

BOARDVITALS PRE-OP PREPARATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. Which method of glove donning is considered more protective against contamination?**
 - A. Open glove technique
 - B. Closed glove technique
 - C. Reinforced glove technique
 - D. Double gloving technique
- 2. What is the most critical consideration before transferring a patient to the operating room table?**
 - A. Checking the patient's ID
 - B. Locking the wheels on the stretcher
 - C. Adjusting the lights in the OR
 - D. Ensuring proper anesthesia
- 3. What is the recommended approach for prepping the surgical site before a procedure?**
 - A. Prep only around the incision site
 - B. Always prep above and below (beyond) the surgical incision site
 - C. Use only antiseptic wipes
 - D. No specific prep parameters are required
- 4. What should the surgical technologist do when donning their gown?**
 - A. Grab the gown above the neckline and step back
 - B. Grab the gown below the neckline and step away
 - C. Wear the gown without stepping back
 - D. Ask for assistance from another team member
- 5. Which phase of anesthesia contains an increased risk of laryngospasms?**
 - A. Induction
 - B. Maintenance
 - C. Emergence
 - D. Recovery

- 6. What happens when the Time Out is called by the circulator?**
- A. All action comes to a halt
 - B. Surgeons begin the procedure immediately
 - C. Only the anesthesiologist confirms the details
 - D. Patient consent is revisited
- 7. Which of the following is a process of pharmacokinetics?**
- A. Absorption
 - B. Allergic reaction
 - C. Infection
 - D. Inhibition
- 8. Which of the following positions would facilitate optimal laparoscopic visualization of the uterus for a hysterectomy?**
- A. Supine
 - B. Trendelenburg
 - C. Sims
 - D. Lateral
- 9. What is a key protocol regarding non-sterile individuals in the operating room?**
- A. A nonsterile person should not come closer than 1 foot away from the sterile field
 - B. A nonsterile person must wear a mask at all times
 - C. A nonsterile person can enter the sterile field if necessary
 - D. A nonsterile person is required to scrub in
- 10. Why is it important to maintain a logical pattern in back table set-up for surgeries?**
- A. To minimize costs of surgical supplies
 - B. To expedite the cleaning process post-surgery
 - C. To increase efficiency and safety during procedures
 - D. To impress the surgical team

Answers

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

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Explanations

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1. Which method of glove donning is considered more protective against contamination?

- A. Open glove technique
- B. Closed glove technique**
- C. Reinforced glove technique
- D. Double gloving technique

The closed glove technique is considered more protective against contamination primarily because it allows for the gloves to be put on while maintaining a sterile field. In this method, the surgical team first puts on a gown, which is then secured, followed by the gloves. This approach minimizes the risk of touching non-sterile surfaces during the process of donning the gloves. By keeping the hands and gloves within the confines of the gown's sleeves until fully donned, the closed glove technique significantly reduces the chance of contamination from the environment or from the individual's hands. This is particularly critical in maintaining sterility during surgical procedures, where any breach can lead to increased infection risk for the patient. Other methods like the open glove technique do not provide the same level of protection since they require the gloves to be handled more freely, increasing the potential for contact with non-sterile objects or areas. Reinforced and double gloving techniques also provide advantages in terms of protection, particularly against punctures or tears, but do not focus as intensively on maintaining sterility during the donning process itself as the closed glove technique does.

2. What is the most critical consideration before transferring a patient to the operating room table?

- A. Checking the patient's ID
- B. Locking the wheels on the stretcher**
- C. Adjusting the lights in the OR
- D. Ensuring proper anesthesia

The most critical consideration before transferring a patient to the operating room table is locking the wheels on the stretcher. This step is crucial to ensure the safety and stability of the patient during the transfer process. If the wheels are not locked, there is a risk that the stretcher could move unexpectedly, potentially leading to a fall or injury to the patient or healthcare staff. Prioritizing safety during patient handling is fundamental in a pre-operative setting. Once the wheels are securely locked, the healthcare team can proceed with the transfer with greater assurance that the patient will remain stable and secure on the stretcher. While verifying the patient's ID, adjusting lights, and ensuring proper anesthesia are important tasks within the patient care protocol, the immediate concern during the physical transfer is the physical safety provided by a locked stretcher. This foundational aspect of patient handling underscores the importance of physical security measures in clinical practice.

