

# Nursing Care of the Oncology Patient Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

**No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.**

**Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.**

**SAMPLE**

## **Questions**

- 1. Why is patient education considered critical in oncology nursing?**
  - A. It makes the treatment process quicker**
  - B. It informs family members about procedures**
  - C. It empowers patients to manage their care and treatment effectively**
  - D. It reduces hospital visits**
- 2. Which of the following is the second leading cause of death in the US?**
  - A. Heart disease**
  - B. Cancer**
  - C. Stroke**
  - D. Accidents**
- 3. What term describes the process by which tumor cells spread from the primary site to a secondary site?**
  - A. Metastasis**
  - B. Preventative surgery**
  - C. Palliative surgery**
  - D. Curative surgery**
- 4. What is Tumor Lysis Syndrome (TLS)?**
  - A. A sudden drop in blood pressure**
  - B. A group of metabolic complications occurring after cancer treatment**
  - C. An allergic reaction to chemotherapy**
  - D. A condition characterized by excessive bleeding**
- 5. What is the term used to describe the study of tumors?**
  - A. Oncology**
  - B. Pathology**
  - C. Radiology**
  - D. Cytology**

- 6. What is a common side effect of both radiation therapy and chemotherapy?**
- A. Hair growth stimulation**
  - B. Increased physical strength**
  - C. Nausea and vomiting**
  - D. Enhanced appetite**
- 7. Which cancer is most commonly diagnosed in women?**
- A. Prostate cancer**
  - B. Breast cancer**
  - C. Skin cancer**
  - D. Liver cancer**
- 8. Which type of cancer treatment focuses primarily on alleviating symptoms?**
- A. Surgical intervention**
  - B. Radiation therapy**
  - C. Palliative care**
  - D. Immunotherapy**
- 9. Which of the following elements is part of a comprehensive oncology care plan?**
- A. Strict dietary restrictions only**
  - B. A multi-faceted approach including treatment options, supportive care, and psychosocial support**
  - C. Focus exclusively on pain management**
  - D. Only pharmacological interventions**
- 10. Which information is crucial for initiating cancer risk assessment?**
- A. Current health conditions**
  - B. Family medical history**
  - C. Recent lab tests**
  - D. Patient's age**

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE



**1. Why is patient education considered critical in oncology nursing?**

- A. It makes the treatment process quicker**
- B. It informs family members about procedures**
- C. It empowers patients to manage their care and treatment effectively**
- D. It reduces hospital visits**

Patient education is considered critical in oncology nursing because it empowers patients to actively participate in their own care and treatment processes. This knowledge enables them to understand their diagnosis, treatment options, potential side effects, and the importance of adhering to their treatment plans. A well-informed patient is more likely to engage openly with healthcare providers, report symptoms effectively, and make informed decisions about their care. Furthermore, education can enhance a patient's ability to recognize early signs of complications or side effects, which can lead to prompt medical intervention when necessary. This empowerment ultimately contributes to better health outcomes, as patients who feel confident in managing their care may experience improved adherence to treatment regimens, resulting in better overall health and quality of life. While informing family members about procedures and potentially reducing hospital visits are valuable aspects of the overall care experience, the primary focus of patient education is its role in empowering patients themselves. This empowers them to take an active role in their journey, fostering a sense of control and partnership with their healthcare team.

**2. Which of the following is the second leading cause of death in the US?**

- A. Heart disease**
- B. Cancer**
- C. Stroke**
- D. Accidents**

Cancer is recognized as the second leading cause of death in the United States, following heart disease. This statistic highlights the significant impact cancer has on public health, resulting in a substantial number of fatalities each year. The role of effective nursing care in oncology is critical, as nurses play a key part in the multidisciplinary approach to cancer treatment and management, including patient education, symptom management, and palliative care. Understanding the prevalence of cancer as a leading cause of death can inform healthcare providers about the importance of early detection, preventative care, and the need for ongoing research into novel treatments and therapies. Heart disease, while the leading cause of death, is distinct in its risk factors and prevention strategies compared to cancer. Stroke, although significant, ranks lower than cancer in terms of mortality. Similarly, accidents do contribute to fatalities but do not surpass cancer in overall death rates. Thus, the recognition of cancer as the second leading cause of death underscores the necessity for targeted oncology nursing care and patient support.

