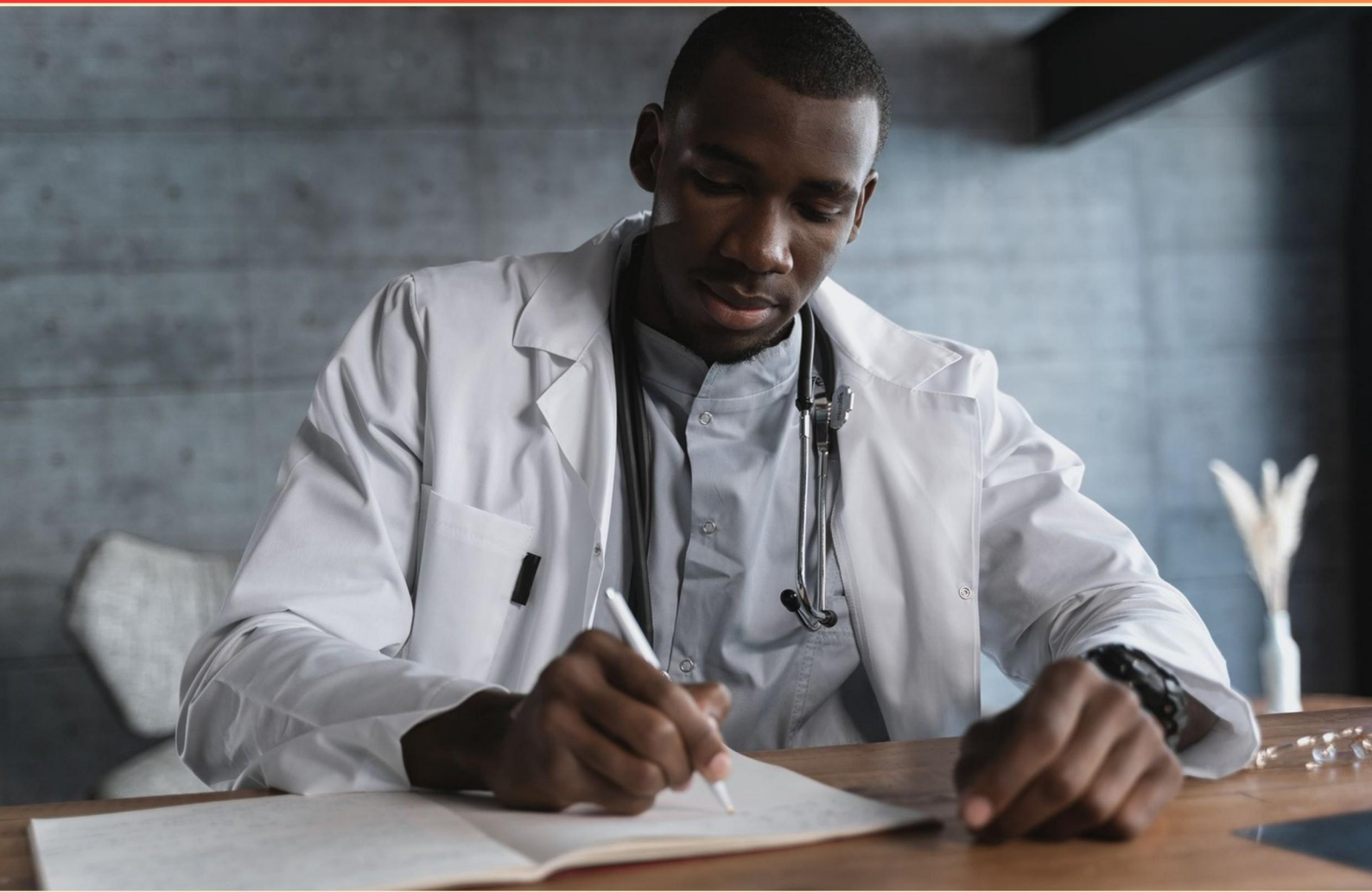


NCLEX ADRENAL DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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	15

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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 condition is commonly associated with underproduction of adrenocortical hormones?**
 - A. Cushing's syndrome
 - B. Addison's disease
 - C. Hyperthyroidism
 - D. Sjögren's syndrome

- 2. Which instruction is appropriate when taking alendronate to prevent osteoporosis complications?**
 - A. Take the medication with a full glass of water and sit upright for 30 minutes.
 - B. Take the medication just before going to bed.
 - C. Take the medication with an antacid to alleviate gastric disturbances.
 - D. Take the medication immediately before breakfast.

