

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

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://strokecertifiedregisterednurse.examzify.com>



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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. In a patient exhibiting slow speech with inappropriate silences, what speech disorder is likely present?**
 - A. Aphasia
 - B. Dysarthria
 - C. Apraxia
 - D. Fluent speech

- 2. Which scale is commonly used to assess stroke severity?**
 - A. Glasgow Coma Scale (GCS)
 - B. National Institutes of Health Stroke Scale (NIHSS)
 - C. Fugl-Meyer Assessment
 - D. Modified Rankin Scale

- 3. What lifestyle change is recommended to lower stroke risk?**
 - A. Increased alcohol consumption
 - B. Regular aerobic exercise
 - C. Smoking cessation
 - D. Higher salt intake

- 4. What lab test is important for evaluating coagulation status pre-thrombolysis?**
 - A. INR or aPTT
 - B. Complete blood count
 - C. Liver function tests
 - D. C-reactive protein

- 5. Which cognitive change can result from a stroke affecting the frontal lobe?**
 - A. Improved memory retention
 - B. Impaired judgment or decision-making
 - C. Enhanced analytical skills
 - D. Greater attention span

- 6. Which of the following is a primary presentation symptom of cerebral venous thrombosis?**
- A. Seizures
 - B. Headache
 - C. Speech loss
 - D. Paresthesia
- 7. What percentage of all strokes occur in patients under the age of 75?**
- A. 25%
 - B. 50%
 - C. 10%
 - D. 15%
- 8. Which type of stroke occurs when a blood vessel bursts?**
- A. Ischemic Stroke
 - B. Hemorrhagic Stroke
 - C. Cryptogenic Stroke
 - D. Transient Ischemic Attack
- 9. Which outcome is desirable during the early stages of stroke rehabilitation?**
- A. Immediate return to work
 - B. Early engagement in social activities
 - C. Achievement of small daily goals
 - D. Minimal interaction with therapists
- 10. Which condition is associated with sixth nerve palsy?**
- A. Ischemic stroke
 - B. Aneurysm in the cavernous sinus
 - C. Carotid artery dissection
 - D. Subarachnoid hemorrhage

Answers

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

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Explanations

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1. In a patient exhibiting slow speech with inappropriate silences, what speech disorder is likely present?

- A. Aphasia
- B. Dysarthria**
- C. Apraxia
- D. Fluent speech

In a patient exhibiting slow speech with inappropriate silences, dysarthria is likely present. Dysarthria is characterized by weakened or altered ability to control the muscles involved in speech due to neurological impairment. This can manifest as slow and slurred speech that may have irregular pauses, leading to the inappropriate silences noted in the scenario. While aphasia involves language processing difficulties and can affect the fluency and comprehension of speech, it typically does not present with the physical slowness or disordered articulation seen in dysarthria. Apraxia, on the other hand, refers to difficulty with the motor planning necessary for speech production, which may lead to inconsistent speech errors but is not primarily characterized by the slowed speech patterns mentioned. Fluent speech is generally not associated with any speech disorder, as it implies a normal rhythm and pace of conversation. Therefore, the combination of slow speech and inappropriate silences strongly suggests dysarthria is impacting the patient's ability to articulate words effectively.

2. Which scale is commonly used to assess stroke severity?

- A. Glasgow Coma Scale (GCS)
- B. National Institutes of Health Stroke Scale (NIHSS)**
- C. Fugl-Meyer Assessment
- D. Modified Rankin Scale

The National Institutes of Health Stroke Scale (NIHSS) is the correct choice for assessing stroke severity. This scale is specifically designed to provide a quantitative measure of stroke-related neurological deficits. It evaluates various domains, such as consciousness, vision, movement, sensation, speech, and language, giving clinicians a comprehensive assessment of the impact of a stroke on a patient's functioning. The NIHSS is widely used in clinical settings and research because it helps determine the prognosis and guides treatment decisions. Its scoring system allows healthcare professionals to track changes in a patient's condition over time, making it an essential tool in acute stroke management. In contrast, the Glasgow Coma Scale primarily assesses the level of consciousness and responsiveness in patients with brain injuries, rather than providing a broad overview of functional deficits specific to strokes. The Fugl-Meyer Assessment focuses on physical rehabilitation post-stroke and is used to evaluate motor function, balance, sensation, and joint function, but it is not a direct measure of stroke severity at the time of presentation. The Modified Rankin Scale measures the degree of disability or dependence in patients after a stroke but is more focused on long-term outcomes rather than acute assessment.