**3. What term describes the process by which tumor cells spread from the primary site to a secondary site?**

- A. Metastasis**
- B. Preventative surgery**
- C. Palliative surgery**
- D. Curative surgery**

The term that describes the process by which tumor cells spread from the primary site to a secondary site is metastasis. This biological phenomenon occurs when cancer cells break away from the original (primary) tumor, travel through the lymphatic system or bloodstream, and establish new tumors in other organs or tissues of the body. Understanding metastasis is crucial in oncology because it significantly impacts treatment decisions and prognostic outcomes for the patient. The other terms listed are related to surgical interventions. Preventative surgery refers to procedures aimed at removing tissue or organs that are at a higher risk of developing cancer, while palliative surgery focuses on relieving symptoms and enhancing quality of life without intending to cure the disease. Curative surgery is an approach that aims to completely remove the cancer when the disease is localized. None of these terms pertain to the spreading mechanism of tumor cells, which is the essence of metastasis.

**4. What is Tumor Lysis Syndrome (TLS)?**

- A. A sudden drop in blood pressure**
- B. A group of metabolic complications occurring after cancer treatment**
- C. An allergic reaction to chemotherapy**
- D. A condition characterized by excessive bleeding**

Tumor Lysis Syndrome (TLS) is accurately described as a group of metabolic complications that can occur after cancer treatment, particularly following the rapid destruction of tumor cells. This condition is most commonly seen in patients with certain types of cancers, such as leukemia and lymphoma, where large volumes of tumor cells are destroyed quickly, leading to the release of intracellular contents into the bloodstream. The key metabolic derangements associated with TLS include hyperuricemia (elevated uric acid levels), hyperkalemia (elevated potassium levels), hyperphosphatemia (increased phosphate levels), and hypocalcemia (decreased calcium levels). These abnormalities can result in acute kidney injury, cardiac arrhythmias, and other serious complications if not promptly recognized and managed. Understanding TLS is critical for oncology nursing because it emphasizes the need for vigilant monitoring and early intervention in at-risk patients, particularly during the initiation of chemotherapy or radiation therapy. By recognizing the signs and symptoms of TLS and managing fluid balance, electrolyte levels, and renal function, nurses play a vital role in reducing morbidity associated with this syndrome.

**5. What is the term used to describe the study of tumors?**

**A. Oncology**

**B. Pathology**

**C. Radiology**

**D. Cytology**

The term that describes the study of tumors is oncology. Oncology encompasses the research, diagnosis, treatment, and overall management of cancer, including the biological and clinical aspects of tumors. This field focuses not only on the tumors themselves but also on the associated physiological responses, innovations in treatment, and preventive measures against cancer. While pathology is related to the study of disease and can include the microscopic examination of tumor specimens, it is a broader term that covers all diseases, not just cancer. Radiology involves imaging techniques to visualize the body's structures and identify tumors but does not specifically study them. Cytology refers to the examination of cells, often used to detect cancer at a cellular level, but again is more specific than the broader field of oncology. Thus, oncology is the most comprehensive and accurate term for the study of tumors.

**6. What is a common side effect of both radiation therapy and chemotherapy?**

**A. Hair growth stimulation**

**B. Increased physical strength**

**C. Nausea and vomiting**

**D. Enhanced appetite**

Nausea and vomiting are well-documented side effects associated with both radiation therapy and chemotherapy. These treatments can affect rapidly dividing cells in the body, which includes not only cancer cells but also cells in the gastrointestinal tract. The damage to these healthy cells can lead to gastrointestinal symptoms, such as nausea and vomiting. In chemotherapy, the specific drugs used can irritate the stomach and trigger a strong emetic response (the urge to vomit). Radiation therapy, depending on the treatment area, particularly when directed at the abdomen or brain, can also induce similar symptoms due to localized effects on the stomach or nervous system pathways that control nausea. Understanding the management of these side effects is crucial for nursing care in oncology, as they can significantly impact the patient's quality of life and treatment adherence. Nurses often play a key role in providing supportive care, which may include medications for nausea and dietary interventions to help manage these symptoms.

