Medical Surgical Neurosensory 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

1. In VP shunt management, which statement is true about overdrainage?

A. Overdrainage is protective against subdural hematoma.

B. Infection is the only concern.

C. Underdrainage causes subdural hematoma.

D. Overdrainage can cause subdural hematomas.

2. In acute spinal cord injury, what is the primary goal of stabilization?

A. Immediate surgery to decompress

B. Prevent further injury by immobilization and maintaining alignment (cervical collar, backboard) and airway

C. Restore sensation first

D. Begin aggressive physical therapy immediately

3. Which nursing interventions support sensory rehabilitation after stroke?

A. Rely solely on pharmacological therapy

B. Maintain skin integrity

C. Create a safe environment

D. Ensure skin integrity, safe environment, simulate sensory input, assistive devices, and prevention of complications

4. What is the purpose of the Glasgow Coma Scale?

A. Determine risk of infection

B. Quantify level of consciousness based on eye opening, verbal, motor

C. Evaluate sensory perception

D. Assess motor strength only

5. What is the primary purpose of testing the gag reflex during coma or neurological assessment?

A. Assess cerebral cortex function.

B. Evaluate brainstem integrity and cranial nerve IX/X function.

C. Measure pupil response to light.

D. Evaluate limb strength.

6. LASIK is used to correct which refractive errors?

A. Nearsightedness, farsightedness, and astigmatism

B. Color blindness

C. Glaucoma

D. Cataracts

7. During a migraine at onset, which nonpharmacologic instruction helps reduce pain?

A. Lying in a dark room

B. Taking a hot bath

C. Exposing to bright light

D. Drinking caffeine

8. In the event of a seizure, what action should the nurse take first?

A. Protect the client's head

B. Place a tongue blade in the mouth

C. Restrain the patient

D. Offer water

9. When is a lumbar puncture indicated and what are key contraindications?

A. Indicated for suspected meningitis; contraindicated with mass effect.

B. Indicated for headaches; contraindicated in infection.

C. Indicated for dehydration; contraindicated in high BP.

D. Indicated for suspected meningitis, subarachnoid hemorrhage evaluation, or CSF analysis; contraindicated with suspected increased ICP/mass effect or bleeding diathesis.

10. Which signs indicate postoperative CSF leakage after craniotomy and what is the management?

A. Clear drainage from wound or nasal/ear sites; test for beta-2 transferrin; manage with airtight dressings and surgical assessment; avoid nasal suction.

B. Purulent drainage; start broad-spectrum antibiotics and suction.

C. No drainage changes; monitor vitals only.

D. Bloody drainage; start anticoagulation.

Answers

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

Explanations

1. In VP shunt management, which statement is true about overdrainage?

A. Overdrainage is protective against subdural hematoma.

B. Infection is the only concern.

C. Underdrainage causes subdural hematoma.

D. Overdrainage can cause subdural hematomas.

Overdrainage lowers intracranial pressure by removing CSF faster than it's produced, and the siphon effect with upright posture can pull CSF out of the ventricles. This causes brain sagging and stretching of the bridging veins, which can tear and lead to subdural hematomas (or hygromas). That's why overdrainage can cause subdural hematomas—the risk arises from the mechanical effect of too-fast CSF removal, not from infection or prevention of bleeding. The other statements aren't correct: overdrainage isn't protective against subdural hematoma, infection isn't the only concern, and underdrainage doesn't classically cause subdural hematomas. In practice, preventing overdrainage with appropriate valve settings or anti-siphon devices helps minimize this risk.

2. In acute spinal cord injury, what is the primary goal of stabilization?

A. Immediate surgery to decompress

B. Prevent further injury by immobilization and maintaining alignment (cervical collar, backboard) and airway

C. Restore sensation first

D. Begin aggressive physical therapy immediately

In acute spinal cord injury, the primary aim of stabilization is to prevent secondary injury by keeping the spine immobile and properly aligned while ensuring airway and oxygenation are secure. Movement at the injury site can worsen compression, dislocation, or contusion of the spinal cord, so immobilizing the head, neck, and torso with devices like a cervical collar and backboard helps minimize further damage. Maintaining alignment reduces ongoing mechanical stress on the injured segment, which is crucial in the minutes and hours after the injury when stabilization is being established. At the same time, securing the airway and ensuring adequate breathing protects the spinal cord from hypoxia, which can worsen neurologic outcomes. While definitive care such as decompression may be necessary later, the immediate goal in the field and ED is to prevent additional injury through immobilization and airway support. Restoring sensation or starting aggressive therapy right away could be harmful before the spine is stabilized.

