

FREE PRACTICE / SAVE IT. PRINT IT. WORK THROUGH IT.

Your free OCN practice test.

20 questions. Space for your answers. Clear explanations when you are ready to check.

20 questions

No account needed

Answers at the end

Make a first attempt before you check.

Use the same question order as the online test. Choose one answer unless instructed otherwise. For select-all-that-apply items, select every correct option; for numeric items, write the number requested. The answer section starts after all 20 questions.

Your answer sheet

01 _____	02 _____	03 _____	04 _____
05 _____	06 _____	07 _____	08 _____
09 _____	10 _____	11 _____	12 _____
13 _____	14 _____	15 _____	16 _____
17 _____	18 _____	19 _____	20 _____

One point per question. Select-all-that-apply questions require the complete correct set; there is no partial credit. A 20-question score is sample accuracy, not an official result or a prediction of passing.

Prefer to answer online? <https://aipreptest.com/free-ocn-practice-test/>

This booklet contains the same free sample as the website. It is independent AceltPrep educational material, not an official exam or a substitute for required course materials. Clinical content is for study, not patient-specific instructions.

PART 1 / MAKE YOUR OWN ATTEMPT

Questions

Record your choices on the answer sheet. Check the key only after Question 20.

QUESTION 01 / Oncologic Emergencies

A patient with bulky lymphoma develops nausea and reduced urine output 18 hours after the first chemotherapy dose. Potassium is 6.2 mmol/L, phosphate and uric acid are elevated, and calcium has fallen. Which complication best explains this pattern?

- A. Hypercalcemia of malignancy
 - B. Syndrome of inappropriate antidiuretic hormone secretion
 - C. Tumor lysis syndrome
 - D. Disseminated intravascular coagulation
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QUESTION 02 / Oncology Nursing Practice

Tumor sequencing identifies a BRCA2 alteration in a patient with prostate cancer. He asks whether his daughter must have inherited it. Which response is most accurate?

- A. The tumor result may warrant germline evaluation; it does not establish your daughter's status.
 - B. Because BRCA2 is involved, the tumor result confirms the same alteration in your daughter.
 - C. Because the sample came from the tumor, the alteration cannot have been inherited.
 - D. Family testing should begin with your daughter instead of clarifying your own germline result.
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QUESTION 03 / Treatment Modalities

A patient receiving pembrolizumab reports six additional watery stools per day above baseline, abdominal cramping, and new blood in the stool. What is the nurse's priority?

- A. Recommend an antidiarrheal and reassess at the next scheduled infusion.
 - B. Advise increasing fiber and continue the current treatment schedule unchanged.
 - C. Explain that immune effects end between doses, so assess for dietary intolerance first.
 - D. Arrange urgent assessment by the oncology team for possible immune-related colitis.
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QUESTION 04 / Symptom Management & Supportive Care

A patient receiving chemotherapy has painful mouth ulcers and is avoiding fluids. There is no active oral bleeding. Which nursing plan best supports comfort and hydration while further assessment is arranged?

- A. Use an alcohol-containing rinse frequently to disinfect the ulcers before drinking.
 - B. Use gentle oral care and bland rinses, address pain, and assess hydration and intake.
 - C. Avoid oral cleaning entirely until the ulcers have completely healed.
 - D. Choose acidic juices and hot liquids to stimulate saliva and increase fluid intake.
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QUESTION 05 / Care Continuum

A patient with metastatic lung cancer is starting another systemic treatment. Persistent breathlessness and fatigue are limiting daily activity. She says, "Palliative care means I have to stop treatment." Which explanation is best?

- A. Palliative care becomes appropriate only when there are no treatment options left.
 - B. Palliative care can help with symptoms and goals while your cancer treatment continues.
 - C. Accepting palliative care automatically changes the plan to hospice-only treatment.
 - D. Palliative care is mainly for pain, so breathlessness should be managed elsewhere.
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QUESTION 06 / Psychosocial Dimensions of Care

At a follow-up visit, a breast cancer survivor says, "Every ache makes me think the cancer is back. I'm hardly sleeping." What is the most helpful initial response?

- A. "Your last scan was clear, so you do not need to worry about these symptoms."
 - B. "Try not to think about recurrence; a positive attitude is what matters now."
 - C. "I will arrange reassurance scans whenever you notice a new ache."
 - D. "That sounds exhausting. Tell me how these worries are affecting your day and sleep."
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QUESTION 07 / Oncologic Emergencies

A patient with vertebral metastases reports worsening back pain, new leg weakness, and difficulty starting urination. What should the oncology nurse do first?

