

# **CERTIFIED MEDICAL- SURGICAL REGISTERED NURSE (CMSRN) PRACTICE EXAM (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. What are the characteristic symptoms of Rheumatoid Arthritis?**
  - A. Stiffness for up to 30 minutes after rising
  - B. Localized pain in weight-bearing joints
  - C. Exacerbations and remissions affecting small joints
  - D. Only affects older adults
- 2. What endocrine insufficiency results from under secretion of steroids from the adrenal cortex due to a tumor?**
  - A. Secondary Cushing's disease
  - B. Primary (adrenal) Addison's disease
  - C. Tertiary Addison's disease
  - D. Congenital adrenal hyperplasia
- 3. Which condition is characterized by rapid onset, crampy colicky pain, and high-pitched bowel sounds?**
  - A. Large bowel obstruction
  - B. Small bowel obstruction
  - C. Appendicitis
  - D. Diverticulitis
- 4. What is the expected bicarbonate ( $\text{HCO}_3$ ) level in metabolic acidosis?**
  - A. Increased
  - B. Normal
  - C. Decreased
  - D. Varies
- 5. Which foods are particularly high in potassium?**
  - A. Cheese, rice, and bread
  - B. Avocado, dried fruits, and potato skins
  - C. Beef, fish, and poultry
  - D. Grains, nuts, and legumes

- 6. What can happen to the esophagus as a complication of untreated GERD?**
- A. Development of strictures
  - B. Expansion into the stomach
  - C. Increase in motility
  - D. Development of cancer without symptoms
- 7. Which type of MI results from full occlusion of a coronary artery?**
- A. NSTEMI
  - B. STEMI
  - C. Unstable angina
  - D. Stable angina
- 8. Calcium levels are most relevant to which condition?**
- A. Renal failure
  - B. Kidney stones
  - C. Heart failure
  - D. Diabetes
- 9. What would be a likely consequence of untreated metabolic acidosis?**
- A. Hypokalemia
  - B. Metabolic alkalosis
  - C. Respiratory distress
  - D. Cardiac failure
- 10. Which pituitary gland stores all "stimulating" hormones?**
- A. Posterior pituitary
  - B. Hypothalamus
  - C. Anterior pituitary
  - D. Adrenal cortex

## **Answers**

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

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## **Explanations**

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## 1. What are the characteristic symptoms of Rheumatoid Arthritis?

- A. Stiffness for up to 30 minutes after rising
- B. Localized pain in weight-bearing joints
- C. Exacerbations and remissions affecting small joints**
- D. Only affects older adults

Rheumatoid Arthritis (RA) is an autoimmune condition characterized by prolonged inflammation primarily impacting the joints. One of its hallmark features is the pattern of exacerbations and remissions, particularly affecting small joints, such as those in the hands and feet. During exacerbations, inflammation leads to joint swelling, pain, and stiffness, while periods of remission can see a significant reduction in these symptoms. The focus on small joints differentiates RA from other types of arthritis, which may affect larger joints and not exhibit the same pattern of fluctuation in symptom severity. This characteristic is crucial for distinguishing RA from osteoarthritis and other forms of arthritis, which generally do not follow the same fluctuation pattern. In addition, other options present characteristics attributable to different forms of joint issues or conditions. Stiffness lasting for up to 30 minutes after rising might be indicative of inflammatory arthritis but is not specific solely to RA. Localized pain in weight-bearing joints is more often seen in osteoarthritis. Lastly, the misconception that RA solely affects older adults overlooks the fact that it can occur at any age, including in younger individuals. Thus, option C accurately captures a distinct characteristic of RA.

## 2. What endocrine insufficiency results from under secretion of steroids from the adrenal cortex due to a tumor?

- A. Secondary Cushing's disease
- B. Primary (adrenal) Addison's disease**
- C. Tertiary Addison's disease
- D. Congenital adrenal hyperplasia

The condition resulting from under secretion of steroids from the adrenal cortex due to a tumor is best identified as Primary (adrenal) Addison's disease. This disease is characterized by insufficient production of adrenal hormones, particularly cortisol and sometimes aldosterone, which occurs due to damage or disease affecting the adrenal glands, such as an adrenal tumor. Addison's disease leads to symptoms such as fatigue, weight loss, low blood pressure, and hyperpigmentation of the skin due to the adrenal insufficiency. In contrast, Secondary Cushing's disease involves excessive production of cortisol due to a pituitary adenoma that stimulates the adrenal glands, not a reduction in steroid production. Tertiary Addison's disease typically relates to dysfunction at the level of the hypothalamus and is a less common classification since most cases of adrenal insufficiency are considered primary or secondary. Congenital adrenal hyperplasia is a genetic condition that affects the adrenal glands' ability to produce cortisol and other hormones but does not directly stem from a tumor leading to under secretion. Thus, recognizing that Addison's disease specifically involves the under secretion of adrenal steroids clarifies why Primary (adrenal) Addison's disease is the correct answer in the context of tumors affecting adrenal hormone production.

