

Care of the Surgical Patient Practice Test (Sample)

Study Guide



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SAMPLE

Questions

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- 1. What is commonly monitored to detect deep vein thrombosis (DVT)?**
 - A. Blood pressure readings**
 - B. Full blood count**
 - C. Leg swelling and pain**
 - D. Core body temperature**
- 2. How does diabetes impact surgical risk?**
 - A. Increases blood loss**
 - B. Delays wound healing and raises infection risk**
 - C. Reduces efficacy of anesthesia**
 - D. Shortens recovery time**
- 3. What are the main functions of a surgical scrub nurse?**
 - A. To administer anesthesia**
 - B. To maintain sterility and assist the surgeon**
 - C. To sedate patients**
 - D. To supervise recovery**
- 4. After abdominal surgery, what position is recommended for the patient?**
 - A. Prone position**
 - B. Sitting position**
 - C. Semi-Fowler's position**
 - D. Supine position**
- 5. In the context of postoperative care, what does the abbreviation "IV" stand for?**
 - A. Intra-vessel**
 - B. Invasive volume**
 - C. Intravenous**
 - D. Intramuscular variable**

- 6. What is a critical nursing assessment for a patient post-surgery concerning bowel sounds?**
- A. Listen for five gurgles per minute**
 - B. Assess for bowel sounds intermittently**
 - C. Palpate the abdomen for tenderness**
 - D. Document any irregularities heard**
- 7. What role does wound assessment play in postoperative care?**
- A. To determine the patient's pain level**
 - B. To monitor for signs of infection and healing**
 - C. To assess mental state**
 - D. To estimate necessary future surgeries**
- 8. Which interventions in preparing the patient for abdominal surgery can be delegated to unlicensed assistive personnel (UAP)?**
- A. Insertion of N/G tube**
 - B. Obtaining operative consent**
 - C. Vital signs**
 - D. Sterile gowning**
- 9. Why are serum potassium levels typically measured before a surgical procedure?**
- A. To assess kidney function**
 - B. To determine respiratory insufficiency**
 - C. To prevent dysrhythmias related to anesthesia**
 - D. To measure functional liver capability**
- 10. What is a common method for assessing a patient's pain level postoperatively?**
- A. Numerical pain scale from 0 to 10**
 - B. Facial expression chart**
 - C. Observation of the patient's behavior**
 - D. Verbal description of pain**

Answers

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

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Explanations

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1. What is commonly monitored to detect deep vein thrombosis (DVT)?

- A. Blood pressure readings**
- B. Full blood count**
- C. Leg swelling and pain**
- D. Core body temperature**

The monitoring for deep vein thrombosis (DVT) typically focuses on clinical signs and symptoms, particularly leg swelling and pain. DVT often presents with swelling in one leg, which can occur due to the accumulation of blood in the affected veins. Pain, especially in the calf area, can also signal the presence of a clot. These signs are crucial for early detection and intervention, as DVT can lead to severe complications like pulmonary embolism if not addressed promptly. Other options, although relevant in a broader clinical context, do not specifically serve as primary indicators for the detection of DVT. Blood pressure readings can indicate cardiovascular status but do not specifically suggest the presence of a thrombus. A full blood count can provide insight into various health parameters but is not definitive for diagnosing DVT. Core body temperature may be monitored to assess for infection or other systemic issues but does not directly relate to DVT detection. Hence, focusing on leg swelling and pain is the most pertinent approach in identifying potential cases of deep vein thrombosis.

2. How does diabetes impact surgical risk?

- A. Increases blood loss**
- B. Delays wound healing and raises infection risk**
- C. Reduces efficacy of anesthesia**
- D. Shortens recovery time**

Diabetes significantly impacts surgical risk primarily by delaying wound healing and increasing the risk of infection. Individuals with diabetes often have impaired circulation and a compromised immune response, which can lead to slower healing processes after surgical procedures. Additionally, elevated blood sugar levels can adversely affect the body's ability to repair tissue and fight off infections. This is crucial in a surgical context where proper healing and prevention of infection are vital for a successful recovery. The other options do not accurately capture the major implications of diabetes on surgery. While blood loss can be a concern in any surgery, it is not specifically linked to diabetes. Similarly, while diabetes can influence how anesthesia is used, it does not generally reduce its efficacy. Recovery time is rarely shortened for diabetic patients due to the complications related to the condition that may prolong healing and recovery phases.

