

# CJE MEDICAL- SURGICAL (MS) II PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Erythromycin 1000 mg per day divided into two equal doses is prescribed IV, each dose over 30 minutes. With erythromycin 500 mg/100 mL, at what rate should the nurse infuse each dose (mL/hr)?**
  - A. 100 mL/hr
  - B. 200 mL/hr
  - C. 300 mL/hr
  - D. 400 mL/hr
- 2. In a patient being treated for an exacerbation of Crohn's disease, which finding indicates the client's condition is not improving?**
  - A. Decreasing abdominal pain over 24 hours
  - B. Normal weight gain
  - C. Administered maximum 24-hour dose of acetaminophen for past three days
  - D. Stable appetite
- 3. In the inflammatory phase of wound healing, which cells are primarily involved in hemostasis and debris cleanup?**
  - A. Fibroblasts and keratinocytes
  - B. Endothelial cells and smooth muscle
  - C. Platelets and neutrophils
  - D. Epithelial cells and macrophages
- 4. A patient receiving treatment for leukemia becomes anxious and short of breath. Sedatives are prescribed to allow for a peaceful death with a Do Not Resuscitate status. What action should the nurse take?**
  - A. Administer the sedative as prescribed by the health care provider
  - B. Administer no sedation because of the DNR status
  - C. Withhold the sedative and notify the physician
  - D. Administer only half the prescribed dose
- 5. What signs indicate increased intracranial pressure?**
  - A. Headache, vomiting, altered mental status, changes in pupil reactivity, and papilledema.
  - B. Fever and neck stiffness
  - C. Chest pain with dyspnea
  - D. Abdominal pain radiating to back

- 6. In prerenal AKI due to dehydration, which urine findings support prerenal etiology?**
- A. Low urine sodium and concentrated urine
  - B. High urine sodium with dilute urine
  - C. Proteinuria only
  - D. Hematuria with RBC casts
- 7. Priorities in appendicitis with peritonitis?**
- A. Administer analgesia only
  - B. NPO status
  - C. Obtain IV fluids and IV antibiotics immediately
  - D. Start IV fluids later
- 8. Which lab pattern is most consistent with acute liver injury?**
- A. An isolated bilirubin elevation with normal AST/ALT
  - B. Elevation of alkaline phosphatase with normal bilirubin
  - C. Elevation of AST/ALT with possible bilirubin elevation; interpretation depends on pattern and magnitude
  - D. Normal AST/ALT and bilirubin
- 9. After nephrostomy tube placement, which intervention is appropriate to include in the plan of care?**
- A. Maintain strict dry drainage; avoid any contact with the drain
  - B. Monitor for pain and purulent drainage from the drain site
  - C. Remove the drain immediately if any drainage is present
  - D. Leave the drain in place but do not monitor drainage
- 10. A client in chest pain has an assessment finding that requires immediate action. Which finding is this?**
- A. Blood pressure 120/80 mmHg
  - B. Respiratory rate 18 breaths per minute
  - C. Oxygen saturation 98%
  - D. Radial pulse of 110 beats per minute and irregular



## **Answers**

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

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## **Explanations**

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1. Erythromycin 1000 mg per day divided into two equal doses is prescribed IV, each dose over 30 minutes. With erythromycin 500 mg/100 mL, at what rate should the nurse infuse each dose (mL/hr)?

- A. 100 mL/hr
- B. 200 mL/hr**
- C. 300 mL/hr
- D. 400 mL/hr

*Calculate the infusion rate by converting the dose to the volume from the solution's concentration, then divide that volume by the infusion time. Each dose is 1000 mg per day divided into two equal doses, so 500 mg per dose. The solution is 500 mg/100 mL, which means 500 mg requires 100 mL. Infusing this 100 mL over 30 minutes (0.5 hours) gives an rate of  $100 \text{ mL} \div 0.5 \text{ h} = 200 \text{ mL/hr}$ . Therefore, administer at 200 mL/hr for each 100 mL dose.*

2. In a patient being treated for an exacerbation of Crohn's disease, which finding indicates the client's condition is not improving?

