

Advanced Medical-Surgical CJE Practice Exam (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. What should the nurse do if a tracheostomy cuff pressure is noted to be 12 cm H₂O?**
 - A. Inflate the cuff to 20 cm H₂O**
 - B. Deflate the cuff**
 - C. Notify the physician**
 - D. Change the tracheostomy tube**

- 2. What condition is the 21-year-old client most likely experiencing with reports of fatigue and shortness of breath?**
 - A. Anemia**
 - B. Sickle cell anemia**
 - C. Pulmonary embolism**
 - D. Asthma**

- 3. Which client should be assessed first in the burn unit?**
 - A. A 45-year-old with minor burns to the arm**
 - B. A 68-year-old with circumferential burns**
 - C. A 30-year-old with superficial burns**
 - D. A 50-year-old with first-degree burns**

- 4. What symptom may indicate a complication after an open cholecystectomy?**
 - A. Increased appetite.**
 - B. Cramping and passing blood in stool.**
 - C. Warmth and redness at the incision site.**
 - D. Elevated heart rate.**

- 5. What additional finding from cerebrospinal fluid is critical to report after a lumbar puncture for suspected meningitis?**
 - A. Leukocyte count 2000 mm³**
 - B. Glucose 60 mg/dL**
 - C. Protein 100 mg/dL**
 - D. Red blood cell count 100 mm³**

- 6. A client diagnosed with otitis externa reports no relief from prescribed antibiotic ear drops. Which response by the nurse is most appropriate?**
- A. "You should stop taking the medication if it doesn't work."**
 - B. "You might need to give it a few more days to be effective."**
 - C. "The medication should start working in a few hours."**
 - D. "You should return to the clinic immediately."**
- 7. For a client with Addison's disease, which medication is a priority for the nurse to administer?**
- A. Fludrocortisone 0.1 mg**
 - B. Hydrocortisone 200 mg IV**
 - C. Dexamethasone 4 mg IV**
 - D. Methylprednisolone 80 mg IV**
- 8. Which statement by a client about breast cancer screenings indicates a need for further education?**
- A. I need biennial screenings regardless of family history.**
 - B. I will start annual screenings at age 40.**
 - C. Since I'm healthy, I can wait until I am 50.**
 - D. I have family history; I will screen yearly.**
- 9. Where should the nurse perform the insertion for a chest tube in a client with a left-sided pneumothorax?**
- A. Right midaxillary line at the 4th-5th intercostal**
 - B. Left midaxillary line at the 4th-5th intercostal**
 - C. Left anterior axillary line at the 2nd-3rd intercostal**
 - D. Midsternal line at the 6th intercostal**
- 10. Which of the following is an effective strategy to enhance staff safety in the workplace?**
- A. Provide entertainment in the break room**
 - B. Prohibit the use of personal protective equipment**
 - C. Ensure all staff members receive annual flu vaccines**
 - D. Limit staff training sessions to once a year**

Answers

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

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Explanations

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1. What should the nurse do if a tracheostomy cuff pressure is noted to be 12 cm H₂O?

A. Inflate the cuff to 20 cm H₂O

B. Deflate the cuff

C. Notify the physician

D. Change the tracheostomy tube

Maintaining appropriate cuff pressure in a tracheostomy tube is critical for ensuring ventilation effectiveness and preventing complications such as aspiration and tracheal injury. The recommended cuff pressure for tracheostomy tubes typically ranges between 20 to 30 cm H₂O. A pressure of 12 cm H₂O is considered to be too low, which can lead to insufficient sealing around the tracheostomy tube and increase the risk of aspiration of secretions into the lungs. Inflating the cuff to a target pressure of 20 cm H₂O is essential to establish a proper seal while minimizing trauma to tracheal tissue. This action enhances ventilation by ensuring that the air delivered through the tube does not escape, thereby improving respiratory efficacy. It also helps protect the airway from the entry of fluids and contaminants. Monitoring cuff pressure is a routine part of care and should be performed regularly to ensure that the levels remain within the acceptable range. While deflating the cuff, notifying the physician, or changing the tracheostomy tube could be appropriate in specific scenarios or complications, the immediate action needed when the cuff pressure is low is to inflate it to the ideal pressure to maintain patient safety and optimize the effectiveness of ventilation.

