

# Capstone Med-Surg Practice Exam (Sample)

## Study Guide



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## **Questions**

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- 1. What should a nurse emphasize when teaching a client about asthma management?**
  - A. Regular monitoring of blood pressure.**
  - B. Avoidance of known triggers.**
  - C. Limit physical activity.**
  - D. Increased dietary sodium.**
- 2. What laboratory test is most indicative of pancreatitis?**
  - A. Elevated lipase level**
  - B. Low amylase level**
  - C. Decreased bilirubin level**
  - D. Normal alkaline phosphatase level**
- 3. What medication class is commonly used to treat hypertension?**
  - A. Beta blockers**
  - B. ACE inhibitors**
  - C. Calcium channel blockers**
  - D. Diuretics**
- 4. How often should a patient with heart failure be weighed?**
  - A. Weekly**
  - B. Twice a week**
  - C. Daily**
  - D. Once a month**
- 5. What should a nurse teach a client with heart failure taking furosemide about dietary adjustments?**
  - A. Limit sodium intake.**
  - B. Increase intake of high-potassium food.**
  - C. Avoid dairy products.**
  - D. Reduce fluid intake to 500 mL daily.**

- 6. Which lab test is typically used to monitor liver function?**
- A. Complete blood count**
  - B. Lipid panel**
  - C. Liver enzyme tests**
  - D. Thyroid panel**
- 7. What does the term 'hemostasis' refer to in wound healing?**
- A. The stage where new tissue is formed**
  - B. The process of stopping bleeding**
  - C. The stage of inflammation**
  - D. The final stage of healing**
- 8. What is a potential complication of a sealed radioactive implant?**
- A. Chemical burns**
  - B. Infection**
  - C. Radiation exposure to staff**
  - D. Allergic reaction**
- 9. When caring for a client with a new diagnosis of hypertension, what lifestyle modification should be recommended?**
- A. Increase salt intake.**
  - B. Maintain a healthy weight.**
  - C. Engage in high-intensity workouts only.**
  - D. Eliminate all fats from the diet.**
- 10. What is the main risk associated with long-term corticosteroid use?**
- A. Diabetes**
  - B. Hyperthyroidism**
  - C. Osteoporosis**
  - D. Hypertension**

## **Answers**

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

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## **Explanations**

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**1. What should a nurse emphasize when teaching a client about asthma management?**

- A. Regular monitoring of blood pressure.**
- B. Avoidance of known triggers.**
- C. Limit physical activity.**
- D. Increased dietary sodium.**

Emphasizing avoidance of known triggers is crucial in asthma management because triggers can provoke asthma symptoms and lead to exacerbations. Common triggers may include allergens like pollen, dust mites, pet dander, and irritants such as cigarette smoke or strong odors. By identifying and avoiding these environmental or lifestyle factors, a patient can significantly reduce the likelihood of an asthma attack and maintain better control over their condition. This proactive approach allows individuals with asthma to manage their symptoms effectively, leading to improved quality of life and fewer emergency situations. Education should focus not only on recognizing and avoiding these triggers but also on developing a management plan that includes regular communication with healthcare providers and adherence to medication regimens. Understanding personal triggers empowers patients to take charge of their asthma, leading to better outcomes. The other options, while related to overall health or lifestyle, do not target the specific needs of asthma management as effectively as avoidance of triggers does. Regular monitoring of blood pressure, for instance, is important for people with cardiovascular issues but does not play a direct role in managing asthma. Similarly, limiting physical activity can be counterproductive; many patients benefit from physical activity in a controlled and managed manner. Increased dietary sodium has no proven benefit for asthma management and may contribute to other health issues.

**2. What laboratory test is most indicative of pancreatitis?**

- A. Elevated lipase level**
- B. Low amylase level**
- C. Decreased bilirubin level**
- D. Normal alkaline phosphatase level**

The most indicative laboratory test for pancreatitis is an elevated lipase level. Lipase is an enzyme produced by the pancreas that helps in the digestion of fats. In cases of pancreatitis, which is the inflammation of the pancreas, lipase levels in the blood significantly increase, often more than amylase, especially in cases of acute pancreatitis. The elevation in lipase tends to remain elevated for a longer period compared to amylase, making it a more reliable marker for diagnosing pancreatitis. In contrast, while amylase can also be elevated in pancreatitis, it is not as specific or sensitive as lipase, as amylase can be influenced by other conditions. Additionally, low amylase levels are not indicative of pancreatitis and do not provide useful information in this context. Decreased bilirubin levels and normal alkaline phosphatase levels do not have a direct relationship with pancreatitis and are not indicators of the condition. Therefore, the elevation in lipase is the most reliable indicator when diagnosing pancreatitis.

