

CERTIFIED MEDICAL- SURGICAL REGISTERED NURSE PRACTICE TEST (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 is a critical teaching point regarding anticoagulant medications?**
 - A. To take them only when needed
 - B. To stop taking them if symptoms improve
 - C. To maintain regular blood testing as ordered and be aware of bleeding risks
 - D. To restrict all physical activity
- 2. How should the nurse assist a patient recovering from general anesthesia?**
 - A. Encourage deep breathing and coughing
 - B. Monitor for airway patency and responsiveness as they regain consciousness
 - C. Provide pain management immediately
 - D. Ensure the patient eats and drinks as soon as possible
- 3. What kind of diet might be recommended for a post-operative patient?**
 - A. Low-carb diet immediately
 - B. Clear liquid diet progressing to solid foods as tolerated
 - C. High-fiber diet from the start
 - D. Regular diet without restrictions
- 4. A patient with disorientation, weakness, irregular pulse, and taking hydrochlorothiazide is likely suffering from what electrolyte imbalance?**
 - A. Hyponatremia
 - B. Hyponatremia
 - C. Hyperkalemia
 - D. Hypokalemia
- 5. What is the most appropriate nursing intervention for a patient with severe incisional pain post-spinal anesthesia?**
 - A. Medicate the patient for pain.
 - B. Place the patient in a high Fowler position and administer oxygen.
 - C. Place the patient in a reverse Trendelenburg position and open the IV line.
 - D. Report the findings to the provider.

- 6. What is the role of the nurse in managing pain effectively for surgical patients?**
- A. Administering only narcotic medications
 - B. Utilizing a combination of pharmacologic and non-pharmacologic strategies
 - C. Focusing only on severe pain relief
 - D. Delaying intervention until pain is severe
- 7. Upon noting slurred speech and disorientation in a head injury patient, what should the nurse's initial action be?**
- A. Continue hourly neurologic assessments.
 - B. Inform the neurosurgeon of the patient's status.
 - C. Prepare the patient for emergency surgery.
 - D. Recheck the patient's neurologic status in 15 minutes.
- 8. Which class of medication is typically used as a pharmacological treatment for hypertension?**
- A. Beta-blockers
 - B. ACE inhibitors
 - C. Calcium channel blockers
 - D. Diuretics
- 9. When educating a patient about Parkinson's disease, which eating problem is specifically associated with the condition?**
- A. Fluid overload
 - B. Anorexia
 - C. Choking
 - D. Constipation
- 10. What is "time-out" in surgical settings?**
- A. A moment for the patient to rest before surgery
 - B. A protocol to confirm patient identity and surgical details
 - C. A scheduled break during the surgical procedure
 - D. A pre-operative assessment tool

Answers

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

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Explanations

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1. What is a critical teaching point regarding anticoagulant medications?

- A. To take them only when needed
- B. To stop taking them if symptoms improve
- C. To maintain regular blood testing as ordered and be aware of bleeding risks**
- D. To restrict all physical activity

The critical teaching point regarding anticoagulant medications emphasizes the importance of maintaining regular blood testing as ordered and being aware of bleeding risks. Anticoagulants, such as warfarin or newer direct oral anticoagulants, require ongoing monitoring to ensure the medication's effectiveness and safety. Regular blood tests, including INR (International Normalized Ratio) for patients on warfarin, help healthcare providers determine if the blood's clotting ability is within a therapeutic range, which reduces the risk of both clot formation and excessive bleeding. Additionally, patients must be educated about the potential risks of bleeding associated with anticoagulant therapy, including signs and symptoms to watch for, such as unusual bruising, prolonged bleeding from cuts, or blood in urine or stool. Understanding these risks promotes patient safety and encourages adherence to prescribed therapy. In contrast, the other options either misrepresent the ongoing need for medication adherence or suggest behaviors that could increase risk rather than safeguard the patient's health.

2. How should the nurse assist a patient recovering from general anesthesia?

- A. Encourage deep breathing and coughing
- B. Monitor for airway patency and responsiveness as they regain consciousness**
- C. Provide pain management immediately
- D. Ensure the patient eats and drinks as soon as possible

