

# Certified Medical-Surgical Registered Nurse Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## **Questions**

- 1. Which arterial condition is associated with increased risk of embolic stroke?**
  - A. Irregular heart rhythm**
  - B. Slow heart rate**
  - C. Blood clot in the leg**
  - D. History of heart attack**
- 2. What should be prioritized in post-operative care?**
  - A. Encouraging immediate physical activity**
  - B. Monitoring for signs of complications**
  - C. Focusing on patient discharge planning only**
  - D. Assessing a patient's cultural background**
- 3. What is a key factor in preventing complications during surgery for patients with comorbidities?**
  - A. Post-operative pain management**
  - B. Thorough pre-operative assessment and planning**
  - C. Immediate family support**
  - D. Choosing local anesthesia**
- 4. In cases of patient non-compliance, what is the most effective approach for a nurse?**
  - A. Engaging in open communication to understand the barriers to compliance**
  - B. Forcing the patient to adhere to the regimen**
  - C. Providing strict consequences for non-adherence**
  - D. Assuming the patient understands the regimen**
- 5. What is the nurse's role in managing a patient's fluid balance post-surgery?**
  - A. To restrict all fluid intake to prevent overload**
  - B. To assess and monitor fluid intake and output, and recognize signs of fluid overload or deficit**
  - C. To encourage fluid intake without monitoring**
  - D. To focus solely on medication administration**



- 6. What is the appropriate nursing action for a patient experiencing tachycardia?**
- A. Administer a sedative immediately**
  - B. Assess the patient's symptoms and check vital signs**
  - C. Call the healthcare provider without assessment**
  - D. Provide the patient with oxygen without evaluation**
- 7. A patient with an arterial ulcer over the left lateral malleolus complains of pain at the ulcer site. The pain is most commonly caused by:**
- A. Edema**
  - B. Exudate**
  - C. Infection**
  - D. Ischemia**
- 8. After assessing a patient's pressure ulcer, what stage pressure ulcer is described when subcutaneous fat is visible but bone, tendon, and muscle are not exposed, with some slough present that does not obscure the depth of tissue loss, along with undermining and tunneling?**
- A. Stage II**
  - B. Suspected deep tissue injury**
  - C. Stage III**
  - D. Stage IV**
- 9. When caring for a patient with a chest tube, what should the nurse monitor?**
- A. The emotional state of the patient**
  - B. Only the insertion site for redness**
  - C. The amount, color, and consistency of drainage, as well as respiratory status**
  - D. The rate of oxygen administered**

**10. Which assessment finding is most concerning in a post-operative patient?**

- A. Increased appetite and activity**
- B. Signs of respiratory distress**
- C. Minor pain at the surgical site**
- D. Normal blood pressure readings**

## **Answers**

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

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## **Explanations**

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**1. Which arterial condition is associated with increased risk of embolic stroke?**

**A. Irregular heart rhythm**

**B. Slow heart rate**

**C. Blood clot in the leg**

**D. History of heart attack**

Irregular heart rhythm, also known as atrial fibrillation, is associated with an increased risk of embolic stroke. In atrial fibrillation, the heart's upper chambers quiver instead of beating effectively, leading to blood pooling and potential clot formation. If a clot breaks loose, it can travel to the brain and cause an embolic stroke. Therefore, individuals with atrial fibrillation have an elevated risk of experiencing this type of stroke compared to those without this condition.

**2. What should be prioritized in post-operative care?**

**A. Encouraging immediate physical activity**

**B. Monitoring for signs of complications**

**C. Focusing on patient discharge planning only**

**D. Assessing a patient's cultural background**

Monitoring for signs of complications is a critical priority in post-operative care. After surgery, patients are at increased risk for various complications, such as infection, bleeding, thromboembolism, or adverse reactions to anesthesia. By closely monitoring vital signs, surgical site conditions, and overall patient status, healthcare providers can quickly identify and manage any emerging issues, which can significantly affect patient outcomes. While encouraging physical activity is beneficial for recovery, it should be done gradually and with proper assessment of the patient's stability. Discharge planning is certainly important, but it becomes more relevant after immediate post-operative concerns have been addressed. Assessing a patient's cultural background can enhance individualized care but is not as urgent in the immediate post-operative period as monitoring for complications. Therefore, prioritizing the detection and management of complications ensures patient safety and effective recovery following surgery.

