications if blood pressure is consistently low
 - C. Increasing fluid intake to prevent dehydration
 - D. Raising the patient's bed height for stability

- 3. 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

- 4. Which indicator is considered hallmark for diagnosing delirium?**
 - A. Stable levels of arousal
 - B. Acute change in level of arousal
 - C. Inconsistent mood changes
 - D. Chronic confusion

- 5. What is one potential outcome of using untrained family members as interpreters in medical settings?**
 - A. Improved understanding of medical terminology
 - B. Emotional and cognitive biases interfering with accurate interpretation
 - C. Increased confidentiality of patient information
 - D. Clearer communication with healthcare providers

- 6. What potential side effect can result from high dose opioid therapy?**
- A. Severe respiratory depression
 - B. Myoclonus due to increased levels of metabolites
 - C. Increased appetite and weight gain
 - D. Sleep disturbances and insomnia
- 7. What symptom is NOT typically associated with opioid withdrawal?**
- A. Loss of appetite
 - B. Increased energy levels
 - C. Severe anxiety
 - D. Nausea
- 8. What is a key component of effective communication in palliative care settings?**
- A. Using complex medical terminology
 - B. Ensuring clarity and empathy in discussions
 - C. Limiting discussions to medical facts only
 - D. Focusing solely on treatment options
- 9. What should be done if myoclonus occurs during morphine treatment?**
- A. Increase the dose of morphine
 - B. Switch to another opioid
 - C. Apply heat to the affected area
 - D. Continue the treatment as prescribed
- 10. How long can a lidocaine patch be safely left in place?**
- A. 12 hours
 - B. 18-24 hours
 - C. 8 hours
 - D. 24-36 hours

Answers

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

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Explanations

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1. Which nursing intervention may help alleviate a patient's anxiety?

- A. Encouraging solitude
- B. Writing an extensive medical history
- C. Providing lorazepam as needed**
- D. Reducing frequency of patient monitoring

Providing lorazepam as needed is a valid nursing intervention to alleviate anxiety, particularly for patients experiencing significant distress. Lorazepam is a benzodiazepine that has anxiolytic properties, meaning it can help to calm an individual's anxiety and promote a sense of relaxation. In the context of hospice and palliative care, where symptoms of anxiety can significantly affect a patient's quality of life, administering medication like lorazepam can be beneficial in managing acute episodes of anxiety or panic. This medication works by enhancing the inhibitory effect of gamma-aminobutyric acid (GABA), a neurotransmitter in the brain, which leads to a reduction in neuronal excitability and, consequently, a decrease in anxiety symptoms. It is essential to consider the patient's specific situation, preferences, and any potential contraindications or interactions with other medications when deciding to use lorazepam. In contrast, options that involve encouraging solitude or reducing patient monitoring could potentially exacerbate feelings of anxiety rather than alleviate them. Writing an extensive medical history may not address the immediate emotional needs of the patient, as it might contribute to feelings of being overwhelmed rather than offering comfort or relief. Thus, providing lorazepam as needed stands out as a targeted approach for managing anxiety in patients within a hospice setting.

2. What should be considered for a patient experiencing syncopal episodes and falls?

- A. Encouraging more physical activity
- B. Discontinuing antihypertensive medications if blood pressure is consistently low**
- C. Increasing fluid intake to prevent dehydration
- D. Raising the patient's bed height for stability

Discontinuing antihypertensive medications if blood pressure is consistently low is a relevant consideration for a patient experiencing syncopal episodes and falls. It is essential to assess the patient's blood pressure regularly, as excessively low blood pressure can lead to insufficient cerebral perfusion, which increases the risk of syncope and falls. If the antihypertensive medications are overly lowering the patient's blood pressure, managing these medications under the guidance of the healthcare provider can help mitigate the risk of these critical episodes. Managing medication is crucial, especially in older adults or those with comorbidities, where polypharmacy frequently occurs, potentially leading to adverse effects like dizziness or fainting. Thus, ensuring that blood pressure remains within a safe range is vital for preventing syncopal episodes. Increasing physical activity and raising the patient's bed height may not effectively address the root cause of syncopal episodes in this scenario and could potentially increase the risk of falls. Similarly, while increasing fluid intake may assist with hydration status, it does not directly address the issues related to low blood pressure stemming from antihypertensive medications. Therefore, for patients with documented low blood pressures and associated episodes of syncope, evaluating and potentially discontinuing unnecessary antihypertensives is a critical step in their care management.