2. What condition is the 21-year-old client most likely experiencing with reports of fatigue and shortness of breath?

A. Anemia

B. Sickle cell anemia

C. Pulmonary embolism

D. Asthma

The most likely condition that a 21-year-old client experiencing fatigue and shortness of breath is facing is sickle cell anemia, especially if you consider the specific nature of the symptoms. Sickle cell anemia is a genetic blood disorder that leads to the production of abnormal hemoglobin, which can result in a variety of complications, including anemia and vaso-occlusive crises. In sickle cell anemia, the sickle-shaped red blood cells can become stuck in blood vessels, causing poor oxygen delivery to tissues. This not only results in fatigue due to reduced oxygen-carrying capacity but can also lead to acute chest syndrome, which presents with shortness of breath. These two symptoms are significant indicators of this condition. Although other conditions listed may also cause fatigue and shortness of breath, they do not encompass the same risk factors and disease mechanisms that are characteristic of sickle cell anemia. For instance, anemia in general does lead to fatigue, but it is a broader category that could result from many different underlying causes, and without additional context, it cannot be isolated to sickle cell anemia. Similarly, while pulmonary embolism and asthma can lead to shortness of breath, they are generally associated with different presentations, medical histories, and additional symptoms that would

3. Which client should be assessed first in the burn unit?

- A. A 45-year-old with minor burns to the arm**
- B. A 68-year-old with circumferential burns**
- C. A 30-year-old with superficial burns**
- D. A 50-year-old with first-degree burns**

The client with circumferential burns is a priority for assessment in the burn unit because this type of burn encircles a body part, such as an arm or a leg. Circumferential burns can lead to significant complications, including increased pressure due to swelling, which can compromise blood flow and lead to ischemia. This condition requires immediate intervention, such as escharotomy, to relieve the pressure and restore circulation. In contrast, the other patients listed have either minor or superficial burns, which typically pose less immediate risk to their wellbeing. While all burn injuries should be monitored, clients with minor or first-degree burns are generally stable and would typically be assessed after those with more severe and higher-risk conditions, like circumferential burns.

4. What symptom may indicate a complication after an open cholecystectomy?

- A. Increased appetite.**
- B. Cramping and passing blood in stool.**
- C. Warmth and redness at the incision site.**
- D. Elevated heart rate.**

Cramping and passing blood in stool can indicate a complication after an open cholecystectomy, such as bowel injury or hemorrhage. During the surgical procedure, there is a risk of inadvertently damaging the intestines or other surrounding structures, which can lead to gastrointestinal bleeding. The presence of blood in the stool suggests that there may be significant internal issues that require immediate medical attention. Additionally, abdominal cramping can be a symptom associated with complications like bowel obstruction or inflammation. On the other hand, increased appetite would not typically indicate a complication after this type of surgery, as patients may experience a decrease in appetite due to postoperative discomfort. Warmth and redness at the incision site may suggest an infection; while this is a possible complication, it is less acute compared to signs of gastrointestinal bleeding. An elevated heart rate can be a response to various factors, including pain, anxiety, or dehydration, but it is not specific to complications following this surgery without accompanying symptoms. Hence, the symptoms of cramping and blood in stool are more directly indicative of a serious complication that may arise after an open cholecystectomy.

5. What additional finding from cerebrospinal fluid is critical to report after a lumbar puncture for suspected meningitis?

- A. Leukocyte count 2000 mm³**
- B. Glucose 60 mg/dL**
- C. Protein 100 mg/dL**
- D. Red blood cell count 100 mm³**

In cases of suspected meningitis, the analysis of cerebrospinal fluid (CSF) obtained through a lumbar puncture can provide critical diagnostic information. The leukocyte count is particularly significant; a count of 2000 mm³ strongly suggests an inflammatory response, which is commonly seen in meningitis. Typically, in bacterial meningitis, we expect the leukocyte count to be markedly elevated, often exceeding 1000 cells/mm³, with a predominance of neutrophils. In contrast, viral meningitis would show elevated counts but usually lower than in bacterial infections, often with a predominance of lymphocytes. The other potential findings, such as glucose levels or protein concentration, also offer valuable information but do not indicate the presence of infection as definitively as a markedly elevated leukocyte count does. Normal glucose levels would generally be around 60% of serum glucose levels, and elevated protein may indicate a breakdown of the blood-brain barrier; however, these findings need to be interpreted in the context of the leukocyte count. Red blood cell count can indicate trauma or a traumatic tap during the procedure but is less directly indicative of meningitis itself. Therefore, an increased leukocyte count is a crucial finding that should be reported promptly, as it

6. A client diagnosed with otitis externa reports no relief from prescribed antibiotic ear drops. Which response by the nurse is most appropriate?

- A. "You should stop taking the medication if it doesn't work."**
- B. "You might need to give it a few more days to be effective."**
- C. "The medication should start working in a few hours."**
- D. "You should return to the clinic immediately."**

The most appropriate response is that the client might need to give it a few more days to be effective. This is because antibiotics can take time to show their full effect, especially in cases of localized infections like otitis externa. While some improvement may be expected in the short term, the complete resolution of symptoms might not occur immediately after starting treatment, particularly in cases where inflammation or other factors are present. This response encourages patience and underscores the importance of completing the prescribed course of medication, which is crucial for ensuring that the infection is adequately treated and to prevent resistance. It also validates the client's concerns about not experiencing immediate relief while emphasizing the typical timeline for antibiotic therapy in such infections. The other responses lack the appropriate reassurance and context needed for effective patient education and management of expectations regarding treatment timelines.