3. What are the main functions of a surgical scrub nurse?

- A. To administer anesthesia
- B. To maintain sterility and assist the surgeon**
- C. To sedate patients
- D. To supervise recovery

The main functions of a surgical scrub nurse revolve around maintaining a sterile environment during surgical procedures and providing assistance to the surgeon and surgical team. This role is crucial in ensuring that the surgical field remains free from contamination, which helps prevent infections and complications during and after surgery. The scrub nurse is responsible for preparing the sterile field, passing instruments to the surgeon, and anticipating the needs of the surgical team throughout the procedure. This includes managing supplies, instruments, and suture materials, all while ensuring that correct sterile techniques are applied. The scrub nurse plays a pivotal role in supporting the team and facilitating a smooth and efficient surgical process, focusing on the technical and procedural details within the operating room. In contrast, administering anesthesia, sedating patients, and supervising recovery are functions typically performed by anesthesia providers and recovery staff. These roles are distinct from those of a scrub nurse and involve different levels of training and specialization.

4. After abdominal surgery, what position is recommended for the patient?

- A. Prone position
- B. Sitting position
- C. Semi-Fowler's position**
- D. Supine position

After abdominal surgery, the semi-Fowler's position is often recommended for patients to promote comfort and aid in recovery. This position involves the patient being seated at an angle of about 30 to 45 degrees, which can help reduce tenderness and pain in the abdominal area. By elevating the upper body, it facilitates respiratory function and decreases the pressure on the diaphragm, allowing for better lung expansion. Additionally, the semi-Fowler's position can enhance intestinal motility, which is essential for recovery following surgery, as it promotes the return of normal bowel function and helps in reducing the risk of complications such as pneumonia or aspiration. This position also allows nurses and healthcare providers easier access to monitor the patient's condition and perform necessary care, all while keeping the patient comfortable. In contrast, the other positions may not provide the same benefits post-surgery. The prone position places excessive pressure on the abdomen and may not be comfortable for someone recovering from abdominal surgery. A sitting position, while sometimes useful, may not provide adequate support or stability for recovery efforts. The supine position can be beneficial for short periods but may not be ideal for long-term recovery, as it does not promote optimal respiratory function and can increase discomfort related to abdominal pressure.

5. In the context of postoperative care, what does the abbreviation "IV" stand for?

- A. Intra-vessel**
- B. Invasive volume**
- C. Intravenous**
- D. Intramuscular variable**

The abbreviation "IV" stands for "Intravenous," which refers to the administration of fluids, medications, or nutrients directly into a patient's vein. This method is crucial in postoperative care for a variety of reasons. It allows for rapid delivery of medications, including pain relief and antibiotics, ensuring they enter the bloodstream quickly for immediate effect. Additionally, it provides a means of fluid replacement, helping to maintain hydration and electrolyte balance after surgery, during which patients may not be able to take oral fluids. In contrast, the other options do not align with common medical terminology or practices. "Intra-vessel" and "invasive volume" are not standard terms typically used in postoperative care, and "Intramuscular variable" is ambiguous and not a recognized abbreviation in the context of IV medication administration. Understanding "Intravenous" is essential for anyone involved in surgical care, as it is a fundamental aspect of monitoring and providing care to patients in the postoperative phase.

6. What is a critical nursing assessment for a patient post-surgery concerning bowel sounds?

- A. Listen for five gurgles per minute**
- B. Assess for bowel sounds intermittently**
- C. Palpate the abdomen for tenderness**
- D. Document any irregularities heard**

A critical nursing assessment for a patient post-surgery regarding bowel sounds involves assessing for bowel sounds intermittently. This practice is essential because it allows the nurse to determine the return of normal gastrointestinal function following anesthesia and surgical intervention. Post-operative patients, especially those who have undergone abdominal surgery, may experience delayed bowel motility, also known as ileus. By checking for bowel sounds at regular intervals, the nurse can monitor for signs of gastrointestinal recovery, which is crucial for patient safety and recovery. In this context, assessing bowel sounds intermittently provides a more comprehensive view of bowel activity compared to a set number of gurgles or simply documenting irregularities, both of which do not account for the timing and context of bowel sound return. Monitoring gastrointestinal activity is vital, as the presence of bowel sounds generally indicates that the patient's gastrointestinal system is beginning to function normally again, promoting recovery and reducing complications. Therefore, this approach contributes to a thorough assessment strategy in post-operative care.