- A. Escalate immediately for emergency assessment of possible spinal cord compression.
 - B. Give the prescribed breakthrough analgesic and reassess at tomorrow's visit.
 - C. Encourage walking to distinguish pain-related guarding from true muscle weakness.
 - D. Collect a urine specimen and await the result before contacting the provider.
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QUESTION 08 / Oncology Nursing Practice

A patient's biopsy report describes a high-grade tumor. Staging investigations have not yet been completed. He asks whether "high grade" means the cancer has spread to distant organs. Which response is correct?

- A. High grade means distant spread has already been demonstrated on the biopsy.
 - B. Grade is determined only by tumor size, so additional imaging cannot change the interpretation.
 - C. Grade describes the cells' appearance; separate staging assessment determines the extent of spread.
 - D. A high-grade result replaces staging because both describe the same feature.
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QUESTION 09 / Treatment Modalities

A patient receiving external-beam radiation to the chest worries that hugging a young grandchild after treatment will expose the child to radiation. No radioactive implant or radiopharmaceutical is being used. Which teaching is appropriate?

- A. Avoid close contact with children until the entire radiation course is complete.
 - B. Sleep separately for several days because the treated area continues emitting radiation.
 - C. Use separate dishes because saliva may contain radiation after each session.
 - D. External-beam treatment does not make you radioactive; ordinary contact afterward is safe.
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QUESTION 10 / Symptom Management & Supportive Care

A patient starting scheduled morphine for cancer pain has normal bowel movements and no suspected bowel obstruction. Which discharge plan best anticipates a common adverse effect?

- A. Wait until the patient has gone a week without a bowel movement before intervening.
 - B. Discuss a preventive bowel regimen with the team and monitor bowel function.
 - C. Recommend reducing the morphine whenever a bowel movement is missed.
 - D. Explain that increasing fiber alone reliably prevents constipation from scheduled opioids.
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QUESTION 11 / Care Continuum

A patient has completed treatment for lymphoma and is transferring routine care to a primary care clinician. Which document best supports coordinated follow-up?

- A. The final normal laboratory report, without the earlier treatment history.
 - B. A generic cancer-prevention leaflet with no treatment-specific recommendations.
 - C. A treatment summary and individualized follow-up plan shared with the patient and primary clinician.
 - D. An instruction to return to oncology only if a new symptom becomes severe.
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QUESTION 12 / Psychosocial Dimensions of Care

A 29-year-old patient is scheduled to begin chemotherapy that may affect fertility. She says she hopes to have children later but is afraid to delay cancer care. What is the nurse's best next step?

- A. Promptly coordinate a fertility-preservation discussion with oncology before treatment begins.
 - B. Reassure her that regular menstrual periods guarantee fertility will be preserved.
 - C. Suggest waiting until chemotherapy is complete before raising the issue with oncology.
 - D. Independently postpone chemotherapy until an egg-freezing cycle is completed.
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QUESTION 13 / Oncologic Emergencies

Eight days after chemotherapy, a patient with an absolute neutrophil count of 300/ μ L calls about a temperature of 38.5°C (101.3°F) and shaking chills. Which instruction is the priority?

- A. Arrange immediate medical assessment according to the oncology emergency instructions.
 - B. Take acetaminophen and call again only if the temperature remains elevated tomorrow.
 - C. Monitor at home because fever is an expected effect near the blood-count nadir.
 - D. Avoid fluids until cultures are collected at the next scheduled appointment.
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QUESTION 14 / Oncology Nursing Practice

A patient enrolled in a cancer clinical trial says, “I signed the form, but I no longer want the study treatment.” What is the nurse’s best response?

- A. Explain that signing the consent form commits the patient until the protocol ends.
 - B. Continue study treatment until the sponsor decides whether withdrawal is permitted.
 - C. Notify the research team, explore the concerns, and support the patient’s right to withdraw.
 - D. Warn that withdrawing means the patient must forgo all future cancer care.
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QUESTION 15 / Symptom Management & Supportive Care

A patient’s platelet count is 18,000/ μ L after chemotherapy. During assessment, the patient reports black, tarry stools and dizziness when standing. What should the nurse prioritize?

- A. Focus first on switching to a softer toothbrush and review the stools at the next visit.
 - B. Escalate promptly for assessment of possible gastrointestinal bleeding and hemodynamic compromise.
 - C. Attribute the stool color to diet without asking about bleeding or checking vital signs.
 - D. Encourage an over-the-counter NSAID to treat discomfort while waiting for routine review.
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QUESTION 16 / Treatment Modalities

During a peripheral IV doxorubicin infusion, a patient reports burning and the nurse sees swelling at the catheter site. Extravasation is suspected. What is the most appropriate immediate action?

