

CLINICAL MEDICAL- SURGICAL PRACTICE EXAM (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. What is the primary endocrine emergency characterized by sudden adrenal insufficiency?**
 - A. Hypoglycemic crisis due to insulin
 - B. Adrenal crisis (acute adrenal insufficiency)
 - C. Thyroid storm
 - D. Pituitary apoplexy

- 2. Which client scenario represents the highest fall risk due to combination of age, medication, and history?**
 - A. A 45-year-old client fully ambulatory with no medications
 - B. A 30-year-old recovering from a minor laceration
 - C. A patient on strict bed rest with side rails up
 - D. An 80-year-old client on a new sedative with a history of falls

- 3. Which position is least effective at promoting venous return in a hypotensive patient?**
 - A. High Fowler's
 - B. Trendelenburg
 - C. Prone
 - D. Reverse Trendelenburg

- 4. Which is an expected age-related change in a 68-year-old client?**
 - A. Improved night vision
 - B. Diminished vision and hearing loss
 - C. Increased sense of taste
 - D. Thicker, more elastic skin

- 5. Which two measurements are required to calculate a client's BMI?**
 - A. Waist circumference and hip circumference
 - B. Height and weight
 - C. Age and weight
 - D. Height and waist circumference

- 6. Identify the doffing error most likely to increase contamination risk.**
- A. Removing goggles last
 - B. Removing the mask before removing gloves and gown
 - C. Performing hand hygiene after removing all PPE
 - D. Removing gloves before touching the face
- 7. Which option correctly lists two management strategies for suspected increased intracranial pressure?**
- A. Elevate head of bed to 45 degrees and give diuretics.
 - B. Place in Trendelenburg and avoid sedation.
 - C. Elevate head of bed to 30 degrees; use hyperosmolar therapy (mannitol/hypertonic saline) as ordered.
 - D. Induce hypothermia and keep patient flat.
- 8. Which is the appropriate action after checking gastric residual within normal limits?**
- A. Return the residual per protocol and continue the feeding
 - B. Discard the residual and hold feeding
 - C. Double the next feeding amount
 - D. Notify the physician
- 9. Which combination of symptoms is most characteristic of hypothyroidism?**
- A. Weight loss and heat intolerance
 - B. Fatigue, weight gain, cold intolerance, dry skin, bradycardia
 - C. Diarrhea and flushing
 - D. Fatigue, weight gain, cold intolerance, dry skin, bradycardia
- 10. To prevent latex exposure, which of the following is essential when caring for a latex-allergic patient?**
- A. Use only latex-free gloves
 - B. Ensure the room and all supplies used are latex-free
 - C. Use any gloves if symptoms are mild
 - D. Latex allergy precautions are unnecessary in routine care

Answers

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

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Explanations

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1. What is the primary endocrine emergency characterized by sudden adrenal insufficiency?

- A. Hypoglycemic crisis due to insulin
- B. Adrenal crisis (acute adrenal insufficiency)**
- C. Thyroid storm
- D. Pituitary apoplexy

The question is testing recognition of an acute adrenal crisis, a life-threatening emergency caused by sudden adrenal insufficiency. When the adrenal glands don't produce enough cortisol (and often aldosterone), the body loses the ability to maintain vascular tone, sodium and water balance, and glucose. This leads to rapid hypotension, dehydration, electrolyte disturbances (hyponatremia, hyperkalemia), hypoglycemia, and shock. The key is that cortisol deficiency under stress precipitates this crisis, so prompt recognition and treatment are urgent. This is managed immediately with aggressive IV fluids and stress-dose steroid replacement. Start with isotonic saline to correct volume depletion, assess and correct hypoglycemia, and administer glucocorticoids—typically an IV hydrocortisone bolus (around 100 mg), followed by continued high-dose dosing (for example, 50 mg IV every 6 hours or 100 mg IV every 8 hours). Do not wait for lab confirmation before starting treatment, because delay can be fatal. After stabilization, investigate the cause (primary adrenal failure vs secondary) and adjust long-term steroid therapy accordingly, with endocrine consultation. The other options describe different emergencies: a hypoglycemic crisis due to insulin is a glucose-management issue, not adrenal failure; a thyroid storm is an extreme hyperthyroid state; pituitary apoplexy is sudden pituitary hemorrhage with headache and visual symptoms and possible secondary adrenal insufficiency, but the hallmark crisis described here centers on suddenly failing adrenal hormone production.