Monitoring for airway patency and responsiveness as a patient regains consciousness after general anesthesia is essential for ensuring their safety and comfort. After general anesthesia, patients are at risk for airway obstruction due to sedative effects, residual neuromuscular blockade, or the inability to cough effectively. Nurses should be vigilant in assessing the patient's ability to maintain an open airway and respond to stimuli. This process often involves positioning the patient appropriately, suctioning if necessary, and being ready to provide ventilation assistance if the patient struggles to breathe adequately. Keeping the airway open is a priority in the recovery phase, as it directly impacts the patient's ability to oxygenate properly and prevent complications. Other options, while important in the overall recovery process, do not represent the immediate priority in the context of post-anesthesia care. Encouraging deep breathing and coughing is beneficial for lung expansion and preventing atelectasis but should occur after ensuring the patient's airway is secure. While providing pain management is crucial, it typically follows airway assessment and stabilization. Ensuring that the patient eats and drinks too soon can pose risks such as aspiration, making it important to evaluate their level of consciousness and ability to swallow safely first. Therefore, monitoring airway patency and responsiveness correctly prioritizes the patient's immediate needs during

3. What kind of diet might be recommended for a post-operative patient?

- A. Low-carb diet immediately
- B. Clear liquid diet progressing to solid foods as tolerated**
- C. High-fiber diet from the start
- D. Regular diet without restrictions

For a post-operative patient, a clear liquid diet progressing to solid foods as tolerated is often recommended. This approach allows for the gradual reintroduction of nutrients while minimizing the risk of digestive complications. After surgery, the gastrointestinal tract may be temporarily sensitive or sluggish due to anesthesia and surgical manipulation, making clear liquids an ideal first step. Clear liquids, such as broth, gelatin, and clear juices, are easier to digest and can help maintain hydration. As the patient begins to tolerate these liquids without experiencing nausea, vomiting, or abdominal discomfort, the diet can progress to more substantial foods, such as soft or solid foods, depending on individual tolerance and specific post-operative guidelines. This gradual progression not only supports the healing process but also accommodates the digestive system's recovery, which is crucial for preventing complications such as ileus (a temporary cessation of bowel activity). Other dietary options may not be suitable immediately post-operatively. A low-carb diet could restrict essential nutrients during recovery, a high-fiber diet right from the start may lead to bloating or discomfort, and a regular diet without restrictions could overwhelm the digestive system too soon after surgery. Hence, the recommended approach focuses on safety and a gradual return to normal eating patterns.

4. A patient with disorientation, weakness, irregular pulse, and taking hydrochlorothiazide is likely suffering from what electrolyte imbalance?

- A. Hypernatremia
- B. Hyponatremia
- C. Hyperkalemia
- D. Hypokalemia**

The patient's symptoms of disorientation, weakness, irregular pulse, and the fact that they are taking hydrochlorothiazide are indicative of hypokalemia, which is a condition characterized by low levels of potassium in the blood. Hydrochlorothiazide is a diuretic medication that can cause potassium loss, leading to hypokalemia. Symptoms of hypokalemia can include weakness, fatigue, muscle cramps, irregular heartbeats, and mental confusion. Hypernatremia is an elevated sodium level in the blood; hyperkalemia is an elevated potassium level in the blood; and hyponatremia is a decreased sodium level in the blood, which are not consistent with the patient's symptoms and medication use.

5. What is the most appropriate nursing intervention for a patient with severe incisional pain post-spinal anesthesia?

- A. Medicate the patient for pain.**
- B. Place the patient in a high Fowler position and administer oxygen.
- C. Place the patient in a reverse Trendelenburg position and open the IV line.
- D. Report the findings to the provider.

For a patient experiencing severe incisional pain post-spinal anesthesia, the most appropriate nursing intervention would be to medicate the patient for pain (Option A). Severe pain can negatively impact the patient's recovery and well-being, and timely pain management is essential to ensure patient comfort and promote healing. Options B, C, and D are not the most appropriate interventions in this specific scenario. Placing the patient in a high Fowler position and administering oxygen (Option B) or placing the patient in a reverse Trendelenburg position and opening the IV line (Option C) are not directly addressing the issue of severe incisional pain. Reporting the findings to the provider (Option D) is important but should not delay immediate pain relief for the patient.

6. What is the role of the nurse in managing pain effectively for surgical patients?

- A. Administering only narcotic medications
- B. Utilizing a combination of pharmacologic and non-pharmacologic strategies**
- C. Focusing only on severe pain relief
- D. Delaying intervention until pain is severe