- A. Decreasing abdominal pain over 24 hours
- B. Normal weight gain
- C. Administered maximum 24-hour dose of acetaminophen for past three days**
- D. Stable appetite

*In Crohn's disease, true improvement is shown by relief of symptoms and better nutritional status as inflammation eases. If a patient still experiences significant pain that requires the maximum safe dose of acetaminophen for several days, that signals persistent symptoms despite treatment, suggesting the disease is not yet under control and therapy may need to be reassessed. The other signs—pain decreasing over 24 hours, normal weight gain, and stable appetite—all point toward improving disease activity. So needing the maximum daily acetaminophen dose for three days indicates the condition is not improving.*

3. In the inflammatory phase of wound healing, which cells are primarily involved in hemostasis and debris cleanup?

- A. Fibroblasts and keratinocytes
- B. Endothelial cells and smooth muscle
- C. Platelets and neutrophils**
- D. Epithelial cells and macrophages

*In the inflammatory phase, the body acts to stop bleeding and begin cleanup. Platelets are key for hemostasis: they adhere to exposed vessels and form a plug, releasing factors that start the coagulation cascade to seal the wound. Neutrophils are the main early immune cells that arrive to the site and perform debris and bacteria clearance through phagocytosis. This combination—platelets driving clot formation and neutrophils handling debris cleanup—best captures the primary actions of this phase. Other cells listed have roles later in healing: fibroblasts and keratinocytes contribute to tissue rebuilding, endothelial and smooth muscle cells are involved in new vessel formation, and macrophages arrive after neutrophils to continue cleanup and signaling.*

**4. A patient receiving treatment for leukemia becomes anxious and short of breath. Sedatives are prescribed to allow for a peaceful death with a Do Not Resuscitate status. What action should the nurse take?**

**A. Administer the sedative as prescribed by the health care provider**

B. Administer no sedation because of the DNR status

C. Withhold the sedative and notify the physician

D. Administer only half the prescribed dose

*In end-of-life care, the goal is comfort, and Do Not Resuscitate is specifically about not performing CPR, not about withholding relief from distress. If a sedative has been prescribed to relieve anxiety and dyspnea, it should be given as ordered to promote a peaceful and comfortable process for the patient. Administering the prescribed sedative aligns with the primary duty of care at this stage: alleviate suffering and support the patient's comfort. After giving the medication, the nurse should monitor the patient for relief of symptoms and any signs of over-sedation or adverse effects, and document the response and any changes in condition. If symptoms persist or worsen, notify the physician promptly to adjust the plan. Why the other options aren't appropriate: not giving sedation because of the DNR status neglects comfort measures; withholding the sedative and waiting for a physician's call delays relief; giving only half the dose disregards the prescribed order and could fail to achieve symptom relief.*

**5. What signs indicate increased intracranial pressure?**

**A. Headache, vomiting, altered mental status, changes in pupil reactivity, and papilledema.**

B. Fever and neck stiffness

C. Chest pain with dyspnea

D. Abdominal pain radiating to back

*Increased intracranial pressure tends to produce signals that reflect pressure on brain structures and impaired cerebral perfusion. The classic signs include a headache from stretched meninges, vomiting from pressure affecting the brain's vomiting center, and changes in mental status as cerebral function becomes compromised. Pupil reactivity can be altered because higher pressure can compress the oculomotor nerve, leading to sluggish or unequal pupils. Papilledema, swelling of the optic disc seen on exam, occurs when sustained high pressure transmits along the optic nerve sheath. These findings help distinguish ICP elevation from other problems that cause similar symptoms in different body systems. Fever and neck stiffness point more toward meningitis or meningeal irritation. Chest pain with dyspnea suggests a cardiac or pulmonary issue. Abdominal pain radiating to the back points to abdominal or vascular etiologies.*

**6. In prerenal AKI due to dehydration, which urine findings support prerenal etiology?**

**A. Low urine sodium and concentrated urine**

B. High urine sodium with dilute urine

C. Proteinuria only

D. Hematuria with RBC casts

*When perfusion to the kidneys falls, as in dehydration causing prerenal AKI, the kidneys respond by conserving volume. The tubules reabsorb sodium and water to maintain intravascular volume, so the urine becomes concentrated and sodium content is kept low. This pattern—low urine sodium (typically <20 mEq/L) with a concentrated urine and high urine osmolality—reflects intact tubular reabsorption in the face of reduced renal blood flow. It's also common to see a high BUN relative to creatinine due to increased urea reabsorption. The other patterns point away from prerenal injury. High urine sodium with a dilute urine suggests tubular or intrinsic kidney dysfunction (or diuretic effect) rather than volume depletion. Proteinuria alone isn't specific to prerenal AKI and points toward glomerular or tubular injury. Hematuria with red blood cell casts indicates a glomerular nephritis or nephritic process, not prerenal hypoperfusion. So the finding of low urine sodium and concentrated urine best supports a prerenal etiology.*

