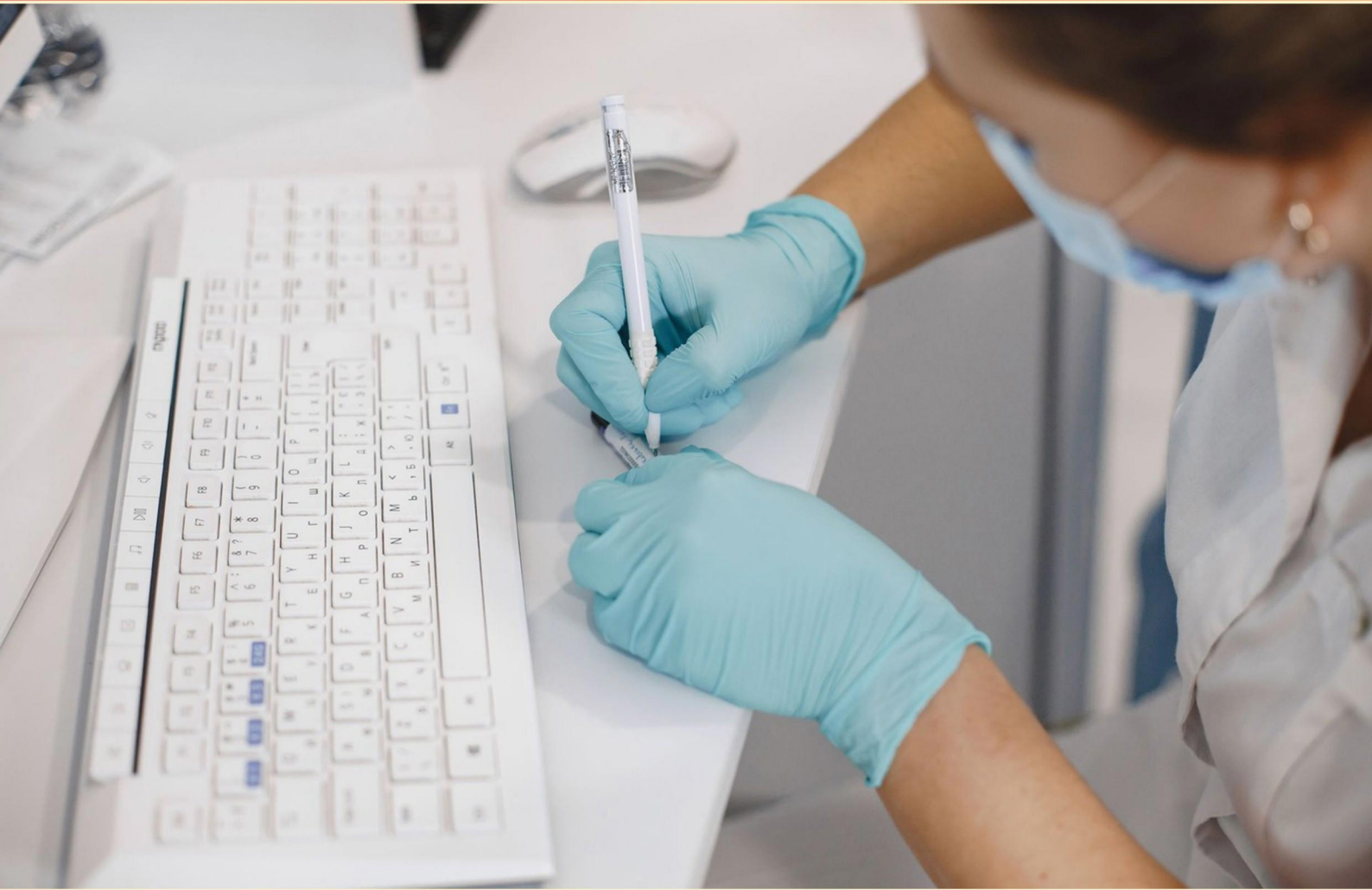


ADVANCED MEDICAL & SURGICAL CJE PRACTICE EXAM (SAMPLE)

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 is the primary concern with a patient who has a surgical wound that is red, warm, and has purulent drainage?**
 - A. Wound infection
 - B. Allergic reaction
 - C. Normal healing process
 - D. Hematoma formation

