Medical Surgical Nursing Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Copyright © 2025 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

SAMPLE

1. **What is the primary goal of cryotherapy in treating small anteriorly located tumors in retinoblastoma patients?**
   - **A. Complete surgical removal of the tumor**
   - **B. Prevention of collateral damage to nearby structures**
   - **C. Complete disappearance of the tumor with scarring**
   - **D. Enhancement of vision preservation**

2. **What is a common fundoscopic sign associated with Central Retinal Artery Occlusion (CRAO)?**
   - **A. Cherry red spot on fovea**
   - **B. Pale retina**
   - **C. Cattle trucking of vessels**
   - **D. Retinal hemorrhages**

3. **What indicator suggests a complete response to cryotherapy treatment for retinoblastoma?**
   - **A. Presence of a pigmented scar**
   - **B. Complete transparency of the anterior segment**
   - **C. Preserved visual acuity**
   - **D. Absence of any vascularity**

4. **What is the primary focus in self-management advice for ectropion patients?**
   - **A. Regular use of hot compresses**
   - **B. Avoiding excessive screen time**
   - **C. Wiping upwards to prevent worsening**
   - **D. Using eye drops daily**

5. **What complication is commonly associated with blowout fractures?**
   - **A. Increased intraocular pressure**
   - **B. Entrapment of muscles or tissue within the fracture**
   - **C. Chronic conjunctivitis**
   - **D. Corneal scarring**

SAMPLE

6. What visual field defect finding would indicate referral for glaucoma?

A. Improved peripheral vision

B. Consistent with glaucoma changes

C. No visual field defects

D. Only minor distortions

7. What is a recommended treatment for bacterial dacryoadenitis until culture results are obtained?

A. Oral nonsteroidal anti-inflammatories

B. Cephalexin or cephazolin

C. Warm compresses

D. Antiviral medications

8. What symptom is commonly seen in cases of retinal vein occlusion?

A. Severe eye pain

B. Bright flashes of light

C. Floaters

D. Sudden loss of vision

9. Which antineoplastic agent blocks mitosis in metaphase by binding to microtubular proteins?

A. Carboplatin

B. Etoposide

C. Vincristine

D. Cyclophosphamide

10. What is the potential outcome of untreated proliferative retinopathy?

A. Complete recovery of vision

B. Stable vision with no loss

C. Moderate vision loss

D. Severe vision loss

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the primary goal of cryotherapy in treating small anteriorly located tumors in retinoblastoma patients?

A. Complete surgical removal of the tumor

B. Prevention of collateral damage to nearby structures

C. Complete disappearance of the tumor with scarring

D. Enhancement of vision preservation

The primary goal of cryotherapy in treating small anteriorly located tumors in retinoblastoma patients is to induce the complete disappearance of the tumor while managing scarring. Cryotherapy involves applying extreme cold to the tumor, which can effectively freeze and destroy cancerous cells. This localized treatment focuses on targeting the tumor directly and aims to achieve a complete response where the tumor is no longer detectable through imaging or clinical examination. In the context of retinoblastoma, where preservation of the eye and vision is also significantly important, the ability to eliminate the tumor is crucial. While some degree of scarring may occur, the main therapeutic intent is to eradicate the tumor without causing unnecessary trauma to surrounding structures to maintain the integrity of the eye. This method is beneficial for small tumors that have not invaded surrounding tissues, making it a preferred option over more invasive treatments, especially in pediatric patients, where preserving vision and eye health is paramount. The other approaches listed have important roles but are not the primary goal of cryotherapy in this context. For instance, while reducing collateral damage is a consideration during treatment, it does not overshadow the main aim of tumor eradication. Similarly, enhancing vision preservation and complete surgical removal are desirable outcomes but are not as directly tied to the specific

2. What is a common fundoscopic sign associated with Central Retinal Artery Occlusion (CRAO)?

A. Cherry red spot on fovea

B. Pale retina

C. Cattle trucking of vessels

D. Retinal hemorrhages

The cherry red spot on the fovea is a well-documented fundoscopic sign associated with Central Retinal Artery Occlusion (CRAO). This appearance is due to the contrast between the red color of the fovea, which is a normal healthy area of the retina that contains a high concentration of photoreceptor cells, and the pale retina surrounding it, which occurs because of the lack of blood supply in the area affected by the occlusion. In CRAO, the occlusion of the central retinal artery leads to ischemia, causing the surrounding retina to develop a pale appearance. However, the fovea, being supplied by the choroidal circulation, remains perfused, resulting in the characteristic cherry red spot. This finding is often a key indicator for clinicians when diagnosing CRAO during a fundoscopic examination. The other options do describe various retinal findings that could occur in different pathologies; however, they are not the hallmark sign of CRAO. The pale retina due to ischemia is indeed seen but is not distinctive enough to make the diagnosis like the cherry red spot, and cattle trucking, which refers to the narrowing of the retinal vessels, is more associated with chronic conditions like hypertension and diabetes rather than acute CRAO. Ret

SAMPLE

3. What indicator suggests a complete response to cryotherapy treatment for retinoblastoma?

A. Presence of a pigmented scar

B. Complete transparency of the anterior segment

C. Preserved visual acuity

D. Absence of any vascularity

A presence of a pigmented scar is an important indicator of a complete response to cryotherapy treatment for retinoblastoma. During treatment, cryotherapy aims to destroy tumor cells by freezing them, and the subsequent formation of a pigmented scar suggests that the tissue has healed properly following this localized treatment. It indicates that the tumor has been effectively treated, and the pigment results from the normal healing process of the retinal tissue. Other outcomes, such as complete transparency of the anterior segment or preserved visual acuity, may not directly correlate with the efficacy of the cryotherapy in eliminating the tumor itself. The absence of any vascularity can indicate a lack of blood supply to the area but may not provide definitive evidence of tumor response. Hence, the presence of a pigmented scar is a clear and specific marker of a successful treatment response in this context.

