

CERTIFIED NURSES OPERATING ROOM (CNOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. How is hypothermia managed in the operating room?**
 - A. By increasing the number of surgical staff
 - B. By using warming blankets and maintaining room temperature
 - C. By administering medication to regulate blood flow
 - D. By increasing the ambient light in the room
- 2. What does the acronym CATS go numb refer to in hypocalcemia?**
 - A. Calcium absorption, Tetany, Seizures
 - B. Convulsions, Arrhythmias, Tetany, Spasms/stridor
 - C. Chronic pain, Anxiety, Tremors, Sensitivity
 - D. Cold extremities, Altered heart rate, Throat tightening, Sweating
- 3. Lasers are classified as what type of radiation?**
 - A. Ionizing radiation
 - B. Non-ionizing radiation
 - C. Electromagnetic radiation
 - D. Ultraviolet radiation
- 4. Why must sterile instruments remain in sealed containers until use?**
 - A. To maintain sterility and prevent contamination
 - B. To ensure instruments are readily available for emergencies
 - C. To allow for easier identification of surgical tools
 - D. To comply with storage regulations of surgical facilities
- 5. Which organism is identified as an example of a droplet transmission pathogen?**
 - A. Pseudomonas
 - B. Anthrax
 - C. Smallpox
 - D. Salmonella
- 6. What is the storage requirement for sterilized items in relation to the floor?**
 - A. 12 inches from the floor
 - B. 8-10 inches from the floor
 - C. 18 inches from the ceiling
 - D. 2 feet from the wall

7. What is the last manifestation of Malignant Hyperthermia (MH)?

- A. Increased heart rate
- B. Increased body temperature
- C. Increased blood pressure
- D. Increased respiratory rate

8. What is the purpose of blood transfusions during surgery?

- A. To enhance recovery time
- B. To replace lost blood volume and maintain hemodynamic stability
- C. To prevent infections
- D. To improve visibility for the surgeon

9. What is the formula for converting Fahrenheit to Celsius?

- A. Add 32 then multiply by 1.8
- B. Subtract 32 then divide by 1.8
- C. Multiply by 1.8 then subtract 32
- D. Multiply by 2 then add 30

10. How often should IVS monitoring be conducted after drug administration?

- A. Every 5 minutes
- B. Every 10 minutes
- C. Every 15 minutes
- D. Every 30 minutes

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How is hypothermia managed in the operating room?

- A. By increasing the number of surgical staff
- B. By using warming blankets and maintaining room temperature**
- C. By administering medication to regulate blood flow
- D. By increasing the ambient light in the room

Managing hypothermia in the operating room primarily involves the use of warming blankets and maintaining an appropriate room temperature. Patients undergoing surgery often experience a drop in body temperature due to factors such as the effects of anesthesia, exposure to cold operating room environments, and the disruption of normal body heat regulation. Warming blankets, which can be either forced-air warming devices or electrical warming blankets, help to maintain a patient's core body temperature by providing direct heat. These devices are specifically designed to mitigate heat loss and actively warm the patient during the surgical procedure. In addition to warming blankets, maintaining a steady and comfortable room temperature is crucial. Operating rooms can be cold due to the need for sterilization and infection control measures, but by regulating the ambient temperature, the risk of hypothermia can be significantly reduced. Other methods that might be suggested, such as increasing surgical staff or enhancing ambient lighting, do not address the core issue of temperature regulation and would not effectively manage hypothermia in a patient. Moreover, the administration of medications to regulate blood flow is not a primary strategy for addressing temperature issues in this setting. Therefore, the comprehensive combination of warming devices and optimal room temperature is the most effective way to manage hypothermia in the operating room.

2. What does the acronym CATS go numb refer to in hypocalcemia?

- A. Calcium absorption, Tetany, Seizures
- B. Convulsions, Arrhythmias, Tetany, Spasms/stridor**
- C. Chronic pain, Anxiety, Tremors, Sensitivity
- D. Cold extremities, Altered heart rate, Throat tightening, Sweating