**3. Which condition is characterized by rapid onset, crampy colicky pain, and high-pitched bowel sounds?**

- A. Large bowel obstruction
- B. Small bowel obstruction**
- C. Appendicitis
- D. Diverticulitis

*The condition characterized by rapid onset, crampy colicky pain, and high-pitched bowel sounds is indeed small bowel obstruction. In small bowel obstruction, the passage of intestinal contents is impaired due to various causes, such as adhesions or hernias. This leads to a buildup of gas and fluid in the intestines, resulting in the classic crampy, colicky pain as the bowel attempts to push its contents past the obstruction. High-pitched bowel sounds are commonly observed in this condition due to increased intestinal activity in an effort to overcome the blockage. The presence of these sounds indicates heightened peristalsis, which can be a compensatory mechanism as the intestine tries to move contents beyond the obstruction site. Large bowel obstruction, while it may also present with abdominal pain and altered bowel sounds, typically features more distended and less frequent bowel sounds with different pain characteristics. Appendicitis generally presents with localized pain, particularly in the right lower quadrant, and is often not associated with high-pitched sounds. Diverticulitis presents with pain that is often more constant and localized rather than colicky, and it tends to be associated with changes in bowel habits rather than the specific symptoms described.*

**4. What is the expected bicarbonate ( $\text{HCO}_3$ ) level in metabolic acidosis?**

- A. Increased
- B. Normal
- C. Decreased**
- D. Varies

*In metabolic acidosis, the expected bicarbonate ( $\text{HCO}_3$ ) level is decreased. This condition results from an increase in the production of acids or a loss of bicarbonate from the body, leading to an overall low level of bicarbonate in the bloodstream. Bicarbonate acts as a buffer in the blood, helping to maintain the body's pH balance. When there is an excess of acid, the bicarbonate is utilized to neutralize it, which consequently lowers its concentration. This is the reason behind the decrease in bicarbonate levels when a patient is in metabolic acidosis. Understanding the expected decrease in bicarbonate is essential for diagnosing and managing metabolic acidosis effectively, as it directly reflects the body's attempt to compensate for the acid-base disturbance.*

## 5. Which foods are particularly high in potassium?

- A. Cheese, rice, and bread
- B. Avocado, dried fruits, and potato skins**
- C. Beef, fish, and poultry
- D. Grains, nuts, and legumes

*Foods that are particularly high in potassium include avocados, dried fruits, and potato skins. Avocados are not only rich in healthy fats but also provide a substantial amount of potassium, which is crucial for various bodily functions including muscle contraction and nerve transmission. Dried fruits such as apricots, figs, and raisins concentrate the potassium content by removing the water, making them excellent sources for this important mineral. Potato skins, which often contain higher levels of potassium compared to the flesh of the potato, are another great choice, as they retain many of the nutrients that are sometimes discarded when the skin is removed. In contrast, options like cheese, rice, and bread generally have lower potassium levels, while beef, fish, and poultry do contain potassium but not in the same abundance as plant-based sources. Finally, grains, nuts, and legumes are nutritious but tend to be higher in other nutrients such as fiber and protein rather than potassium specifically, making them less optimal choices compared to the foods in the correct answer.*

## 6. What can happen to the esophagus as a complication of untreated GERD?

- A. Development of strictures**
- B. Expansion into the stomach
- C. Increase in motility
- D. Development of cancer without symptoms

*The development of strictures in the esophagus is a recognized complication of untreated gastroesophageal reflux disease (GERD). In GERD, stomach acid repeatedly irritates the esophageal lining, leading to inflammation and damage. Over time, this chronic irritation can cause scar tissue to form, which narrows the esophagus, resulting in strictures. These strictures can make swallowing difficult and may lead to food getting stuck in the esophagus, further complicating the condition. While expansion into the stomach may refer to the physical movement of content between these two organs, it does not represent a complication of GERD itself. An increase in motility generally indicates a healthy response to gastric contents and is not a typical outcome of GERD. Although the risk for esophageal cancer can increase due to chronic irritation from GERD, this development does not consistently occur without symptoms. Therefore, focusing on the development of strictures aligns with the chronic nature of untreated GERD and its complications.*