3. What is the recommended approach for prepping the surgical site before a procedure?

- A. Prep only around the incision site
- B. Always prep above and below (beyond) the surgical incision site**
- C. Use only antiseptic wipes
- D. No specific prep parameters are required

The recommended approach for prepping the surgical site involves preparing the skin above and below (beyond) the surgical incision site. This method is essential to minimize the risk of surgical site infections. By extending the prep area beyond the incision site, the goal is to eliminate microorganisms that may not only be present directly at the intended incision site but also in surrounding areas that could potentially contaminate the sterile field during the surgery. Thorough prepping helps to ensure that the skin is as clean as possible, creating a safer environment for surgical procedures. This practice adheres to the principles of aseptic technique and promotes better patient outcomes by reducing the risk of postoperative infections. It is important to use appropriate antiseptics and techniques to cover a wider area rather than limiting the prep to the immediate vicinity of the incision. Other options might suggest a less comprehensive approach to preparation. For example, prepping only around the incision site may not adequately address contaminants farther away from the incision. Using only antiseptic wipes may not provide sufficient decontamination compared to comprehensive scrubbing techniques, and the suggestion that no specific prep parameters are required undermines the importance of infection control in surgical settings.

4. What should the surgical technologist do when donning their gown?

- A. Grab the gown above the neckline and step back
- B. Grab the gown below the neckline and step away**
- C. Wear the gown without stepping back
- D. Ask for assistance from another team member

When a surgical technologist is donning their gown, the appropriate action is to grab the gown below the neckline and step away; this ensures that the sterile area is maintained and minimizes the risk of contamination. By grasping the gown at a lower point, the technologist avoids touching any potentially contaminated areas that may be at the neckline. Stepping back while donning allows for better spatial awareness of the sterile field and helps to avoid accidentally brushing against non-sterile surfaces or items. This approach is crucial in maintaining an aseptic environment, which is essential in surgical settings to prevent infections and other complications during procedures. Proper aseptic techniques, including how to don gowns, form a fundamental part of the training for surgical personnel.

5. Which phase of anesthesia contains an increased risk of laryngospasms?

- A. Induction
- B. Maintenance
- C. Emergence**
- D. Recovery

The emergence phase of anesthesia is characterized by the patient regaining consciousness and the associated physiological changes as the anesthetic agents are discontinued. During this phase, laryngospasm can occur due to irritation of the airway, as the reflexes return and the airway becomes reactive again. The act of moving from a state of deep anesthesia to lighter levels may lead to airway reactivity, especially if the patient has secretions or is experiencing respiratory complications. It is during emergence that patients may be more sensitive to stimuli, and the return of airway reflexes can trigger laryngospasm, making this phase particularly risky for this complication. Managing secretions and ensuring clear airways are essential during this time to minimize the risk of laryngospasm. Comprehending the dynamics and challenges of airway management during emergence can help practitioners anticipate and mitigate such risks effectively.

6. What happens when the Time Out is called by the circulator?

- A. All action comes to a halt**
- B. Surgeons begin the procedure immediately
- C. Only the anesthesiologist confirms the details
- D. Patient consent is revisited

When the Time Out is called by the circulator, it serves as a critical safety measure to ensure that everyone involved in the surgical procedure is on the same page regarding key details. This protocol involves halting all activity in the operating room for a brief moment to confirm the patient's identity, the procedure being performed, the surgical site, and other important details. This pause allows for any discrepancies or errors to be addressed before proceeding, significantly reducing the risk of wrong-site surgeries and other complications. The Time Out is a universally recognized practice to promote communication and safety among the surgical team, ensuring everyone has the same understanding before the operation begins. Revisiting patient consent is an important part of pre-operative care, but it happens in a different context and is not the primary focus during the Time Out. Only having the anesthesiologist confirm details would not provide comprehensive verification from the entire surgical team. Starting the procedure immediately contradicts the purpose of a Time Out, which is to ensure patient safety before any interventions.