The acronym CATS, when related to hypocalcemia, refers to a collection of symptoms that indicate the body's response to low calcium levels. Specifically, the components of the acronym are Convulsions, Arrhythmias, Tetany, and Spasms or stridor. Convulsions are involuntary contractions of muscles and can occur due to increased neuronal excitability caused by low calcium levels. This is a classic manifestation of hypocalcemia, as calcium plays a critical role in neuromuscular function. Arrhythmias refer to irregular heartbeats that can occur when calcium levels are insufficient, impacting electrical conduction in the heart. Calcium is essential for the normal functioning of the heart muscle and for maintaining a regular heartbeat. Tetany is a characteristic symptom of hypocalcemia, illustrating increased neuromuscular excitability that leads to sustained muscle contractions, tingling sensations, and spasms. Spasms or stridor signify the potential for muscle tightening or involuntary contraction, particularly in the airway, which can be critical in severe cases of hypocalcemia. Stridor specifically refers to a high-pitched sound made during breathing, often due to an obstructed airway, which may occur if laryngeal muscles become spasmodic. This acronym

3. Lasers are classified as what type of radiation?

- A. Ionizing radiation
- B. Non-ionizing radiation**
- C. Electromagnetic radiation
- D. Ultraviolet radiation

Lasers are primarily classified as non-ionizing radiation. This classification signifies that the energy emitted by lasers does not possess enough energy to strip electrons from atoms or molecules, hence they do not have the potential to cause ionization in biological tissues. Non-ionizing radiation includes a variety of forms, such as visible light, infrared, and radio waves, all of which are utilized in various applications, including medical and surgical procedures involving lasers. While lasers can emit electromagnetic radiation, which encompasses both ionizing and non-ionizing spectrums, the specific nature of laser output is generally within the non-ionizing range, especially in clinical settings where lasers are used for surgery, tissue cutting, and cauterization without the risk of ionization-related damage. Thus, identifying lasers as non-ionizing provides clarity on their operational safety and biological effects, particularly in the context of their use in the operating room.

4. Why must sterile instruments remain in sealed containers until use?

- A. To maintain sterility and prevent contamination**
- B. To ensure instruments are readily available for emergencies
- C. To allow for easier identification of surgical tools
- D. To comply with storage regulations of surgical facilities

The primary reason sterile instruments must remain in sealed containers until use is to maintain sterility and prevent contamination. Sterility is critical in the operating room to reduce the risk of postoperative infections and to ensure patient safety. When instruments are sealed, they provide a barrier against environmental contaminants, including bacteria and dust, which can compromise their sterility. Once the seal is broken, the instruments become exposed to the surrounding environment, where they could easily become contaminated. Maintaining a sterile field during surgical procedures is a fundamental principle in infection control, which is why the integrity of that seal until the moment of use is imperative. Other aspects like readily available instruments for emergencies, identification of tools, and compliance with storage regulations are important but secondary to the primary goal of keeping instruments sterile to protect patient health.

5. Which organism is identified as an example of a droplet transmission pathogen?

- A. Pseudomonas**
- B. Anthrax
- C. Smallpox
- D. Salmonella

Droplet transmission pathogens are those that are spread through respiratory droplets when an infected person coughs, sneezes, or talks. The correct answer highlights an organism known for causing respiratory infections that can be transmitted via droplets. Pseudomonas is a common pathogen that can be transmitted in this manner, especially as it often resides in environments such as hospitals and closely relates to nosocomial infections. It can be part of the flora and can become pathogenic, particularly in immunocompromised individuals. This characteristic makes it a significant pathogen in clinical settings. In contrast, smallpox is primarily transmitted through direct contact with infected persons or contaminated objects rather than through droplets, and anthrax primarily requires skin contact or inhalation of spores rather than droplet transmission. Salmonella typically spreads through food and water contamination rather than through respiratory droplets. Understanding these distinct transmission mechanisms is essential for preventing infections in healthcare settings.

6. What is the storage requirement for sterilized items in relation to the floor?

- A. 12 inches from the floor
- B. 8-10 inches from the floor**
- C. 18 inches from the ceiling
- D. 2 feet from the wall

The storage requirement for sterilized items emphasizes the necessity of keeping them off the floor to prevent contamination and damage. Items should be stored at a height of 8-10 inches from the floor. This height facilitates air circulation and reduces the risk of contamination from dust, moisture, or other pollutants that may be present on the floor. Moreover, maintaining this distance helps in avoiding direct contact with any spills or cleaning methods that might occur near the ground. Storing items above this threshold ensures they remain sterile and ready for safe use in surgical procedures. In contrast, the other suggested options either do not address the minimum height for storage relative to the floor or establish irrelevant heights concerning sterile storage protocols. Thus, adhering to the 8-10 inches guideline is crucial for maintaining the integrity of sterilized items in a healthcare setting.

