

# Palliative Care and End-of-Life Care 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. The nurse is providing care to a patient who is approaching death. Which family member statement regarding the physical and psychological changes associated with death is reflective of the late stage?**
  - A. Respirations may sound loud and wet during this stage.**
  - B. A loss of appetite often occurs during this stage.**
  - C. I might notice that he will begin to sleep more during this stage.**
  - D. Confusion or disorientation may begin to occur during this stage.**
  
- 2. The nurse cares for a terminally ill patient with continuous, severe pain. How should analgesics be scheduled?**
  - A. Plan around-the-clock routine administration of analgesics.**
  - B. Provide PRN doses of medication whenever the patient requests them.**
  - C. Suggest small analgesic doses to avoid decreasing the respiratory rate.**
  - D. Offer enough pain medication to keep the patient sedated and unaware of stimuli.**
  
- 3. During a visit, the dying patient is silent for a period. What is the best response by the nurse?**
  - A. A Recognize the patient's need for silence, and sit quietly at the bedside**
  - B. B Try distraction with the patient**
  - C. C Change the subject, and try to stimulate conversation**
  - D. D Leave the patient alone for a period**
  
- 4. Which finding would most strongly indicate risk for abnormal grief after a loved one's death?**
  - A. Cannot express feelings**
  - B. Dying patient restless**
  - C. Divorce in the family**
  - D. Family reassures the patient frequently**

- 5. Which statement best describes the transition from curative to palliative focus in care planning for a patient with terminal illness?**
- A. Palliative care is appropriate when the focus shifts to comfort and symptom relief while disease-directed treatment may continue.**
  - B. Hospice care should be pursued only after all treatments are stopped.**
  - C. Rehabilitative care is the preferred option when prognosis worsens.**
  - D. Home health care is the only suitable option when comfort measures are advised.**
- 6. Which statement best describes advance directives?**
- A. They are only used in hospitals**
  - B. They specify treatment preferences in advance**
  - C. They guarantee healing**
  - D. They are legally void after death**
- 7. In institutional settings, hospice and palliative care can be provided; which statement reflects this?**
- A. They cannot be provided**
  - B. They must be outside facility**
  - C. They are only for non-custody patients**
  - D. They can be provided in prisons**
- 8. Cheyne-Stokes respirations are described as which breathing pattern?**
- A. A Rapid shallow breathing**
  - B. B Constant shallow breaths**
  - C. C Alternating periods of apnea and deep, rapid breathing**
  - D. D Irregular, slow respirations**
- 9. A family member asks the nurse about the purpose of advance care planning. What is the nurse's best response?**
- A. It helps make decisions about future medical care.**
  - B. It ensures that aggressive treatments are always provided.**
  - C. It guarantees a specific outcome during illness.**
  - D. It is only for patients who are actively dying.**

- 10. A patient is admitted with Cheyne-Stokes respirations. What assessment finding would you expect?**
- A. A respiratory rate of less than 5 breaths per minute**
  - B. B respiratory rate of more than 30 breaths per minute**
  - C. C Alternating periods of apnea and deep, rapid breathing**
  - D. D noisy and congested breathing**

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## **Answers**

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

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## **Explanations**

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**1. The nurse is providing care to a patient who is approaching death. Which family member statement regarding the physical and psychological changes associated with death is reflective of the late stage?**

**A. Respirations may sound loud and wet during this stage.**

**B. A loss of appetite often occurs during this stage.**

**C. I might notice that he will begin to sleep more during this stage.**

**D. Confusion or disorientation may begin to occur during this stage.**

In the final stage, the most recognizable physical change is the death rattle: secretions accumulate in the throat and airways as the swallowing and cough reflex weaken, and the patient may not be able to clear them. This produces respirations that sound loud and wet. This vocalized breathing change is a common, expected sign as death nears and helps clinicians and families recognize that the end is near. Other common signs like loss of appetite or increased sleep can occur as illness progresses, and confusion or disorientation can occur with terminal delirium. However, the loud, wet-sounding respirations due to pooled secretions are most characteristic of the late stage of dying.