7. Which of the following is a process of pharmacokinetics?

- A. Absorption**
- B. Allergic reaction
- C. Infection
- D. Inhibition

Pharmacokinetics refers to the processes that determine the fate of a drug within the body, which includes how the drug is absorbed, distributed, metabolized, and eliminated. Absorption is the first step in this process and involves the movement of a drug from its site of administration into the bloodstream. Understanding absorption is crucial because it affects how quickly and effectively the drug reaches its target site, ultimately influencing its efficacy. The other options relate to different aspects of pharmacology or medicine but do not pertain directly to pharmacokinetics. An allergic reaction, for example, is an immune response to a substance, which does not describe the processes of drug kinetics. Infection refers to a pathological state caused by microorganisms and is also unrelated to the pharmacokinetic processes. Inhibition, while it can relate to enzyme activity or drug interactions, does not directly represent a pharmacokinetic process like absorption does. Hence, absorption is the correct answer as it is a fundamental component of pharmacokinetics.

8. Which of the following positions would facilitate optimal laparoscopic visualization of the uterus for a hysterectomy?

- A. Supine
- B. Trendelenburg**
- C. Sims
- D. Lateral

The Trendelenburg position is optimal for laparoscopic visualization of the uterus during a hysterectomy because it allows for better gravity-assisted movement of the abdominal contents. By tilting the patient downward with their head lower than their feet, this position helps to shift the intestines away from the pelvis, creating more space for the laparoscopic instruments and providing a clearer view of the uterine anatomy. This is particularly important during a hysterectomy, where clear visualization of the pelvic structures is essential for the safe removal of the uterus. The Trendelenburg position can help maintain the proper orientation of the uterus for the surgeon, enhancing the ability to visualize and access the anatomical landmarks required for a successful procedure. In contrast, positions such as supine, Sims, or lateral do not provide the same advantages for pelvic visibility during laparoscopic procedures, as they do not facilitate the necessary procedural perspectives or optimize the surgical field in the intended manner.

9. What is a key protocol regarding non-sterile individuals in the operating room?

- A. A nonsterile person should not come closer than 1 foot away from the sterile field**
- B. A nonsterile person must wear a mask at all times
- C. A nonsterile person can enter the sterile field if necessary
- D. A nonsterile person is required to scrub in

The key protocol regarding non-sterile individuals in the operating room emphasizes the importance of maintaining a safe distance from the sterile field to prevent contamination. A nonsterile person should not come closer than 1 foot away from the sterile field to minimize the risk of microbial transmission from the nonsterile individual's body or clothing to sterile instruments and areas. This standard helps ensure that the environment remains as sterile as possible, which is critical for patient safety during surgical procedures. Maintaining this distance is vital because any breach can lead to increased infection risk. While other practices, like wearing masks, are important for general operating room protocols, the specific focus on physical distance reinforces the core principles of sterilization and infection control. The other choices do not align with the necessary protocols regarding the involvement of nonsterile personnel in the operating room since altering access to the sterile field must always prioritize maintaining sterility to prevent surgical site infections.

10. Why is it important to maintain a logical pattern in back table set-up for surgeries?

- A. To minimize costs of surgical supplies
- B. To expedite the cleaning process post-surgery
- C. To increase efficiency and safety during procedures
- D. To impress the surgical team

Maintaining a logical pattern in back table set-up during surgeries is essential for increasing efficiency and safety. A well-organized back table allows the surgical team to quickly locate and utilize the necessary instruments and supplies without confusion or delay. This organization is crucial, especially in high-pressure environments where time is critical, and mistakes can lead to significant complications. When instruments and supplies are systematically arranged in a predictable order, it enables the surgical staff to work seamlessly. For instance, minimizing unnecessary movements and reducing the time spent searching for items directly contributes to patient safety, as it decreases the risk of errors during the procedure. Additionally, a logical setup enhances teamwork by promoting smooth communication among the surgical staff, making it easier for everyone to anticipate the needs of the surgical team and respond effectively. Other factors, such as costs and cleaning processes, while relevant, are secondary to the fundamental goal of ensuring a safe and efficient surgical environment. Ultimately, the focus should be on the streamlined workflow and heightened safety protocols to achieve the best possible outcomes for patients.

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://boarvitalspreopprep.examzify.com>

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

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