

CERTIFIED MEDICAL- SURGICAL REGISTERED NURSE PRACTICE TEST (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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 outcome is most expected from proper wound care management?**
 - A. Full recovery in all patients
 - B. Minimal pain during dressing changes
 - C. Decreased chance of infection
 - D. Aesthetic improvement of surgical sites
- 2. During which stage of healing does granulation tissue form and epithelialization occur?**
 - A. The maturation phase
 - B. The epithelial closure phase
 - C. The inflammatory phase
 - D. The proliferative phase
- 3. When planning the implementation of evidence-based practices to prevent falls, which of the following steps should the nurse take first?**
 - A. Identify the common causes of falls
 - B. Gather and review currently existing literature and guidelines for the prevention of falls
 - C. Identify fall prevention practices that are applicable to the patient care setting
 - D. Gather data to identify the effectiveness of the new practice guidelines
- 4. A patient with acquired immunodeficiency syndrome (AIDS) develops P. jiroveci pneumonia. Which nursing diagnosis has the highest priority for this patient?**
 - A. Impaired gas exchange
 - B. Impaired oral mucous membranes
 - C. Imbalanced nutrition: Less than body requirements
 - D. Activity intolerance
- 5. What role does a Certified Medical-Surgical Registered Nurse (CMSRN) play?**
 - A. Managing pediatric patients
 - B. Providing specialized nursing care in medical-surgical settings
 - C. Conducting independent research
 - D. Leading community health initiatives

- 6. Which condition places a patient at risk for an embolic stroke?**
- A. Atrial fibrillation
 - B. Bradycardia
 - C. Deep vein thrombosis
 - D. A history of MI
- 7. In the levels of basic human needs defined by Abraham Maslow, which of the following levels is most basic?**
- A. Esteem
 - B. Love, affection, and belonging
 - C. Physiologic
 - D. Safety and security
- 8. What action should the nurse take for a 55-year-old black male with a blood pressure of 150/90 mm Hg?**
- A. Consider this to be a normal finding for his age and race
 - B. Recommend he have his blood pressure rechecked in 1 year
 - C. Recommend he have his blood pressure rechecked within 2 weeks
 - D. Recommend he go to the emergency department for further evaluation
- 9. What does the term "discharge planning" involve?**
- A. Planning the next surgery
 - B. Preparing patients for a safe transition from the hospital
 - C. Scheduling follow-up appointments
 - D. Conducting final assessments before surgery
- 10. When should a nurse suspect anaphylaxis in a post-operative patient?**
- A. When the patient displays fever and chills
 - B. If the patient develops urticaria, difficulty breathing, and hypotension after medication administration
 - C. When the patient reports abdominal pain
 - D. If the patient experiences localized swelling

Answers

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

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Explanations

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1. Which outcome is most expected from proper wound care management?

- A. Full recovery in all patients
- B. Minimal pain during dressing changes
- C. Decreased chance of infection**
- D. Aesthetic improvement of surgical sites

Proper wound care management is essential for promoting healing and preventing complications, and one of the primary goals is to decrease the chance of infection. Effective wound care practices, such as keeping the wound clean, applying appropriate dressings, and monitoring for signs of infection, significantly reduce the risk of pathogenic organisms entering the wound. This is critical because infections can lead to delayed healing, increased pain, and potentially serious complications that may require further medical intervention. While minimal pain during dressing changes, full recovery in all patients, and aesthetic improvement of surgical sites are desirable outcomes, they are not the primary expectations associated with effective wound care management. Pain can be managed with appropriate analgesia, and aesthetic outcomes depend on many factors beyond just wound care, including the type of injury or surgery and individual patient factors. Full recovery is an ideal but not guaranteed outcome since patients may have varying responses to treatment based on their health status and comorbidities. Thus, the cornerstone of effective wound care is infection prevention and management, making decreased chance of infection the most expected outcome from proper wound care management.

2. During which stage of healing does granulation tissue form and epithelialization occur?

- A. The maturation phase
- B. The epithelial closure phase
- C. The inflammatory phase
- D. The proliferative phase**

During the proliferative phase of wound healing, granulation tissue forms, which is rich in blood vessels and connective tissue cells. Epithelialization, where new epithelial cells migrate and cover the wound, also occurs during this phase. The proliferative phase is when the wound begins to fill in with new tissue, and is a crucial stage in the overall healing process. In contrast: - The inflammatory phase begins immediately after injury and involves vasoconstriction, vasodilation, and the release of various inflammatory mediators to start the healing process. - The maturation phase follows the proliferative phase and involves remodeling of the new tissue to increase its tensile strength and flexibility. - The epithelial closure phase is not a recognized stage of wound healing; rather, it is a term used to describe the final step where the wound is fully covered by newly formed epithelial cells.

