

NCLEX ENDOCRINE SYSTEM PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. The described signs are most consistent with which disorder?**
 - A. Cushing disease
 - B. Addison disease
 - C. Multiple sclerosis
 - D. Kaposi sarcoma

- 2. Which physiologic response should be expected in hyperthyroidism?**
 - A. Bradycardia
 - B. Blurred vision
 - C. Cold intolerance
 - D. Increased appetite

- 3. In a typical 28-day menstrual cycle, the follicular phase occurs during which days?**
 - A. Cycle days 7-14
 - B. Cycle days 14-28
 - C. Cycle days 1-6
 - D. Cycle days 1-13

- 4. Which organ produces parathormone?**
 - A. Adrenal cortex
 - B. Parathyroid glands
 - C. Thyroid
 - D. Pancreas

- 5. What is a common cause of nephrogenic diabetes insipidus?**
 - A. Kidney insensitivity to ADH, commonly due to lithium or chronic hypercalcemia.
 - B. ADH deficiency due to pituitary damage.
 - C. Excess ADH production.
 - D. Kidney failure due to dehydration.

- 6. A client with adrenal insufficiency is prescribed fludrocortisone. Which nursing action minimizes risk of a potential side effect?**
- A. Monitoring the client's body temperature
 - B. Monitoring the client's blood pressure
 - C. Instructing the client to take the drug along with food
 - D. Instructing the client to report occurrence of uncontrolled watery stools
- 7. A hospitalized client with a tentative pancreatic cancer diagnosis asks the nurse for reassurance. What is the best reply?**
- A. I don't know if you do; let's talk about it.
 - B. What makes you think you have cancer?
 - C. Why don't you discuss this with your primary healthcare provider?
 - D. You needn't worry now; we won't know the answer for a few days.
- 8. Which condition is most likely to require fluid restriction as part of its management?**
- A. SIADH
 - B. Cushing syndrome
 - C. Hyperparathyroidism
 - D. Diabetes mellitus
- 9. Which is NOT a typical sign of hyperfunctional thyroid?**
- A. Weight loss
 - B. Diarrhea
 - C. Weight gain
 - D. Increased metabolism
- 10. Why must potassium be monitored closely during DKA treatment?**
- A. Potassium is not affected by insulin therapy
 - B. Potassium levels rise with insulin
 - C. Potassium shifts out of cells with insulin therapy
 - D. Potassium shifts into cells with insulin therapy; total body potassium is depleted

Answers

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

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Explanations

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1. The described signs are most consistent with which disorder?

- A. Cushing disease
- B. Addison disease
- C. Multiple sclerosis
- D. Kaposi sarcoma

The signs described point to excess cortisol effects on the body, which produce a distinctive pattern of change: increased blood sugar, protein breakdown leading to proximal muscle weakness, and redistribution of fat with a rounded face, a trunkal (central) obesity pattern, a dorsocervical fat pad, and often purple abdominal stretch marks and easy bruising. These are hallmark features of Cushing disease, which is caused by an ACTH-secreting pituitary tumor driving elevated cortisol levels. This makes Cushing disease the best fit for the described signs. In contrast, Addison disease would present with low cortisol, leading to weakness, fatigue, hypotension, weight loss, and hyperpigmentation. Multiple sclerosis presents with neurologic deficits from demyelination, not the systemic signs of cortisol excess. Kaposi sarcoma presents with violaceous skin lesions associated with immunocompromise, not the metabolic and cosmetic changes seen with hypercortisolism.

2. Which physiologic response should be expected in hyperthyroidism?

- A. Bradycardia
- B. Blurred vision
- C. Cold intolerance
- D. Increased appetite

Hyperthyroidism ramps up the body's metabolic rate, so tissues demand more energy. That increased energy use can stimulate appetite, making heightened hunger a plausible physiologic response to the excess thyroid hormones, even though weight loss is common because of increased catabolism. The other options don't fit with hyperthyroid physiology: bradycardia is a slower heart rate, while hyperthyroidism typically causes tachycardia; blurred vision is not a general systemic response and is more specific to ocular changes in Graves' disease; cold intolerance reflects a lower metabolic rate, which is not present in hyperthyroidism. So a rise in appetite aligns with the overall picture of an accelerated metabolism driven by excess thyroid hormones.

3. In a typical 28-day menstrual cycle, the follicular phase occurs during which days?

- A. Cycle days 7-14
- B. Cycle days 14-28
- C. Cycle days 1-6
- D. Cycle days 1-13

The follicular phase starts with the first day of menstruation and lasts until ovulation. In a typical 28-day cycle, ovulation occurs around day 14, so the follicular phase spans roughly day 1 through day 13. During this time, FSH stimulates follicle growth, estrogen rises, and the endometrium thickens in preparation for a possible pregnancy. The luteal phase begins with ovulation, when the corpus luteum forms and progesterone dominates. That's why the interval from day 1 to day 13 best represents the follicular phase.

4. Which organ produces parathormone?

- A. Adrenal cortex
- B. Parathyroid glands**
- C. Thyroid
- D. Pancreas

Calcium homeostasis is controlled by parathyroid hormone produced by the parathyroid glands. These tiny glands sit behind the thyroid and secrete PTH when serum calcium drops. PTH raises calcium levels through three main actions: it stimulates osteoclasts to release calcium from bone, increases calcium reabsorption in the kidneys, and promotes formation of active vitamin D (calcitriol) in the kidneys, which boosts intestinal calcium absorption. PTH also lowers phosphate reabsorption in the kidneys to prevent phosphate from binding calcium. Understanding the other organs helps reinforce the idea that this hormone isn't produced elsewhere: the adrenal cortex makes steroid hormones, not PTH; the thyroid makes thyroid hormones and calcitonin (the latter lowers calcium, not raises it); and the pancreas makes insulin and glucagon, which regulate glucose, not calcium. So the organ responsible for parathormone production is the parathyroid glands.

