

MEDICAL SURGICAL NEUROSENSORY PRACTICE TEST (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 framework helps determine urgent vs nonurgent priorities in nursing assessment?**
 - A. Maslow's hierarchy
 - B. Urgent vs nonurgent priority-setting framework
 - C. ABCs of life support
 - D. Nursing process
- 2. Which nerves control the pupillary light reflex?**
 - A. Afferent CN II and efferent CN II
 - B. Afferent CN II and efferent CN III
 - C. Afferent CN III and efferent CN II
 - D. Afferent CN I and efferent CN III
- 3. Which CSF finding is most typical for acute bacterial meningitis compared to viral meningitis?**
 - A. Lymphocytic pleocytosis
 - B. Neutrophilic pleocytosis with elevated protein and decreased glucose
 - C. Normal glucose
 - D. Decreased opening pressure
- 4. In the hyperacute phase of ischemic stroke, what is the recommended approach to blood pressure management?**
 - A. Aggressively lower BP to below 140/90 immediately
 - B. Do not lower BP unless SBP $\geq$ 220 or DBP $\geq$ 120
 - C. Lower BP to exactly 180/105
 - D. Delay any BP assessment until imaging
- 5. Which of the following signs indicates basilar skull fracture?**
 - A. Fever and chills
 - B. Hemiparesis
 - C. Nystagmus
 - D. Battle sign, raccoon eyes, CSF rhinorrhea/otorrhea

- 6. What is the initial priority in a patient with suspected increased intracranial pressure?**
- A. Administer high-dose steroids immediately
 - B. Place patient flat and immobile
 - C. Ensure airway, breathing, and circulation; elevate head to 30 degrees; avoid neck flexion to prevent ICP rise
 - D. Induce rapid cooling to reduce metabolic demand
- 7. Which statement best differentiates a closed head injury from an open head injury?**
- A. Open head injury involves no skull fracture.
 - B. Closed head injury has skull fracture with exposure of brain tissue.
 - C. Closed head injury has no skull fracture and brain injury without penetrating injury.
 - D. Open head injury has no skull fracture but penetrating injury.
- 8. Which posture is characteristic of decerebrate posturing?**
- A. Arms flexed and legs extended
 - B. Arms extended and legs extended
 - C. Arms adducted and hands clenched
 - D. Arms abducted and shoulders elevated
- 9. In POAG, which anatomical structures are involved in aqueous humor outflow that may be impaired?**
- A. Iris and cornea
 - B. Retina and optic nerve
 - C. Trabecular meshwork and Canal of Schlemm
 - D. Lens and ciliary body
- 10. A patient with increased ICP may present with which vital signs change?**
- A. Widened pulse pressure
 - B. Punctate retinal hemorrhages
 - C. Bradycardia
 - D. Elevated body temperature

Answers

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

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Explanations

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1. Which framework helps determine urgent vs nonurgent priorities in nursing assessment?

- A. Maslow's hierarchy
- B. Urgent vs nonurgent priority-setting framework**
- C. ABCs of life support
- D. Nursing process

Prioritizing nursing actions by urgency helps you decide what needs immediate attention versus what can wait, based on the risk of harm or rapid deterioration. This approach uses clear criteria to identify urgent issues (for example, compromised airway, sudden changes in vitals, severe pain with signs of instability) and nonurgent tasks (like routine documentation or patient education) so actions are timed and resources allocated effectively. Maslow's hierarchy focuses on human needs in a broad, developmental sense and isn't a clinical tool for ordering urgent actions during an assessment. The ABCs of life support provide a critical, life-saving protocol for emergent resuscitation, but it's a specific emergency framework rather than a general method for prioritizing nursing assessments across all patient needs. The nursing process offers a comprehensive, stepwise approach to care, guiding assessment through evaluation, but it does not by itself establish a universal urgent-versus-nonurgent prioritization framework. Using the urgent vs nonurgent priority-setting framework gives you a focused way to determine what must be addressed immediately in the assessment and care plan, ensuring patient safety and efficient care delivery.

