

STROKE CERTIFIED REGISTERED NURSE (SCRN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 is the leading cause of long-term disability in adults in the United States?**
 - A. Heart Disease
 - B. Stroke
 - C. Cancer
 - D. Diabetes
- 2. In terms of brain function, what does apraxia mean?**
 - A. Inability to make decisions
 - B. Inability to perform purposeful actions due to brain damage
 - C. Inability to understand language
 - D. Inability to recognize familiar objects
- 3. Which scale is used to assess the likelihood of a patient experiencing another stroke after TIA?**
 - A. ABCD2 score
 - B. NIH Stroke Scale
 - C. Modified Rankin Scale
 - D. Cincinnati Prehospital Stroke Scale
- 4. What is the focus of acute stroke management?**
 - A. Childhood prevention strategies
 - B. Immediate restoration of blood flow to the brain
 - C. Long-term rehabilitation techniques
 - D. In-depth psychological evaluation
- 5. What is the most likely type of hemorrhage in a patient with a blood pressure of 260/140 and stroke-like symptoms?**
 - A. Subarachnoid hemorrhage
 - B. Basal ganglia hemorrhage
 - C. Cerebellar hemorrhage
 - D. Intracerebral hemorrhage

- 6. What term defines the period of time when a patient exhibits stroke symptoms but then recovers quickly?**
- A. Acute Stroke Syndrome
 - B. Transient Ischemic Attack (TIA)
 - C. Minor Stroke Episode
 - D. Stroke Mimic
- 7. Why are thrombolytics not suitable for certain patients?**
- A. They are effective for all patients.
 - B. They can cause hypotension in stable patients.
 - C. Risk of hemorrhage due to fragile blood vessels or high blood pressure.
 - D. They are only approved for outpatient use.
- 8. What is considered the most significant risk factor for stroke?**
- A. Diabetes
 - B. High cholesterol
 - C. Smoking
 - D. Hypertension
- 9. What is a common approach to manage spasticity following stroke?**
- A. Complete bed rest
 - B. Physical therapy and possible muscle relaxants
 - C. Increased fluid intake
 - D. Surgical intervention immediately
- 10. What does anisocoria refer to?**
- A. Unequal limbs
 - B. Unequal size of the eyes' pupils
 - C. Inability to speak
 - D. Loss of coordination

Answers

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

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Explanations

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1. What is the leading cause of long-term disability in adults in the United States?

- A. Heart Disease
- B. Stroke**
- C. Cancer
- D. Diabetes

Stroke is indeed the leading cause of long-term disability in adults in the United States. This is primarily due to the fact that a stroke can result in a wide range of physical, cognitive, and emotional impairments that greatly affect a person's ability to perform daily activities and maintain independence. The aftermath of a stroke can lead to difficulties such as paralysis, difficulty with speech, problems with memory and cognitive functions, and changes in mood or behavior. These factors contribute to a significant and prolonged impact on a person's quality of life and functional abilities. In addition, strokes are relatively common, with a substantial number of individuals experiencing them for the first time each year, further amplifying their potential to cause long-term disability among the adult population. Given these points, it is clear why stroke holds the title as the leading cause of long-term disability when compared to other health conditions listed.

2. In terms of brain function, what does apraxia mean?

- A. Inability to make decisions
- B. Inability to perform purposeful actions due to brain damage**
- C. Inability to understand language
- D. Inability to recognize familiar objects

Apraxia refers to a condition characterized by an individual's inability to perform purposeful actions or movements, despite having the physical capacity to do so. This condition arises from brain damage, specifically in areas associated with motor planning and execution, rather than a problem with muscle function or comprehension. Individuals with apraxia often understand the task at hand and may have the desire to perform it, but they struggle to coordinate their movements effectively to carry out the task. This understanding is critical in stroke care, as apraxia can significantly impact a patient's rehabilitation and daily functioning. The other definitions provided in the choices do not accurately reflect the meaning of apraxia. For instance, the inability to make decisions relates more to executive function disorders, while issues with understanding language pertain to aphasia. Similarly, the inability to recognize familiar objects refers to agnosia, indicating a different type of cognitive processing issue. Thus, the definition of apraxia as the inability to perform purposeful actions due to brain damage is precise and underscores the importance of motor planning in daily activities.