5. What is a common cause of nephrogenic diabetes insipidus?

- A. Kidney insensitivity to ADH, commonly due to lithium or chronic hypercalcemia.**
- B. ADH deficiency due to pituitary damage.
- C. Excess ADH production.
- D. Kidney failure due to dehydration.

Nephrogenic diabetes insipidus happens when the kidney doesn't respond to ADH, so water reabsorption in the collecting ducts is impaired despite normal or high ADH levels. The most common causes are lithium therapy and chronic hypercalcemia. Lithium interferes with the action of ADH in the collecting ducts by reducing the insertion of aquaporin-2 water channels, so water reabsorption drops and large volumes of dilute urine result. Chronic hypercalcemia also dampens the kidney's response to ADH and can damage the structures involved in concentrating urine. This combination leads to polyuria and polydipsia. In contrast, ADH deficiency from pituitary damage causes central diabetes insipidus, where there isn't enough ADH. Excess ADH leads to SIADH with water retention, not polyuria. Dehydration-related kidney injury isn't a direct cause of nephrogenic DI.

6. A client with adrenal insufficiency is prescribed fludrocortisone. Which nursing action minimizes risk of a potential side effect?

- A. Monitoring the client's body temperature
- B. Monitoring the client's blood pressure**
- C. Instructing the client to take the drug along with food
- D. Instructing the client to report occurrence of uncontrolled watery stools

Fludrocortisone acts like aldosterone, increasing sodium and water retention and promoting potassium loss. This can raise circulating volume and blood pressure, leading to edema or hypertensive risks. Regularly monitoring blood pressure allows early detection of increases, enabling dose adjustments and preventing hypertensive complications. The other actions don't address this mineralocorticoid's main potential adverse effect; taking with food mainly affects GI tolerance, and temperature monitoring or reporting watery stools don't directly mitigate the risk of hypertension from fludrocortisone.

7. A hospitalized client with a tentative pancreatic cancer diagnosis asks the nurse for reassurance. What is the best reply?

A. I don't know if you do; let's talk about it.

B. What makes you think you have cancer?

C. Why don't you discuss this with your primary healthcare provider?

D. You needn't worry now; we won't know the answer for a few days.

When a patient is anxious about an uncertain diagnosis, the most supportive approach is to acknowledge the uncertainty honestly and invite the patient to talk about what they're feeling. Saying that you don't know yet and offering to discuss it shows openness, empathy, and willingness to listen, which helps build trust. It also validates the patient's emotional response and gives them a safe space to express fears and questions, so they don't have to cope alone or feel dismissed. This approach avoids false reassurance or shifting responsibility to someone else. It's better than challenging the patient's beliefs, telling them to talk to their doctor, or delivering premature reassurance, all of which can undermine trust and leave the patient feeling unheard. By opening the conversation, you can assess their emotional needs, provide appropriate information, and coordinate with the care team to support them through the waiting period.

8. Which condition is most likely to require fluid restriction as part of its management?

A. SIADH

B. Cushing syndrome

C. Hyperparathyroidism

D. Diabetes mellitus

Fluid restriction is used when the problem is SIADH, in which excess antidiuretic hormone causes the kidneys to reabsorb too much free water. That water retention dilutes the blood, leading to hyponatremia with low serum osmolality. Limiting fluid intake reduces free water excess, helping to raise serum sodium toward normal and correct the hyponatremia. Patients with SIADH are often euvolemic, and labs typically show low serum sodium and osmolality with inappropriately concentrated urine (high urine osmolality and urine sodium). Fluid restriction is the cornerstone nonpharmacologic therapy, and it's often paired with monitoring to avoid too-rapid correction of sodium. The other conditions don't center on restricting fluids for this problem. Cushing syndrome involves excess cortisol and is treated by addressing cortisol levels; fluid restriction isn't the primary strategy. Hyperparathyroidism causes hypercalcemia, where hydration is used to promote calcium excretion, not restrictive fluids. Diabetes mellitus usually presents with dehydration from polyuria, so fluid restriction would worsen the condition rather than help it.

9. Which is NOT a typical sign of hyperfunctional thyroid?

A. Weight loss

B. Diarrhea

C. Weight gain

D. Increased metabolism

Hyperthyroidism speeds up the body's metabolism. That heightened metabolic activity typically leads to weight loss even when appetite may be increased, because calories are burned more rapidly. It also increases gut motility, which commonly causes diarrhea. The overall rise in metabolic rate also produces heat intolerance and signs like sweating and a faster heart rate. Weight gain, on the other hand, would indicate a slower metabolism or hypothyroidism, not a hyperactive thyroid. So weight gain is not a typical sign of a hyperfunctional thyroid.

10. Why must potassium be monitored closely during DKA treatment?

- A. Potassium is not affected by insulin therapy
- B. Potassium levels rise with insulin
- C. Potassium shifts out of cells with insulin therapy
- D. Potassium shifts into cells with insulin therapy; total body potassium is depleted**

Key idea: insulin therapy during DKA moves potassium from the extracellular space into cells, and overall potassium stores in the body are actually depleted by prior diuresis and electrolyte losses. Because insulin lowers serum potassium quickly, it's essential to monitor potassium closely and replace as needed to prevent hypokalemia. At presentation, a patient may have normal or high serum potassium despite depleted total body potassium; starting insulin can cause a rapid drop in serum potassium, so potassium management is a critical part of DKA treatment. If potassium is very low, you hold insulin and give potassium first; if it's moderately low, you add potassium with IV fluids; if it's high, you still monitor and plan for eventual replacement as insulin is continued.

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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!

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