- 3. After unilateral adrenalectomy for Cushing's disease, which discharge instruction is most appropriate?**
 - A. Instruct the client to take the glucocorticosteroid and mineralocorticosteroid medications as prescribed.
 - B. Teach the client regarding sexual functioning and androgen replacement therapy.
 - C. Explain the signs and symptoms of infection and when to call the health-care provider.
 - D. Demonstrate turn, cough, and deep-breathing exercises that the client should perform every 2 hours.

- 4. When monitoring a patient on corticosteroids, which adverse effect is most commonly observed?**
 - A. Fragile skin
 - B. Hyperglycemia
 - C. Nervousness
 - D. Hypotension

- 5. What drug class is used preoperatively to prevent catecholamine surge during pheochromocytoma surgery?**
 - A. Beta-blocker
 - B. Alpha-adrenergic blocker
 - C. ACE inhibitor
 - D. Calcium channel blocker

- 6. Which statement indicates understanding of dietary management for Cushing's syndrome?**
- A. I can eat foods that contain potassium.
 - B. I will need to limit the amount of protein in my diet.
 - C. I am fortunate that I can eat all the salty foods I enjoy.
 - D. I am fortunate that I do not need to follow any special diet.
- 7. Which action should the nurse take for a patient treated with high-dose aspirin during an acute prednisone flare to reduce gastric irritation?**
- A. Monitor for hypoglycemia
 - B. Monitor for increased urine output
 - C. Observe for hypotension
 - D. Request an enteric-coated aspirin
- 8. Abrupt withdrawal of endogenous cortisol after brain surgery may lead to which condition?**
- A. Hyperglycemia
 - B. Hypocortisolism
 - C. Hypercalcemia
 - D. Hypokalemia
- 9. A client with chronic hypercortisolism: which action should the nurse take to monitor infection risk?**
- A. Wash hands when entering the room.
 - B. Keep the client in airborne isolation.
 - C. Observe the client for signs of infection.
 - D. Assess the client's daily chest x-ray.
- 10. A client with Cushing's syndrome verbalizes concern about the buffalo hump. Which response is appropriate?**
- A. Don't be concerned, this problem can be covered with clothing.
 - B. This is permanent, but looks are deceiving and not that important.
 - C. Usually, these physical changes slowly improve following treatment.
 - D. Try not to worry about it. There are other things to be concerned about.

Answers

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

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Explanations

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1. Which condition is commonly associated with underproduction of adrenocortical hormones?

- A. Cushing's syndrome
- B. Addison's disease**
- C. Hyperthyroidism
- D. Sjögren's syndrome

Underproduction of adrenocortical hormones means the adrenal cortex isn't making enough cortisol and aldosterone, leading to adrenal insufficiency. Addison's disease is the classic example of primary adrenal insufficiency, usually from autoimmune destruction of the adrenal cortex, causing low cortisol and low aldosterone. This results in symptoms like fatigue, weakness, weight loss, abdominal pain, low blood pressure, and salt cravings. Because aldosterone is low, there's impaired sodium reabsorption and potassium excretion, which can lead to hyponatremia and hyperkalemia. The lack of cortisol also contributes to hypoglycemia and poor stress response. Hyperpigmentation can occur due to increased ACTH stimulating melanocytes. Lab patterns support the diagnosis: cortisol is low, and ACTH is elevated because the pituitary is trying to stimulate the adrenals. Mineralocorticoid deficiency adds to volume depletion and electrolyte abnormalities. Treatment involves replacing glucocorticoids (like hydrocortisone) and, if needed, mineralocorticoids (like fludrocortisone), along with education on stress dosing during illness or surgery. Other options don't fit because they involve excess cortisol (Cushing's), thyroid overactivity (hyperthyroidism), or an autoimmune gland condition unrelated to the adrenal cortex (Sjögren's).

