Nursing care for Disorders of the Endocrine and Exocrine Systems (NDEE) 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. What hormonal changes occur during menopause?

A. Increased levels of estrogen and progesterone

B. Decreased levels of estrogen and progesterone

C. Fluctuating levels of testosterone

D. Stable levels of adrenal hormones

2. A sign of excessive steroid therapy in a patient could be:

A. Weight loss and lethargy.

B. Cushingoid appearance and hypertension.

C. Increased appetite and low blood pressure.

D. Dry skin and hair loss.

3. In a client with SIADH, which manifestations should the nurse assess?

A. Polyuria

B. Weight gain

C. Hypotension

D. Decreased urine specific gravity

4. After a transsphenoidal removal of a pituitary tumor, which sign indicates a client may be experiencing diabetes insipidus?

A. Serum osmolality of 310 mOsm/kg

B. Weight increase of 2 kg in 24 hours

C. Urine output of 4200 mL in 24 hours

D. Blood pressure averaging 164/92 mm Hg

5. What is the primary cause of diabetes insipidus?

A. Excess production of insulin

B. Deficiency of antidiuretic hormone (ADH)

C. An overactive thyroid gland

D. Insulin resistance

6. What is metabolic syndrome?

- **A. A single disease affecting metabolism**
- **B. A cluster of conditions that increase the risk of heart disease, stroke, and diabetes**
- **C. A hereditary disorder**
- **D. An autoimmune condition**

7. What is acromegaly caused by?

- **A. Excess production of growth hormone**
- **B. Deficiency of thyroid hormones**
- **C. Excess production of insulin**
- **D. Insufficient parathyroid hormone**

8. What is one of the main functions of the ovaries?

- **A. Producing testosterone and sperm**
- **B. Producing estrogen and progesterone**
- **C. Regulating blood sugar levels**
- **D. Filtering toxins from the blood**

9. What nursing intervention is most crucial when transferring a client diagnosed with pheochromocytoma from a bed to a chair?

- **A. Placing sturdy shoes on the client's feet**
- **B. Supporting the client on the weak side**
- **C. Ensuring that the chair is close to the bed**
- **D. Having the client sit on the side of the bed for a few minutes**

10. How does the thyroid gland affect growth and development?

- **A. By producing insulin for metabolic regulation**
- **B. By producing hormones essential for normal growth and metabolic rate**
- **C. By storing vitamins and minerals**
- **D. By regulating blood pressure**

Answers

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

Explanations

1. What hormonal changes occur during menopause?

A. Increased levels of estrogen and progesterone

B. Decreased levels of estrogen and progesterone

C. Fluctuating levels of testosterone

D. Stable levels of adrenal hormones

During menopause, the primary hormonal change is a significant decrease in the levels of estrogen and progesterone. This hormonal shift is primarily due to the natural aging process of the ovaries, which gradually lose their ability to produce these hormones. Estrogen levels fall dramatically, leading to various physiological changes and symptoms associated with menopause, such as hot flashes, mood swings, and vaginal dryness. Progesterone levels also decline because the ovarian follicles that produce this hormone are no longer maturing regularly. In contrast to the correct answer, elevated levels of estrogen and progesterone would not align with the physiological changes observed during menopause. Fluctuating testosterone levels are not a primary feature of menopause, as the changes in testosterone are typically less pronounced than those in estrogen and progesterone. Stable levels of adrenal hormones do not occur during menopause; while adrenal hormones may have a role in some post-menopausal symptoms, they do not experience the same marked decrease associated with ovarian hormones.

2. A sign of excessive steroid therapy in a patient could be:

A. Weight loss and lethargy.

B. Cushingoid appearance and hypertension.

C. Increased appetite and low blood pressure.

D. Dry skin and hair loss.

The presence of a Cushingoid appearance and hypertension serves as a direct indicator of excessive steroid therapy. When steroids are administered in higher than therapeutic doses or over an extended period, they can lead to a condition known as Cushing's syndrome. This syndrome is characterized by physical changes such as facial rounding, increased fat deposits on the back and abdomen, and thinning of the skin, collectively referred to as Cushingoid features. Hypertension is also commonly observed due to the mineralocorticoid effects of corticosteroids, which can lead to sodium retention and fluid overload, contributing to increased blood pressure. Recognizing these signs is crucial for nursing care, as it allows for timely intervention to adjust corticosteroid dosages and monitor for potential complications associated with long-term steroid therapy. The other options do not typically correlate with excessive steroid therapy. For instance, weight loss and lethargy might be seen in conditions of adrenal insufficiency rather than excess steroid levels. Increased appetite accompanied by low blood pressure suggests a different pathophysiology unrelated to steroid excess. Dry skin and hair loss do not specifically indicate excessive steroid use either, as they can arise from various other conditions.