2. Which nerves control the pupillary light reflex?

- A. Afferent CN II and efferent CN II
- B. Afferent CN II and efferent CN III
- C. Afferent CN III and efferent CN II**
- D. Afferent CN I and efferent CN III

The pupillary light reflex is a two-part pathway: sensory input from the retina travels along the optic nerve to the brain, and the motor output that constricts the pupil travels along the oculomotor nerve. When light hits the retina, signals are carried by the optic nerve to the pretectal area and then to the Edinger Westphal nucleus; from there, parasympathetic fibers ride with the oculomotor nerve to the iris sphincter, causing constriction. This wiring explains why shining light in one eye causes both pupils to constrict (the consensual reflex). The olfactory nerve has no role here, and the efferent limb is not carried by the optic nerve. So the correct pairing is afferent input via the optic nerve and efferent output via the oculomotor nerve.

3. Which CSF finding is most typical for acute bacterial meningitis compared to viral meningitis?

- A. Lymphocytic pleocytosis
- B. Neutrophilic pleocytosis with elevated protein and decreased glucose**
- C. Normal glucose
- D. Decreased opening pressure

CSF findings in acute bacterial meningitis show a neutrophil-predominant pleocytosis with high protein and low glucose. This pattern reflects an acute neutrophilic inflammatory response in the subarachnoid space, increased permeability allowing proteins to enter the CSF, and consumption of glucose by bacteria plus impaired glucose transport. In contrast, viral meningitis typically has a lymphocytic pleocytosis, with only mild to moderate protein elevation and normal glucose, since the inflammatory process is less disruptive to glucose handling. Opening pressure is often elevated with bacterial meningitis due to intense meningeal inflammation, whereas it's usually normal or only mildly elevated in viral meningitis. Thus, neutrophilic pleocytosis with elevated protein and decreased glucose best distinguishes bacterial from viral meningitis.

4. In the hyperacute phase of ischemic stroke, what is the recommended approach to blood pressure management?

- A. Aggressively lower BP to below 140/90 immediately
- B. Do not lower BP unless SBP $\geq$ 220 or DBP $\geq$ 120**
- C. Lower BP to exactly 180/105
- D. Delay any BP assessment until imaging

In the hyperacute phase of ischemic stroke, preserving perfusion to the still-viable brain tissue is crucial because the penumbra can recover if blood flow is maintained. The brain's autoregulation is impaired after an ischemic event, so lowering blood pressure too much could cut off blood supply to this at-risk area and worsen the stroke. Therefore, the best approach is to avoid lowering blood pressure unless it becomes markedly elevated, at which point a cautious, gradual reduction is considered to reduce the risk of hemorrhagic transformation or edema without sacrificing cerebral perfusion. This principle keeps perfusion to salvageable tissue while only intervening when pressure is dangerously high.

5. Which of the following signs indicates basilar skull fracture?

- A. Fever and chills
- B. Hemiparesis
- C. Nystagmus
- D. Battle sign, raccoon eyes, CSF rhinorrhea/otorrhea**

Basilar skull fractures often present with signs tied to bleeding under facial tissues and leakage of cerebrospinal fluid. Battle sign (bruising behind the ear), raccoon eyes (periorbital ecchymosis), and CSF rhinorrhea or otorrhea occur when the dura is torn at the skull base, allowing CSF to escape into the nose or ear and producing visible drainage or a halo when tested. These findings are highly suggestive of a fracture at the skull base because they reflect dura involvement and communication with the subarachnoid space. Fever and chills point to infection, not a skull fracture; hemiparesis indicates a cortical or brain injury; nystagmus can arise from vestibular or brainstem issues but is not the classic sign set for basilar fracture.

6. What is the initial priority in a patient with suspected increased intracranial pressure?

- A. Administer high-dose steroids immediately
- B. Place patient flat and immobile
- C. Ensure airway, breathing, and circulation; elevate head to 30 degrees; avoid neck flexion to prevent ICP rise**
- D. Induce rapid cooling to reduce metabolic demand

The core idea is to stabilize the patient by protecting the airway and ensuring adequate ventilation and perfusion, then optimize venous drainage from the brain. Securing the airway and supporting breathing and circulation prevents hypoxia and hypotension, both of which worsen brain injury and can raise intracranial pressure. After that, position the head to promote drainage: elevate the head about 30 degrees and keep the head and neck in a neutral, midline position to avoid jugular venous compression or flexion, which can raise ICP. This combination helps reduce intracranial pressure while maintaining cerebral perfusion. Steroids are not an immediate intervention for suspected ICP because they do not reliably lower ICP and can cause harmful side effects. Rapid cooling is not a standard initial measure for ICP; it carries risks and does not address the immediate need to secure airway and optimize venous outflow.