3. Which nursing interventions support sensory rehabilitation after stroke?

A. Rely solely on pharmacological therapy

B. Maintain skin integrity

C. Create a safe environment

D. Ensure skin integrity, safe environment, simulate sensory input, assistive devices, and prevention of complications

The key idea here is that restoring sensory function after a stroke isn't about one single action—it's about a comprehensive, proactive nursing approach that protects the patient while actively stimulating and compensating for sensory loss. Maintaining skin integrity protects against injuries and ulcers that can occur when sensation is reduced. Creating a safe environment reduces the risk of falls and accidental injury, which is especially important when sensation or perception is impaired. Simulating sensory input—through varied textures, temp differences, proprioceptive activities, and repetitive sensory tasks—helps retrain the brain and promote neuroplastic changes that support sensory recovery. Using assistive devices facilitates functional independence and compensates for persistent deficits, improving safety and quality of life. Preventing complications ties it all together by addressing issues that frequently accompany sensory loss, such as skin breakdown, contractures, edema, or impaired circulation. Relying solely on pharmacological therapy misses these crucial rehabilitative and preventive actions. So the most effective approach combines protection, safe environment, sensory stimulation, assistive devices, and complication prevention.

4. What is the purpose of the Glasgow Coma Scale?

A. Determine risk of infection

B. Quantify level of consciousness based on eye opening, verbal, motor

C. Evaluate sensory perception

D. Assess motor strength only

The idea being tested is how we quantify a person's level of consciousness after brain injury. The Glasgow Coma Scale is a bedside tool that assigns a numeric score by assessing three areas: eye opening, verbal response, and motor response. Each area has its own scoring options, and the total score (ranging from 3 to 15) gives a standardized measure of consciousness and helps track changes over time. This is why the correct choice describes quantifying consciousness based on eye opening, verbal, and motor responses. It's not about infection risk, sensory perception, or motor strength alone—the scale specifically combines those three domains to reflect the patient's level of consciousness.

5. What is the primary purpose of testing the gag reflex during coma or neurological assessment?

A. Assess cerebral cortex function.

B. Evaluate brainstem integrity and cranial nerve IX/X function.

C. Measure pupil response to light.

D. Evaluate limb strength.

Testing the gag reflex in coma or neurological assessment mainly checks brainstem function, specifically the integrity of cranial nerves IX and X. When the back of the throat is stimulated, sensory input travels via the glossopharyngeal nerve to the medulla, and the motor response is carried out by the vagus nerve, producing a pharyngeal constriction or gag. Therefore, a present gag reflex indicates functioning brainstem pathways and these cranial nerves, while absence or a diminished reflex suggests brainstem dysfunction and often correlates with a poorer prognosis in coma. This maneuver is not a measure of cerebral cortex activity, pupil light response, or voluntary limb strength, each of which relies on different systems.

6. LASIK is used to correct which refractive errors?

A. Nearsightedness, farsightedness, and astigmatism

B. Color blindness

C. Glaucoma

D. Cataracts

LASIK reshapes the cornea to adjust how light is focused on the retina. By changing corneal curvature, it corrects refractive errors such as nearsightedness (myopia), farsightedness (hyperopia), and astigmatism, helping light hit the retina properly for clear vision. It doesn't address color vision deficiencies, glaucoma, or cataracts, which involve different parts or aspects of the eye and require other treatments.