## 7. Which type of MI results from full occlusion of a coronary artery?

- A. NSTEMI
- B. STEMI**
- C. Unstable angina
- D. Stable angina

A STEMI, or ST-Elevation Myocardial Infarction, occurs as a result of complete blockage of a coronary artery. This type of myocardial infarction is characterized by significant changes on an electrocardiogram (ECG), particularly ST-segment elevation, reflecting that a portion of the heart muscle is acutely ischemic due to the lack of blood flow. The blockage often results from the rupture of an atherosclerotic plaque, leading to a thrombus that fully occludes the artery. Patients experiencing a STEMI typically present with severe chest pain, sweating, nausea, and other symptoms, indicating a serious medical emergency that requires prompt intervention. Immediate treatment options include reperfusion therapy, such as percutaneous coronary intervention (PCI) or thrombolytics, which aim to restore blood flow to the affected cardiac tissue to minimize damage. In contrast, NSTEMI (Non-ST-Elevation Myocardial Infarction) results from partial blockage of the coronary artery, unstable angina does not lead to significant myocardial necrosis, and stable angina is associated with transient chest pain usually triggered by exertion and relieved by rest. These other conditions do not result from complete occlusion and, therefore, do not exhibit the same level of

## 8. Calcium levels are most relevant to which condition?

- A. Renal failure
- B. Kidney stones**
- C. Heart failure
- D. Diabetes

Calcium levels are particularly significant in the context of kidney stones. This is because certain types of kidney stones, such as calcium oxalate and calcium phosphate stones, form when there is an elevated level of calcium in the urine. When calcium levels in the body are high, whether due to an excess intake or an underlying medical condition, it can lead to increased calcium excretion, which subsequently enhances the risk for stone formation in the kidneys. Understanding the relationship between calcium and kidney stones helps in planning preventive measures for patients at risk, such as encouraging adequate hydration, dietary modifications, or potentially adjusting medications that may affect calcium metabolism. While calcium levels also play roles in other health conditions, their direct impact on the formation of kidney stones makes this connection particularly noteworthy.

## 9. What would be a likely consequence of untreated metabolic acidosis?

- A. Hypokalemia
- B. Metabolic alkalosis
- C. Respiratory distress**
- D. Cardiac failure

Untreated metabolic acidosis can significantly impact the body's respiratory system, leading to respiratory distress. In metabolic acidosis, the body experiences an excess of acid or a loss of bicarbonate, which can be caused by conditions such as kidney failure, uncontrolled diabetes mellitus, or severe diarrhea. The body attempts to compensate for the excess acidity by increasing the respiratory rate, a response known as respiratory compensation. This occurs as the body tries to exhale more carbon dioxide, thereby reducing acidity in the blood. However, if the acidosis is severe and left untreated, the respiratory system can become overwhelmed. This can lead to respiratory distress, characterized by difficulty in breathing, rapid or shallow breathing, and fatigue. In contrast, hypokalemia, metabolic alkalosis, and cardiac failure are less likely direct consequences of untreated metabolic acidosis in this context. While metabolic acidosis can influence electrolyte balance, it typically leads to hyperkalemia rather than hypokalemia. Metabolic alkalosis, on the other hand, is a different disturbance that usually arises from conditions unrelated to primary metabolic acidosis. Cardiac failure can occur as a result of prolonged acidosis affecting myocardial function, but it is not the immediate or direct consequence compared to respiratory distress which is more immediate during

## 10. Which pituitary gland stores all "stimulating" hormones?

- A. Posterior pituitary
- B. Hypothalamus
- C. Anterior pituitary**
- D. Adrenal cortex

The anterior pituitary is responsible for storing and releasing several important hormones that stimulate various functions in the body. These hormones include growth hormone (GH), adrenocorticotropic hormone (ACTH), thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), and prolactin. Each of these hormones plays a crucial role in regulating growth, metabolism, reproduction, and lactation. In contrast, the posterior pituitary does not produce its own hormones; instead, it stores and releases hormones like oxytocin and vasopressin (antidiuretic hormone), which are synthesized in the hypothalamus. The hypothalamus itself is critical in hormone regulation but does not store "stimulating" hormones in the way the anterior pituitary does. The adrenal cortex produces hormones like cortisol and aldosterone, which are primarily involved in stress response and electrolyte balance, rather than being classified as stimulating hormones. Thus, the anterior pituitary is the correct answer because it is specifically the gland that stores and secretes hormones pivotal for stimulating other endocrine glands and bodily functions.

## 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](mailto: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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