**2. The nurse cares for a terminally ill patient with continuous, severe pain. How should analgesics be scheduled?**

**A. Plan around-the-clock routine administration of analgesics.**

**B. Provide PRN doses of medication whenever the patient requests them.**

**C. Suggest small analgesic doses to avoid decreasing the respiratory rate.**

**D. Offer enough pain medication to keep the patient sedated and unaware of stimuli.**

For continuous, severe cancer-related pain, the goal is to maintain steady relief by scheduling analgesics around the clock. Regular, round-the-clock dosing keeps drug levels in a therapeutic range, prevents painful spikes between doses, and improves comfort, sleep, and function. Relying on patient requests alone can lead to undertreatment because pain may intensify before a dose is given or patients may delay asking for relief. Giving only small, conservative doses in an attempt to avoid respiratory depression fails to provide adequate analgesia. Sedating the patient to keep them unaware of stimuli misses the aim of relief while preserving quality of life and awareness, and can mask needs or complicate monitoring. Use scheduled analgesia with additional PRN doses for breakthrough pain as needed, titrating to achieve comfort with careful monitoring for side effects.

**3. During a visit, the dying patient is silent for a period. What is the best response by the nurse?**

**A. A Recognize the patient's need for silence, and sit quietly at the bedside**

**B. B Try distraction with the patient**

**C. C Change the subject, and try to stimulate conversation**

**D. D Leave the patient alone for a period**

In end-of-life care, silence can be a meaningful form of support. Recognizing the patient's need for quiet and staying at the bedside without rushing to fill the space communicates presence, respect, and safety. This quiet companionship allows the patient to process emotions, find peace, or simply rest, which can be profoundly comforting when words may be draining or unavailable. Forcing conversation or trying to distract can feel intrusive or exhausting, and changing topics or leaving the patient alone can increase a sense of isolation. If the patient chooses to speak, listen and respond, but otherwise let the silence remain, offering reassurance through your steady presence.

**4. Which finding would most strongly indicate risk for abnormal grief after a loved one's death?**

**A. Cannot express feelings**

**B. Dying patient restless**

**C. Divorce in the family**

**D. Family reassures the patient frequently**

Not being able to express feelings after a loved one dies signals a high risk for abnormal or complicated grief because healthy mourning relies on acknowledging and sharing sorrow, fears, and other emotions. When emotions are not communicated, the bereaved may be less able to access social support and work through the loss, increasing the likelihood of lingering, intense, or disabling grief. In contrast, distress in the dying patient reflects the patient's experience rather than the bereaved's processing; a divorce in the family could reduce available support but is not as direct a predictor; and frequent reassurance from family is generally protective, helping the bereaved cope.

**5. Which statement best describes the transition from curative to palliative focus in care planning for a patient with terminal illness?**

- A. Palliative care is appropriate when the focus shifts to comfort and symptom relief while disease-directed treatment may continue.**
- B. Hospice care should be pursued only after all treatments are stopped.**
- C. Rehabilitative care is the preferred option when prognosis worsens.**
- D. Home health care is the only suitable option when comfort measures are advised.**

Shifting the care plan from trying to cure or extend life to prioritizing comfort and quality of life is the central idea. Hospice care embodies this shift: it is designed for terminal illness when the focus moves away from disease-modifying treatments and toward symptom relief, comfort, and support for the patient and family, usually after the patient and team agree to stop curative attempts. That makes the statement about pursuing hospice after stopping disease-directed treatments the best description of the transition. Palliative care, in contrast, can begin earlier and may accompany ongoing treatments aimed at the disease, so it isn't limited to a point of stopping all interventions. Rehabilitative care isn't the target in a prognosis where comfort is the priority, and home health care is a broad support option—not the defining step for transitioning to palliative-focused care.