2. Which client scenario represents the highest fall risk due to combination of age, medication, and history?

- A. A 45-year-old client fully ambulatory with no medications
- B. A 30-year-old recovering from a minor laceration
- C. A patient on strict bed rest with side rails up
- D. An 80-year-old client on a new sedative with a history of falls**

Fall risk is greatest when age-related changes, a sedating medication, and a history of falls all come together. Elderly individuals often have slower reflexes, balance issues, and vision changes that raise the chance of tipping or losing footing. A new sedative can dull alertness, impair coordination, cause dizziness, and lower blood pressure on standing, all of which increase the likelihood of a fall. A prior history of falls signals ongoing vulnerability and suggests that underlying factors—such as mobility limitations or sensitivity to medications—persist. When these three risk-enhancing factors coincide, the risk of falling is at its highest. In this set of scenarios, the elderly patient who has started a sedative and has a history of falls clearly carries the most risk because all three contributing factors are present. The younger, ambulatory person with no medications has the lowest baseline risk. The younger person recovering from a minor injury has some risk but not the age- or medication-related factors. The patient on strict bed rest with side rails up is largely protected from falls due to immobility, though other safety concerns can still exist.

3. Which position is least effective at promoting venous return in a hypotensive patient?

- A. High Fowler's
- B. Trendelenburg
- C. Prone

D. Reverse Trendelenburg

Maximizing venous return relies on using gravity to move blood from the peripheral veins back toward the right atrium, thus increasing preload and potentially improving cardiac output in a hypotensive patient. Tilting the body head-down (Trendelenburg) pushes venous blood from the legs toward the central circulation, helping to raise the amount of blood returning to the heart. Lying with the head up (reverse Trendelenburg) has the opposite effect: gravity pulls blood toward the lower body and away from the heart, reducing central blood volume and venous return. The high Fowler's position elevates the torso, which also tends to reduce venous return compared with a flat or head-down alignment, though not as dramatically as reverse Trendelenburg. Prone position doesn't actively promote venous return and its influence is variable and less predictable. Therefore, the position least effective at promoting venous return in a hypotensive patient is the head-up, reverse Trendelenburg position.

4. Which is an expected age-related change in a 68-year-old client?

- A. Improved night vision
- B. Diminished vision and hearing loss**
- C. Increased sense of taste
- D. Thicker, more elastic skin

Age-related sensory change is being tested here, focusing on what commonly happens as people reach advanced age. In older adults, both the eyes and the ears are prone to gradual decline. The eye's lens stiffens and accommodation decreases, and many develop conditions like cataracts or macular changes, leading to diminished vision. The inner ear also undergoes degenerative changes, especially in the hair cells and neural pathways, resulting in presbycusis—hearing loss that often worsens with age. Taken together, diminished vision and hearing loss are typical in a 68-year-old. The other options don't fit typical aging patterns: night vision does not improve with age and may worsen; taste tends to decline rather than increase; skin generally becomes thinner and less elastic rather than thicker or more elastic.

5. Which two measurements are required to calculate a client's BMI?

- A. Waist circumference and hip circumference
- B. Height and weight
- C. Age and weight
- D. Height and waist circumference**

BMI is a measure that estimates body fat by comparing a person's weight to their height. To calculate it, you need two measurements: height and weight. The standard formula uses weight in kilograms divided by the square of height in meters (or the equivalent using pounds and inches with the 703 multiplier). Waist circumference isn't part of the BMI calculation; it's used for assessing central adiposity or risk with other measures like waist-to-height or waist-to-hip ratios. Age isn't a direct input for the BMI number, though interpretation can vary in children, where age-related growth charts are used. Hip circumference is used for different indices of body composition, not BMI. So, the two measurements required to calculate BMI are height and weight.

6. Identify the doffing error most likely to increase contamination risk.

- A. Removing goggles last
- B. Removing the mask before removing gloves and gown**
- C. Performing hand hygiene after removing all PPE
- D. Removing gloves before touching the face

Contamination risk is minimized when you remove the most contaminated items first and keep your hands clean for the rest of the doffing process. The mask's outer surface is contaminated from patient care, so removing it before taking off gloves and the gown means handling a contaminated surface while your hands or gloves are still in contact with other PPE. This increases the chance that pathogens are transferred to your hands and then to your face or other surfaces as you continue doffing. If you remove gloves and the gown first, with hand hygiene performed at the appropriate point, you reduce the opportunity to transfer contaminants during the remaining steps. So removing the mask before removing gloves and gown is the doffing error that most elevates contamination risk.