3. When planning the implementation of evidence-based practices to prevent falls, which of the following steps should the nurse take first?

- A. Identify the common causes of falls
- B. Gather and review currently existing literature and guidelines for the prevention of falls**
- C. Identify fall prevention practices that are applicable to the patient care setting
- D. Gather data to identify the effectiveness of the new practice guidelines

When planning the implementation of evidence-based practices to prevent falls, the nurse should first gather and review currently existing literature and guidelines for the prevention of falls. This step is crucial as it provides the nurse with the most up-to-date and evidence-based information on fall prevention strategies. By reviewing existing literature and guidelines, the nurse can ensure that the practices being implemented are based on the best available evidence, thus increasing the likelihood of their effectiveness in preventing falls. Only after this step has been completed can the nurse move on to identifying common causes of falls, identifying applicable fall prevention practices, and gathering data to evaluate the effectiveness of the new practice guidelines.

4. A patient with acquired immunodeficiency syndrome (AIDS) develops P. jiroveci pneumonia. Which nursing diagnosis has the highest priority for this patient?

- A. Impaired gas exchange**
- B. Impaired oral mucous membranes
- C. Imbalanced nutrition: Less than body requirements
- D. Activity intolerance

For a patient with Acquired Immunodeficiency Syndrome (AIDS) developing Pneumocystis jiroveci pneumonia, the highest priority nursing diagnosis would be impaired gas exchange (Option A). Pneumocystis jiroveci pneumonia is a severe fungal infection that affects the lungs, leading to impaired gas exchange due to the accumulation of fluid and debris in the air sacs. This condition can cause hypoxemia, respiratory distress, and potentially respiratory failure. Ensuring optimal gas exchange is crucial for this patient to maintain adequate oxygenation. Nursing interventions for impaired gas exchange may include monitoring respiratory status, administering oxygen therapy, assisting with positioning for improved ventilation, and closely monitoring for signs of respiratory distress. While the other nursing diagnoses (Impaired oral mucous membranes, Imbalanced nutrition: Less than body requirements, and Activity intolerance) may also be relevant for a patient with AIDS, they are not as immediately life-threatening as impaired gas exchange in a patient with Pneumocystis jiroveci pneumonia.

5. What role does a Certified Medical-Surgical Registered Nurse (CMSRN) play?

- A. Managing pediatric patients
- B. Providing specialized nursing care in medical-surgical settings**
- C. Conducting independent research
- D. Leading community health initiatives

The role of a Certified Medical-Surgical Registered Nurse (CMSRN) is primarily focused on providing specialized nursing care in medical-surgical settings. This specialization involves having in-depth knowledge and skills related to a wide variety of patient populations experiencing diverse health issues, often in acute care environments. Medical-surgical nursing is foundational to the nursing field and encompasses care for adult patients undergoing surgical procedures as well as those with medical conditions. CMSRNs practice in various areas such as telemetry, orthopedics, oncology, and more, allowing them to deliver comprehensive and holistic care by assessing, planning, implementing, and evaluating nursing care in collaboration with other healthcare team members. The experience and training that CMSRNs undergo equip them to handle complex patient needs, manage post-operative care, and educate patients about their recovery processes. Their expertise translates into improved patient outcomes and contributes positively to the overall healthcare delivery system.

6. Which condition places a patient at risk for an embolic stroke?

- A. Atrial fibrillation**
- B. Bradycardia
- C. Deep vein thrombosis
- D. A history of MI

Atrial fibrillation places a patient at risk for an embolic stroke due to the formation of blood clots in the atria, which can break loose and travel to the brain, causing a stroke. Atrial fibrillation is a common arrhythmia where the heart's upper chambers beat irregularly and too quickly, leading to blood pooling and clot formation. This clot, known as an embolus, can travel through the bloodstream and block a blood vessel in the brain, resulting in an embolic stroke. While the other options may contribute to cardiovascular complications, they do not directly increase the risk of an embolic stroke. Bradycardia refers to a slow heart rate, which may lead to decreased cardiac output but typically does not result in embolic strokes. Deep vein thrombosis (DVT) can lead to a pulmonary embolism but is not a direct cause of embolic strokes. A history of myocardial infarction (MI) may indicate underlying cardiovascular disease, but it is not specifically linked to an increased risk of embolic stroke like atrial fibrillation.

