

# NCLEX Hypertension 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

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- 1. When measuring blood pressure, what is a true statement?**
  - A. Using a BP cuff that is too large will give a higher measurement.**
  - B. The patient's arm should be positioned at the level of the heart.**
  - C. The patient's BP should be taken 1 hour after alcohol consumption.**
  - D. Using a BP cuff that is too small will give a lower measurement.**
  
- 2. Why is hypertension commonly referred to as the "silent killer"?**
  - A. It causes extreme pain.**
  - B. It often presents no symptoms.**
  - C. It leads to early death.**
  - D. It is difficult to diagnose.**
  
- 3. When treating stage 2 hypertension, which condition is not typically treated with thiazide diuretics?**
  - A. Heart failure**
  - B. Diabetes mellitus**
  - C. Chronic kidney disease**
  - D. Recurrent stroke prevention**
  
- 4. What is the goal of treatment for a patient in hypertensive urgency?**
  - A. Normalizing BP within 2 hours**
  - B. Obtaining a BP of less than 110/70 mm Hg within 36 hours**
  - C. Obtaining a BP of less than 120/80 mm Hg within 36 hours**
  - D. Normalizing BP within 24 to 48 hours**
  
- 5. Which of the following foods should be reduced in a hypertension-friendly diet?**
  - A. Fruits**
  - B. Whole grains**
  - C. Lean proteins**
  - D. Salty snacks**

- 6. When treating a hypertensive emergency, what is the priority goal for lowering blood pressure in the first hour?**
- A. 45%**
  - B. 35%**
  - C. 40%**
  - D. Up to 25%**
- 7. What is the most common cause of malignant hypertension (hypertensive emergency)?**
- A. Untreated hypertension**
  - B. Severe headache**
  - C. Pheochromocytoma**
  - D. Eclampsia**
- 8. If a patient with hypertension has a blood pressure reading of 159/100 mm Hg, what classification does this fall under?**
- A. Normal**
  - B. Elevated**
  - C. Stage 1 Hypertension**
  - D. Stage 2 Hypertension**
- 9. What is the primary goal of antihypertensive therapy?**
- A. Increase heart rate**
  - B. Control blood pressure**
  - C. Decrease blood viscosity**
  - D. Improve circulation**
- 10. Which of the following medications can cause secondary hypertension?**
- A. Antidepressants**
  - B. Prednisone**
  - C. Statins**
  - D. Beta blockers**

## Answers

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

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## **Explanations**

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**1. When measuring blood pressure, what is a true statement?**

- A. Using a BP cuff that is too large will give a higher measurement.
- B. The patient's arm should be positioned at the level of the heart.**
- C. The patient's BP should be taken 1 hour after alcohol consumption.
- D. Using a BP cuff that is too small will give a lower measurement.

The statement regarding the patient's arm being positioned at the level of the heart is true because proper positioning is essential for obtaining an accurate blood pressure reading. When the arm is at heart level, blood flow is more accurately reflected in the measurements due to the gravitational effects on the blood column. If the arm is positioned too high, the reading could be falsely low, whereas if it's too low, the reading may be falsely high. Therefore, positioning the arm correctly helps ensure that the blood pressure measurement reflects true physiological values, leading to more reliable clinical decisions. In contrast, using a BP cuff that is too large would typically yield a lower measurement, not a higher one, and a cuff that is too small would result in a higher reading. Additionally, measuring blood pressure one hour after alcohol consumption may not provide an accurate picture of a patient's baseline blood pressure, as alcohol can temporarily elevate blood pressure.

**2. Why is hypertension commonly referred to as the "silent killer"?**

- A. It causes extreme pain.
- B. It often presents no symptoms.**
- C. It leads to early death.
- D. It is difficult to diagnose.

Hypertension is commonly referred to as the "silent killer" primarily because it often presents no symptoms. Many individuals with high blood pressure can go for years without experiencing any noticeable signs or symptoms, which means they may be unaware of their condition. This lack of symptoms can lead to a delay in diagnosis and treatment, significantly increasing the risk of serious health issues such as heart attack, stroke, and kidney damage. Since hypertension can cause substantial damage to the cardiovascular system and other organs over time without any warning signs, it is critical for individuals to have regular health check-ups and monitor their blood pressure to catch any potential problems early.