- 2. A client with diabetes presents with severe thirst, urinating copiously, and extreme fatigue. What is the nurse's priority action?**
 - A. Start an IV and begin fluid replacement with 0.9% NaCl
 - B. Administer oral glucose
 - C. Notify the healthcare provider
 - D. Perform a glucose tolerance test

- 3. What is the priority intervention for a patient experiencing chest pain in the post-operative setting?**
 - A. Administer pain medication
 - B. Administer oxygen and notify the healthcare provider
 - C. Perform an EKG
 - D. Initiate intravenous fluids

- 4. What symptom indicates that the client's urinary infection is improving based on their report of less burning with urination?**
 - A. Increased volume of urinary output
 - B. Change in urine color to clear
 - C. Decrease in temperature
 - D. Less burning sensation

- 5. What is the effect of anxiety on post-operative recovery?**
 - A. It can enhance the healing process
 - B. It can delay healing and increase pain perception
 - C. It has no significant effect on recovery
 - D. It can decrease the risk of infection

- 6. What is the primary nursing intervention for a patient experiencing nausea post-operatively?**
- A. Administer antiemetics as ordered
 - B. Encourage deep breathing exercises
 - C. Provide a clear liquid diet
 - D. Instruct patient to sit up in bed
- 7. In which phase of wound healing does inflammation occur?**
- A. The first phase
 - B. The third phase
 - C. The fourth phase
 - D. The second phase
- 8. After a client sustains burns, which assessment should the nurse prioritize based on the client's condition?**
- A. Perform a respiratory assessment
 - B. Administer pain medication
 - C. Document the burn extent
 - D. Monitor vital signs
- 9. What should the nurse document after administering analgesics to a client?**
- A. Fluid intake
 - B. Response to pain medication
 - C. Color of the urine
 - D. Dietary preferences
- 10. What should the nurse prioritize in caring for a client with stable vital signs post-operatively?**
- A. Reducing sedation
 - B. Controlling pain
 - C. Promoting ambulation
 - D. Monitoring intake and output

Answers

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

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Explanations

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1. What is the primary concern with a patient who has a surgical wound that is red, warm, and has purulent drainage?

A. Wound infection

B. Allergic reaction

C. Normal healing process

D. Hematoma formation

In patients with a surgical wound exhibiting redness, warmth, and purulent drainage, the primary concern is a wound infection. The characteristics of the wound—specifically the redness and warmth—indicate inflammation, which is a common immune response to infection. The presence of purulent drainage, which often consists of pus, further suggests that an infectious process is likely occurring. Pus results from the body's attempt to eliminate pathogens, and its formation is a hallmark of bacterial infections in wounds. While an allergic reaction can cause swelling and redness, it typically does not present with purulent drainage unless there's a secondary infection. A normal healing process can also cause mild redness and warmth around a wound site, but purulence is not typical in healing wounds. Hematomas can occur post-surgery and may lead to swelling and discoloration, but they do not usually cause purulent drainage. Therefore, the combination of redness, warmth, and purulent drainage strongly points to the likelihood of a wound infection being the primary concern.

2. A client with diabetes presents with severe thirst, urinating copiously, and extreme fatigue. What is the nurse's priority action?

A. Start an IV and begin fluid replacement with 0.9% NaCl

B. Administer oral glucose

C. Notify the healthcare provider

D. Perform a glucose tolerance test

The priority action in this scenario is to start an IV and begin fluid replacement with 0.9% NaCl. The symptoms of severe thirst, copious urination, and extreme fatigue indicate a possible hyperglycemic state, which can lead to dehydration and electrolyte imbalances. Administering intravenous fluids helps to quickly restore hydration, dilute excess glucose in the bloodstream, and prevent potential complications such as diabetic ketoacidosis or hyperglycemic hyperosmolar state. Initiating fluid therapy with isotonic saline (0.9% NaCl) is especially important because it addresses both the dehydration caused by polyuria and the need to stabilize the patient's condition. This action can also help improve blood pressure and perfusion to vital organs. While notifying the healthcare provider and the administration of oral glucose might be necessary steps in managing a diabetic patient, in the context of this particular presentation of symptoms, immediate fluid resuscitation takes precedence to prevent further deterioration. A glucose tolerance test is not appropriate in this acute setting, as it does not provide immediate information regarding the patient's current state or allow for timely intervention.

