CJE Medical-Surgical (MS) II Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. In palliative care for a patient with Do Not Resuscitate status, which statement reflects appropriate care?

A. Do not perform resuscitation but provide comfort measures

B. Provide aggressive resuscitation per hospital policy

C. Respect the DNR and provide comfort-focused care

D. Discontinue all medications

2. During humanitarian aid assessment, which sign would most strongly indicate dehydration in a patient?

A. Sunken eyes

B. Pallor

C. Strong pulse with normal capillary refill

D. Increased urine output

3. In burn wound management, temporary allograft coverage is used to provide what?

A. Provides temporary wound coverage

B. Permanently closes the wound

C. Prevents infection automatically

D. Replaces tissue with a synthetic graft

4. ABG interpretation: metabolic acidosis; which accompanying ABG finding is expected?

A. Decreased bicarbonate (HCO3-)

B. Normal PaO2

C. Elevated PaCO2

D. Increased bicarbonate

5. Which cue most supports suspicion of smoke inhalation injury?

A. White particles

B. Blood-tinged sputum

C. Black particles

D. Shortness of breath

6. In the emergency department, which action should be performed immediately for a client with chest pain to monitor the situation?

A. Placement of Defib Pads

B. Continuous Cardiac Monitoring

C. Request a script for IV Morphine

D. Prepare to Transport to Cardiac Cath Lab

7. A client with advanced non-small cell lung cancer is dyspneic and has a dry cough. Which oncologic complication is most likely to occur?

A. Pleural effusion

B. Hypercalcemia

C. Superior vena cava syndrome

D. Liver metastasis

8. In the inflammatory phase of wound healing, which sequence of events is correct?

A. Fibroblast migration, collagen deposition, epithelialization

B. Epithelial migration across wound bed

C. Hemostasis occurs after granulation

D. Vasoconstriction, platelet aggregation, and fibrin deposition

9. Why should metformin be held when IV contrast is planned?

A. To prevent lactic acidosis in the setting of iodinated contrast

B. To prevent hyperglycemia after imaging

C. To reduce risk of nephrotoxicity of contrast

D. To avoid drug interactions with contrast media

10. A client with tuberculosis has AST 50 U/L and dark urine. Which finding requires further evaluation?

A. AST 40 U/L with dark urine

B. AST 60 U/L with clear urine

C. AST 50 U/L with dark urine

D. AST 30 U/L with dark urine

Answers

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

Explanations

1. In palliative care for a patient with Do Not Resuscitate status, which statement reflects appropriate care?

A. Do not perform resuscitation but provide comfort measures

B. Provide aggressive resuscitation per hospital policy

C. Respect the DNR and provide comfort-focused care

D. Discontinue all medications

The key idea here is honoring the patient's Do Not Resuscitate (DNR) order while continuing care that relieves suffering. A DNR means CPR should not be attempted if the patient's heart stops or they stop breathing, but it does not mean stopping all treatment. The best statement explicitly says to respect the DNR and provide comfort-focused care. This aligns with respecting patient autonomy and focusing on symptom relief, dignity, and quality of life, while withholding resuscitation. Resuscitation in line with a DNR would be inappropriate, so endorsing aggressive resuscitation contradicts the patient's wishes. Discontinuing all medications isn't indicated either, since many drugs are used for comfort (analgesics, antiemetics, anxiolytics) or for treating reversible conditions. Providing only resuscitation actions without acknowledging the DNR would miss the patient's stated preferences.

2. During humanitarian aid assessment, which sign would most strongly indicate dehydration in a patient?

A. Sunken eyes

B. Pallor

C. Strong pulse with normal capillary refill

D. Increased urine output

Sunken eyes are a classic sign of significant fluid loss and reduced intravascular volume, which points to dehydration. When the body is dehydrated, tissues like the eyes can appear recessed as fluids diminish, and this ocular cue is more directly linked to dehydration than the other options. Pallor can occur with anemia or poor perfusion from other causes and isn't specific to dehydration. A strong pulse with normal capillary refill suggests that perfusion is maintained, which argues against dehydration, especially in moderate stages. Increased urine output indicates adequate hydration or diuresis, not dehydration.

3. In burn wound management, temporary allograft coverage is used to provide what?

A. Provides temporary wound coverage

B. Permanently closes the wound

C. Prevents infection automatically

D. Replaces tissue with a synthetic graft

Temporary allograft coverage serves as a protective, temporary barrier over a burn wound. It acts as a biological dressing that preserves a moist wound environment, reduces fluid loss and pain, and helps protect the wound while preparing the bed for definitive closure with autograft. It is not meant for permanent closure—the graft is temporary and will be rejected or slough off as healing progresses. It's not a synthetic graft or a guaranteed infection prevention measure, but it provides practical time and wound-bed optimization for eventual definitive closure.

4. ABG interpretation: metabolic acidosis; which accompanying ABG finding is expected?

A. Decreased bicarbonate (HCO3-)

B. Normal PaO2

C. Elevated PaCO2

D. Increased bicarbonate

Metabolic acidosis lowers the blood's buffering capacity, so bicarbonate (HCO3-) falls as it neutralizes excess acids or as base is lost. On ABG, this shows up as a decreased HCO3-, with the pH decreased as well. The body compensates by breathing more rapidly to blow off CO2, so PaCO2 tends to be lower rather than higher. Therefore, the accompanying ABG finding you'd expect is a decreased bicarbonate level. Normal PaO2 can occur, but it doesn't define the problem, and an elevated PaCO2 or increased bicarbonate would point to different conditions (respiratory acidosis or metabolic alkalosis, respectively).