The role of the nurse in managing pain effectively for surgical patients encompasses a comprehensive and multifaceted approach that includes both pharmacologic and non-pharmacologic strategies. This approach is essential for optimizing patient comfort, enhancing recovery, and minimizing potential complications associated with unmanaged pain. Pharmacologic strategies involve the use of medications, which may range from non-opioid analgesics to opioids, depending on the severity and type of pain experienced by the patient. However, utilizing non-pharmacologic strategies, such as relaxation techniques, heat and cold therapy, distraction methods, and patient education, can significantly enhance overall pain management. This combined approach allows nurses to tailor interventions to individual patient needs, taking into account personal preferences, the nature of the surgical procedure, and the patient's specific pain characteristics. By incorporating both types of strategies, nurses not only address the pain from a medical standpoint but also empower patients by involving them in their care, potentially leading to a more satisfactory recovery process. This holistic view of pain management is critical, as it acknowledges that pain is a subjective experience that can be influenced by various psychological and emotional factors. In contrast, focusing exclusively on narcotic medications, concentrating solely on severe pain, or delaying intervention until pain becomes unbearable does not align with best

7. Upon noting slurred speech and disorientation in a head injury patient, what should the nurse's initial action be?

- A. Continue hourly neurologic assessments.
- B. Inform the neurosurgeon of the patient's status.**
- C. Prepare the patient for emergency surgery.
- D. Recheck the patient's neurologic status in 15 minutes.

The nurse's initial action should be to inform the neurosurgeon of the patient's status. This is the most urgent and appropriate action for a patient exhibiting slurred speech and disorientation after a head injury. Option A is not enough to address the current concerns and may delay necessary interventions. Option C is a drastic and unnecessary action without first consulting with the neurosurgeon. Option D is not frequent enough to adequately monitor the patient's condition and may allow for a dangerous decline in their health. It is important for the nurse to communicate with the neurosurgeon and follow their instructions for the best course of action for the patient.

8. Which class of medication is typically used as a pharmacological treatment for hypertension?

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

ACE inhibitors are a well-established class of medications commonly utilized in the pharmacological management of hypertension. They work by inhibiting the angiotensin-converting enzyme, which is crucial in the body's renin-angiotensin-aldosterone system (RAAS). This inhibition leads to a decrease in the formation of angiotensin II, a potent vasoconstrictor, resulting in vasodilation and a subsequent reduction in blood pressure. Additionally, ACE inhibitors decrease aldosterone secretion, promoting sodium excretion and reducing blood volume, further aiding in the management of hypertension. While beta-blockers, calcium channel blockers, and diuretics also effectively lower blood pressure, ACE inhibitors are specifically known for their unique action on the RAAS, making them a first-line treatment in many guidelines for hypertension management, especially in patients with additional conditions like heart failure or chronic kidney disease. Their renal protective effects and ability to reduce cardiovascular risk further solidify their role in treating hypertension.

9. When educating a patient about Parkinson's disease, which eating problem is specifically associated with the condition?

- A. Fluid overload
- B. Anorexia
- C. Choking
- D. Constipation**

When educating a patient about Parkinson's disease, it is important to highlight that constipation is specifically associated with the condition. Parkinson's disease can affect the muscles involved in digestion, leading to slower movement through the digestive system and ultimately causing constipation. Patients with Parkinson's disease are at an increased risk of developing constipation due to these issues with muscle movement and coordination. Therefore, educating patients about this potential eating problem can help them be more aware and take proactive steps to manage and prevent constipation. Among the other options: - Fluid overload is not typically a specific eating problem associated with Parkinson's disease. - Anorexia, which refers to a lack of appetite, can occur in various medical conditions but is not a common eating problem directly related to Parkinson's disease. - Choking can be a concern for patients with Parkinson's disease due to difficulties with swallowing and coordination of the muscles involved in swallowing, but it is not specifically an eating problem related to the condition as constipation is.

10. What is "time-out" in surgical settings?

- A. A moment for the patient to rest before surgery
- B. A protocol to confirm patient identity and surgical details**
- C. A scheduled break during the surgical procedure
- D. A pre-operative assessment tool

In surgical settings, "time-out" refers to a critical protocol designed to ensure patient safety by confirming key details before an operation begins. This systematic pause involves the surgical team verifying the patient's identity, the surgical procedure to be performed, and the surgical site. It serves as a precautionary measure to prevent errors such as wrong-site surgery, incorrect patient procedures, or miscommunication among the surgical staff. This process typically occurs immediately before anesthesia is administered and involves all team members, encouraging participation and communication among surgeons, nurses, and anesthesiologists. By creating a culture of safety and teamwork, the "time-out" helps mitigate risks and enhances overall patient outcomes. In contrast, the other options do not align with the established purpose of a "time-out." A moment for the patient to rest, a scheduled break during surgery, or a pre-operative assessment tool does not encapsulate the crucial step of confirming identities and surgical details that is central to the safety and effectiveness of surgical procedures.

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:

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

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