7. For a client with Addison's disease, which medication is a priority for the nurse to administer?

- A. Fludrocortisone 0.1 mg**
- B. Hydrocortisone 200 mg IV**
- C. Dexamethasone 4 mg IV**
- D. Methylprednisolone 80 mg IV**

In the management of Addison's disease, the primary concern is the replacement of adrenal hormones, particularly cortisol, which is deficient. Hydrocortisone is a corticosteroid that serves as an effective replacement therapy for this purpose. Administering hydrocortisone intravenously is often critical, especially in acute situations such as an adrenal crisis or when the patient is unable to take oral medications. In cases of adrenal insufficiency, patients can experience severe symptoms such as hypotension, hypoglycemia, and electrolyte imbalances due to inadequate levels of cortisol. Therefore, providing high-dose hydrocortisone intravenously addresses these deficiencies promptly and effectively. It quickly raises cortisol levels and can stabilize the patient's condition, making it the priority medication in this scenario. While other options like fludrocortisone do play a role in the management of Addison's disease by addressing aldosterone deficiencies, they are less critical during an acute crisis compared to the immediate need for cortisol replacement provided by hydrocortisone. Dexamethasone and methylprednisolone, while also corticosteroids, are not as commonly utilized for acute adrenal insufficiency situations compared to hydrocortisone, making the choice of hydrocortisone the clear priority in this context.

8. Which statement by a client about breast cancer screenings indicates a need for further education?

- A. I need biennial screenings regardless of family history.**
- B. I will start annual screenings at age 40.**
- C. Since I'm healthy, I can wait until I am 50.**
- D. I have family history; I will screen yearly.**

The statement about waiting until the age of 50 for breast cancer screenings highlights a misunderstanding of the current screening guidelines and the importance of early detection. Current recommendations suggest that women begin screening mammograms at age 40, or earlier if there are additional risk factors such as a family history of breast cancer. By choosing to defer screenings until age 50, the individual may miss critical early detection opportunities, especially since many breast cancers can develop at a younger age and are often more treatable when found early. The other statements reflect a proper understanding of the screening recommendations. Regular screenings, particularly for those with a family history of the disease or other risk factors, can be vital in catching cancer at an earlier, more treatable stage. It's important for individuals to be aware of their personal risk and the guidelines that recommend proactive monitoring.

9. Where should the nurse perform the insertion for a chest tube in a client with a left-sided pneumothorax?
- A. Right midaxillary line at the 4th-5th intercostal
 - B. Left midaxillary line at the 4th-5th intercostal**
 - C. Left anterior axillary line at the 2nd-3rd intercostal
 - D. Midsternal line at the 6th intercostal

The appropriate location for chest tube insertion in a patient with a left-sided pneumothorax is indeed the left midaxillary line at the 4th-5th intercostal space. This region is optimal because it allows access to the pleural space while minimizing risk to nearby structures such as the lung and major blood vessels. When a pneumothorax occurs, particularly if it's a tension pneumothorax, prompt decompression of the pleural space is critical. The midaxillary line location at the 4th-5th intercostal space is a commonly accepted standard for chest tube placement to effectively drain air or fluid from the pleural cavity on the affected side, which in this case is the left. This location is chosen to ensure that the tube is inserted into the correct anatomical space while also being mindful of the underlying structures (like the lungs and heart) that could be injured at higher levels, such as in the anterior axillary or midsternal areas. Therefore, the left midaxillary line provides a safe and effective approach for addressing a left-sided pneumothorax.

10. Which of the following is an effective strategy to enhance staff safety in the workplace?
- A. Provide entertainment in the break room
 - B. Prohibit the use of personal protective equipment
 - C. Ensure all staff members receive annual flu vaccines**
 - D. Limit staff training sessions to once a year

Ensuring all staff members receive annual flu vaccines is an effective strategy to enhance staff safety in the workplace. Vaccination is an important public health measure that reduces the risk of influenza transmission among healthcare workers and patients. It helps to create a safer environment by minimizing the incidence of flu outbreaks, thereby protecting not only the health of employees but also enhancing overall workplace productivity. By promoting immunization, organizations can also contribute to a culture of safety and responsibility, as staff members are less likely to experience illness that can lead to absenteeism and reduced function in essential health services. In contrast, providing entertainment in the break room, although potentially beneficial for morale and relaxation, does not directly contribute to safety. Prohibiting the use of personal protective equipment undermines safety measures essential in high-risk environments, where exposure to pathogens or hazardous materials can occur. Limiting staff training sessions to once a year may hinder the ongoing education necessary to maintain safety protocols and effectively respond to new challenges, which is critical in a medical-surgical setting. Continuous education and training are vital for staff to stay informed about best practices for safety and infection control.

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://advancedmedsurgcje.examzify.com>

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

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