7. Which statement best differentiates a closed head injury from an open head injury?

- A. Open head injury involves no skull fracture.
- B. Closed head injury has skull fracture with exposure of brain tissue.
- C. Closed head injury has no skull fracture and brain injury without penetrating injury.**
- D. Open head injury has no skull fracture but penetrating injury.

The key idea is whether the skull and dura are breached and brain tissue is exposed. In a closed head injury, the skull remains intact and the brain is injured without a penetrating wound—no entry of an object and no brain tissue exposure to the outside. In contrast, an open (penetrating) head injury involves a breach of the skull and dura, with brain tissue potentially exposed to the environment. That's why the best statement is that a closed head injury has no skull fracture and brain injury without penetrating injury. The other options imply scenarios that contradict this distinction—open head injuries involve breach of the skull and exposure of brain tissue, and a closed head injury with skull fracture and exposure doesn't fit the definition.

8. Which posture is characteristic of decerebrate posturing?

- A. Arms flexed and legs extended
- B. Arms extended and legs extended**
- C. Arms adducted and hands clenched
- D. Arms abducted and shoulders elevated

Decerebrate posturing shows a brainstem injury with rigid extension of the body. The hallmark is that both the upper and lower limbs are extended: the arms are held straight with the hands often in a pronated position, and the legs remain extended with the feet plantarflexed. This contrasts with decorticate posturing, where the arms are flexed at the elbows and wrists while the legs extend. So the posture described as arms extended and legs extended best fits decerebrate posturing. The other descriptions involve flexion of the arms or different limb positions that do not reflect the characteristic extensor rigidity.

9. In POAG, which anatomical structures are involved in aqueous humor outflow that may be impaired?

- A. Iris and cornea
- B. Retina and optic nerve
- C. Trabecular meshwork and Canal of Schlemm**
- D. Lens and ciliary body

Aqueous humor outflow in primary open-angle glaucoma mainly occurs through the conventional drainage pathway, which includes the trabecular meshwork and Schlemm's canal. The trabecular meshwork acts like a filter at the junction where the aqueous humor leaves the anterior chamber, guiding it into Schlemm's canal, and from there into the episcleral veins. If this pathway develops increased resistance or dysfunction, outflow diminishes and intraocular pressure rises, which is central to POAG. The iris and cornea are anterior segment structures involved in light entry and refraction, not the drainage channels. The retina and optic nerve are the tissues affected by elevated pressure, not the outflow route itself. The lens and ciliary body relate more to accommodation and aqueous production rather than drainage, though they are part of the overall anterior segment anatomy. The uveoscleral route exists as a secondary outflow pathway, but POAG predominantly involves the trabecular meshwork–Schlemm's canal route.

10. A patient with increased ICP may present with which vital signs change?

- A. Widened pulse pressure
- B. Punctate retinal hemorrhages**
- C. Bradycardia
- D. Elevated body temperature

When intracranial pressure is raised, the body engages a brainstem-mediated response to preserve blood flow to the brain. This is known as the Cushing response and it produces characteristic vital-sign changes: the systolic pressure tends to rise with an overall widening of the pulse pressure, and the heart rate often slows (bradycardia). Respirations may become irregular as well. Punctate retinal hemorrhages are an ocular finding and not a direct vital-sign change; raised intracranial pressure more commonly shows signs on the exam of the brain's compensatory system (like bradycardia and widened pulse pressure) or optic signs such as papilledema rather than tiny retinal dots. A fever or elevated temperature isn't a hallmark of increased ICP. So, the vital-sign changes you'd expect with increased ICP are bradycardia and widened pulse pressure, reflecting the Cushing response.

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:

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

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