3. What is the priority intervention for a patient experiencing chest pain in the post-operative setting?

- A. Administer pain medication
- B. Administer oxygen and notify the healthcare provider**
- C. Perform an EKG
- D. Initiate intravenous fluids

In the post-operative setting, a patient experiencing chest pain requires immediate attention, as this could indicate serious complications such as cardiac events. Administering oxygen and notifying the healthcare provider is the priority intervention because oxygen can help ensure that the patient's tissues receive adequate oxygenation, which is critical during any potentially life-threatening situation. This choice prioritizes patient safety by providing immediate support that can alleviate hypoxia and distress while simultaneously activating the healthcare team's response to assess and manage the patient's condition. Notifying the healthcare provider ensures that a thorough evaluation can be performed quickly, possibly involving further diagnostics or interventions that may be necessary depending on the severity and underlying cause of the chest pain. While administering pain medication and initiating intravenous fluids are important in managing a patient's comfort and hydration status, they do not address the potential underlying causes or critical indicators associated with chest pain. Similarly, performing an EKG is essential in the assessment of chest pain; however, it typically follows immediately providing oxygen and notifying the provider. This sequence ensures that the most urgent needs are met first before performing additional diagnostics like an EKG.

4. What symptom indicates that the client's urinary infection is improving based on their report of less burning with urination?

- A. Increased volume of urinary output
- B. Change in urine color to clear
- C. Decrease in temperature
- D. Less burning sensation**

The symptom of less burning sensation during urination is a direct indicator of improvement in a urinary infection. This symptom reflects a reduction in inflammation and irritation of the urinary tract, suggesting that the treatment is effectively alleviating discomfort. The burning sensation is often associated with the presence of infection, and its decrease indicates that the infection may be resolving, leading to a more comfortable urination experience. While changes in urinary output, urine color, and temperature may also reflect changes in a client's condition, they do not directly address the symptom of discomfort. Increased urine volume might suggest better hydration or kidney function, but it alone does not specifically indicate improvement in infection. Similarly, a change in urine color to clear can be related to various factors, including hydration status, rather than necessarily showing a reduction in infection. A decrease in temperature can indicate a reduction in systemic inflammation or infection, but again, it is not as direct an indicator of the patient's specific complaint of burning during urination as the reported decrease in that burning sensation itself. Thus, while these other symptoms can be considered in the overall assessment, the lessened burning is the most specific indicator of improved condition in the context of a urinary infection.

5. What is the effect of anxiety on post-operative recovery?

- A. It can enhance the healing process
- B. It can delay healing and increase pain perception**
- C. It has no significant effect on recovery
- D. It can decrease the risk of infection

Anxiety has a notable impact on post-operative recovery, primarily by delaying healing and increasing pain perception. When individuals experience anxiety, their body undergoes a stress response that can interfere with physiological healing processes. Increased anxiety can lead to elevated levels of stress hormones, such as cortisol, which can impair the immune response and slow down the healing of tissues. Additionally, anxiety can heighten a person's perception of pain, making post-operative discomfort feel more intense. This heightened pain perception could lead to increased medication requirements, prolonged recovery times, and overall dissatisfaction with the recovery process. The psychological state induced by anxiety can manifest in physical sensations that are more pronounced, affecting not just the emotional well-being but also the actual physical healing capabilities. Other potential effects of anxiety on recovery include increased risk of complications due to rapid heart rate, elevated blood pressure, and changes in blood flow that can affect oxygen delivery to healing tissues. Therefore, managing anxiety is an essential component of enhancing recovery outcomes in post-operative patients.

6. What is the primary nursing intervention for a patient experiencing nausea post-operatively?

- A. Administer antiemetics as ordered**
- B. Encourage deep breathing exercises
- C. Provide a clear liquid diet
- D. Instruct patient to sit up in bed

Administering antiemetics as ordered is the primary nursing intervention for a patient experiencing nausea post-operatively because nausea can significantly impact a patient's comfort and recovery following surgery. Antiemetics are specifically designed to alleviate nausea and vomiting, which are common after procedures due to factors such as anesthesia, pain medications, or the surgical process itself. While encouraging deep breathing exercises, providing a clear liquid diet, and instructing the patient to sit up in bed can contribute to overall comfort and recovery, they do not directly address the immediate need to manage nausea. Deep breathing exercises may help relax the patient, but they do not have a pharmacological effect on nausea. A clear liquid diet can aid in nutrition and hydration, but it is not an effective way to control nausea itself. Sitting up in bed may provide some relief by decreasing pressure on the stomach, but it won't eliminate the sensation of nausea as effectively as an antiemetic can. Therefore, administering the prescribed antiemetics is the most effective way to manage the patient's discomfort.