3. In a client with SIADH, which manifestations should the nurse assess?

A. Polyuria

B. Weight gain

C. Hypotension

D. Decreased urine specific gravity

In the context of SIADH (Syndrome of Inappropriate Antidiuretic Hormone secretion), one of the hallmark manifestations to assess is weight gain. This condition leads to excessive retention of water due to the overproduction of ADH, which results in dilutional hyponatremia and prevents the kidneys from excreting free water. As a consequence of this water retention, patients often experience an increase in body weight. Monitoring weight is crucial because even a small increase can indicate fluid overload, a potential complication of SIADH. It is also important to note that this weight gain is typically not accompanied by edema, as the excess fluid is primarily intravascular and not interstitial. In contrast, polyuria, hypotension, and decreased urine specific gravity would not be characteristic of SIADH. Patients with SIADH typically have concentrated urine indicated by high urine specific gravity, and they would not present with polyuria as their kidneys are retaining water rather than excreting it. Hypotension is also uncommon since fluid retention can lead to increased blood volume and blood pressure measures. Therefore, observing for weight gain is a vital nursing assessment in managing a client with SIADH.

4. After a transsphenoidal removal of a pituitary tumor, which sign indicates a client may be experiencing diabetes insipidus?

A. Serum osmolality of 310 mOsm/kg

B. Weight increase of 2 kg in 24 hours

C. Urine output of 4200 mL in 24 hours

D. Blood pressure averaging 164/92 mm Hg

A urine output of 4200 mL in 24 hours is a significant indicator that a client may be experiencing diabetes insipidus after a transsphenoidal removal of a pituitary tumor. Diabetes insipidus is characterized by an inability to concentrate urine, leading to excessive urination (polyuria) and, subsequently, increased thirst (polydipsia). The patient's high urine output suggests that their kidneys are excreting large amounts of dilute urine due to a deficiency in antidiuretic hormone (ADH), which is often disrupted in patients who have undergone pituitary surgery. Signs like elevated serum osmolality typically reflect dehydration or hypernatremia and can be seen in conditions affecting fluid balance, such as diabetes insipidus. However, in this instance, the marked polyuria is a more definitive sign. Weight gain, while an important vital sign to monitor, typically does not correlate with diabetes insipidus; patients experiencing this condition often lose weight due to fluid loss. Similarly, elevated blood pressure could be due to various factors and is not a direct indicator of diabetes insipidus. Thus, the substantial increase in urine output serves as a clear and distinct sign of potential diabetes insipidus following the described surgical procedure

5. What is the primary cause of diabetes insipidus?

A. Excess production of insulin

B. Deficiency of antidiuretic hormone (ADH)

C. An overactive thyroid gland

D. Insulin resistance

The primary cause of diabetes insipidus is a deficiency of antidiuretic hormone (ADH), also known as vasopressin. ADH is a hormone produced by the hypothalamus and stored in the posterior pituitary gland. Its main role is to regulate water balance in the body by promoting water reabsorption in the kidneys. When there is a deficiency of ADH, the kidneys cannot reabsorb enough water, leading to the excretion of large volumes of dilute urine. This condition can result in increased thirst (polydipsia) as the body attempts to compensate for the fluid loss. Other options such as excess insulin production, an overactive thyroid, and insulin resistance pertain to different endocrine disorders and do not relate to the mechanisms or causes of diabetes insipidus. Understanding the role of ADH is key in recognizing how its deficiency leads to the symptoms associated with this condition.

6. What is metabolic syndrome?

A. A single disease affecting metabolism

B. A cluster of conditions that increase the risk of heart disease, stroke, and diabetes

C. A hereditary disorder

D. An autoimmune condition

Metabolic syndrome is best defined as a cluster of conditions that increase the risk of heart disease, stroke, and diabetes. This syndrome typically includes a combination of symptoms such as increased blood pressure, high blood sugar levels, excess body fat around the waist, and abnormal cholesterol levels. Together, these risk factors significantly elevate the likelihood of developing cardiovascular diseases and type 2 diabetes. The components of metabolic syndrome indicate a broader disruption in metabolic processes rather than a single disease affecting metabolism. This distinction is crucial for understanding the multifactorial nature of metabolic syndrome and its management. Proper identification and treatment of these risk factors can help prevent the onset of more serious health issues associated with the syndrome.