7. During a migraine at onset, which nonpharmacologic instruction helps reduce pain?

A. Lying in a dark room

B. Taking a hot bath

C. Exposing to bright light

D. Drinking caffeine

During migraine onset, reducing sensory stimulation is key, especially light. Photophobia is common in migraines, so staying in a dark, quiet room lowers visual and other sensory input that can intensify pain, helping the nervous system settle and easing the headache. Bright light tends to worsen migraines, and a hot bath can provoke vasodilation or simply add stress, which may not help the episode. Caffeine is variable—sometimes helpful for some people, but it can also trigger or worsen headaches or lead to rebound effects, making it an unreliable nonpharmacologic strategy for most patients. So, lying in a dark room best supports relief by minimizing triggers and allowing rest.

8. In the event of a seizure, what action should the nurse take first?

A. Protect the client's head

B. Place a tongue blade in the mouth

C. Restrain the patient

D. Offer water

The most important step is to prevent injury by protecting the head during a seizure. The body can jerk violently, and the head may strike the floor or nearby objects, so cushioning the head and keeping the person from falling onto hard surfaces reduces risk of head trauma. At the same time, clear the surrounding area of hard or sharp items and loosen restrictive clothing to aid breathing. Do not try to restrain the person or place anything in the mouth—these actions can cause injury or airway problems. Avoid offering water or other oral intake during the seizure. After the convulsions stop, turn the person onto their side to help keep the airway open, monitor breathing and pulse, and time the event. Seek help if the seizure lasts longer than five minutes or if another seizure follows without recovery in between. Once stabilized, assess for injuries and provide appropriate care.

9. When is a lumbar puncture indicated and what are key contraindications?

A. Indicated for suspected meningitis; contraindicated with mass effect.

B. Indicated for headaches; contraindicated in infection.

C. Indicated for dehydration; contraindicated in high BP.

D. Indicated for suspected meningitis, subarachnoid hemorrhage evaluation, or CSF analysis; contraindicated with suspected increased ICP/mass effect or bleeding diathesis.

The main point here is when a lumbar puncture (LP) is appropriate and when it should be avoided. An LP is the key test to obtain cerebrospinal fluid for analysis when you suspect meningitis, to help evaluate for subarachnoid hemorrhage (especially when CT is negative or inconclusive), and to perform CSF studies for diagnostic purposes. These are the core indications because CSF analysis provides direct information about infection, bleeding, or inflammatory/immune processes in the CNS. The procedure is contraindicated when there is a risk that removing CSF could cause harm. If there is suspected increased intracranial pressure with a mass effect, or any mass lesion, an LP can precipitate brain herniation due to abrupt pressure changes. Bleeding diathesis or known coagulopathy raises the risk of spinal or intracranial hemorrhage during needle passage or CSF withdrawal. These are the primary safety concerns that limit its use. So, the best choice reflects using LP for suspected meningitis, SAH evaluation, or CSF analysis, while avoiding it when increased ICP/mass effect or bleeding risk is present.

10. Which signs indicate postoperative CSF leakage after craniotomy and what is the management?

A. Clear drainage from wound or nasal/ear sites; test for beta-2 transferrin; manage with airtight dressings and surgical assessment; avoid nasal suction.

B. Purulent drainage; start broad-spectrum antibiotics and suction.

C. No drainage changes; monitor vitals only.

D. Bloody drainage; start anticoagulation.

A postoperative CSF leak shows up as clear, watery drainage from the craniotomy wound or from the nose or ears. This clarity helps distinguish it from typical wound drainage, and the presence of CSF in these areas can lead to meningitis if not addressed. A key confirmatory step is testing the drainage for beta-2 transferrin, a protein that is essentially unique to CSF, which makes the diagnosis fairly specific when positive. Management focuses on containment and preventing infection while arranging definitive repair if needed. Apply an airtight dressing over the wound to seal the leak and reduce further escape of CSF, and keep the head elevated to lower CSF pressure. Avoid activities that increase intranasal or intracranial pressure, such as nasal suction, nose blowing, coughing, or straining. The patient should be evaluated promptly by a neurosurgeon for potential surgical repair if the leak persists or is significant, since many leaks require operative closure. Purulent drainage would point to infection rather than CSF leakage; no drainage changes would not indicate a leak; Bloody drainage would suggest a different postoperative issue and anticoagulation would be inappropriate in this context.

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://medsurgneurosensory.examzify.com

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