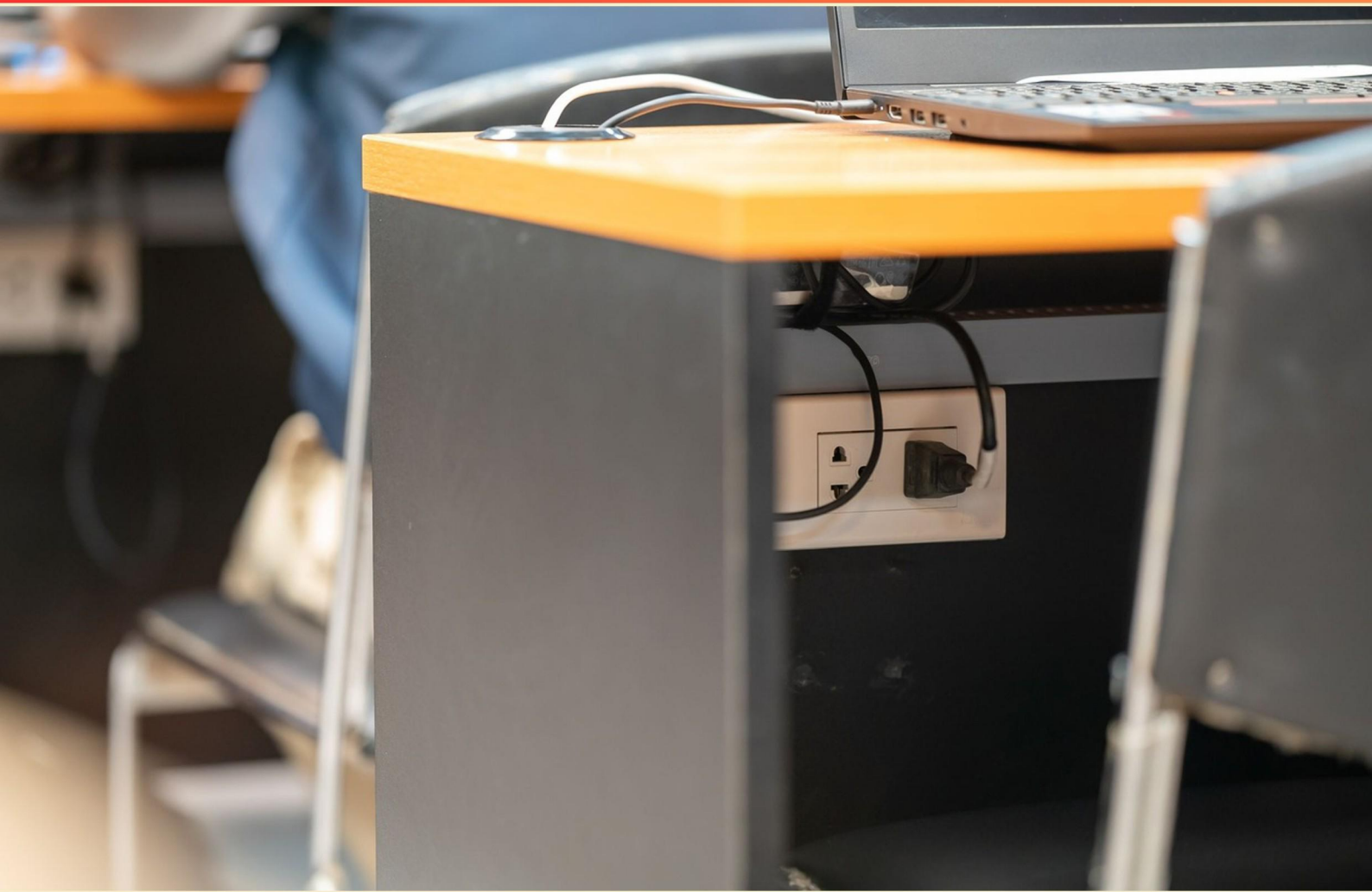


REGISTERED ELECTRICAL ENGINEERING LICENSURE PRACTICE EXAM (SAMPLE) STUDY GUIDE



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. What does Puchalski's FICA assessment focus on?**
 - A. Physical health evaluation
 - B. Spiritual needs and community influence
 - C. Cognitive functioning status
 - D. Social support systems
- 2. Which type of pain is poorly localized and often cramping?**
 - A. Nociceptive pain
 - B. Somatic pain
 - C. Visceral pain
 - D. Neuropathic pain
- 3. What does the term 'analgesic ceiling' refer to?**
 - A. The maximum safe dose of a medication
 - B. The minimum effective dose of a medication
 - C. The dose at which side effects are guaranteed
 - D. The dose that should be doubled
- 4. What is the most crucial piece of information when assessing a patient's dyspnea?**
 - A. Patient's previous medical history
 - B. Patient's level of distress
 - C. Vital sign readings
 - D. Patient's weight
- 5. What are the classic signs of superior vena cava syndrome (SVCS)?**
 - A. Facial edema and crackling skin
 - B. Facial edema, dyspnea, and edematous arms
 - C. Edematous arms and jaundice
 - D. Dyspnea and skin ulceration
- 6. What is the typical parental dosage for hydromorphone?**
 - A. 4 mg
 - B. 1.5 mg
 - C. 0.5 mg
 - D. 10 mg

7. What is a sign of somatic delusions regarding an individual's health?

- A. Preoccupation with health
- B. Persistent hoarding
- C. Difficulty in social interaction
- D. Excessive withdrawal symptoms

8. What is a symptom of focal ischemia?

- A. Facial swelling
- B. Altered sensation
- C. Skin blistering
- D. Edematous arms

9. What prompted the passage of the Patient Self-Determination Act (PSDA)?

- A. The Karen Ann Quinlan case
- B. The Nancy Cruzan case
- C. The Terry Schiavo case
- D. The Brittany Maynard case

10. What is a common sign of imminent death?

- A. Skin infection
- B. Dysphagia
- C. Fever
- D. Edema

Answers

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

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Explanations

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1. What does Puchalski's FICA assessment focus on?

- A. Physical health evaluation
- B. Spiritual needs and community influence**
- C. Cognitive functioning status
- D. Social support systems