**7. Priorities in appendicitis with peritonitis?**

A. Administer analgesia only

B. NPO status

**C. Obtain IV fluids and IV antibiotics immediately**

D. Start IV fluids later

*In acute appendicitis with peritonitis, the most urgent needs are to stabilize the patient and begin infection control. Peritonitis can cause rapid fluid shifts and shock, so restoring intravascular volume with IV crystalloid fluids is essential right away. At the same time, starting broad-spectrum IV antibiotics targets the enteric bacteria that contaminate the peritoneal cavity, helping to prevent worsening sepsis before surgical source control is achieved. Analgesia and keeping the patient NPO are important, but they should not delay resuscitation and antibiotic therapy. Delaying IV fluids would increase the risk of hemodynamic instability, so giving fluids and antibiotics immediately is the best course.*

## 8. Which lab pattern is most consistent with acute liver injury?

- A. An isolated bilirubin elevation with normal AST/ALT
- B. Elevation of alkaline phosphatase with normal bilirubin
- C. Elevation of AST/ALT with possible bilirubin elevation; interpretation depends on pattern and magnitude**
- D. Normal AST/ALT and bilirubin

Acute liver injury shows a hepatocellular pattern: damage to liver cells leads to leakage of enzymes like AST and ALT into the blood. These transaminases rise quickly when hepatocytes are injured, making an elevated AST and ALT the most direct clue to hepatocellular damage. ALT is more liver-specific, while AST can come from other tissues as well, but in the setting of suspected liver injury a prominent rise in these enzymes points to hepatocyte injury. Bilirubin may also rise if the injury impairs the liver's ability to conjugate and excrete bilirubin, and the level can reflect how severe the injury is, but bilirubin on its own isn't required to diagnose acute liver injury. Other patterns point to different processes. Isolated bilirubin elevation with normal AST/ALT suggests a non-hepatocellular issue or a benign/conjugation-related condition rather than acute hepatocellular injury. Elevation of alkaline phosphatase with normal bilirubin hints at cholestasis or biliary obstruction rather than hepatocellular damage. Normal AST/ALT with normal bilirubin doesn't indicate acute liver injury at all. So, seeing elevation of AST/ALT with possible bilirubin elevation—and interpreting the degree of rise—best fits acute hepatocellular injury because it directly reflects hepatocyte damage and its impact on bilirubin processing can accompany it depending on severity.

## 9. After nephrostomy tube placement, which intervention is appropriate to include in the plan of care?

- A. Maintain strict dry drainage; avoid any contact with the drain
- B. Monitor for pain and purulent drainage from the drain site**
- C. Remove the drain immediately if any drainage is present
- D. Leave the drain in place but do not monitor drainage

After nephrostomy tube placement, the plan of care focuses on detecting infection early and ensuring the drainage system functions properly. Regular assessment of the drain site includes checking for pain and any drainage characteristics. Monitoring for pain helps gauge the patient's comfort and identifies potential issues such as irritation or tube traction, while watching for purulent drainage signals possible infection at the exit site or within the urinary tract. If purulent drainage is present, it warrants further evaluation, culture if ordered, and appropriate treatment to prevent spread or progression of infection. Keeping the drain in a closed system with proper skin care and ensuring the drainage is collected appropriately are important, but you don't ignore changes in the drainage. It's not appropriate to remove the drain simply because drainage is present, and it's also not correct to assume you should avoid any contact or never monitor drainage. Continuous observation and timely reporting of abnormal findings are essential to prevent complications and protect kidney function.



**10. A client in chest pain has an assessment finding that requires immediate action. Which finding is this?**

- A. Blood pressure 120/80 mmHg
- B. Respiratory rate 18 breaths per minute
- C. Oxygen saturation 98%
- D. Radial pulse of 110 beats per minute and irregular**

*In chest pain, a sign that demands immediate action is a rapid, irregular pulse. An irregular rhythm at about 110 beats per minute points to a possible arrhythmia, such as atrial fibrillation with rapid ventricular response or another conduction disturbance. In the context of chest pain, this can rapidly compromise cardiac output and worsen ischemia, making prompt assessment essential. The appropriate rapid steps are continuous cardiac monitoring and an immediate 12-lead ECG to identify the exact rhythm and guide urgent treatment if needed. The other vital signs—blood pressure around 120/80, respiratory rate about 18, and oxygen saturation near 98%—are within normal limits and do not, on their own, signal an immediate threat requiring urgent intervention.*

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## 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://cjems2.examzify.com>

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

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