Medical-Surgical II (MSII) Neuro 1 Practice Test (Sample)

Study Guide

BY EXAMZIFY

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. Which finding indicates diabetes insipidus in a craniotomy patient?

A. Increased urine output

B. Decreased urine output

C. Decreased serum osmolality

D. Hyponatremia

2. A client who is beginning Lasix therapy: which laboratory value is priority to monitor?

A. Sodium

B. Potassium

C. Calcium

D. Magnesium

3. Which mental status examination data item is most representative of orientation?

A. Level of consciousness

B. Mood stability

C. Recent memory recall

D. Level of orientation

4. On the Glasgow Coma Scale, a verbal response score of 5 indicates the patient is...

A. Disoriented to person

B. Incomprehensible sounds

C. Oriented to person, place, and time

D. Uses inappropriate words

5. Which intervention can assist a patient with Parkinson's during meals?

A. Use regular utensils and expect quick eating

B. Provide adaptive utensils to improve grip

C. Sit the patient in a reclining position during meals

D. Offer large chunks of meat

6. Which cranial nerve has a motor component that innervates the muscles used for chewing?

A. Trigeminal nerve (CN V)

B. Facial nerve (CN VII)

C. Hypoglossal nerve (CN XII)

D. Accessory nerve (CN XI)

7. A client on lamotrigine presents with which finding that warrants withholding and notifying provider?

A. Dizziness

B. Headache

C. Skin rash

D. Nausea

8. During a tonic-clonic seizure, what is the first action a nurse should take to ensure safety?

A. Check injuries

B. Call for help

C. Remain with the client

D. Reorientate and reassure the client

9. Which imaging study is most appropriate first imaging study for suspected head injury?

A. Lumbar puncture

B. MRI

C. CT scan

D. EEG

10. Which aspect would you document as part of affect in a dementia patient?

A. Speech rate

B. Mood expression

C. Gait

D. Appetite

Answers

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

Explanations

1. Which finding indicates diabetes insipidus in a craniotomy patient?

A. Increased urine output

B. Decreased urine output

C. Decreased serum osmolality

D. Hyponatremia

In diabetes insipidus, the posterior pituitary doesn't release enough antidiuretic hormone, so the kidneys can't concentrate urine. The result is large volumes of dilute urine, so the most telling sign is increased urine output (polyuria). In a craniotomy patient, this post-op DI manifests as a sudden rise in urine volume as ADH is deficient. If you were looking at labs, you'd expect high serum osmolality and possibly hypernatremia, with low urine osmolality and low urine specific gravity. The other options don't fit DI: decreased urine output isn't DI, and decreased serum osmolality or hyponatremia suggests an opposite problem like SIADH or water overload.

2. A client who is beginning Lasix therapy: which laboratory value is priority to monitor?

A. Sodium

B. Potassium

C. Calcium

D. Magnesium

Loop diuretics like Lasix cause increased potassium loss in the distal tubule, so monitoring the potassium level is essential. Potassium is critical for maintaining cardiac electrical stability, and dropping levels can lead to dangerous arrhythmias and muscle weakness. While other electrolytes like sodium, calcium, and magnesium can be affected, the immediate and most dangerous risk with Lasix is hypokalemia, making potassium the priority lab to track. If potassium falls, treatment may include supplementation or adjusting the diuretic regimen with careful monitoring.

3. Which mental status examination data item is most representative of orientation?

A. Level of consciousness

B. Mood stability

C. Recent memory recall

D. Level of orientation

Orientation is about awareness of who you are, where you are, and what time it is, including understanding the current situation. In the mental status exam, you determine this by asking questions about person, place, time, and situation, and noting whether the patient can accurately identify these. The data item that best represents orientation is the level of orientation, because it directly reflects whether the patient is aware of themselves, their environment, and the current context. Level of consciousness, on the other hand, refers to wakefulness and alertness; mood stability relates to affect and emotional state; and recent memory recall tests memory of recent events rather than current orientation.

4. On the Glasgow Coma Scale, a verbal response score of 5 indicates the patient is...

A. Disoriented to person

B. Incomprehensible sounds

C. Oriented to person, place, and time

D. Uses inappropriate words

A verbal score of five means the patient is fully oriented. They can speak coherently and correctly answer questions about who they are, where they are, and the current time or situation. For example, they might say, "I'm Maria, I'm in the hospital, it's Tuesday." If they were not oriented or could only speak inappropriately or incomprehensibly, the verbal score would be lower.