7. In which phase of wound healing does inflammation occur?

- A. The first phase**
- B. The third phase
- C. The fourth phase
- D. The second phase

The inflammation phase of wound healing is indeed the first phase. This phase is critical as it marks the body's immediate response to injury. When a wound occurs, various changes take place, such as the dilation of blood vessels, increased blood flow, and the influx of inflammatory cells to the injured site. This process helps to prevent infection and prepares the wound bed for subsequent healing stages. During inflammation, specific white blood cells, such as neutrophils and macrophages, migrate to the area to clean up debris and pathogens. Additionally, inflammatory mediators are released, which facilitate healing by ensuring that the tissue is ready for the next phases, such as proliferation and remodeling. Overall, the inflammation phase lays the groundwork for effective wound repair, making it essential in the healing continuum.

8. After a client sustains burns, which assessment should the nurse prioritize based on the client's condition?

- A. Perform a respiratory assessment**
- B. Administer pain medication
- C. Document the burn extent
- D. Monitor vital signs

In the context of a client who has sustained burns, prioritizing a respiratory assessment is crucial due to the potential for airway compromise following burn injuries, particularly those that are resultant of thermal or chemical burns. Burns can lead to inhalation injury, which may not be immediately apparent. The risk of inflammatory swelling in the airway can increase significantly within the first few hours post-injury, which can lead to respiratory distress or failure if not identified and treated promptly. Therefore, evaluating the client's respiratory status, including the presence of stridor, wheezing, or difficulty breathing, is essential for timely intervention. While administering pain medication is important for managing the client's comfort and ensuring their overall well-being, it does not take precedence over addressing possible life-threatening complications such as airway obstruction. Similarly, documenting the extent of burns and monitoring vital signs are important components of holistic care but should follow the assessment of respiratory function when dealing with burn injuries, where airway management is critical. This prioritization aligns with principles of emergency care that stress the importance of airway, breathing, and circulation in any trauma-related scenarios.

9. What should the nurse document after administering analgesics to a client?

- A. Fluid intake
- B. Response to pain medication**
- C. Color of the urine
- D. Dietary preferences

Documenting the response to pain medication is crucial after administering analgesics because it provides essential information about the effectiveness of the treatment and the patient's pain management experience. This documentation helps in evaluating whether the medication has resulted in the desired pain relief, any side effects experienced, and informs future medication management decisions. Monitoring and recording the patient's response can guide nurses in assessing the need for additional doses, adjusting pain management strategies, or advocating for alternative therapies if the current regimen is ineffective. This aspect of documentation is part of ongoing patient assessment and is vital for ensuring critical, patient-centered care in a medical-surgical setting. The other options, while important in different contexts, do not specifically pertain to the immediate and relevant effects of the analgesics administered. Fluid intake, color of urine, and dietary preferences may be documented separately, but they do not directly reflect on the analgesic administration or its efficacy in pain management.

10. What should the nurse prioritize in caring for a client with stable vital signs post-operatively?

- A. Reducing sedation
- B. Controlling pain**
- C. Promoting ambulation
- D. Monitoring intake and output

In the post-operative phase, the client's comfort and recovery are of utmost importance. Among the priorities, controlling pain is fundamental for multiple reasons. Effective pain management is essential not only for the client's immediate comfort but also for facilitating recovery. Uncontrolled pain can lead to complications such as increased heart rate, elevated blood pressure, and even respiratory issues, as clients may avoid deep breathing or mobilization due to discomfort. When pain is addressed adequately, clients are more likely to engage in necessary post-operative activities, such as ambulation and deep breathing exercises, which promote healing, enhance circulation, and decrease the risk of complications like deep vein thrombosis and pneumonia. Therefore, prioritizing pain control directly impacts the overall recovery trajectory and helps establish a positive environment for healing. While reducing sedation, promoting ambulation, and monitoring intake and output are important nursing responsibilities, they are contingent upon the client experiencing manageable pain levels. For instance, if a client is in significant discomfort, efforts at reducing sedation might not be appropriate, as the client may require ongoing monitoring or intervention for their pain management first. Thus, while all these aspects are vital in post-operative care, managing pain effectively stands as the priority to ensure a smoother recovery process.

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:

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

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