3. 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

4. Which indicator is considered hallmark for diagnosing delirium?

- A. Stable levels of arousal
- B. Acute change in level of arousal**
- C. Inconsistent mood changes
- D. Chronic confusion

The hallmark indicator for diagnosing delirium is an acute change in level of arousal. Delirium is often characterized by a sudden onset of confusion, fluctuating levels of consciousness, and disturbances in attention. This acute change can manifest as either hyperactive (increased arousal) or hypoactive (decreased arousal) states, making it a critical feature for establishing a diagnosis. In contrast, stable levels of arousal do not indicate delirium; rather, they suggest cognitive functioning is steady, which is the opposite of what is observed in delirium. Inconsistent mood changes might occur in various psychiatric conditions and may be seen in delirium as well, but they are not specific enough to serve as a primary diagnostic marker. Chronic confusion indicates long-standing cognitive impairment, such as that seen in dementia, rather than the sudden disturbances characteristic of delirium. Thus, the acute change in level of arousal directly aligns with the hallmark symptoms of delirium and is essential for appropriate diagnosis and subsequent management.

5. What is one potential outcome of using untrained family members as interpreters in medical settings?

- A. Improved understanding of medical terminology
- B. Emotional and cognitive biases interfering with accurate interpretation**
- C. Increased confidentiality of patient information
- D. Clearer communication with healthcare providers

The use of untrained family members as interpreters in medical settings can lead to emotional and cognitive biases interfering with accurate interpretation. Family members may have personal feelings, beliefs, or biases that can affect how they convey information. This can result in misinterpretation or omissions of critical details, ultimately leading to misunderstandings about medical conditions, treatment options, and care plans. The nuanced nature of medical conversations often requires not just language translation but also an understanding of medical terminology and context, which untrained interpreters may lack. Additionally, if family members have a personal stake or emotional involvement in the situation, it can further cloud their ability to accurately transmit the information. This risk highlights the importance of using trained interpreters who can maintain objectivity and professionalism to ensure clear and accurate communication in healthcare settings.

6. What potential side effect can result from high dose opioid therapy?

- A. Severe respiratory depression
- B. Myoclonus due to increased levels of metabolites**
- C. Increased appetite and weight gain
- D. Sleep disturbances and insomnia

High dose opioid therapy can lead to a number of adverse effects, one of which is myoclonus due to increased levels of metabolites. Opioids are metabolized in the liver, and some metabolites can have neuroexcitatory effects. At high doses, the accumulation of these metabolites increases the likelihood of experiencing myoclonus, which is characterized by involuntary muscle jerks. This side effect is particularly notable with certain opioids, such as morphine and meperidine, which are known for producing this outcome when dosages are elevated. In contrast, although severe respiratory depression is a well-recognized and serious risk associated with high doses of opioids, the specific link to myoclonus highlights the neurological implications of metabolite accumulation. Increased appetite and weight gain are generally not associated with opioid use; rather, opioid therapy may lead to gastrointestinal disturbances. Sleep disturbances can occur as well, but the focus here on myoclonus emphasizes the unique potential neurophysiological responses that arise from elevated metabolite levels during high dose opioid therapy.