Puchalski's FICA assessment is specifically designed to address spiritual needs and the role that community can play in an individual's life. The FICA acronym stands for Faith, Importance, Community, and Address in care. This assessment tool provides a framework for healthcare professionals to explore and understand the spiritual beliefs and practices of patients, which can be pivotal in delivering holistic care. By focusing on a person's faith and its importance to them, as well as how their community might influence their beliefs, the assessment helps providers recognize the vital role spirituality plays in health and wellness. This approach is essential for comprehensive patient-centered care, which acknowledges that spiritual well-being can significantly affect overall health outcomes. The other options, while relevant to different aspects of healthcare assessments, do not capture the unique focus of the FICA assessment on spirituality and community.

2. Which type of pain is poorly localized and often cramping?

- A. Nociceptive pain
- B. Somatic pain
- C. Visceral pain**
- D. Neuropathic pain

Visceral pain is characterized by its poor localization and often presents as a cramping sensation. This type of pain originates from the internal organs, such as the heart, lungs, and gastrointestinal tract, and is typically diffuse and difficult to pinpoint. The signals from internal organs follow different pathways than those from superficial tissues, which is why visceral pain is often less precise in terms of location. Cramping is a common descriptor of visceral pain, largely because it can be associated with muscle contractions within hollow organs, such as the intestines or bladder, which may produce a sensation that feels like spasms. Additionally, visceral pain is often accompanied by other symptoms, such as nausea or changes in heart rate, which can further complicate its identification and understanding. Nociceptive pain, on the other hand, is related directly to tissue damage and is usually well localized. Somatic pain refers to damage to the skin, muscles, and joints and is generally more easily identified in terms of location. Neuropathic pain, stemming from nerve damage, is often described as sharp or burning and may be associated with abnormal sensations, but is also not typically cramping in nature.

