

# Medical-Surgical II (MSII) Neuro 1 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

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- 1. A nurse is caring for patient with dementia whose family says they wander at night. Nursing action?**
  - A. Put personal items within their reach**
  - B. Lock doors**
  - C. Restrain the patient**
  - D. Move to another room**
  
- 2. In plan of care for craniotomy, which intervention should nurse include?**
  - A. Maintain seizure precautions**
  - B. Discontinue all IV fluids immediately**
  - C. Encourage strenuous activity**
  - D. Limit head-of-bed elevation**
  
- 3. Which topic should the nurse include in a teaching session for caregivers of older adults with dementia?**
  - A. Actions to reduce stress**
  - B. Social support system available**
  - C. Community resources**
  - D. Legal services**
  
- 4. Which medication is used to increase the level of dopamine in patients with Parkinson's disease?**
  - A. Sinemet (carbidopa-levodopa)**
  - B. Levodopa alone**
  - C. Selegiline**
  - D. Bromocriptine**
  
- 5. A 45-year-old patient with myasthenia gravis is brought to the emergency room. Which statement would you assess first in the initial assessment?**
  - A. Eyelid drooping and double vision**
  - B. Weakness of muscles of the extremities**
  - C. Difficulty chewing or swallowing**
  - D. Bladder and bowel incontinence**

- 6. Preparing a client for MRI: which statement should the nurse include?**
- A. Remove metal objects such as watches and body jewelry.**
  - B. Eat a large meal right before the scan.**
  - C. Bring a flashlight to the room.**
  - D. There are no safety restrictions.**
- 7. After a head injury, which finding would be most urgent to report?**
- A. Normal pupil size bilaterally**
  - B. Slurred speech**
  - C. Unequal pupils**
  - D. Tongue numbness**
- 8. 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**
- 9. In orientation assessment, which data is used?**
- A. Blood pressure readings**
  - B. Suicidal ideation**
  - C. The level of orientation**
  - D. Visual acuity**
- 10. In early-stage dementia, the patient is oriented to name and place and usually cooperative. Which statement best describes this stage?**
- A. The patient is oriented to name and place and usually cooperative**
  - B. The patient cannot respond to stimuli**
  - C. The patient cannot communicate verbally**
  - D. The patient is fully independent in all activities**

## Answers

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

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## **Explanations**

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**1. A nurse is caring for patient with dementia whose family says they wander at night. Nursing action?**

- A. Put personal items within their reach**
- B. Lock doors**
- C. Restrain the patient**
- D. Move to another room**

Wandering at night in dementia often stems from disorientation and a need for familiar cues and security. Providing personal items within reach helps orient the patient and soothe anxiety, making the environment feel safer and more predictable. Familiar objects—like a family photo, blanket, or item with a comforting scent—can reduce restlessness and the impulse to roam. Locking doors or restraining the patient is not appropriate practice; it poses safety risks, can increase agitation, and violates the principle of least restraint. Moving the patient to another room doesn't address the underlying need for familiar cues and may worsen confusion. If wandering persists, combine this approach with a safe environment, adequate lighting, routine, and family involvement to support orientation and safety.

**2. In plan of care for craniotomy, which intervention should nurse include?**

- A. Maintain seizure precautions**
- B. Discontinue all IV fluids immediately**
- C. Encourage strenuous activity**
- D. Limit head-of-bed elevation**

After craniotomy, seizures are a key safety risk because brain irritation and postoperative edema can provoke convulsions, which may increase intracranial pressure or injure the operative site. Implementing seizure precautions minimizes injury if a seizure occurs and helps protect the airway and neural tissue. This includes keeping the environment calm and quiet, padding side rails to prevent injury during convulsions, having suction and oxygen readily available, and administering antiseizure medications as ordered while monitoring for side effects. It's also important to maintain proper head position and tubing management to support cerebral perfusion and airway patency. The other options don't fit the post-craniotomy plan: abruptly stopping IV fluids can compromise hydration and brain perfusion; encouraging strenuous activity risks bleeding, increased ICP, and wound complications; and elevating the head of the bed beyond what's prescribed or limiting elevation can hinder venous drainage and raise ICP.

**3. Which topic should the nurse include in a teaching session for caregivers of older adults with dementia?**

- A. Actions to reduce stress**
- B. Social support system available**
- C. Community resources**
- D. Legal services**

Caregiver stress management is central when teaching those caring for older adults with dementia. The caregiving role is typically ongoing and demanding, with emotional, physical, and financial strain that can build up over time. When stress isn't managed, caregivers are at higher risk for burnout, depression, health problems, and difficulty sustaining safe, quality care for the person with dementia. Providing concrete actions to reduce stress gives caregivers practical tools they can use daily. Focus on creating a doable self-care plan, building in respite and support from others, setting realistic expectations, and using simple relief strategies such as short breaks, organized routines, and basic relaxation techniques (deep breathing, progressive muscle relaxation), along with good sleep, nutrition, and exercise. Encourage tapping into social support and community resources early, but emphasize that stress-reduction strategies are what enable caregivers to continue in their role and stay healthy. This approach helps caregivers feel empowered, improves their well-being, and supports safer, more effective care for the person with dementia.