7. What role does wound assessment play in postoperative care?

- A. To determine the patient's pain level**
- B. To monitor for signs of infection and healing**
- C. To assess mental state**
- D. To estimate necessary future surgeries**

Wound assessment is a crucial component of postoperative care because it allows healthcare professionals to monitor for signs of infection and healing. After surgery, the surgical wound is at risk for complications such as infection, dehiscence (wound separation), or poor healing. By regularly assessing the wound, healthcare providers can identify any deviations from the expected healing process, such as increased redness, swelling, or discharge, which may indicate an infection. Additionally, a thorough wound assessment helps to evaluate the effectiveness of the surgical intervention and the patient's healing response. Early detection of complications can lead to prompt treatment and better outcomes, thus minimizing potential morbidity and aiding in the overall recovery process. While other factors like pain levels, mental state, and the need for future surgeries are significant in postoperative care, they do not specifically pertain to the assessment of the surgical wound itself. This makes wound assessment particularly focused and critical for ensuring a smooth recovery trajectory.

8. Which interventions in preparing the patient for abdominal surgery can be delegated to unlicensed assistive personnel (UAP)?

- A. Insertion of N/G tube**
- B. Obtaining operative consent**
- C. Vital signs**
- D. Sterile gowning**

The correct choice, which involves having unlicensed assistive personnel (UAP) obtain vital signs, is appropriate because this task falls within the scope of practice for UAP. Vital signs are fundamental measurements that are essential for monitoring a patient's physiological status before surgery, and they do not require the advanced training or judgment that is typically expected of licensed nurses or medical professionals. In the surgical setting, UAP are trained to accurately measure and report vital signs—including temperature, pulse, respiration, and blood pressure—to assist the nursing staff in assessing the patient's preoperative condition. This delegation helps streamline the preoperative process, allowing licensed staff members to focus on more complex care activities. Other tasks listed, like the insertion of a nasogastric (N/G) tube and obtaining operative consent, require a higher level of clinical knowledge, skills, and decision-making abilities that UAP do not possess. Insertion of an N/G tube involves understanding anatomy and potential complications, while obtaining operative consent demands legal and ethical considerations that must be handled by qualified healthcare professionals. Additionally, sterile gowning is a task that requires training in sterile techniques to prevent infection; therefore, it is generally reserved for those who are qualified to maintain sterility during surgical procedures.

9. Why are serum potassium levels typically measured before a surgical procedure?

- A. To assess kidney function**
- B. To determine respiratory insufficiency**
- C. To prevent dysrhythmias related to anesthesia**
- D. To measure functional liver capability**

Measuring serum potassium levels before a surgical procedure is primarily done to prevent dysrhythmias related to anesthesia. Potassium is a crucial electrolyte that plays a vital role in maintaining normal cardiac function, and imbalances can lead to serious heart rhythm disturbances. Anesthesia can further impact heart function, particularly in patients with existing electrolyte imbalances. Before surgery, maintaining appropriate potassium levels is important to ensure that the heart is stable during the administration of anesthetic agents. Low levels of potassium (hypokalemia) can increase the risk of arrhythmias, while high levels (hyperkalemia) can lead to cardiac arrest. Therefore, monitoring potassium levels helps healthcare providers identify and correct any imbalances before surgery, minimizing the risk during the procedure. The other options relate to different health aspects not as directly tied to the immediate risks associated with anesthesia during surgery. For instance, while kidney function can be evaluated through various tests including potassium levels, it is not the primary concern directly related to anesthesia. Similarly, measuring functional liver capability and assessing respiratory insufficiency, although important in pre-operative evaluations, do not specifically address the direct cardiac implications associated with potassium levels and anesthetic agents.

10. What is a common method for assessing a patient's pain level postoperatively?

- A. Numerical pain scale from 0 to 10**
- B. Facial expression chart**
- C. Observation of the patient's behavior**
- D. Verbal description of pain**

The numerical pain scale from 0 to 10 is a widely used and effective method for assessing a patient's pain level postoperatively because it provides a clear and quantifiable way for patients to express their pain intensity. This scale allows patients to indicate their pain level by selecting a number that corresponds to their experience, with 0 representing no pain and 10 indicating the worst possible pain they can imagine. Using this numerical system aids healthcare providers in understanding the effectiveness of pain management strategies and making necessary adjustments to mitigate discomfort. This method is particularly beneficial in clinical settings as it allows for straightforward communication regarding pain levels, facilitating ongoing assessment and treatment. Other methods such as facial expression charts or observation of a patient's behavior can also be useful, especially for patients who may have difficulty verbally communicating their pain. However, these methods may not provide the same level of precision and quantifiable data as the numerical scale. Verbal descriptions of pain can be informative but may vary significantly among individuals and are often more subjective. Overall, the numerical pain scale stands out for its simplicity and direct approach to pain assessment.