3. What does the term 'analgesic ceiling' refer to?

- A. The maximum safe dose of a medication
- B. The minimum effective dose of a medication
- C. The dose at which side effects are guaranteed
- D. The dose that should be doubled

The term 'analgesic ceiling' refers to the maximum safe dose of a medication that can be administered for pain relief, beyond which no additional analgesic effect can be achieved. This concept is particularly relevant in pharmacology and pain management, as it guides healthcare providers in prescribing medications effectively and safely. For certain analgesics, particularly non-opioid medications such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), there is a defined threshold at which increasing the dose does not lead to enhanced pain relief, and may instead increase the risk of adverse effects. Understanding the analgesic ceiling helps in preventing overdose and ensuring patient safety while effectively managing pain. The distinctions between other terms, such as the minimum effective dose or doses associated with side effects, do not capture the essence of the analgesic ceiling. The concept specifically addresses the limits of effective analgesic dosing rather than the thresholds for side effects or minimum efficacy, making it crucial for effective and responsible pain management.

4. What is the most crucial piece of information when assessing a patient's dyspnea?

- A. Patient's previous medical history
- B. Patient's level of distress
- C. Vital sign readings
- D. Patient's weight

When assessing a patient's dyspnea, understanding the patient's level of distress is essential because it provides immediate insight into the severity of the respiratory difficulty they are experiencing. The level of distress indicates how much the patient's breathing problem is impacting their overall comfort and functionality. This subjective measure reflects the patient's perception of their breathing situation, which can vary widely between individuals. While a patient's previous medical history, vital sign readings, and weight can provide important contextual information, they do not give a direct indication of the current severity of dyspnea. Previous medical history can help identify underlying conditions but may not reflect the immediate situation. Vital sign readings, such as oxygen saturation and respiratory rate, provide quantifiable data but may not accurately convey the patient's subjective experience of difficulty breathing. Patient's weight is generally not a direct factor in assessing dyspnea unless considering specific conditions like obesity, but it is not as immediate or relevant as the patient's perceived distress level. Thus, focusing on the patient's level of distress allows for a more tailored and immediate approach to management and intervention.

5. What are the classic signs of superior vena cava syndrome (SVCS)?

- A. Facial edema and crackling skin
- B. Facial edema, dyspnea, and edematous arms**
- C. Edematous arms and jaundice
- D. Dyspnea and skin ulceration

The manifestation of superior vena cava syndrome (SVCS) typically includes a combination of symptoms that result from the obstruction of blood flow through the superior vena cava, which can occur due to various conditions such as tumors or thrombosis. The classic signs associated with SVCS primarily involve swelling and respiratory difficulties due to the compromised venous return from the head, neck, and upper limbs. Facial edema is a prominent feature, as the obstruction prevents normal drainage of blood, leading to swelling in the face. This condition can also cause dyspnea (shortness of breath) due to edema and increased venous pressure, which may affect the lungs and airways. Additionally, the arms may also exhibit edema as a consequence of the disrupted venous circulation. The other options present symptoms that either do not align with the typical presentation of SVCS or involve conditions that are less relevant to this specific syndrome. For example, jaundice is not a classic symptom of SVCS and is more indicative of liver or biliary tract issues. Similarly, while dyspnea can be present in a variety of conditions, skin ulceration is not associated with SVCS and would point to other underlying problems. Therefore, the combination of facial edema, dyspnea, and ed

6. What is the typical parental dosage for hydromorphone?

- A. 4 mg
- B. 1.5 mg**
- C. 0.5 mg
- D. 10 mg

The typical parental dosage for hydromorphone, particularly in a clinical setting for acute pain management, often ranges between 0.2 mg to 1 mg for opioid-naïve patients. Therefore, a dosage of 1.5 mg would fall within an expected range for certain scenarios, especially if considering patient-specific factors such as the severity of pain, previous opioid exposure, and individual response to the medication. The importance of a correct dosage is critical since hydromorphone is a potent opioid pain reliever, and dosing must be carefully managed to balance efficacy with the risk of side effects and potential respiratory depression. In various treatment protocols, dosages may also be guided by patient-specific factors—this includes body weight or the presence of concurrent medications that could affect how the patient metabolizes opioids. It's crucial for practitioners to stay updated on the most current dosing guidelines and to interpret them in the context of individual patient needs.