3. What lifestyle change is recommended to lower stroke risk?

- A. Increased alcohol consumption
- B. Regular aerobic exercise
- C. Smoking cessation**
- D. Higher salt intake

Regular aerobic exercise is a key lifestyle change recommended to lower stroke risk. Engaging in regular physical activity helps improve cardiovascular health, manage weight, and reduce blood pressure, all of which are essential factors in lowering the likelihood of experiencing a stroke. Aerobic exercises, such as walking, running, swimming, and cycling, enhance blood circulation and help maintain a healthy cardiovascular system. Additionally, exercising can positively impact cholesterol levels and glucose metabolism, further reducing stroke risk. In contrast, increasing alcohol consumption, smoking, and higher salt intake are all risk factors associated with an increased likelihood of stroke. Increased alcohol consumption can lead to hypertension and other cardiovascular problems, smoking is a major risk factor that contributes to both stroke and heart disease due to the damage it causes to blood vessels, and a higher salt intake can raise blood pressure, which is a significant risk factor for stroke. Therefore, regular aerobic exercise stands out as a beneficial lifestyle choice that actively contributes to reducing stroke risk.

4. What lab test is important for evaluating coagulation status pre-thrombolysis?

- A. INR or aPTT**
- B. Complete blood count
- C. Liver function tests
- D. C-reactive protein

Evaluating coagulation status prior to thrombolysis is crucial, as the use of thrombolytic agents in patients with acute ischemic stroke can lead to serious complications, including hemorrhagic transformation if the coagulation parameters are not within acceptable limits. The International Normalized Ratio (INR) and activated Partial Thromboplastin Time (aPTT) are the primary tests used to assess coagulation status. INR is particularly significant for patients on anticoagulant therapy, such as warfarin, as it helps determine the risk of bleeding. aPTT evaluates the intrinsic and common pathways of coagulation and is important in assessing the efficacy of heparin therapy. Together, these tests provide comprehensive insight into whether a patient can safely receive thrombolytic therapy without significantly increasing their risk of bleeding during or after the procedure. The remaining options do not specifically measure coagulation status. A complete blood count primarily assesses overall hematological health but does not provide direct information on coagulation factors. Liver function tests evaluate the liver's ability to produce proteins necessary for clotting but do not directly measure coagulation. C-reactive protein is an inflammatory marker and does not have any role in assessing coagulation status. Thus, INR and aPT

5. Which cognitive change can result from a stroke affecting the frontal lobe?

- A. Improved memory retention
- B. Impaired judgment or decision-making**
- C. Enhanced analytical skills
- D. Greater attention span

A stroke affecting the frontal lobe can lead to significant changes in cognition, particularly in judgment and decision-making abilities. The frontal lobe is crucial for executive functions, which include reasoning, planning, problem-solving, and the ability to control impulses. When a stroke impairs this area, individuals may struggle with assessing situations effectively and making sound decisions. This can manifest as poor judgment in daily activities, difficulty weighing options, or an inability to foresee the consequences of actions, ultimately impacting their ability to interact successfully with their environment. In contrast, options like improved memory retention, enhanced analytical skills, and a greater attention span do not typically align with the cognitive deficits observed following frontal lobe damage. These functions may actually decline as executive functions become disrupted in the wake of a stroke. Understanding this relationship between stroke location and cognitive function is essential for providing appropriate care and support to affected individuals.

6. Which of the following is a primary presentation symptom of cerebral venous thrombosis?

- A. Seizures
- B. Headache**
- C. Speech loss
- D. Paresthesia

Cerebral venous thrombosis (CVT) is a condition characterized by the formation of a thrombus in the cerebral venous system, leading to increased intracranial pressure and various neurological symptoms. One of the primary presentation symptoms of CVT is headache, which can often be described as a new, persistent headache that may worsen over time. This type of headache is particularly notable because it may differ from typical headaches in that it can be accompanied by other signs of elevated intracranial pressure, such as nausea and vomiting. The headache associated with CVT can be due to venous congestion and the resulting pressure effects on the brain. Patients might also present with other neurological symptoms, but the headache is a hallmark symptom that prompts further investigation into the underlying cause, such as imaging studies. While seizures, speech loss, and paresthesia can occur in cases of CVT, they are generally secondary manifestations resulting from the complications of the thrombosis, such as swelling, infarction, or hemorrhage, rather than the primary symptoms. Therefore, headache stands out as the most common initial complaint in patients with cerebral venous thrombosis.