- A. Flush the catheter with saline to clear the drug before assessing the swelling.
 - B. Remove the catheter immediately before stopping and disconnecting the infusion.
 - C. Reduce the rate and continue if blood return can still be obtained.
 - D. Stop the infusion, leave the catheter in place, and initiate the extravasation protocol.
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QUESTION 17 / Care Continuum

A patient has missed two radiation appointments because the bus route changed. He wants to continue treatment and has no new symptoms. What is the nurse's best response?

- A. Document nonadherence and wait for the patient to arrange a different route independently.
 - B. Advise the patient to combine the missed radiation fractions into one future visit.
 - C. Assess transport needs and coordinate navigation or social-work support with the treatment team.
 - D. Recommend stopping radiation because transport problems suggest poor motivation.
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QUESTION 18 / Symptom Management & Supportive Care

A patient receiving treatment reports persistent fatigue. Assessment finds no acute infection, unstable cardiopulmonary condition, or other immediate contraindication to activity. Which plan is most appropriate?

- A. Recommend complete bed rest until the fatigue disappears entirely.
 - B. Advise pushing through fatigue with vigorous exercise regardless of symptoms.
 - C. Explain that fatigue is unavoidable, so further assessment or follow-up is unnecessary.
 - D. Plan tolerable activity with rest periods and reassess fatigue and contributing factors.
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QUESTION 19 / Symptom Management & Supportive Care

A patient has lost 5% of body weight in one month during treatment and says food tastes metallic. Nausea is controlled, but meals are becoming smaller. What should the nurse do next?

- A. Assess intake and barriers, and arrange early nutrition support with the oncology dietitian.
 - B. Recommend a restrictive cleansing diet to remove the metallic taste before increasing calories.
 - C. Wait until the patient reaches a low BMI before requesting nutrition support.
 - D. Assume the weight loss is beneficial if the patient's pretreatment BMI was elevated.
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QUESTION 20 / Treatment Modalities

Before a chemotherapy regimen with a high risk of nausea and vomiting, a patient says, "I feel fine now, so I'll save all my prescribed preventive nausea medicines until I start vomiting." What is the best teaching?

- A. Wait for repeated vomiting before starting any of the prescribed preventive medicines.
 - B. Follow the prescribed preventive schedule even when you feel well, and clarify the rescue plan.
 - C. Take all scheduled and rescue doses together immediately before chemotherapy.
 - D. Skip prevention if you had no nausea with a different chemotherapy regimen in the past.
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PART 2 / CHECK THE REASONING

Answer key & explanations

Match each number to your answer sheet. Then read the explanation, including for any answer you guessed correctly.

Question	Answer	Question	Answer
1	C	11	C
2	A	12	A
3	D	13	A
4	B	14	C
5	B	15	B
6	D	16	D
7	A	17	C
8	C	18	D
9	D	19	A
10	B	20	B

For numeric questions, the table shows the number only. The full answer below includes the requested unit.

REVIEW / UNDERSTAND THE DECIDING CLUE

Why the answers fit.

1. Recognizing tumor lysis syndrome

Correct answer: C. Tumor lysis syndrome

Rapid breakdown of malignant cells releases potassium, phosphate, and nucleic acids. The resulting electrolyte changes and uric acid burden can injure the kidneys and trigger arrhythmias. This pattern requires urgent oncology assessment and monitoring, not routine follow-up.

2. Tumor testing versus inherited cancer risk

Correct answer: A. The tumor result may warrant germline evaluation; it does not establish your daughter's status.

A change detected in a tumor can be acquired in the tumor or inherited. Tumor-only testing cannot establish that a relative carries it. Genetic counseling and appropriate germline testing can clarify inherited risk and guide family testing.

3. Recognizing immune-related colitis

Correct answer: D. Arrange urgent assessment by the oncology team for possible immune-related colitis.

Checkpoint inhibitors can cause inflammatory colitis. Frequent diarrhea with pain or bleeding warrants prompt assessment for immune toxicity and other causes. Waiting for a routine visit or treating symptoms alone can delay necessary care.

4. Mucositis and maintaining oral intake

Correct answer: B. Use gentle oral care and bland rinses, address pain, and assess hydration and intake.

Oral pain can compromise intake. Gentle oral care, bland rinses, appropriate pain control, and assessment of hydration help prevent further injury. Suspected infection or inability to maintain intake requires clinical review rather than simply changing toothpaste.

5. Palliative care alongside cancer treatment

Correct answer: B. Palliative care can help with symptoms and goals while your cancer treatment continues.

Palliative care addresses symptoms, communication, and quality of life alongside disease-directed care. Referral does not itself require stopping anticancer treatment or choosing hospice. The plan should reflect the patient's goals.

6. Responding to fear of recurrence

Correct answer: D. "That sounds exhausting. Tell me how these worries are affecting your day and sleep."

Acknowledge the concern and explore its effect on functioning before tailoring support. New or persistent symptoms still need appropriate clinical assessment. Reassurance without assessment can dismiss distress and miss a useful opportunity for care.