5. Which intervention can assist a patient with Parkinson's during meals?

A. Use regular utensils and expect quick eating

B. Provide adaptive utensils to improve grip

C. Sit the patient in a reclining position during meals

D. Offer large chunks of meat

Parkinson's disease often impairs fine motor control, making it hard to grip and manipulate regular utensils during meals. Tremor, rigidity, and bradykinesia can cause spills, slower eating, and frustration. Adaptive utensils with built-up handles or weighted designs increase the surface area and stability of the grip, allowing a steadier, more controlled transfer of food to the mouth with less effort. This improves independence, safety, and efficiency at mealtime.

6. Which cranial nerve has a motor component that innervates the muscles used for chewing?

A. Trigeminal nerve (CN V)

B. Facial nerve (CN VII)

C. Hypoglossal nerve (CN XII)

D. Accessory nerve (CN XI)

Chewing is controlled by the muscles of mastication, which come from the first pharyngeal arch and receive their motor innervation from the mandibular division of the trigeminal nerve. This division carries the motor fibers to the masseter, temporalis, and the medial and lateral pterygoids, enabling jaw elevation and complex grinding movements. The motor fibers originate in the trigeminal motor nucleus in the pons, making CN V the nerve that specifically supplies these muscles. In contrast, the facial nerve innervates muscles of facial expression, the hypoglossal nerve controls tongue muscles, and the accessory nerve supplies the sternocleidomastoid and trapezius. So the nerve providing the motor input to chewing muscles is the trigeminal nerve.

7. A client on lamotrigine presents with which finding that warrants withholding and notifying provider?

A. Dizziness

B. Headache

C. Skin rash

D. Nausea

The main concept is recognizing a potentially life-threatening dermatologic reaction risk with lamotrigine. A skin rash is the red flag that requires stopping the medication and notifying the provider because it can progress to Stevens-Johnson syndrome, especially in the early weeks of therapy. Early rash may be benign, but progression to severe mucous membrane involvement or widespread blistering has serious consequences, so the safest action is to withhold lamotrigine and seek medical guidance promptly. In contrast, dizziness, headache, or nausea are common, less dangerous side effects that do not by themselves mandate stopping therapy. Remember to educate patients to seek help if a rash appears, and to report any fever, malaise, or mucosal symptoms, which would require urgent evaluation.

8. During a tonic-clonic seizure, what is the first action a nurse should take to ensure safety?

A. Check injuries

B. Call for help

C. Remain with the client

D. Reorientate and reassure the client

Safety during a tonic-clonic seizure centers on preventing harm and quickly assessing for injuries so you can guide the next steps of care. The first action to take is to check the patient for injuries. This rapid survey helps you identify any trauma from the seizure—such as head injury, bleeding, or trauma to limbs—and determine what immediate measures are needed. For example, if there's bleeding or a possible head injury, you would address that promptly, while continuing to monitor the patient and ensure their airway and breathing are protected as the convulsions subside. Staying with the patient throughout the event is essential and continues alongside the initial injury check, not instead of it. Calling for help becomes the priority if the seizure lasts too long (or repeats without recovery), or if you identify injuries requiring urgent medical intervention. Reorienting and reassuring the patient is something you do after the seizure has ended and the patient is awake enough to receive comfort. In sum, checking injuries first sets the stage for appropriate, timely actions and helps ensure safety by promptly identifying problems that may need immediate management.

9. Which imaging study is most appropriate first imaging study for suspected head injury?

A. Lumbar puncture

B. MRI

C. CT scan

D. EEG

In suspected head injury, you need a fast, reliable screen to detect acute intracranial bleeding or mass effect that will guide urgent management. A CT scan of the head without contrast provides that quickly: it is widely available, can be performed rapidly, and is highly effective at detecting acute hemorrhage, skull fractures, edema, and shifts in brain structures—information critical for deciding on interventions. Lumbar puncture isn't an imaging test and could be dangerous if there's increased intracranial pressure or a mass lesion, as it might cause herniation. EEG measures brain electrical activity and won't reveal structural injuries like bleeding or fractures. MRI offers more detail for certain injuries but takes longer, is less accessible in many emergency settings, and isn't ideal for initial assessment in acute trauma. Therefore, the best first imaging study is the CT scan of the head without contrast.

10. Which aspect would you document as part of affect in a dementia patient?

A. Speech rate

B. Mood expression

C. Gait

D. Appetite

Affect is the outward display of a person's emotion—the facial expression, voice, and body language that others observe. In dementia, you document how mood is expressed externally, such as whether the person's facial expression and tone match what they say, or if they show a flat, sad, or incongruent affect. This focused observation captures the observable emotional state, which is what affect measures. This differs from other domains: speech rate reflects how quickly someone talks and relates to communication, gait describes movement, and appetite concerns nutrition and intake. So documenting mood expression directly records the affective display, making it the correct choice.

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://ms2neuro1.examzify.com

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