**3. When treating stage 2 hypertension, which condition is not typically treated with thiazide diuretics?**

- A. Heart failure**
- B. Diabetes mellitus**
- C. Chronic kidney disease**
- D. Recurrent stroke prevention**

Thiazide diuretics are a common treatment for hypertension and are particularly effective in many cases, but they have specific indications and limitations. In the context of treating stage 2 hypertension, thiazide diuretics are often used to manage fluid retention and lower blood pressure. In the case of chronic kidney disease (CKD), the use of thiazide diuretics is generally not effective. This is primarily because the action of thiazide diuretics is significantly limited in individuals with advanced kidney impairment. As kidney function declines, the ability of thiazides to promote diuresis decreases, making them less effective in lowering blood pressure. Instead, loop diuretics are typically preferred in these situations because they can function effectively in patients with reduced renal function. On the other hand, thiazide diuretics can be beneficial in heart failure management to alleviate fluid overload. In patients with diabetes mellitus, thiazides can also be used, although caution is advised due to potential impacts on glucose metabolism. Additionally, thiazide diuretics are often recommended for recurrent stroke prevention as they help manage hypertension, a significant risk factor for strokes. Thus, while thiazide diuretics may be recommended for other conditions commonly associated

**4. What is the goal of treatment for a patient in hypertensive urgency?**

- A. Normalizing BP within 2 hours**
- B. Obtaining a BP of less than 110/70 mm Hg within 36 hours**
- C. Obtaining a BP of less than 120/80 mm Hg within 36 hours**
- D. Normalizing BP within 24 to 48 hours**

The goal of treatment for a patient in hypertensive urgency is to normalize blood pressure over a period of 24 to 48 hours. Hypertensive urgency, characterized by significantly elevated blood pressure without acute end-organ damage, requires a more gradual approach to lowering blood pressure in order to prevent potential adverse effects associated with rapid reductions. This timeframe allows healthcare providers to use oral medications to effectively reduce blood pressure while closely monitoring the patient for any complications. Targeting a more controlled and gradual reduction in blood pressure is essential to ensure the patient's safety and overall stability. In contrast, options that suggest immediate normalization of blood pressure, such as within 2 hours, are typically associated with hypertensive emergencies where acute end-organ damage is present, which is not the case in hypertensive urgency. Similarly, aiming for very specific low blood pressure targets (like less than 110/70 mm Hg or less than 120/80 mm Hg within 36 hours) is not appropriate, as the primary objective in handling a hypertensive urgency is to prevent the situation from escalating while ensuring patient safety through a careful and monitored approach.

**5. Which of the following foods should be reduced in a hypertension-friendly diet?**

- A. Fruits**
- B. Whole grains**
- C. Lean proteins**
- D. Salty snacks**

Reducing salty snacks is essential in a hypertension-friendly diet because high sodium intake is a significant contributor to elevated blood pressure. Sodium can cause the body to retain water, which increases blood volume and, consequently, blood pressure. Many salty snacks are processed foods that contain excessive amounts of sodium, which makes them detrimental for individuals managing hypertension. In contrast, fruits, whole grains, and lean proteins are important components of a heart-healthy diet. These foods tend to be lower in sodium and provide essential nutrients and fiber, which can help regulate blood pressure. Therefore, limiting the intake of salty snacks is a critical strategy for anyone looking to control hypertension effectively.

**6. When treating a hypertensive emergency, what is the priority goal for lowering blood pressure in the first hour?**

- A. 45%**
- B. 35%**
- C. 40%**
- D. Up to 25%**

In the context of treating a hypertensive emergency, the priority goal for lowering blood pressure in the first hour is to reduce it by no more than 25% from the initial blood pressure levels. This approach is crucial because a rapid decrease in blood pressure can lead to inadequate perfusion of vital organs, potentially causing complications such as ischemia or organ failure. By aiming for a controlled reduction, healthcare providers can effectively manage the critically high blood pressure while minimizing risks associated with too swift of a change. This guideline is universally accepted in clinical practice for managing hypertensive crises, ensuring that patients remain stable while gradually approaching normal blood pressure levels. The other options suggest reducing blood pressure by larger percentages within the first hour, which could compromise patient safety and increase the likelihood of adverse events. Thus, focusing on a moderate reduction allows for a careful assessment of the patient's response to treatment.