7. What is the last manifestation of Malignant Hyperthermia (MH)?

- A. Increased heart rate
- B. Increased body temperature**
- C. Increased blood pressure
- D. Increased respiratory rate

The last manifestation of Malignant Hyperthermia (MH) is indeed an increase in body temperature. Malignant Hyperthermia is a life-threatening condition that typically arises in response to certain anesthetic agents, leading to a hypermetabolic state. This hypermetabolic state accelerates various physiological processes, resulting in a rapid increase of calcium within muscle cells, which subsequently raises muscle metabolism and heat production. Initially, symptoms often include increased heart rate, elevated blood pressure, and heightened respiratory rate. However, as the condition progresses and muscular activity continues to rise, the most significant and dangerous manifestation is a marked elevation in body temperature. Typically, the increase in body temperature is profound and can take time to develop, often manifesting after other earlier signs have already been observed. In fact, body temperature can become critically elevated, leading to complications such as organ dysfunction if not promptly recognized and treated. Therefore, understanding the progression of symptoms in MH is crucial, with increased body temperature being the latest and most critical marker to monitor in affected patients.

8. What is the purpose of blood transfusions during surgery?

- A. To enhance recovery time
- B. To replace lost blood volume and maintain hemodynamic stability**
- C. To prevent infections
- D. To improve visibility for the surgeon

The purpose of blood transfusions during surgery is primarily to replace lost blood volume and maintain hemodynamic stability. During surgical procedures, especially those that are extensive or involve significant blood loss, it is critical to ensure that the patient maintains an adequate blood volume to support blood pressure and organ perfusion. Transfusions help restore this lost blood, which is essential for oxygen transport and overall circulation. Ensuring hemodynamic stability with adequate blood volume is crucial because significant blood loss can lead to complications such as shock, reduced organ function, and even death. Therefore, the use of blood transfusions is a fundamental practice in managing surgical patients who experience substantial blood loss, helping to stabilize their condition and promote better outcomes. While other options address related topics, such as recovery time, infection prevention, and visibility for the surgeon, they do not encompass the primary role of blood transfusions during surgery, which is focused on volume replacement and hemodynamic support.

9. What is the formula for converting Fahrenheit to Celsius?

- A. Add 32 then multiply by 1.8
- B. Subtract 32 then divide by 1.8**
- C. Multiply by 1.8 then subtract 32
- D. Multiply by 2 then add 30

The formula for converting Fahrenheit to Celsius involves first subtracting 32 from the Fahrenheit temperature and then dividing the result by 1.8. This method is based on the relationship between the two temperature scales, where the freezing point of water is 32 degrees Fahrenheit and 0 degrees Celsius, and the boiling point is 212 degrees Fahrenheit and 100 degrees Celsius. By subtracting 32, you are determining how many degrees above freezing the Fahrenheit measurement is. Dividing by 1.8 then converts this temperature difference into the Celsius scale. This conversion is essential for accuracy in scientific, medical, and everyday contexts, as temperatures are often reported in different units depending on the region or field of study. In summary, the correct conversion method utilizes subtraction and division as highlighted in the chosen answer, ensuring precise conversion from Fahrenheit to the Celsius scale.

10. How often should IVS monitoring be conducted after drug administration?

- A. Every 5 minutes
- B. Every 10 minutes
- C. Every 15 minutes**
- D. Every 30 minutes

Monitoring intravenous sedation (IVS) after drug administration is critical to ensure patient safety and intervene promptly if adverse reactions occur. Monitoring every 15 minutes is considered a standard practice because it strikes a balance between being frequent enough to detect any developing issues and not burdening healthcare staff excessively. At the 15-minute mark, healthcare providers can effectively assess the patient's response to the medication, checking vital signs and overall sedation levels. This interval helps in timely identification of complications such as respiratory depression or hypotension, which can sometimes manifest shortly after drug administration. More frequent monitoring, such as every 5 or 10 minutes, could lead to unnecessary alarm or resource strain, while less frequent monitoring, like every 30 minutes, may delay critical interventions. Thus, the 15-minute interval is widely recognized as a best practice guideline in various clinical settings for the safety and well-being of patients receiving sedation.

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://cnor.examzify.com>

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

SAMPLE