**6. Which statement best describes advance directives?**

- A. They are only used in hospitals**
- B. They specify treatment preferences in advance**
- C. They guarantee healing**
- D. They are legally void after death**

Advance directives are documents that record a person's treatment preferences for times when they can't speak for themselves. They let individuals specify what kinds of medical interventions they want or do not want (such as resuscitation, intubation, life-sustaining treatment, or comfort-focused care) and may appoint a trusted surrogate to make decisions if they cannot. This preserves patient autonomy, guides clinicians, and helps families align care with the person's values in complex or emergency situations. They are not about guaranteeing healing, and they are not limited to hospitals since they can be created in various settings. They apply while the person is alive; after death, medical decisions end, though organ donation or other post-death wishes may be covered by separate processes.

**7. In institutional settings, hospice and palliative care can be provided; which statement reflects this?**

- A. They cannot be provided**
- B. They must be outside facility**
- C. They are only for non-custody patients**
- D. They can be provided in prisons**

End-of-life care isn't limited by where a person is or their custodial status. Hospice and palliative care focus on relief of suffering, comfort, and quality of life, and they can be provided in prisons just as they can in hospitals, hospices, or community settings. Incarcerated individuals with life-limiting illnesses have the right to appropriate medical care, including pain and symptom management, psychosocial and spiritual support, and care planning. Programs in correctional facilities can be in-house or involve partnerships with external hospice providers, and they address practical needs like secure medication administration and continuity of care, including transfers to community-based hospice if appropriate. So, the statement that these services can be provided in prisons accurately reflects how end-of-life care is delivered across different settings.

**8. Cheyne-Stokes respirations are described as which breathing pattern?**

- A. A Rapid shallow breathing**
- B. B Constant shallow breaths**
- C. C Alternating periods of apnea and deep, rapid breathing**
- D. D Irregular, slow respirations**

Cheyne-Stokes respirations are a cyclical breathing pattern with alternating periods of apnea and breathing that becomes progressively deeper and faster, then shallower again before the next apnea. The hallmark is the repeating crescendo-decrescendo of tidal volume followed by a pause, rather than a consistently rapid, shallow, constant, or irregular slow pattern. This pattern reflects a delayed or unstable breathing control response to CO<sub>2</sub> levels, and is often seen in advanced heart failure, stroke, or brain injury.

**9. A family member asks the nurse about the purpose of advance care planning. What is the nurse's best response?**

- A. It helps make decisions about future medical care.**
- B. It ensures that aggressive treatments are always provided.**
- C. It guarantees a specific outcome during illness.**
- D. It is only for patients who are actively dying.**

Advance care planning centers on understanding what matters most to a patient and expressing preferences for future medical care so that even if they can't speak for themselves, the care they receive aligns with those wishes. The best response highlights that it helps make decisions about future medical care by clarifying goals, values, and treatment choices, and by documenting those preferences or naming a surrogate decision-maker. It isn't about forcing aggressive treatments, guaranteeing a specific outcome, or being limited to those who are dying—it's a planning tool for adults at any stage to guide care according to the individual's values.

**10. A patient is admitted with Cheyne-Stokes respirations. What assessment finding would you expect?**

- A. A respiratory rate of less than 5 breaths per minute**
- B. B respiratory rate of more than 30 breaths per minute**
- C. C Alternating periods of apnea and deep, rapid breathing**
- D. D noisy and congested breathing**

Cheyne-Stokes respiration is a rhythm with cyclical breathing that includes periods of apnea followed by progressively deeper and faster breaths, then a gradual decrease back to apnea. So you'd observe alternating periods of apnea and deep, rapid breathing. This pattern often appears in advanced heart failure, stroke, or brain injury and reflects disrupted central control of respiration. The other options describe different patterns (very slow breathing, consistently rapid breathing without pauses, or noisy congested airways) that do not show the repeating apnea cycles seen with Cheyne-Stokes.

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

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

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

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

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