NCLEX Endocrine System 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

1. Which hormone is a classic example of positive feedback in the female reproductive system?

A. Insulin

B. Estradiol

C. Parathormone

D. Catecholamines

2. Which brain region is responsible for secreting gonadotropin-releasing hormone?

A. Thalamus

B. Hypothalamus

C. Anterior pituitary

D. Posterior pituitary

3. What is the typical duration of the luteal phase?

A. 7 days

B. 10 days

C. 14 days

D. 21 days

4. In a patient with type 2 diabetes who has insulin and glyburide ordered, the nurse should take which initial action when a discrepancy in timing is noted?

A. Measure the vital signs

B. Notify the primary healthcare provider

C. Check blood glucose for hypoglycemia

D. Assess for signs of ketoacidosis

5. Which gland is the source of parathyroid hormone (PTH)?

A. Thyroid

B. Pituitary

C. Parathyroid

D. Adrenal

6. In which phase does the corpus luteum form?

A. Luteal Phase

B. Follicular Phase

C. Proliferative Phase

D. Menstrual Phase

7. The laboratory report of a pregnant client shows increased adrenocorticotropic hormone, salivary cortisol, and blood glucose levels. What should the primary healthcare provider instruct the nurse to include in the plan of care for the client to help reduce the risk of death in the client?

A. Monitoring weight

B. Administering mifepristone

C. Monitoring fluid overload at every 6 hours

D. Including 5 g of sodium in the diet everyday

8. Which feature indicates hypersecretion of adrenocorticotropic hormone?

A. Moon face

B. Lower jaw protrusion

C. Heat intolerance

D. Barrel-shaped chest

9. Which clinical manifestations would a client with newly diagnosed type 1 diabetes most likely report during a health history?

A. Irritability, polydipsia, and polyuria

B. Polyuria, polydipsia, and polyphagia

C. Nocturia, weight loss, and polydipsia

D. Polyphagia, polyuria, and diaphoresis

10. Which electrolyte disturbance is commonly seen in Addison's disease?

A. Hypernatremia

B. Hyponatremia

C. Hypokalemia

D. Hyperkalemia

Answers

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

Explanations

1. Which hormone is a classic example of positive feedback in the female reproductive system?

A. Insulin

B. Estradiol

C. Parathormone

D. Catecholamines

Rising estradiol from the mature ovarian follicle acts on the hypothalamus and anterior pituitary to enhance GnRH and LH secretion, producing the LH surge that triggers ovulation. This temporary switch from negative to positive feedback by estrogen amplifies the hormone signal at the right time, leading to ovulation and formation of the corpus luteum. After ovulation, progesterone from the corpus luteum provides negative feedback again. The other hormones listed don't create this estrogen-driven positive feedback loop in the ovarian cycle. So, estradiol is the classic example of positive feedback in this system.

2. Which brain region is responsible for secreting gonadotropin-releasing hormone?

A. Thalamus

B. Hypothalamus

C. Anterior pituitary

D. Posterior pituitary

GnRH is produced by neurons in the hypothalamus and released into the hypophyseal portal system to stimulate the anterior pituitary to secrete LH and FSH. The hypothalamus acts as the control center that initiates gonadotropin release; the thalamus mainly handles sensory relay, the anterior pituitary releases hormones but does not make GnRH, and the posterior pituitary stores and releases hormones made in the hypothalamus (like oxytocin and vasopressin). So the region responsible for secreting GnRH is the hypothalamus.

3. What is the typical duration of the luteal phase?

A. 7 days

B. 10 days

C. 14 days

D. 21 days

The luteal phase is the second half of the menstrual cycle, after ovulation, when the corpus luteum produces progesterone to prepare the endometrium for possible implantation. It typically lasts about 14 days, which is relatively constant regardless of the overall cycle length. In a typical 28-day cycle, ovulation happens around day 14, so the luteal phase runs from about day 14 to day 28, roughly 14 days. If pregnancy occurs, hCG from the embryo maintains the corpus luteum, but the length of the luteal phase itself remains around 14 days. That's why 14 days is the best answer. The other durations are shorter or longer than the usual two-week luteal phase and don't align with the standard length governed by the corpus luteum's lifespan.

4. In a patient with type 2 diabetes who has insulin and glyburide ordered, the nurse should take which initial action when a discrepancy in timing is noted?

A. Measure the vital signs

B. Notify the primary healthcare provider

C. Check blood glucose for hypoglycemia

D. Assess for signs of ketoacidosis

When medications that lower blood glucose are used together, a timing discrepancy can lead to hypoglycemia. The most immediate, actionable step is to measure the patient's current blood glucose to confirm whether hypoglycemia is present and guide the next intervention. If the reading is low, promptly give a fast-acting carbohydrate and recheck in 15 minutes, then adjust the dosing or timing to prevent recurrence. If the glucose isn't low, continue monitoring and assess for other issues. Relying on vital signs alone isn't sufficient to confirm hypoglycemia, and ketoacidosis is less likely to be the immediate concern with this med combination unless there are signs of significant uncontrolled hyperglycemia. The glucose measurement directly informs the appropriate response.