**4. Which medication is used to increase the level of dopamine in patients with Parkinson's disease?**

- A. Sinemet (carbidopa-levodopa)**
- B. Levodopa alone**
- C. Selegiline**
- D. Bromocriptine**

In Parkinson's disease the goal is to restore dopamine signaling in the brain by increasing the amount of dopamine available where it's needed. Levodopa is a precursor that crosses the blood-brain barrier and is then converted into dopamine inside the CNS, helping to replenish depleted dopamine stores. Carbidopa is added to levodopa (as sinemet) to block its conversion to dopamine in the periphery. This keeps more levodopa reaching the brain and reduces peripheral side effects like nausea. So, this combination provides the most effective way to raise brain dopamine levels and improve motor symptoms. Other options don't increase brain dopamine levels in the same way: selegiline inhibits breakdown of dopamine but doesn't supply more dopamine, bromocriptine directly stimulates dopamine receptors without raising overall brain dopamine, and levodopa alone lacks the peripheral protection that carbidopa provides, leading to more side effects and less CNS delivery.

5. A 45-year-old patient with myasthenia gravis is brought to the emergency room. Which statement would you assess first in the initial assessment?

- A. Eyelid drooping and double vision**
- B. Weakness of muscles of the extremities**
- C. Difficulty chewing or swallowing**
- D. Bladder and bowel incontinence**

In myasthenia gravis, weakness is fatigable and the ocular muscles are often affected first. Eyelid drooping (ptosis) and double vision (diplopia) arise early because the extraocular muscles are highly active and particularly susceptible to impaired neuromuscular transmission. These ocular signs are typically the most readily observable and characteristic at the initial assessment, signaling disease activity before more generalized or bulbar symptoms develop. While breathing and airway status are always critical to assess in an emergency, among the given options the earliest and most informative clue to document for a known MG patient is eye movement and eyelid weakness. Later, weakness of the limb muscles or bulbar difficulties like trouble chewing or swallowing may indicate progression, and bladder/bowel incontinence is not a typical MG feature.

6. Preparing a client for MRI: which statement should the nurse include?

- A. Remove metal objects such as watches and body jewelry.**
- B. Eat a large meal right before the scan.**
- C. Bring a flashlight to the room.**
- D. There are no safety restrictions.**

MRI safety hinges on the fact that the scanner uses a strong magnetic field. Ferromagnetic metals can be pulled toward the magnet, heat up from the radiofrequency energy, or move during the scan, which can cause injury and distort the images. That's why the nurse would instruct the patient to remove all metal objects—watches, body jewelry, hairpins, belts, coins, and similar items—before entering the MRI suite. This prevents potential hazards and helps obtain clear images. The other statements aren't correct reasons for preparation: eating a large meal isn't required just for an MRI unless a contrast agent or sedation is involved, bringing a flashlight isn't needed, and there are safety restrictions in MRI that must be followed.

**7. After a head injury, which finding would be most urgent to report?**

- A. Normal pupil size bilaterally**
- B. Slurred speech**
- C. Unequal pupils**
- D. Tongue numbness**

After head injury, pupil changes are a key warning sign of brain pressure and possible herniation. When one pupil becomes unequal and particularly if it is dilated and nonreactive to light, this points to compression of the oculomotor nerve from rising intracranial pressure and potential brainstem involvement. That scenario indicates a true emergency requiring immediate reporting and rapid medical intervention. Normal pupil size on both sides is reassuring and suggests no acute brainstem injury at that moment. Slurred speech can arise from many causes and, while concerning, is less specific for rapid deterioration after head injury. Tongue numbness reflects cranial nerve sensation changes but doesn't by itself signal imminent brain herniation. The unilateral, nonreactive, dilated pupil is the red-flag finding that most urgently needs attention.

**8. 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.

**9. In orientation assessment, which data is used?**

- A. Blood pressure readings**
- B. Suicidal ideation**
- C. The level of orientation**
- D. Visual acuity**

Orientation assessment focuses on cognitive awareness, specifically the patient's ability to identify who they are, where they are, the current time/date, and why they are there. The data used is the level of orientation, because it directly reflects how oriented the patient is and helps detect delirium, confusion, or cognitive decline. Tracking orientation status (for example, oriented to person, place, and time) guides safety planning and care decisions. Blood pressure readings measure vital signs and circulation, not cognitive orientation. Suicidal ideation relates to safety screening and mental health, not the patient's orientation level. Visual acuity assesses sight, not cognitive orientation.

**10. In early-stage dementia, the patient is oriented to name and place and usually cooperative. Which statement best describes this stage?**

**A. The patient is oriented to name and place and usually cooperative**

**B. The patient cannot respond to stimuli**

**C. The patient cannot communicate verbally**

**D. The patient is fully independent in all activities**

In early-stage dementia, people typically retain basic self-identity and situational awareness, and they remain cooperative with caregivers. Being oriented to name and place means they still know who they are and where they are, and cooperative behavior reflects their ability to engage, follow simple instructions, and participate in care activities. This combination is characteristic of the mild, initial phase where memory lapses may appear, especially with new information, but everyday recognition and willingness to interact are preserved. The other ideas don't fit this stage: being unable to respond to stimuli or communicate verbally would indicate much more advanced impairment, and stating that the person is fully independent in all activities ignores the common need for some assistance even in early dementia as tasks become more complex or safety considerations arise.

## 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://ms2neuro1.examzify.com>**

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

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