7. Escalating possible spinal cord compression

Correct answer: A. Escalate immediately for emergency assessment of possible spinal cord compression.

New neurologic and bladder symptoms in a patient with vertebral disease raise concern for spinal cord compression. Urgent escalation and assessment are needed to protect neurologic function. Treating pain alone or waiting for routine follow-up is inadequate.

8. Distinguishing cancer grade from stage

Correct answer: C. Grade describes the cells' appearance; separate staging assessment determines the extent of spread.

Grade describes microscopic characteristics of the tumor. Stage describes the extent of disease using the relevant staging system. A high grade can suggest aggressive biology but does not by itself demonstrate distant metastasis.

9. Teaching about external-beam radiation

Correct answer: D. External-beam treatment does not make you radioactive; ordinary contact afterward is safe.

External-beam treatment does not leave a radioactive source inside the patient. Routine contact does not expose family members to radiation from that treatment. Instructions differ when an internal source or systemic radioactive therapy is used.

10. Preventing opioid-related constipation

Correct answer: B. Discuss a preventive bowel regimen with the team and monitor bowel function.

Constipation should be anticipated when regular opioids are started. Assess the baseline bowel pattern and arrange an individualized preventive bowel regimen, with follow-up. Adequate pain relief and proactive adverse-effect management belong in the same plan.

11. Planning survivorship follow-up

Correct answer: C. A treatment summary and individualized follow-up plan shared with the patient and primary clinician.

A survivorship care plan connects the treatment history with individualized follow-up, late-effect considerations, and responsibilities of the care team. It should support communication between oncology, primary care, and the patient.

12. Fertility goals before treatment

Correct answer: A. Promptly coordinate a fertility-preservation discussion with oncology before treatment begins.

Fertility goals should be discussed before potentially gonadotoxic treatment when possible. Prompt coordination with oncology and a fertility specialist allows options and timing to be considered without the nurse independently delaying cancer treatment.

13. Urgent assessment of fever with neutropenia

Correct answer: A. Arrange immediate medical assessment according to the oncology emergency instructions.

Fever with severe neutropenia can indicate a life-threatening infection. The patient needs immediate assessment through the oncology emergency pathway. Antipyretics may hide fever and should not delay evaluation.

14. Respecting withdrawal from a clinical trial

Correct answer: C. Notify the research team, explore the concerns, and support the patient's right to withdraw.

Informed consent is an ongoing process, and participation is voluntary. The team should discuss the patient's concerns, explain any relevant follow-up or safety steps, and coordinate appropriate care without treating the original signature as an obligation to continue.

15. Recognizing significant bleeding risk

Correct answer: B. Escalate promptly for assessment of possible gastrointestinal bleeding and hemodynamic compromise.

Melena and orthostatic symptoms can indicate clinically significant bleeding, especially with marked thrombocytopenia. Prompt assessment and escalation take priority over routine safety teaching or assuming an unrelated cause.

16. Initial response to vesicant extravasation

Correct answer: D. Stop the infusion, leave the catheter in place, and initiate the extravasation protocol.

Stop the infusion immediately and activate the extravasation procedure. Leave the vascular access device in place initially for assessment and aspiration as directed; do not flush it. Further steps, including antidotes and compresses, depend on the drug and local protocol.

17. Addressing a practical treatment barrier

Correct answer: C. Assess transport needs and coordinate navigation or social-work support with the treatment team.

A practical barrier should prompt coordinated support, not an assumption that the patient is unwilling to participate. Navigation and social-work resources can help identify transport options while the treatment team addresses scheduling and missed sessions.

18. Individualizing activity for cancer-related fatigue

Correct answer: D. Plan tolerable activity with rest periods and reassess fatigue and contributing factors.

Cancer-related fatigue needs assessment for treatable contributors and an individualized plan. When appropriate, manageable physical activity, pacing, and restorative rest can help. Continuous bed rest may worsen deconditioning rather than resolve persistent fatigue.

19. Escalating weight loss and poor intake

Correct answer: A. Assess intake and barriers, and arrange early nutrition support with the oncology dietitian.

Unintended weight loss and reduced intake warrant nutritional assessment, including symptoms that interfere with eating. Early dietitian involvement can support an individualized plan rather than relying on generic dietary rules.

20. Timing prescribed antiemetic prevention

Correct answer: B. Follow the prescribed preventive schedule even when you feel well, and clarify the rescue plan.

Antiemetics may be prescribed before treatment and on a planned schedule to prevent nausea and vomiting. The patient should follow the regimen-specific instructions, including how to use rescue medication and when to contact the team.

Review one missed concept, then check it with a fresh question. Full OCN preparation: <https://aipreptest.com/exams/ocn/>