### 3. What medication class is commonly used to treat hypertension?

- A. Beta blockers
- B. ACE inhibitors**
- C. Calcium channel blockers
- D. Diuretics

ACE inhibitors are a class of medications frequently utilized in the management of hypertension due to their ability to block the angiotensin-converting enzyme, which plays a critical role in the renin-angiotensin-aldosterone system. This system is responsible for regulating blood pressure by constricting blood vessels and promoting the retention of sodium and water, both of which can elevate blood pressure. By inhibiting this enzyme, ACE inhibitors effectively lower blood pressure by promoting vasodilation and decreasing blood volume, thus facilitating easier blood flow and reducing the workload on the heart. The effectiveness of ACE inhibitors in preventing complications associated with hypertension, such as heart failure and stroke, further solidifies their role in clinical practice. Additionally, they are particularly beneficial for patients with conditions like diabetes or chronic kidney disease, where kidney protection is an important consideration in hypertension management. While beta blockers, calcium channel blockers, and diuretics are also employed in treating hypertension, the unique mechanism of action of ACE inhibitors and their particular advantages in certain patient populations make them a foundational tool in hypertension therapy.

### 4. How often should a patient with heart failure be weighed?

- A. Weekly
- B. Twice a week
- C. Daily**
- D. Once a month

For patients with heart failure, daily weight monitoring is crucial because it helps in tracking fluid retention, which is a key concern in managing the condition. Heart failure can lead to changes in fluid balance, and even slight increases in weight can indicate worsening heart failure due to fluid overload, necessitating immediate intervention. By weighing themselves daily, patients can detect significant weight changes early, allowing for timely adjustments in medication or lifestyle to prevent serious complications. Frequent monitoring, such as daily weighing, empowers patients to take an active role in their health management. This practice is often recommended as part of a heart failure management plan, helping both the patient and healthcare provider to spot trends that may require adjustments in treatment or advice. In contrast, weighing patients weekly, twice a week, or once a month does not provide the same level of timely feedback about changes in fluid status. These less frequent monitoring schedules could delay recognition of worsening conditions, which could lead to detrimental outcomes for the patient. Therefore, the recommendation for daily weights is fundamental in managing heart failure effectively.

**5. What should a nurse teach a client with heart failure taking furosemide about dietary adjustments?**

- A. Limit sodium intake.**
- B. Increase intake of high-potassium food.**
- C. Avoid dairy products.**
- D. Reduce fluid intake to 500 mL daily.**

The appropriate guidance for a client with heart failure who is taking furosemide involves educating them on the importance of increasing their intake of high-potassium foods. Furosemide is a loop diuretic that promotes the excretion of sodium and water through urine, but it can also lead to potassium depletion. This loss can result in hypokalemia, which can cause serious complications, including arrhythmias. Therefore, increasing dietary potassium is crucial to help counteract this effect and maintain normal potassium levels in the body. Common high-potassium foods include bananas, oranges, potatoes, spinach, and avocados. Incorporating these into the diet can help the client manage their potassium levels more effectively while on furosemide. While limiting sodium intake is also critical for managing heart failure, the primary focus in this context is on the potential potassium loss caused by the medication. Advice on sodium reduction typically includes moderate restrictions to avoid exacerbating fluid retention, but that was not the focal point of the question.

**6. Which lab test is typically used to monitor liver function?**

- A. Complete blood count**
- B. Lipid panel**
- C. Liver enzyme tests**
- D. Thyroid panel**

Liver enzyme tests are specifically designed to assess liver function by measuring the levels of certain enzymes and substances in the blood that reflect the health and performance of the liver. Common enzymes measured include alanine aminotransferase (ALT) and aspartate aminotransferase (AST), among others. Elevated levels of these enzymes can indicate liver inflammation, damage, or disease, making them critical for diagnosing and monitoring conditions such as hepatitis, cirrhosis, or liver cancer. The complete blood count evaluates overall health and can reveal issues such as anemia or infection but does not provide specific information about liver function. The lipid panel measures cholesterol and triglycerides, which are important for cardiovascular health but unrelated to liver function monitoring. The thyroid panel focuses on the function of the thyroid gland and its hormones, not the liver. Therefore, liver enzyme tests are the correct choice, as they directly measure substances that indicate liver health and function.