7. What is acromegaly caused by?

A. Excess production of growth hormone

B. Deficiency of thyroid hormones

C. Excess production of insulin

D. Insufficient parathyroid hormone

Acromegaly is caused by the excess production of growth hormone, which is typically the result of a benign tumor on the pituitary gland known as an adenoma. This overproduction of growth hormone leads to an increase in the growth of bones and soft tissues, resulting in the characteristic features of acromegaly, such as enlarged hands and feet, facial changes, and various systemic complications. The condition is not associated with thyroid hormones, insulin, or parathyroid hormone deficiencies or excesses. Thyroid hormone deficiencies would lead to hypothyroidism, affecting metabolism rather than causing acromegaly. Excess insulin is associated with conditions like hyperinsulinism or diabetes, but plays no role in the pathophysiology of acromegaly. Insufficient parathyroid hormone leads to hypoparathyroidism, which is unrelated to growth hormone levels and their effects on bone growth and tissue development. Thus, the correct choice highlights the fundamental cause of acromegaly, illustrating the pivotal role that growth hormone plays in this disorder.

8. What is one of the main functions of the ovaries?

A. Producing testosterone and sperm

B. Producing estrogen and progesterone

C. Regulating blood sugar levels

D. Filtering toxins from the blood

The ovaries play a crucial role in the female reproductive system primarily by producing the hormones estrogen and progesterone. Estrogen is vital for the development of female secondary sexual characteristics, regulation of the menstrual cycle, and overall reproductive health. Progesterone prepares the uterine lining for possible implantation of a fertilized egg and helps maintain pregnancy. In contrast, testosterone and sperm production are functions associated with the male reproductive system, specifically the testes. Regulating blood sugar levels is primarily the role of the pancreas, and filtering toxins from the blood is a function of the kidneys. Thus, the production of estrogen and progesterone is the primary function of the ovaries, making this the correct answer.

9. What nursing intervention is most crucial when transferring a client diagnosed with pheochromocytoma from a bed to a chair?

A. Placing sturdy shoes on the client's feet

B. Supporting the client on the weak side

C. Ensuring that the chair is close to the bed

D. Having the client sit on the side of the bed for a few minutes

When transferring a client diagnosed with pheochromocytoma from a bed to a chair, having the client sit on the side of the bed for a few minutes is the most crucial intervention. This condition is characterized by the secretion of catecholamines, leading to symptoms such as hypertension, palpitations, and anxiety. Such symptoms can result in orthostatic hypotension, where a sudden change in position can cause a drop in blood pressure and potentially result in dizziness or a loss of consciousness. Allowing the client to sit on the side of the bed for a few minutes helps them to acclimate to the change in position, promoting hemodynamic stability and reducing the risk of these adverse effects. This time allows the body to adjust to the change in posture and ensures that the client is ready for the transfer without rushing, which is particularly important for safety in clients with this diagnosis. While ensuring the chair is close to the bed is beneficial for safety and convenience, it does not address the client's physiological stability before the transfer. Supporting the client on the weak side might be necessary for some transfers, but in this context, the adjustment period is more critical. Placing sturdy shoes on the client's feet ensures safety, but it does not specifically assist in mitigating

10. How does the thyroid gland affect growth and development?

A. By producing insulin for metabolic regulation

B. By producing hormones essential for normal growth and metabolic rate

C. By storing vitamins and minerals

D. By regulating blood pressure

The thyroid gland plays a crucial role in growth and development primarily by producing hormones essential for normal growth and maintaining a healthy metabolic rate. It secretes hormones such as thyroxine (T4) and triiodothyronine (T3), which are vital for the regulation of metabolism in the body. These hormones influence various physiological processes, including protein synthesis, the maturation of tissues, brain development, and the overall rate of metabolism. In children and adolescents, adequate levels of these hormones are particularly important since they directly impact physical growth, cognitive function, and overall development. A deficiency in thyroid hormones during critical periods of growth can lead to growth delays, intellectual disabilities, and other developmental disorders. While insulin is vital for metabolic regulation, it is produced by the pancreas, not the thyroid, highlighting that the thyroid's role is specifically tied to the hormones it produces and their direct effects on growth and metabolism. Additionally, the thyroid does not function to store vitamins and minerals or regulate blood pressure in a primary capacity; these functions are managed by other systems and glands within the body.

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://ndeeendocrineexocrine.examzify.com

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