**7. What is the most common cause of malignant hypertension (hypertensive emergency)?**

**A. Untreated hypertension**

**B. Severe headache**

**C. Pheochromocytoma**

**D. Eclampsia**

The most common cause of malignant hypertension, also known as hypertensive emergency, is untreated hypertension. Malignant hypertension is characterized by extremely elevated blood pressure, often above 200/120 mmHg, and is associated with acute organ damage. Long-standing, poorly managed hypertension can lead to severe cardiovascular complications, which can escalate rapidly into a hypertensive crisis. In patients with a history of untreated hypertension, the vascular system becomes increasingly strained, and the risk for acute complications such as stroke, renal failure, and heart attack significantly increases. This uncontrolled blood pressure can lead to a breakdown of regulatory mechanisms, resulting in further vasospasm and organ damage, which typifies malignant hypertension. While other conditions such as pheochromocytoma and eclampsia can certainly lead to hypertensive episodes, they are less common causes compared to the complications arising from untreated hypertension. Operations can complicate untreated hypertension, but consistent management and control of blood pressure can greatly mitigate the risk of progressing to a malignant state. Thus, untreated hypertension stands out as the most prevalent and critical precursor to malignant hypertension.

**8. If a patient with hypertension has a blood pressure reading of 159/100 mm Hg, what classification does this fall under?**

**A. Normal**

**B. Elevated**

**C. Stage 1 Hypertension**

**D. Stage 2 Hypertension**

A blood pressure reading of 159/100 mm Hg falls under the classification of Stage 2 Hypertension. This classification is indicated by systolic readings between 140-159 mm Hg or diastolic readings between 100-109 mm Hg. In this case, the systolic pressure of 159 mm Hg exceeds the threshold for Stage 1 Hypertension, which ranges from 130-139 mm Hg for systolic readings. Additionally, the diastolic pressure of 100 mm Hg clearly places it within the Stage 2 criteria. Understanding these categories is crucial for nurses and healthcare providers as they guide treatment decisions, lifestyle modifications, and patient education on managing hypertension effectively. Recognizing Stage 2 Hypertension indicates a more urgent need for intervention compared to lower classifications, which often require careful monitoring or less aggressive treatment approaches.

## 9. What is the primary goal of antihypertensive therapy?

- A. Increase heart rate
- B. Control blood pressure**
- C. Decrease blood viscosity
- D. Improve circulation

The primary goal of antihypertensive therapy is to control blood pressure. This is crucial because hypertension, or high blood pressure, can lead to severe health complications, including heart disease, stroke, and kidney damage. By effectively managing blood pressure levels, antihypertensive medications help reduce the risk of these complications and promote overall cardiovascular health. Controlling blood pressure involves maintaining it within a target range based on individual patient needs, often aiming for a systolic blood pressure below 130 mm Hg and a diastolic blood pressure below 80 mm Hg, following guidelines. Effective control of blood pressure can significantly improve patient outcomes, enhance quality of life, and prevent the long-term effects associated with sustained hypertension. The other options do not align with the specific primary objective of antihypertensive therapy. Increasing heart rate is not a desired effect of these medications; rather, many antihypertensives may actually lower heart rate as part of their action. Decreasing blood viscosity is not a direct aim of antihypertensive therapy, and while improved circulation can be a secondary benefit of controlling blood pressure, it is not the primary goal. Thus, controlling blood pressure remains the fundamental focus of treatment for hypertension.

## 10. Which of the following medications can cause secondary hypertension?

- A. Antidepressants
- B. Prednisone**
- C. Statins
- D. Beta blockers

Prednisone, as a corticosteroid, can lead to secondary hypertension due to its impact on the body's fluid balance and sodium retention. Corticosteroids like prednisone promote sodium retention and increase blood volume, which can elevate blood pressure. They also can stimulate the renin-angiotensin-aldosterone system, further contributing to hypertension. While some antidepressants can have effects on blood pressure, they do not primarily cause secondary hypertension in the same direct manner as corticosteroids. Statins typically lower cholesterol levels and are not directly associated with increased blood pressure. Beta blockers are often used to manage hypertension rather than cause it, as they work by reducing heart rate and cardiac output. Thus, prednisone stands out as the medication with a well-documented link to the development of secondary hypertension.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nclexhypertension.examzify.com>**

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

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