**7. What does the term 'hemostasis' refer to in wound healing?**

- A. The stage where new tissue is formed**
- B. The process of stopping bleeding**
- C. The stage of inflammation**
- D. The final stage of healing**

The term 'hemostasis' refers specifically to the process of stopping bleeding. In the context of wound healing, this is a crucial initial step that occurs immediately following injury. Hemostasis involves a series of physiological processes that work to prevent blood loss from damaged vessels. It includes vasoconstriction, the formation of a temporary platelet plug, and the activation of the coagulation cascade, which ultimately leads to the formation of a fibrin clot. This clot serves as a barrier against pathogens and creates a scaffold for the subsequent stages of healing, such as inflammation, tissue formation, and remodeling. Understanding hemostasis is key, as it sets the foundation for effective wound healing and recovery.

**8. What is a potential complication of a sealed radioactive implant?**

- A. Chemical burns**
- B. Infection**
- C. Radiation exposure to staff**
- D. Allergic reaction**

A sealed radioactive implant, often used in cancer treatment, carries the potential complication of radiation exposure to staff and caregivers. This becomes crucial in the context of the treatment environment, as the implant emits radiation that can pose risks to individuals who are in close proximity to the patient. It is essential to maintain appropriate safety protocols and distance to minimize exposure. Radiation exposure can occur if proper shielding and safety measures are not in place, which can lead to both acute and cumulative radiation effects in healthcare workers who provide care for the patient with the implant. Thus, recognizing and mitigating this risk is a key aspect of handling sealed radioactive sources in clinical settings. While other complications, like infection or allergic reactions, can occur in various medical situations, they are not specific to sealed radioactive implants. The primary concern in this context remains the radiation exposure to those handling or near the patient with the implant. Therefore, it is vital for healthcare providers to understand the implications of radiation safety in managing patients with such implants.

**9. When caring for a client with a new diagnosis of hypertension, what lifestyle modification should be recommended?**

- A. Increase salt intake.**
- B. Maintain a healthy weight.**
- C. Engage in high-intensity workouts only.**
- D. Eliminate all fats from the diet.**

Maintaining a healthy weight is a foundational lifestyle modification recommended for clients with hypertension. Excess weight can contribute to increased blood pressure, so achieving and sustaining a healthy weight can significantly improve overall cardiovascular health and help manage blood pressure levels. Weight loss has been shown to reduce hypertension in many individuals, and even modest weight loss of as little as 5-10% of body weight can lead to meaningful reductions in blood pressure. On the other hand, increasing salt intake is contrary to hypertension management, as high sodium consumption is often linked to elevated blood pressure. Engaging only in high-intensity workouts may not be appropriate for all individuals, particularly those newly diagnosed with hypertension, as a balanced, moderate-intensity exercise regimen is generally recommended for safety and sustainability. Eliminating all fats from the diet is not advisable either; instead, a balanced diet that includes healthy fats is important for overall health, as some fats are essential for bodily functions and can even support heart health when consumed in moderation.

**10. What is the main risk associated with long-term corticosteroid use?**

- A. Diabetes**
- B. Hyperthyroidism**
- C. Osteoporosis**
- D. Hypertension**

Long-term corticosteroid use is primarily associated with osteoporosis, which is a significant risk due to the effects of corticosteroids on bone metabolism. Corticosteroids can inhibit the formation of new bone, decrease calcium absorption in the intestines, and increase renal excretion of calcium, all of which contribute to a decrease in bone density. This increased risk for osteoporosis stems from the fact that corticosteroids promote bone resorption while simultaneously suppressing bone formation, leading to a net loss of bone mass over time. While other options present real concerns associated with long-term corticosteroid therapy, such as diabetes and hypertension, the most direct and widely recognized consequence in regards to skeletal health is osteoporosis. Providing patients with strategies to mitigate this risk, such as adequate vitamin D and calcium intake and possibly bisphosphonate therapy, becomes essential when long-term steroid therapy is necessary. It's crucial for healthcare providers to monitor bone density in patients undergoing long-term corticosteroid treatment to help prevent fractures and maintain appropriate bone health.