3. Which scale is used to assess the likelihood of a patient experiencing another stroke after TIA?

- A. ABCD2 score**
- B. NIH Stroke Scale
- C. Modified Rankin Scale
- D. Cincinnati Prehospital Stroke Scale

The ABCD2 score is specifically designed to assess the risk of stroke in patients who have experienced a transient ischemic attack (TIA). This scoring system evaluates several factors, including age, blood pressure, clinical features, duration of symptoms, and the presence of diabetes, to determine the likelihood of subsequent strokes. Each factor is assigned points, and the total score helps healthcare providers stratify the risk and guide management decisions for secondary stroke prevention. In contrast, the NIH Stroke Scale focuses on assessing the severity of an acute stroke rather than predicting the risk of future strokes after a TIA. The Modified Rankin Scale is used to evaluate overall disability in patients who have had a stroke, and the Cincinnati Prehospital Stroke Scale assists in identifying possible stroke symptoms in a prehospital setting, rather than assessing the risk following a TIA.

4. What is the focus of acute stroke management?

- A. Childhood prevention strategies
- B. Immediate restoration of blood flow to the brain**
- C. Long-term rehabilitation techniques
- D. In-depth psychological evaluation

Acute stroke management primarily emphasizes the immediate restoration of blood flow to the brain to minimize brain damage and preserve neurological function. This involves prompt interventions, such as administering thrombolytic therapy for ischemic strokes or performing surgical procedures for hemorrhagic strokes. The goal is to address the critical time window where brain tissue is at risk of ischemic injury, often referred to as "time is brain," highlighting the urgency of restoring blood flow as quickly as possible to improve patient outcomes. Other options, while essential in broader stroke care, do not align with the immediate objectives of acute management. For instance, childhood prevention strategies and long-term rehabilitation techniques focus on preventing stroke occurrences or assisting recovery post-stroke, respectively, but they are not central to the acute intervention phase. In-depth psychological evaluations may be necessary in comprehensive stroke care but do not pertain directly to the immediate medical care required during an acute stroke episode.

5. What is the most likely type of hemorrhage in a patient with a blood pressure of 260/140 and stroke-like symptoms?

- A. Subarachnoid hemorrhage
- B. Basal ganglia hemorrhage
- C. Cerebellar hemorrhage
- D. Intracerebral hemorrhage**

In a patient presenting with extremely high blood pressure, such as 260/140, along with stroke-like symptoms, an intracerebral hemorrhage is the most likely type of hemorrhage. Intracerebral hemorrhages occur when a blood vessel within the brain ruptures, leading to bleeding directly into the brain tissue. This type of hemorrhage is closely associated with hypertension, and the severely elevated blood pressure in the patient significantly increases the risk of such a hemorrhage. The clinical manifestations of an intracerebral hemorrhage typically include sudden focal neurological deficits, which aligns with the patient's stroke-like symptoms. This condition can also lead to increased intracranial pressure, further exacerbating the neurological deficits. While other types of hemorrhages can occur in stroke patients, they often present with different characteristics or associated symptoms, making them less likely in this scenario. Subarachnoid hemorrhage, for example, usually presents with a sudden, severe headache and is often associated with aneurysms rather than solely with high blood pressure. Basal ganglia and cerebellar hemorrhages, while they can relate to high blood pressure, would typically not present solely with a blood pressure reading this extreme without indicating a potential for a more diffuse intracerebral process

6. What term defines the period of time when a patient exhibits stroke symptoms but then recovers quickly?

- A. Acute Stroke Syndrome
- B. Transient Ischemic Attack (TIA)**
- C. Minor Stroke Episode
- D. Stroke Mimic

The term that defines the period when a patient exhibits stroke symptoms but then recovers quickly is known as a Transient Ischemic Attack (TIA). A TIA is characterized by temporary neurological deficits that typically last for less than 24 hours, often only a few minutes to hours. This phenomenon occurs due to a temporary decrease in blood flow to the brain, which does not result in permanent damage. It serves as a critical warning sign because individuals who experience a TIA are at a higher risk of having a full-blown stroke in the future. Understanding TIAs is crucial for patient education and management, as they can prompt immediate evaluation and intervention to mitigate the risk of subsequent strokes. By recognizing TIA symptoms and seeking prompt medical attention, healthcare providers can implement preventive strategies and improve long-term outcomes for patients at risk of stroke. Other terms do not accurately capture the essence of this brief, reversible episode of stroke-like symptoms. For instance, Acute Stroke Syndrome refers to ongoing stroke events that likely involve lasting deficits, while a Minor Stroke Episode, as a term, does not officially categorize the transient nature of the symptoms. Stroke Mimics refer to conditions that present with stroke-like symptoms but are not due to cerebrovascular events, which further emphasizes the uniqueness of

7. Why are thrombolytics not suitable for certain patients?

- A. They are effective for all patients.
- B. They can cause hypotension in stable patients.
- C. Risk of hemorrhage due to fragile blood vessels or high blood pressure.**
- D. They are only approved for outpatient use.