7. What percentage of all strokes occur in patients under the age of 75?

A. 25%

B. 50%

C. 10%

D. 15%

The information regarding the percentage of strokes that occur in patients under the age of 75 highlights a critical aspect of stroke epidemiology. While the specific statistic may vary slightly based on the region and study, it is generally recognized that a significant portion of strokes can occur in younger individuals, but it is often less than half. The correct answer being 25% aligns with the understanding that while strokes commonly affect older adults due to factors like hypertension and atherosclerosis, a notable number of strokes still occur in patients younger than 75. This emphasizes the importance of recognizing risk factors and prevention strategies in younger populations, who may be less frequently considered at risk for a stroke compared to older adults. In contrast, the other options reflect percentages that would typically be considered too high or too low based on current epidemiological data. For instance, options that suggest a significantly higher percentage would misrepresent the actual demographic trends observed in stroke incidence. Understanding these statistics is vital for healthcare providers in order to implement effective education and prevention measures in appropriate age groups.

8. Which type of stroke occurs when a blood vessel bursts?

A. Ischemic Stroke

B. Hemorrhagic Stroke

C. Cryptogenic Stroke

D. Transient Ischemic Attack

A hemorrhagic stroke occurs when a blood vessel in the brain ruptures, leading to bleeding in or around the brain tissue. This type of stroke is distinct from ischemic strokes, which result from a blockage or obstruction in the blood vessels supplying the brain. The rupture of a blood vessel can be caused by various factors, including high blood pressure, aneurysms, or arteriovenous malformations. Hemorrhagic strokes can lead to an immediate decrease in blood supply to areas of the brain, resulting in damage and potentially severe outcomes, depending on the location and extent of the bleeding. Recognizing this type of stroke is crucial, as the treatment and management differ significantly from those of ischemic strokes. Quick identification and appropriate response can be life-saving in these cases.

9. Which outcome is desirable during the early stages of stroke rehabilitation?

- A. Immediate return to work
- B. Early engagement in social activities
- C. Achievement of small daily goals**
- D. Minimal interaction with therapists

Achievement of small daily goals is a highly desirable outcome during the early stages of stroke rehabilitation because it fosters a sense of accomplishment and motivation for the patient. Setting and reaching small, attainable goals can enhance the patient's confidence and encourage a positive attitude towards recovery. These small victories help to build the skills and abilities needed for further rehabilitation efforts, ultimately contributing to greater independence and quality of life. In the context of recovery, this approach aligns well with rehabilitation practices that emphasize gradual progress and personalized goal-setting. By focusing on small, achievable milestones, healthcare providers can better tailor interventions to the patient's individual needs and monitor progress effectively. Other options, such as immediate return to work or early engagement in social activities, may not be practical or safe during the initial recovery phase, as patients often need time to regain strength and cognitive function. Minimal interaction with therapists is contrary to the principles of effective rehabilitation, where active involvement with healthcare professionals is crucial for recovery.

10. Which condition is associated with sixth nerve palsy?

- A. Ischemic stroke
- B. Aneurysm in the cavernous sinus**
- C. Carotid artery dissection
- D. Subarachnoid hemorrhage

The condition associated with sixth nerve palsy is often linked to an aneurysm in the cavernous sinus. The abducens nerve (cranial nerve VI) is responsible for lateral eye movement, and when it is affected by a mass effect or direct compression due to an aneurysm in this area, it can lead to diplopia (double vision) and an inability to abduct the affected eye. The cavernous sinus is a significant location where various cranial nerves and vasculature are located, making it susceptible to pathological conditions such as aneurysms that can directly influence the function of cranial nerve VI. In the context of other conditions mentioned, while ischemic strokes and carotid artery dissections can affect cranial nerve function, they are less commonly associated specifically with sixth nerve palsy compared to aneurysms in the cavernous sinus. Similarly, subarachnoid hemorrhages can also lead to various neurological deficits, but direct involvement of the sixth cranial nerve is not as characteristic as with cavernous sinus aneurysms. Therefore, the association of sixth nerve palsy with an aneurysm in the cavernous sinus is well-established and is the most relevant choice in this scenario.

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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