**3. What is a key factor in preventing complications during surgery for patients with comorbidities?**

- A. Post-operative pain management**
- B. Thorough pre-operative assessment and planning**
- C. Immediate family support**
- D. Choosing local anesthesia**

A thorough pre-operative assessment and planning are crucial in preventing complications for patients with comorbidities during surgery. This process involves a detailed evaluation of the patient's medical history, current medications, allergies, and overall health status, which allows the healthcare team to identify risks and tailor the surgical approach accordingly. For patients with comorbid conditions, understanding their specific needs and potential complications is essential. This may involve coordinating with various specialties to optimize the patient's condition before surgery, adjusting medications, or even delaying the procedure if the risks are too high. Comprehensive planning can include strategies for intraoperative management that align with the patient's comorbidities, ensuring better safety and outcomes. While post-operative pain management, family support, and anesthesia choice are important aspects of the overall surgical process, they are secondary to the foundational role that a thorough pre-operative assessment plays in reducing the risk of complications. Proper pre-operative preparation lays the groundwork for the entire surgical experience, enhancing patient safety and promoting better recovery.

**4. In cases of patient non-compliance, what is the most effective approach for a nurse?**

- A. Engaging in open communication to understand the barriers to compliance**
- B. Forcing the patient to adhere to the regimen**
- C. Providing strict consequences for non-adherence**
- D. Assuming the patient understands the regimen**

Engaging in open communication to understand the barriers to compliance is the most effective approach for a nurse when dealing with patient non-compliance. This method emphasizes the importance of building a trusting relationship with the patient, creating an environment where they feel comfortable discussing their challenges and concerns. When a nurse takes the time to listen and ask open-ended questions, they can uncover specific reasons that may be preventing the patient from adhering to their treatment plan, such as lack of understanding, financial constraints, cultural beliefs, or side effects of medications. By understanding these barriers, the nurse can tailor educational efforts, provide resources, and collaborate with the patient to develop a more achievable and personalized care plan. This approach not only fosters patient empowerment and self-management but also helps to enhance adherence to the treatment regimen. Open communication can lead to more productive interactions, better health outcomes, and increased patient satisfaction, making it a vital component in nursing practice.

**5. What is the nurse's role in managing a patient's fluid balance post-surgery?**

- A. To restrict all fluid intake to prevent overload**
- B. To assess and monitor fluid intake and output, and recognize signs of fluid overload or deficit**
- C. To encourage fluid intake without monitoring**
- D. To focus solely on medication administration**

In managing a patient's fluid balance post-surgery, the nurse's primary responsibility is to assess and monitor fluid intake and output, as well as to recognize signs of fluid overload or deficit. This involves carefully tracking how much fluid the patient is consuming through IV fluids, oral intake, and any losses such as drainage from wounds or urine output. Post-surgical patients may be at risk for both dehydration and fluid overload due to factors such as surgery stress, changes in kidney function, and potential fluid retention. Monitoring these parameters enables the nurse to identify any imbalances early, ensuring timely intervention can occur. For instance, if a patient is showing signs of fluid overload, such as edema, hypertension, or respiratory distress, the nurse can alert the healthcare team to take appropriate actions which may include adjusting fluid administration or diuretics. While restricting fluid might be necessary in certain situations, it's not appropriate to universally restrict all fluid intake without considering the individual patient's needs and the surgical context. Encouraging fluid intake without monitoring can lead to complications in patients who require careful management of their fluid status. Therefore, a comprehensive approach that includes assessment and vigilant monitoring is essential for promoting optimal recovery and preventing complications after surgery.

**6. What is the appropriate nursing action for a patient experiencing tachycardia?**

- A. Administer a sedative immediately**
- B. Assess the patient's symptoms and check vital signs**
- C. Call the healthcare provider without assessment**
- D. Provide the patient with oxygen without evaluation**

When a patient is experiencing tachycardia, the most appropriate nursing action is to assess the patient's symptoms and check vital signs. This step is critical because it allows the nurse to gather essential information regarding the patient's current condition, including the heart rate, rhythm, blood pressure, respiratory rate, and any associated symptoms such as chest pain, dizziness, or shortness of breath. Conducting a thorough assessment is vital in determining the cause of the tachycardia, which could range from anxiety or dehydration to more serious conditions like myocardial infarction or arrhythmias. Additionally, understanding the patient's baseline vital signs and symptoms aids in evaluating the severity and potential intervention needed. Rushing to administer medications or oxygen without first assessing the patient can lead to inappropriate treatments and may exacerbate the patient's condition rather than improve it. Therefore, initiating a comprehensive assessment forms the basis for informed clinical judgment and subsequent nursing interventions that are tailored to the patient's needs.



