

GALEN MEDICAL SURGICAL EXAM 2 PRACTICE (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. Which of the following is a common cause of status epilepticus?**
 - A. Infection
 - B. Head trauma
 - C. Sudden withdrawal from antiepileptic drugs
 - D. Allergy to penicillin
- 2. Which condition is a risk factor related to difficulty expressing needs?**
 - A. Unable to Communicate
 - B. Dehydration
 - C. Unable to Cough
 - D. Patients with Decreased LOC
- 3. Which description best matches Status Asthmaticus?**
 - A. A mild asthma attack that responds to standard therapy
 - B. Acute bronchitis with fever
 - C. Allergic rhinitis with sneezing
 - D. An asthma attack that does not stop, requiring IV therapy and bronchodilators; wheezing and labored breathing; use of accessory muscles and distended neck veins
- 4. What condition is described as excess fluid from inflammation in the lungs, which can be viral or bacterial?**
 - A. Pneumonia
 - B. Bronchitis
 - C. Asthma
 - D. Pulmonary edema
- 5. Which type of epilepsy is characterized by altered level of consciousness and amnesia after seizures, making it difficult to diagnose?**
 - A. Generalized epilepsy
 - B. Complex epilepsy
 - C. Absence epilepsy
 - D. Myoclonic epilepsy

- 6. What position should the patient be placed in during a seizure to minimize risk of aspiration?**
- A. Supine
 - B. Side lying
 - C. Prone
 - D. Fowler's
- 7. Which of the following is NOT a recommended stroke prevention measure?**
- A. Low fat/heart healthy diet
 - B. Exercise
 - C. Stop smoking
 - D. Increase fat in diet
- 8. Rhinosinusitis is best described as inflammation of which anatomical structures?**
- A. Rhinosinusitis
 - B. Sinusitis with pneumonia
 - C. Otitis media
 - D. Allergic rhinitis
- 9. What is a benefit of a dopamine agonist?**
- A. Fewer incidents of dyskinesia
 - B. Increased insomnia
 - C. Weight gain
 - D. Heightened hallucinations
- 10. The BEFAST mnemonic is used to recognize stroke symptoms. Which of the following components are included?**
- A. Breathing, Eyes, Face, Arm
 - B. Balance, Eyes, Face, Arm, Speech, Time
 - C. Balance, Eyes, Feet, Fist
 - D. Bleeding, Eyes, Face, Time

Answers

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

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Explanations

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1. Which of the following is a common cause of status epilepticus?

- A. Infection
- B. Head trauma
- C. Sudden withdrawal from antiepileptic drugs**
- D. Allergy to penicillin

A common trigger for status epilepticus is sudden withdrawal from antiepileptic drugs in someone with epilepsy. When antiseizure medication is abruptly stopped, the brain loses its pharmacologic suppression of excitability, making seizures more likely to become prolonged or to recur without recovery between events. This direct link to ongoing epilepsy management makes abrupt medication withdrawal the most likely precipitating factor among the options. Infection or head trauma can provoke seizures or worsen them, especially in vulnerable individuals, but they are not as consistently linked to status epilepticus as medication withdrawal. Allergy to penicillin is not a typical cause of status epilepticus.

2. Which condition is a risk factor related to difficulty expressing needs?

- A. Unable to Communicate**
- B. Dehydration
- C. Unable to Cough
- D. Patients with Decreased LOC

The key idea is that expressing needs requires the ability to communicate. When someone cannot communicate, they cannot voice thirst, pain, or the need for help, creating a real risk that needs go unexpressed or unmet. Among the options, being unable to communicate directly represents this barrier, making it the best answer. Dehydration isn't a barrier to expressing needs; it can arise from not addressing needs but isn't the cause itself. An inability to cough affects airway protection, not the act of expressing needs. A decreased level of consciousness can reduce communication, but the fundamental risk factor for difficulty expressing needs is the actual inability to communicate. In practice, this means using alternative methods of communication or proactive observation to identify and address needs.

3. Which description best matches Status Asthmaticus?

- A. A mild asthma attack that responds to standard therapy
- B. Acute bronchitis with fever
- C. Allergic rhinitis with sneezing
- D. An asthma attack that does not stop, requiring IV therapy and bronchodilators; wheezing and labored breathing; use of accessory muscles and distended neck veins**

Status asthmaticus is a severe, life-threatening asthma attack that does not respond to standard therapy and often requires intravenous medications and aggressive bronchodilation. It presents with true respiratory distress: persistent wheezing and labored breathing, use of accessory muscles, and sometimes distended neck veins due to extreme air trapping and high intrathoracic pressures. This description matches an attack that continues despite usual treatment and needs IV therapy and bronchodilators. The other scenarios depict milder or unrelated conditions (a mild attack that responds to standard therapy, acute bronchitis with fever, allergic rhinitis with sneezing) and do not convey the refractory severity of status asthmaticus.