5. Which gland is the source of parathyroid hormone (PTH)?

A. Thyroid

B. Pituitary

C. Parathyroid

D. Adrenal

Parathyroid hormone is produced by the parathyroid glands. When blood calcium is low, PTH is released to raise it. It does this by three main actions: stimulating bone to release calcium through osteoclast activity, increasing calcium reabsorption in the kidneys, and promoting production of calcitriol (active vitamin D) in the kidneys, which boosts intestinal calcium absorption. By contrast, the thyroid gland makes calcitonin, which helps lower calcium, while the pituitary and adrenal glands produce other hormones with different roles.

6. In which phase does the corpus luteum form?

A. Luteal Phase

B. Follicular Phase

C. Proliferative Phase

D. Menstrual Phase

The corpus luteum forms after ovulation, during the luteal phase. When the mature follicle releases the oocyte, LH stimulates the ruptured follicle to transform into the corpus luteum. This structure then secretes progesterone (along with some estrogen) to prepare and maintain the endometrium for a possible pregnancy. If fertilization doesn't occur, the corpus luteum regresses, progesterone falls, and menstruation begins. The follicular phase precedes ovulation, and the menstrual and proliferative phases relate to endometrial changes before and during early follicular activity.

7. The laboratory report of a pregnant client shows increased adrenocorticotropic hormone, salivary cortisol, and blood glucose levels. What should the primary healthcare provider instruct the nurse to include in the plan of care for the client to help reduce the risk of death in the client?

A. Monitoring weight

B. Administering mifepristone

C. Monitoring fluid overload at every 6 hours

D. Including 5 g of sodium in the diet everyday

When the lab results show high ACTH and cortisol with hyperglycemia in pregnancy, the body is in a state of excess cortisol that can lead to fluid retention, hypertension, and glucose intolerance. The most practical way to reduce the risk of death is to closely monitor the patient's weight. Rapid or excessive weight gain signals fluid shifts and edema, which can indicate worsening fluid overload, preeclampsia, or heart strain. Detecting these changes early through daily weight tracking allows timely interventions (such as adjusting fluids, nutrition, or coordinating with obstetrics for further evaluation) to prevent life-threatening complications for both mother and fetus. Administering mifepristone is not appropriate during pregnancy, as it is used to terminate pregnancy or is not a safe treatment for hypercortisolism in this context. Monitoring fluid overload every 6 hours is more intensive than usually required and weight monitoring already provides a reliable, noninvasive gauge of fluid balance. Increasing sodium intake would tend to worsen edema and hypertension, contrary to the goal of reducing risk.

8. Which feature indicates hypersecretion of adrenocorticotropic hormone?

A. Moon face

B. Lower jaw protrusion

C. Heat intolerance

D. Barrel-shaped chest

Excess ACTH drives the adrenal cortex to overproduce cortisol, leading to Cushingoid features. Moon face arises from fat redistribution and fluid retention characteristic of this cortisol excess, making it the most indicative sign of ACTH-driven hypersecretion. Heat intolerance points to hyperthyroidism, not to ACTH/ cortisol excess. Lower jaw protrusion happens with excessive growth hormone (acromegaly), not with ACTH. A barrel-shaped chest isn't a typical hallmark of hypersecretion of ACTH.

9. Which clinical manifestations would a client with newly diagnosed type 1 diabetes most likely report during a health history?

A. Irritability, polydipsia, and polyuria

B. Polyuria, polydipsia, and polyphagia

C. Nocturia, weight loss, and polydipsia

D. Polyphagia, polyuria, and diaphoresis

The main concept is how insulin deficiency in type 1 diabetes leads to symptoms driven by hyperglycemia and cellular starvation. When insulin isn't available, glucose stays in the blood and spills into the urine, causing osmotic diuresis. This increased urination leads to dehydration, which triggers thirst. At the same time, because glucose can't enter cells, the body feels hungry despite high blood glucose, leading to increased appetite. So the classic triad you'd expect a newly diagnosed patient to report includes increased urination, increased thirst, and increased hunger. Weight loss is also common because the body begins breaking down fat and muscle for energy, but the most characteristic initial history findings are polyuria, polydipsia, and polyphagia. Other options mix in symptoms like nocturia or diaphoresis, which are less specific to initial type 1 diabetes and can occur in other circumstances (nocturia from various causes, diaphoresis with hypoglycemia).

10. Which electrolyte disturbance is commonly seen in Addison's disease?

A. Hypernatremia

B. Hyponatremia

C. Hypokalemia

D. Hyperkalemia

Aldosterone deficiency in Addison's disease disrupts how the kidneys handle sodium and potassium. Without aldosterone, the distal tubule and collecting ducts reabsorb less sodium and excrete less potassium, so potassium builds up in the blood. This makes hyperkalemia a characteristic electrolyte disturbance in primary adrenal insufficiency. Hyponatremia and volume depletion are also common because of sodium loss, but the direct effect on potassium excretion is what makes elevated potassium the typical finding. The other options don't fit as well because aldosterone deficiency tends to lower sodium (not raise it) and decrease potassium loss (not cause low potassium).

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://nclexendocrinesys.examzify.com

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