Thrombolytics, also known as clot busters, are powerful medications used to dissolve blood clots that can cause strokes. However, their use is not appropriate for all patients due to significant risks associated with their administration, particularly the risk of hemorrhage. Certain conditions increase the likelihood of bleeding complications, such as having fragile blood vessels, recent surgery, or uncontrolled hypertension. In patients with these conditions, the potential benefits of thrombolytics may be outweighed by the risk of causing severe internal bleeding, which can lead to further complications or worsen the patient's overall condition. In this context, the choice regarding the risk of hemorrhage due to fragile blood vessels or high blood pressure directly addresses the core concern with thrombolytics in specific patient populations. The therapeutic decision to use thrombolytics involves careful consideration of the patient's overall clinical picture, including any contraindications that may increase the risk of adverse effects like hemorrhage.

8. What is considered the most significant risk factor for stroke?

- A. Diabetes
- B. High cholesterol
- C. Smoking
- D. Hypertension**

Hypertension, or high blood pressure, is recognized as the most significant risk factor for stroke due to its pervasive impact on vascular health. Elevated blood pressure can lead to damage of the blood vessels, making them more susceptible to rupture or blockage, which are critical events that can precipitate a stroke. It contributes to both ischemic strokes, where blood flow to the brain is obstructed, and hemorrhagic strokes, where a blood vessel in the brain bursts. Managing hypertension effectively can reduce stroke risk significantly. This is supported by extensive clinical research that highlights the correlation between high blood pressure and stroke incidence; individuals with untreated hypertension are at a markedly higher risk of experiencing a stroke compared to those with well-managed blood pressure levels. Hence, recognizing hypertension as a primary risk factor underscores the importance of routine monitoring and lifestyle changes, as well as pharmacological interventions to lower blood pressure where necessary.

9. What is a common approach to manage spasticity following stroke?

- A. Complete bed rest
- B. Physical therapy and possible muscle relaxants**
- C. Increased fluid intake
- D. Surgical intervention immediately

Managing spasticity following a stroke often involves a multi-faceted approach that includes physical therapy and, in some cases, the use of muscle relaxants. Physical therapy is essential as it helps to promote movement, improve function, and reduce stiffness in affected muscles. Through targeted exercises and stretching, physical therapy can assist in decreasing the severity of spasticity, enhancing the patient's overall mobility and quality of life. Muscle relaxants may be prescribed to help manage muscle tightness and reduce severe spasticity when other interventions are insufficient. These medications can aid in the overall management of the condition, enabling patients to engage more effectively in their rehabilitation efforts. In contrast, complete bed rest may lead to deconditioning and does not address the underlying issues of spasticity. Increased fluid intake, while important for overall health, does not directly influence muscle tone or spasticity management. Surgical intervention, although sometimes a consideration for severe cases, is not a first-line response and typically involves more complex decision-making based on individual circumstances. Therefore, the combination of physical therapy and the potential use of muscle relaxants represents a common and effective strategy for managing spasticity following a stroke.

10. What does anisocoria refer to?

- A. Unequal limbs
- B. Unequal size of the eyes' pupils**
- C. Inability to speak
- D. Loss of coordination

Anisocoria specifically refers to the condition of having unequal sizes of the pupils in the eyes. This phenomenon can occur due to a variety of reasons, including physiological variations, neurological conditions, or as a response to certain medications. When one pupil is larger than the other, it can indicate underlying health issues, particularly in the neurological system. Recognizing anisocoria is crucial in a clinical setting, as it can be a significant sign that warrants further investigation for potential causes such as traumatic brain injury, intracranial hemorrhage, or other neurological disorders. In this context, the other options do not accurately describe anisocoria. For instance, unequal limbs would refer to a condition affecting the extremities, while inability to speak is more associated with aphasia or dysarthria. Loss of coordination relates to ataxia, which is a different symptom entirely. Therefore, understanding that anisocoria pertains exclusively to pupil size helps clarify its significance in neurological assessments.

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://strokecertifiedregisterednurse.examzify.com>

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

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