2. Which instruction is appropriate when taking alendronate to prevent osteoporosis complications?

- A. Take the medication with a full glass of water and sit upright for 30 minutes.**
- B. Take the medication just before going to bed.
- C. Take the medication with an antacid to alleviate gastric disturbances.
- D. Take the medication immediately before breakfast.

Taking alendronate correctly hinges on how the drug travels through the esophagus into the stomach. It should be taken with a full glass of water while you remain upright for at least 30 minutes before consuming anything else. This positioning and timing help ensure the medication reaches the stomach promptly and minimizes irritation to the esophagus, which can occur if the pill lingers in the esophagus. The other options don't fit because lying down soon after taking the pill increases esophageal exposure and potential irritation; taking it with an antacid can bind the medication and reduce its absorption, making it less effective; and taking it immediately before breakfast often fails to maintain the required 30-minute interval before eating, which can also compromise absorption and safety.

3. After unilateral adrenalectomy for Cushing's disease, which discharge instruction is most appropriate?

- A. Instruct the client to take the glucocorticosteroid and mineralocorticosteroid medications as prescribed.
- B. Teach the client regarding sexual functioning and androgen replacement therapy.
- C. Explain the signs and symptoms of infection and when to call the health-care provider.**
- D. Demonstrate turn, cough, and deep-breathing exercises that the client should perform every 2 hours.

After adrenal surgery, the body's healing process and immune defenses are temporarily vulnerable, making infection a critical safety concern. Teaching the patient to recognize signs of infection and know when to contact the health-care provider helps catch problems early and prevent complications like wound infection or sepsis. Helpful examples to understand include fever or chills, increasing redness, swelling, warmth, or drainage at the incision, foul-smelling wound drainage, or the patient feeling unusually weak or dizzy. If any of these symptoms appear, timely medical evaluation is essential. While other aspects of care—such as whether to take steroid medications, concerns about sexual function and hormone replacement, or respiratory exercises—may be relevant in certain cases, they do not address the most immediate safety need for discharge after this surgery. The priority is ensuring the patient can monitor for infection and seek prompt help if needed.

4. When monitoring a patient on corticosteroids, which adverse effect is most commonly observed?

- A. Fragile skin
- B. Hyperglycemia**
- C. Nervousness
- D. Hypotension

Corticosteroids disrupt glucose metabolism by increasing hepatic glucose production and causing insulin resistance, which most commonly raises blood sugar levels. This metabolic effect is the hallmark systemic adverse effect of glucocorticoid therapy and can occur quickly, becoming more pronounced with higher doses or longer use. That's why hyperglycemia is the best answer here. Other listed effects can occur in some patients—fragile skin with long-term or high-dose exposure, nervousness from mood changes, and hypotension is not typical (steroids tend to cause fluid retention and sometimes hypertension)—but they are less consistently tied to the everyday metabolic impact of corticosteroids. In practice, closely monitor blood glucose and adjust management as needed.

5. What drug class is used preoperatively to prevent catecholamine surge during pheochromocytoma surgery?

- A. Beta-blocker
- B. Alpha-adrenergic blocker**
- C. ACE inhibitor
- D. Calcium channel blocker

During pheochromocytoma surgery, manipulation of the tumor can release large amounts of catecholamines, causing dangerous spikes in blood pressure. The best way to prevent this surge is by blocking alpha-adrenergic receptors, especially the alpha-1 receptors on blood vessels. When these receptors are blocked, catecholamine-induced vasoconstriction is markedly reduced, so blood pressure stays more stable during tumor handling. This alpha blockade is typically started days to weeks before surgery to allow the vessels to relax and for blood volume to normalize, because chronic catecholamine excess often leaves the circulating volume relatively low. After adequate alpha blockade, a beta blocker may be added if there's still tachycardia or arrhythmia, but only once alpha blockade is in place. Using a beta blocker alone would let unopposed alpha activity raise blood pressure during the procedure, which is dangerous. ACE inhibitors or calcium channel blockers don't address the acute catecholamine surge as effectively as alpha blockade and aren't the primary preventive strategy in this setting.

6. Which statement indicates understanding of dietary management for Cushing's syndrome?

- A. I can eat foods that contain potassium.**
- B. I will need to limit the amount of protein in my diet.
- C. I am fortunate that I can eat all the salty foods I enjoy.
- D. I am fortunate that I do not need to follow any special diet.