7. What symptom is NOT typically associated with opioid withdrawal?

- A. Loss of appetite
- B. Increased energy levels**
- C. Severe anxiety
- D. Nausea

The symptom that is not typically associated with opioid withdrawal is increased energy levels. Opioid withdrawal is characterized by a range of physical and psychological symptoms that can manifest as the body reacts to the absence of these substances after prolonged use. During withdrawal, individuals often experience a variety of symptoms such as loss of appetite, severe anxiety, and nausea. Loss of appetite may occur as the body goes through the discomfort of withdrawal, while severe anxiety can arise from the emotional and physical stress of the withdrawal process. Nausea is also a common symptom due to the gastrointestinal disturbances that occur when opioids are abruptly discontinued. In contrast, increased energy levels are not usually seen during withdrawal. Instead, individuals often feel fatigued and lethargic as their body struggles to adapt to the changes without the opioids. This symptom profile is crucial for healthcare professionals to recognize in order to provide appropriate support and care for individuals experiencing opioid withdrawal.

8. What is a key component of effective communication in palliative care settings?

- A. Using complex medical terminology
- B. Ensuring clarity and empathy in discussions**
- C. Limiting discussions to medical facts only
- D. Focusing solely on treatment options

In palliative care settings, effective communication is pivotal for ensuring that patients and their families feel understood and supported during a challenging time. The key component of ensuring clarity and empathy in discussions allows healthcare providers to create a trusting environment, where patients can express their fears, concerns, and preferences regarding their care. Effective communication involves not just conveying medical information, but also listening actively to the patient's needs and emotions. This empathetic approach helps to build rapport and facilitates open dialogue, which is essential for shared decision-making. By prioritizing clarity, healthcare providers can avoid misunderstandings that might arise from complex medical terminology or jargon, which can lead to patient confusion and anxiety. Additionally, demonstrating empathy communicates that the provider cares about the patient's emotional and psychological well-being, fostering a sense of comfort and dignity in care. In contrast, focusing on complex medical terminology can alienate patients and their families, making them feel overwhelmed or confused. Limiting discussions solely to medical facts ignores the holistic aspects of care that are crucial in palliative settings, where emotional support and patient preferences are as significant as clinical outcomes. Similarly, concentrating exclusively on treatment options neglects to address the values and goals of the patient, which are integral to effective palliative care delivery.

9. What should be done if myoclonus occurs during morphine treatment?

- A. Increase the dose of morphine
- B. Switch to another opioid**
- C. Apply heat to the affected area
- D. Continue the treatment as prescribed

In cases where myoclonus develops as a side effect of morphine treatment, switching to another opioid is a recommended course of action. Myoclonus, which refers to sudden, involuntary muscle jerks, can be exacerbated by morphine in some patients, indicating that the individual may not tolerate this medication well. Different opioids have distinct pharmacologic profiles and side effect management potentials. By changing to another opioid, the healthcare provider can potentially find an alternative that minimizes the risk of myoclonus while still effectively managing pain. This adjustment can also provide relief from other side effects that may be associated with morphine. The other options presented have drawbacks that make them less appropriate. Increasing the dose of morphine may worsen myoclonus, so it is generally not advised. Applying heat to the affected area may provide temporary relief but does not address the underlying cause, and continuing treatment as prescribed without modification risks further complications and discomfort for the patient. Thus, switching to another opioid is a targeted response that seeks to mitigate the specific side effect experienced.

10. How long can a lidocaine patch be safely left in place?

- A. 12 hours
- B. 18-24 hours**
- C. 8 hours
- D. 24-36 hours

The lidocaine patch is designed to provide localized pain relief through the transdermal delivery of lidocaine. The optimal duration for leaving a lidocaine patch in place is typically 18 to 24 hours. This time frame allows for effective pain relief while minimizing the risk of local skin irritation or systemic side effects. The maximum recommended time of 24 hours aligns with guidelines for transdermal medication administration, ensuring that the therapeutic effects are maintained without exceeding safe exposure levels. Leaving the patch on longer than recommended can lead to increased systemic absorption, potentially causing adverse effects, and risking tolerance or decreased efficacy of the medication over time. This duration of use is crucial for balancing pain management needs with the safety profile of the medication.

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!

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