7. What is a sign of somatic delusions regarding an individual's health?

- A. Preoccupation with health
- B. Persistent hoarding
- C. Difficulty in social interaction
- D. Excessive withdrawal symptoms

Somatic delusions are characterized by an individual's false belief that they have a physical illness or defect, despite a lack of medical evidence to support such claims. A significant hallmark of somatic delusions is the preoccupation with health, where the person may obsessively focus on bodily sensations, misinterpret normal bodily functions as severe health issues, or insist they have a serious illness. This preoccupation can overshadow other aspects of their life, leading them to seek excessive medical attention or treatments that are unnecessary. The other choices relate to different psychological conditions. Persistent hoarding is more connected with obsessive-compulsive disorder or hoarding disorder rather than somatic delusions. Difficulty in social interaction can stem from various mental health issues, including social anxiety or autism spectrum disorders but is not specific to somatic delusions. Excessive withdrawal symptoms typically refer to substance use disorders, indicating a physical dependence on drugs or alcohol, rather than a belief about one's health condition. Thus, the focus on health is what accurately signifies somatic delusions, making it the correct choice.

8. What is a symptom of focal ischemia?

- A. Facial swelling
- B. Altered sensation
- C. Skin blistering
- D. Edematous arms

Focal ischemia refers to a lack of blood flow to a specific region of the body, often leading to localized tissue damage. One of the primary symptoms associated with this condition is altered sensation. This can manifest as numbness, tingling, or changes in the ability to perceive touch, pain, or temperature in the affected area. These sensory changes occur because the tissue is not receiving adequate blood supply, leading to a disruption of normal nerve function. The other options, such as facial swelling, skin blistering, and edematous arms, do not specifically indicate focal ischemia. Facial swelling could be indicative of an allergic reaction or inflammation, skin blistering may suggest thermal injury or infection, and edematous arms might relate to systemic issues like heart failure or kidney problems. None of these conditions directly point to localized blood flow deficits that characterize focal ischemia, making altered sensation the most relevant symptom in this context.

9. What prompted the passage of the Patient Self-Determination Act (PSDA)?

- A. The Karen Ann Quinlan case
- B. The Nancy Cruzan case**
- C. The Terry Schiavo case
- D. The Brittany Maynard case

The passage of the Patient Self-Determination Act (PSDA) in 1990 was significantly influenced by the Nancy Cruzan case, which was the first right-to-die case to be heard by the U.S. Supreme Court. Nancy Cruzan was left in a persistent vegetative state following a car accident, and her family sought to withdraw her feeding tube based on her previously stated wishes regarding end-of-life care. This case highlighted critical issues surrounding patient autonomy, advanced directives, and the rights individuals have to make decisions about their own medical treatment, especially when they can no longer express those wishes. As a result of this case and the legal and ethical complexities it presented, there was a growing recognition of the need for legislation that would ensure patients' rights to make informed choices regarding their healthcare and end-of-life decisions. The PSDA mandated that healthcare providers inform patients of their rights to make decisions about their medical care and to create advance directives, which reflects the societal movement towards respecting patient autonomy and self-determination in healthcare settings.

10. What is a common sign of imminent death?

- A. Skin infection
- B. Dysphagia**
- C. Fever
- D. Edema

Dysphagia, or difficulty swallowing, can be a common sign of imminent death, particularly in patients who are nearing the end of life due to various illnesses or conditions. This symptom often occurs as the body begins to shut down, and it may indicate that the body's systems are no longer functioning properly. As the body approaches death, reflexes that govern the swallowing mechanism can weaken, leading to increased difficulty in eating and drinking. In the context of end-of-life signs, dysphagia is often accompanied by other symptoms, such as changes in consciousness, reduced appetite, and diminished overall bodily functions. Understanding dysphagia in this way helps caregivers prepare for the natural progression of dying and provides insight into the needs of the individual during this time.

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://hospiceandpalliative-registerednurse.examzify.com>

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

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