5. Which cue most supports suspicion of smoke inhalation injury?

A. White particles

B. Blood-tinged sputum

C. Black particles

D. Shortness of breath

Smoke inhalation injury is most strongly suggested when evidence of soot exposure is present in the airways. Black particles indicate soot from burning materials and show that inhaled combustion products have reached the airway, signaling potential airway inflammation, edema, and obstruction. This finding directly points to inhalation injury and guides the need for close airway monitoring and possible early intervention. White particles aren't typical for inhalation injury, blood-tinged sputum can occur but is less specific, and shortness of breath is a common, nonspecific symptom that can arise from many causes.

6. In the emergency department, which action should be performed immediately for a client with chest pain to monitor the situation?

A. Placement of Defib Pads

B. Continuous Cardiac Monitoring

C. Request a script for IV Morphine

D. Prepare to Transport to Cardiac Cath Lab

Starting continuous cardiac monitoring is the immediate priority because chest pain may signal an acute coronary syndrome or other cardiac event, and having real-time ECG data allows rapid detection of dangerous changes in rhythm or ischemia. With continuous monitoring, you can promptly identify ST-segment elevations or depressions, pauses, or new arrhythmias and respond quickly with the appropriate ACS protocol, medications, or further testing. Placing defibrillator pads is important for safety and potential resuscitation, but it is not the action that provides ongoing situational awareness about the patient's cardiac status. Administering IV morphine addresses pain but does not give you the real-time data needed to monitor for evolving cardiac events. Preparing for transport to the cath lab depends on initial assessment and stabilization, which hinges on continuous monitoring first.

7. A client with advanced non-small cell lung cancer is dyspneic and has a dry cough. Which oncologic complication is most likely to occur?

A. Pleural effusion

B. Hypercalcemia

C. Superior vena cava syndrome

D. Liver metastasis

In advanced non-small cell lung cancer, malignant involvement of the pleura with a malignant pleural effusion is a common cause of dyspnea. Fluid accumulating in the pleural space limits lung expansion, leading to shortness of breath, and the pleural irritation can produce a dry cough. While liver metastases are common in NSCLC, they typically cause hepatomegaly, abdominal symptoms, and weight loss rather than acute dyspnea. Hypercalcemia from bone metastases tends to cause fatigue, polyuria, dehydration, and neuro symptoms, not primarily breathing difficulties. SVC syndrome can cause dyspnea, but it's usually accompanied by visible venous congestion and facial swelling due to obstruction. Therefore, the presentation described is most consistent with a malignant pleural effusion.

8. In the inflammatory phase of wound healing, which sequence of events is correct?

A. Fibroblast migration, collagen deposition, epithelialization

B. Epithelial migration across wound bed

C. Hemostasis occurs after granulation

D. Vasoconstriction, platelet aggregation, and fibrin deposition

The key idea is the sequence of events that starts the wound healing process. Right after injury, the body first stops the bleeding to set the stage for healing. Blood vessels constrict to reduce blood loss, then platelets gather at the injury site and clump together. As platelets activate, they release signals that promote coagulation, and a fibrin mesh forms to stabilize the clot. This clot not only seals the wound but also provides a scaffold for inflammatory cells to enter and begin clean-up and defense activities. This sequence—vasoconstriction, platelet aggregation, and fibrin deposition—is what defines the inflammatory phase's initial hemostatic event. The other sequences describe processes that occur later. Fibroblast migration, collagen deposition, and epithelialization are part of the proliferative phase where rebuilding and resurfacing of tissue happen. Epithelial migration across the wound bed is specifically a step in epithelialization, also later in healing. Hemostasis is the immediate response at injury and happens before granulation tissue forms; granulation tissue arises during the proliferative phase, not after hemostasis.

9. Why should metformin be held when IV contrast is planned?

A. To prevent lactic acidosis in the setting of iodinated contrast

B. To prevent hyperglycemia after imaging

C. To reduce risk of nephrotoxicity of contrast

D. To avoid drug interactions with contrast media

Metformin relies on the kidneys for elimination, so when kidney function is challenged—such as after IV iodinated contrast—the drug can accumulate. This accumulation increases the risk of lactic acidosis, a rare but serious complication. By holding metformin around the time of the contrast study, you reduce the chance of it building up if the contrast causes a temporary drop in renal function. You can resume metformin once kidney function has been confirmed stable, typically after labs show normal or improved creatinine/eGFR. The other options don't address the real concern, which is lactic acidosis from metformin accumulation in the setting of potential contrast-induced kidney impairment.

10. A client with tuberculosis has AST 50 U/L and dark urine. Which finding requires further evaluation?

A. AST 40 U/L with dark urine

B. AST 60 U/L with clear urine

C. AST 50 U/L with dark urine

D. AST 30 U/L with dark urine

In liver function and drug safety, a marker of liver cell injury (AST) paired with dark urine (which points to bilirubin in the urine) signals potential hepatotoxicity. In tuberculosis therapy, hepatotoxic meds are common culprits, so any combination of even a mild AST rise with bilirubinuria warrants further evaluation to prevent progression to more severe liver injury. A mild AST elevation around 50 U/L indicates hepatocellular irritation, and when dark urine accompanies it, it suggests bilirubin handling is affected. This is more concerning than dark urine with a normal AST or a higher AST without bilirubinuria, because the latter could reflect nonhepatic factors or isolated enzyme rise, whereas the current pairing points to hepatic involvement needing closer monitoring—repeat liver tests, bilirubin, alkaline phosphatase, and INR, and a review of TB meds for potential adjustment.

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://cjems2.examzify.com

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