Managing dietary needs in Cushing's syndrome centers on electrolyte balance and supporting overall health despite excess cortisol. Cortisol in high amounts acts a bit like aldosterone, promoting sodium retention and potassium loss. This can lead to edema and low potassium levels, so including potassium-rich foods helps counteract that hypokalemia and supports muscle function. At the same time, limiting sodium helps reduce fluid retention and high blood pressure. Adequate protein is also important to counteract muscle wasting from the catabolic effects of cortisol. The idea that you can eat all the salty foods you want or that no special dietary considerations are needed isn't accurate. A balanced approach that includes potassium-containing foods (when allowed by overall kidney function) and modest sodium restriction aligns with typical dietary management in this condition.

7. Which action should the nurse take for a patient treated with high-dose aspirin during an acute prednisone flare to reduce gastric irritation?

- A. Monitor for hypoglycemia
- B. Monitor for increased urine output
- C. Observe for hypotension
- D. Request an enteric-coated aspirin**

High-dose aspirin can irritate the stomach because it inhibits prostaglandin production, which protects the gastric mucosa. During an acute prednisone flare, the GI tract is more vulnerable to irritation and ulcers. Using an enteric-coated aspirin delays dissolution until it reaches the small intestine, reducing direct contact with the stomach lining and lowering the risk of gastritis. So, requesting an enteric-coated aspirin minimizes gastric irritation while still providing the intended effect of aspirin. The other options don't address the GI irritation risk and aren't as directly protective in this context.

8. Abrupt withdrawal of endogenous cortisol after brain surgery may lead to which condition?

- A. Hyperglycemia
- B. Hypocortisolism**
- C. Hypercalcemia
- D. Hypokalemia

Abrupt withdrawal of cortisol after brain surgery can cause adrenal insufficiency because the hypothalamic–pituitary–adrenal axis may be damaged or suppressed, leaving the body unable to produce adequate cortisol during stress. Cortisol is essential for maintaining blood pressure and vascular responsiveness, regulating glucose, and supporting the stress response. When cortisol suddenly drops, the body can develop an adrenal crisis with symptoms such as low blood pressure, fatigue, weakness, nausea, vomiting, and headaches. In this situation, mineralocorticoid function (which helps regulate potassium and sodium) is usually preserved, so potassium levels aren't typically elevated, and hyperkalemia is not expected. Hyperglycemia would be more characteristic of cortisol excess, not its withdrawal, and the other electrolyte patterns listed are not typical of secondary adrenal insufficiency.

9. A client with chronic hypercortisolism: which action should the nurse take to monitor infection risk?

- A. Wash hands when entering the room.**
- B. Keep the client in airborne isolation.
- C. Observe the client for signs of infection.
- D. Assess the client's daily chest x-ray.

Chronic hypercortisolism suppresses the immune system, so patients are more prone to infections. The most effective way to monitor and reduce that risk is to practice strict hand hygiene whenever entering the room. Washing hands minimizes the transmission of microbes between healthcare providers and the patient, offering the strongest, most immediate protection for someone who's immunocompromised. Other options aren't as appropriate for monitoring infection risk: isolating the patient without a known airborne infection isn't indicated, simply observing for signs of infection is important but doesn't actively reduce risk, and daily chest x-rays are not a standard or necessary method for monitoring infection risk.

10. A client with Cushing's syndrome verbalizes concern about the buffalo hump. Which response is appropriate?

- A. Don't be concerned, this problem can be covered with clothing.
- B. This is permanent, but looks are deceiving and not that important.
- C. Usually, these physical changes slowly improve following treatment.**
- D. Try not to worry about it. There are other things to be concerned about.

In Cushing's syndrome, excess cortisol causes fat redistribution, including a buffalo hump. When treatment successfully lowers cortisol, these cushingoid changes typically improve, but the reversal happens gradually over time rather than immediately. Saying that these physical changes usually improve following treatment acknowledges the patient's concern and provides a realistic, hopeful expectation about recovery. It's supportive without minimizing the issue, and it avoids giving false permanence or dismissiveness. The other responses are not as appropriate because they dismiss the concern, imply permanency, or focus on coping with appearance rather than the medical trajectory and the patient's needs during recovery.

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://nclexadrenaldisorders.examzify.com>

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

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