**7. Which cancer is most commonly diagnosed in women?**

- A. Prostate cancer
- B. Breast cancer**
- C. Skin cancer
- D. Liver cancer

Breast cancer is the most commonly diagnosed cancer in women, reflecting a significant health concern that has been recognized globally. The high incidence of breast cancer can be attributed to a combination of factors, including genetic predisposition, hormonal influences, and lifestyle choices. Breast cancer awareness campaigns and advancements in screening techniques have led to earlier detection, contributing to the statistics showing its prevalence. In contrast, while skin cancer is also common, it is often diagnosed in both men and women, and its frequency can depend on various factors including exposure to UV radiation. Prostate cancer is specific to men, and liver cancer, although serious, does not have the same prevalence among women as breast cancer does. These distinctions highlight breast cancer's significance as a leading health issue for women, underscoring the importance of routine screenings and awareness for early detection and treatment.

**8. Which type of cancer treatment focuses primarily on alleviating symptoms?**

- A. Surgical intervention
- B. Radiation therapy
- C. Palliative care**
- D. Immunotherapy

Palliative care is a specialized approach in oncology that concentrates on providing relief from the symptoms and stress of a serious illness, rather than attempting to curatively treat the disease itself. The primary goal of palliative care is to enhance the quality of life for both the patient and their family, addressing physical, emotional, and spiritual needs. It can be applied at any stage of cancer and can be provided alongside curative treatments. This focus on symptom management includes pain relief, support for psychological and spiritual challenges, and assistance with daily activities, which is essential for patients dealing with potentially debilitating symptoms due to cancer or its treatment. Palliative care specialists often work alongside oncologists to ensure a holistic approach to patient care, prioritizing comfort and quality of life. In contrast, surgical intervention, radiation therapy, and immunotherapy are primarily aimed at treating cancer with the intent to cure or control the disease. While these treatments can sometimes alleviate symptoms as a secondary effect (for instance, relieving a blockage or a tumor pressure), their main objectives are not centered on symptom relief but rather on eliminating cancer cells or reducing tumor burden. Therefore, the choice of palliative care is distinct, as it explicitly prioritizes the alleviation of symptoms and overall well-being.

**9. Which of the following elements is part of a comprehensive oncology care plan?**

- A. Strict dietary restrictions only**
- B. A multi-faceted approach including treatment options, supportive care, and psychosocial support**
- C. Focus exclusively on pain management**
- D. Only pharmacological interventions**

A comprehensive oncology care plan is designed to address the diverse needs of patients diagnosed with cancer. It goes beyond simply treating the disease to encompass a holistic approach that considers various aspects of a patient's well-being. Option B embodies this multi-faceted approach, highlighting the importance of integrating treatment options such as chemotherapy, radiation, or surgery with supportive care measures. Supportive care may include symptom management, nutritional support, and managing side effects, while psychosocial support addresses the emotional and social challenges that patients and their families may face during the cancer journey. This overall strategy helps improve quality of life, enhance coping mechanisms, and support patients in navigating their treatment. In contrast, focusing solely on strict dietary restrictions, pain management, or only pharmacological interventions does not address the comprehensive needs of the oncology patient. For instance, relying only on diet does not incorporate necessary medical treatments or psychosocial support. Narrowing down the care to just pain management or pharmacological options also overlooks critical components such as emotional support, rehabilitation, and lifestyle adjustments which can significantly impact a patient's recovery and overall quality of life.

**10. Which information is crucial for initiating cancer risk assessment?**

- A. Current health conditions**
- B. Family medical history**
- C. Recent lab tests**
- D. Patient's age**

Family medical history is crucial for initiating cancer risk assessment because it provides insight into hereditary factors that could contribute to a patient's likelihood of developing cancer. Many cancers have genetic components, and understanding a patient's family history helps healthcare providers assess risks associated with inherited mutations, such as those in the BRCA1 and BRCA2 genes, which are linked to breast and ovarian cancers. Additionally, a comprehensive family history can reveal patterns of cancer that may indicate a predisposition warranting further testing or preventive measures. The other options, while important in the overall assessment of a patient's health, do not directly address the risk of developing cancer in the same way. Current health conditions might inform the patient's overall health status and how they may interact with treatment but are not primarily used to assess cancer risk. Recent lab tests provide valuable information, particularly about existing conditions but are not useful for evaluating hereditary risk factors. The patient's age can impact the likelihood of certain cancers, but without the context of family history, it does not offer a comprehensive view of risk. Thus, family medical history is key in understanding a patient's cancer risk profile.