**7. A patient with an arterial ulcer over the left lateral malleolus complains of pain at the ulcer site. The pain is most commonly caused by:**

- A. Edema**
- B. Exudate**
- C. Infection**
- D. Ischemia**

In this scenario, the patient has an arterial ulcer, which is typically caused by ischemia or inadequate blood supply to the area. Ischemia leads to tissue damage, which in turn causes pain at the ulcer site. Therefore, the pain experienced by the patient is most commonly caused by ischemia. Edema, exudate, and infection are potential complications associated with ulcers; however, in this case, the patient's pain is primarily attributed to the underlying ischemia characteristic of arterial ulcers.

**8. After assessing a patient's pressure ulcer, what stage pressure ulcer is described when subcutaneous fat is visible but bone, tendon, and muscle are not exposed, with some slough present that does not obscure the depth of tissue loss, along with undermining and tunneling?**

- A. Stage II**
- B. Suspected deep tissue injury**
- C. Stage III**
- D. Stage IV**

In this case, the correct answer is Stage III pressure ulcer. A Stage III pressure ulcer involves full-thickness tissue loss where subcutaneous fat is visible but bone, tendon, and muscle are not exposed. There may be some slough present that does not obscure the depth of tissue loss. Additionally, there may be undermining and tunneling present in a Stage III pressure ulcer. Option A, Stage II, involves partial-thickness skin loss involving the epidermis and/or dermis but not extending below the dermis. Option B, Suspected deep tissue injury, typically presents as a purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. Option D, Stage IV, involves full-thickness tissue loss with exposed bone, tendon, or muscle, and often with undermining and tunneling.

**9. When caring for a patient with a chest tube, what should the nurse monitor?**

- A. The emotional state of the patient**
- B. Only the insertion site for redness**
- C. The amount, color, and consistency of drainage, as well as respiratory status**
- D. The rate of oxygen administered**

Monitoring the amount, color, and consistency of drainage, as well as the respiratory status, is essential when caring for a patient with a chest tube. This is because the purpose of the chest tube is to remove air, fluid, or pus from the pleural space, thereby allowing the lungs to expand fully. Changes in the characteristics of the drainage can indicate complications such as bleeding or infection. Regular assessment of respiratory status is crucial as it helps in identifying any signs of respiratory distress, indicating whether the chest tube is functioning effectively and that the lungs are re-expanding properly. In addition, evaluating both the drainage and respiratory function ensures timely interventions if any abnormalities arise, which could potentially compromise the patient's respiratory ability. This holistic approach to monitoring is vital for patient safety and effective recovery from the underlying condition that necessitated the chest tube placement.

**10. Which assessment finding is most concerning in a post-operative patient?**

- A. Increased appetite and activity**
- B. Signs of respiratory distress**
- C. Minor pain at the surgical site**
- D. Normal blood pressure readings**

In a post-operative patient, the most concerning assessment finding is signs of respiratory distress. This is critical because respiratory complications are among the most serious issues that can arise after surgery, affecting the patient's ability to oxygenate and ventilate properly. Respiratory distress can indicate a range of problems, including atelectasis (collapse of the lung), pneumonia, or a pulmonary embolism, all of which require immediate intervention. Increased appetite and activity, minor pain at the surgical site, and normal blood pressure readings typically indicate that the patient is recovering well from surgery. Increased appetite and activity can reflect adequate pain management and a return to baseline function. Minor pain at the surgical site is common and expected during the recovery process, as long as it is manageable and not associated with other alarming symptoms. Normal blood pressure readings suggest that the patient is hemodynamically stable, which is a positive sign post-operation. Thus, among these options, signs of respiratory distress are the most urgent and require immediate assessment and intervention.

## 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:**

**<https://medicalsurgicalregisterednurse.examzify.com>**

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