7. Which option correctly lists two management strategies for suspected increased intracranial pressure?

- A. Elevate head of bed to 45 degrees and give diuretics.
- B. Place in Trendelenburg and avoid sedation.
- C. Elevate head of bed to 30 degrees; use hyperosmolar therapy (mannitol/hypertonic saline) as ordered.**
- D. Induce hypothermia and keep patient flat.

Managing suspected increased intracranial pressure focuses on enhancing brain drainage and reducing edema while preserving cerebral perfusion. Elevating the head of the bed to about 30 degrees promotes venous outflow from the brain, helping to lower ICP without compromising arterial pressure. At the same time, using hyperosmolar therapy such as mannitol or hypertonic saline creates an osmotic gradient that draws water out of swollen brain tissue, further reducing intracranial pressure when ordered and monitored carefully for fluid balance, electrolytes, and osmolality. Positions that lower the head and tilt the patient downward (like Trendelenburg) impede drainage and can worsen ICP. Keeping the patient flat similarly reduces drainage. Hypothermia is not a routine initial strategy for ICP management and carries risks, and relying on diuretics alone without hyperosmolar therapy is not the standard two-part approach for suspected ICP. Thus, elevating the head of the bed to 30 degrees and administering hyperosmolar therapy as ordered align with the appropriate initial management for suspected increased ICP.

8. Which is the appropriate action after checking gastric residual within normal limits?

- A. Return the residual per protocol and continue the feeding**
- B. Discard the residual and hold feeding
- C. Double the next feeding amount
- D. Notify the physician

When a gastric residual is within normal limits, the stomach is handling the feed adequately, so you continue the plan without interruption. Returning the aspirated contents to the stomach preserves the patient's volume and electrolytes and avoids unnecessary loss of nutrients, which helps maintain caloric intake and fluid balance. This approach also supports ongoing gastric emptying and reduces the risk of malnutrition from unnecessary pauses in feeding. Discarding the residual would waste nutrients and fluids; holding the feeding interrupts nutrition support and can lead to underfeeding. Doubling the next feeding amount isn't appropriate because a normal residual doesn't indicate that the stomach can safely accept a larger volume all at once. Notifying the physician is generally reserved for abnormal residuals or other signs of intolerance, not for normal results.

9. Which combination of symptoms is most characteristic of hypothyroidism?

- A. Weight loss and heat intolerance
- B. Fatigue, weight gain, cold intolerance, dry skin, bradycardia
- C. Diarrhea and flushing
- D. Fatigue, weight gain, cold intolerance, dry skin, bradycardia**

Hypothyroidism slows the body's metabolism, so the classic symptom cluster includes fatigue, weight gain from reduced energy expenditure, cold intolerance because heat production is low, dry skin from slowed skin turnover, and bradycardia due to the overall slowdown of bodily processes. The alternative of weight loss with heat intolerance points to hyperthyroidism, where metabolism is increased. Diarrhea and flushing aren't typical features of hypothyroidism, since increased gut motility isn't a characteristic effect. Therefore, the combination of fatigue, weight gain, cold intolerance, dry skin, and bradycardia best fits hypothyroidism.

10. To prevent latex exposure, which of the following is essential when caring for a latex-allergic patient?

- A. Use only latex-free gloves
- B. Ensure the room and all supplies used are latex-free**
- C. Use any gloves if symptoms are mild
- D. Latex allergy precautions are unnecessary in routine care

Preventing latex exposure requires removing latex from every part of the patient's environment. Latex proteins can be present not just in gloves but in many items and surfaces a patient might touch or be touched by, and even tiny amounts can trigger a reaction. The most effective approach is to maintain a fully latex-free room and use only latex-free supplies—gloves, medical devices, tubing, tapes, tourniquets, stethoscopes, IV kits, dressings, packaging, and cleaning products. Always check labels and substitute with non-latex options for anything that could contact the patient. Relying on latex-free gloves alone isn't enough because other items in the environment can contain latex, and assuming precautions aren't necessary is unsafe for someone with a latex allergy.

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://clinicalmedsurg.examzify.com>

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

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