4. What condition is described as excess fluid from inflammation in the lungs, which can be viral or bacterial?

- A. Pneumonia
- B. Bronchitis
- C. Asthma
- D. Pulmonary edema

Exudative inflammation filling the air spaces of the lungs describes pneumonia. In pneumonia, an infection—bacterial or viral—triggers inflammation that causes fluid and immune cells to leak into the alveoli, leading to consolidation and impaired gas exchange. This distinguishes it from other inflammatory lung conditions: bronchitis mainly involves the airways and does not necessarily produce alveolar fluid-filled consolidation; asthma is caused by reversible airway narrowing with mucus production rather than alveolar flooding; pulmonary edema involves fluid accumulation due to high pressure or heart failure, not primarily infection-driven inflammation.

5. Which type of epilepsy is characterized by altered level of consciousness and amnesia after seizures, making it difficult to diagnose?

- A. Generalized epilepsy
- B. Complex epilepsy
- C. Absence epilepsy
- D. Myoclonic epilepsy

Altered awareness during a seizure with amnesia afterward points to focal impaired-awareness seizures, previously called complex partial seizures. These usually start in a temporal-limbic region, so the person's consciousness is impaired during the event and memory formation is disrupted, leading to postictal confusion and a gap in recall for what happened. Because the person may perform automatic activities or simply stare, the event can be easy to mistaken for daydreaming, dissociation, or a psychiatric state, delaying diagnosis. This contrasts with absence seizures, where consciousness is briefly affected and there's no lasting postictal confusion or memory loss, and with generalized or myoclonic seizures, where consciousness is either not impaired in the same way or is preserved during the event. The combination of altered consciousness during the seizure and amnesia afterward is what makes this type the best fit.

6. What position should the patient be placed in during a seizure to minimize risk of aspiration?

- A. Supine
- B. Side lying
- C. Prone
- D. Fowler's

During a seizure, protecting the airway is the priority. Placing the person on their side (side-lying or recovery position) allows secretions and saliva to drain and reduces the risk that vomiting or oral secretions will be aspirated. This position also helps keep the airway more open as muscle control can be unpredictable during a seizure. Other positions are less protective for airway safety. Lying on the back can let secretions pool and increase aspiration risk. Lying prone makes airway access difficult and isn't practical during a seizure. Sitting up (Fowler's) doesn't reliably prevent aspiration and doesn't provide the same protection for the airway as side-lying. So, the side-lying position best minimizes aspiration risk during a seizure.

7. Which of the following is NOT a recommended stroke prevention measure?

- A. Low fat/heart healthy diet
- B. Exercise
- C. Stop smoking
- D. Increase fat in diet**

Stroke prevention relies on lifestyle choices that lower vascular risk. A heart-healthy diet, regular exercise, and quitting smoking all help reduce blood pressure, improve lipid profiles, and enhance overall vascular health. Increasing fat in the diet, especially saturated and trans fats, raises LDL cholesterol and promotes atherosclerosis in cerebral vessels, which increases the risk of stroke. While some fats can be included in a healthy pattern, the overall guidance is not to raise dietary fat for prevention. Therefore, increasing fat intake is not recommended for stroke prevention.

8. Rhinosinusitis is best described as inflammation of which anatomical structures?

- A. Rhinosinusitis**
- B. Sinusitis with pneumonia
- C. Otitis media
- D. Allergic rhinitis

Rhinosinusitis describes inflammation of both the nasal mucosa (rhinitis) and the paranasal sinus mucosa (sinusitis). The nasal cavities and the sinuses share a common mucosal lining, so inflammation typically involves both areas, causing symptoms like nasal congestion, facial pressure, and nasal discharge. The other options don't fit because they describe inflammation of structures not simultaneously involved in rhinosinusitis: pneumonia with sinusitis would add a lower respiratory component, otitis media targets the middle ear, and allergic rhinitis refers to nasal mucosa inflammation without necessarily involving the sinuses.

9. What is a benefit of a dopamine agonist?

- A. Fewer incidents of dyskinesia**
- B. Increased insomnia
- C. Weight gain
- D. Heightened hallucinations

Dopamine agonists stimulate dopamine receptors directly, which helps improve motor symptoms while often allowing a lower dose of levodopa. This lowers the risk and severity of levodopa-induced dyskinesias, making fewer dyskinetic movements a notable advantage of using a dopamine agonist. In contrast, these drugs can cause sleep disturbances, weight changes, or hallucinations, so those effects aren't considered benefits.

10. The BEFAST mnemonic is used to recognize stroke symptoms. Which of the following components are included?

- A. Breathing, Eyes, Face, Arm
- B. Balance, Eyes, Face, Arm, Speech, Time**
- C. Balance, Eyes, Feet, Fist
- D. Bleeding, Eyes, Face, Time

BEFAST helps you spot stroke fast by focusing on six warning signs and the urgency to act. Balance or coordination problems can indicate a brain issue; sudden vision changes in one or both eyes point to eye involvement; facial droop shows facial nerve weakness; arm weakness or drift reveals motor weakness; speech disturbances or trouble understanding signal a language center problem; and Time reminds you to call emergency services immediately because every minute counts for treatment. The best option lists Balance, Eyes, Face, Arm, Speech, Time exactly as BEFAST defines them, so it matches the mnemonic precisely. Other choices include signs not part of the BEFAST checklist (like Breathing, Feet, Fist, or Bleeding) or omit one or more BEFAST elements, which is why they don't fit.

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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.

Or visit your dedicated course page for more study tools and resources:

<https://galenmedsurg2.examzify.com>

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

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