7. In the levels of basic human needs defined by Abraham Maslow, which of the following levels is most basic?

- A. Esteem
- B. Love, affection, and belonging
- C. Physiologic**
- D. Safety and security

In the levels of basic human needs defined by Abraham Maslow, the most basic level is the physiologic needs. These needs are essential for human survival, such as air, water, food, shelter, clothing, and sleep. Without meeting these basic physiologic needs, individuals cannot progress to higher levels of needs according to Maslow's hierarchy. This makes the physiologic needs the foundation upon which all other needs are built.

8. What action should the nurse take for a 55-year-old black male with a blood pressure of 150/90 mm Hg?

- A. Consider this to be a normal finding for his age and race
- B. Recommend he have his blood pressure rechecked in 1 year
- C. Recommend he have his blood pressure rechecked within 2 weeks**
- D. Recommend he go to the emergency department for further evaluation

A is incorrect because a blood pressure of 150/90 is considered to be prehypertension and should be monitored closely. It is not considered a normal finding for someone of this age and race. B is also incorrect because it is too long of a time period to wait for rechecking blood pressure, especially if the patient is at risk for hypertension. D is incorrect because a blood pressure of 150/90 does not necessarily warrant a trip to the emergency department unless the patient is experiencing severe symptoms. This option may be more appropriate for higher readings or for those with chronic hypertension. Option C is the most appropriate because it recommends a recheck within 2 weeks, allowing for closer monitoring and potentially earlier intervention if the blood pressure remains elevated. This option is also in line with current medical guidelines for managing prehypertension.

9. What does the term "discharge planning" involve?

- A. Planning the next surgery
- B. Preparing patients for a safe transition from the hospital**
- C. Scheduling follow-up appointments
- D. Conducting final assessments before surgery

Discharge planning is a critical process in healthcare that focuses on preparing patients for a safe transition from the hospital to their next phase of care, which may involve returning home or moving to a rehabilitation facility. This process ensures that patients have the necessary resources, education, and support to manage their care effectively after leaving the hospital, which can help reduce the risk of readmission and enhance recovery outcomes. The components of discharge planning often include assessing the patient's needs, arranging for necessary referrals, providing discharge instructions related to medication administration, dietary restrictions, wound care, and scheduling follow-up appointments. By addressing these elements, healthcare providers can facilitate a smoother transition for patients, ensuring they are well-prepared to manage their health conditions at home. In contrast, planning the next surgery, scheduling follow-up appointments, or conducting final assessments before surgery do not align with the focus of discharge planning, as these activities pertain to different stages of patient care rather than the transition out of the hospital setting.

10. When should a nurse suspect anaphylaxis in a post-operative patient?

- A. When the patient displays fever and chills
- B. If the patient develops urticaria, difficulty breathing, and hypotension after medication administration**
- C. When the patient reports abdominal pain
- D. If the patient experiences localized swelling

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly after exposure to a triggering substance, commonly medications or allergens. In the scenario presented, the manifestation of urticaria (hives), difficulty breathing, and hypotension following medication administration is characteristic of anaphylaxis. Urticaria indicates an allergic response that can lead to the release of histamine and other inflammatory mediators, causing widespread vasodilation, which in turn can result in hypotension. Difficulty breathing suggests that airway compromise is occurring, which is a critical aspect of anaphylaxis that can escalate quickly. The timing of these symptoms after medication administration further supports the likelihood of an allergic reaction, making it a critical scenario requiring immediate medical intervention. Other symptoms such as fever and chills typically indicate an infectious process rather than an allergic reaction. Abdominal pain may suggest various issues post-operation, but it isn't specific to anaphylaxis. Localized swelling can indicate a mild allergic response or irritation but does not reflect the systemic effects indicative of the more severe reaction seen in anaphylaxis. The combination of symptoms outlined in the correct scenario warrants immediate assessment and action to prevent serious complications, highlighting the nurse's role in recognizing and responding to signs of anaphylactic shock

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://medicalsurgicalregisterednurse.examzify.com>

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

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