4. What is the primary focus in self-management advice for ectropion patients?

A. Regular use of hot compresses

B. Avoiding excessive screen time

C. Wiping upwards to prevent worsening

D. Using eye drops daily

For patients with ectropion, the primary focus in self-management advice is aimed at preventing further irritation or complications associated with the condition. Wiping upwards is a technique recommended to avoid exacerbating the eyelid's position or worsening any associated symptoms, such as excessive tearing or exposure of the ocular surface. This method helps to minimize debris accumulation and can provide some symptomatic relief by ensuring that irritants do not settle into the eye. In contrast, while the regular use of hot compresses can offer relief from irritation and dryness, it does not directly address the underlying issue of eyelid positioning. Avoiding excessive screen time may be a good general practice for eye comfort, but it does not specifically target the management of ectropion. Daily use of eye drops can be beneficial for providing moisture and comfort, yet it is not a primary intervention to correct or manage the condition itself. Therefore, the emphasis on proper wiping technique stands out as a crucial aspect of self-management for patients with ectropion.

SAMPLE

5. What complication is commonly associated with blowout fractures?

A. Increased intraocular pressure

B. Entrapment of muscles or tissue within the fracture

C. Chronic conjunctivitis

D. Corneal scarring

Blowout fractures often occur when a strong force impacts the eye area, typically resulting in a fracture of the orbital floor or walls. One significant complication associated with these fractures is the entrapment of the extraocular muscles or surrounding tissue within the fracture site. This entrapment can lead to issues such as ocular motility restrictions, double vision, or altered eye movements, as the muscles may become pinned or restricted by the fractured bone or adjacent tissues. The entrapment occurs because the fracture allows for a displacement in the bony structure, potentially pulling muscle fibers or soft tissue into the fracture site. This is especially concerning for the inferior rectus muscle, which is frequently affected in blowout fractures. Prompt diagnosis and management of this complication are crucial for preventing long-term functional impairment and ensuring proper alignment of the eye. Understanding this complication emphasizes the importance of timely assessment and intervention in patients presenting with facial trauma, particularly those exhibiting signs of ocular dysfunction following such injuries.

6. What visual field defect finding would indicate referral for glaucoma?

A. Improved peripheral vision

B. Consistent with glaucoma changes

C. No visual field defects

D. Only minor distortions

Referral for glaucoma is indicated when visual field defects demonstrate changes that are consistent with glaucoma. This typically includes specific patterns of peripheral vision loss, commonly recognized in conditions related to glaucoma, such as arcuate defects, nasal steps, and general constriction of the visual field. These changes signify damage to the optic nerve due to increased intraocular pressure, which is a hallmark of glaucoma. When a visual field defect aligns with established patterns of glaucoma-related damage, it becomes essential for further evaluation and management. The identification of such findings can guide the healthcare provider to take appropriate steps, which may involve further diagnostic testing, monitoring, or initiating therapy to prevent progression of the disease and preserve vision. Other choices, like improved peripheral vision, indicate a negative finding toward glaucoma, whereas no visual field defects or only minor distortions suggest that the condition may not be present or significant enough to warrant immediate referral. Thus, identifying visual field changes consistent with glaucoma is crucial for timely intervention.

SAMPLE

7. What is a recommended treatment for bacterial dacryoadenitis until culture results are obtained?

A. Oral nonsteroidal anti-inflammatories

B. Cephalexin or cephazolin

C. Warm compresses

D. Antiviral medications

The recommended treatment for bacterial dacryoadenitis until culture results are obtained typically involves the use of antibiotics, such as cephalexin or cephazolin. These antibiotics are effective against the most common bacteria that can cause dacryoadenitis, which is the inflammation of the lacrimal gland. Immediate antibiotic therapy is crucial in this scenario because bacterial infections can lead to more significant complications if not treated promptly. Administering antibiotics while awaiting culture results ensures that the bacterial infection is effectively addressed, particularly since the symptoms can cause significant discomfort and may lead to further neurological or ocular complications if untreated. In contrast, while warm compresses can provide symptomatic relief and help with inflammation, they do not address the underlying bacterial infection. Nonsteroidal anti-inflammatories can help manage pain and discomfort but do not have a direct therapeutic effect on the bacterial infection. Antiviral medications are typically not indicated in the case of bacterial dacryoadenitis since the etiology of the condition is bacterial rather than viral. Therefore, initiating appropriate antibiotic treatment is the most effective course of action until definitive culture results are available.

8. What symptom is commonly seen in cases of retinal vein occlusion?

A. Severe eye pain

B. Bright flashes of light

C. Floaters

D. Sudden loss of vision

In cases of retinal vein occlusion, sudden loss of vision is a hallmark symptom. This condition occurs when a vein in the retina becomes blocked, often leading to a rapid onset of visual disturbances. The blockage can cause fluid to leak from the retina, leading to swelling in the macula, which is the center of the retina responsible for sharp central vision. As a result, patients may experience a sudden decrease in vision in one eye, which can be alarming and requires immediate assessment by a healthcare professional. Other symptoms, such as severe eye pain, bright flashes of light, and floaters, may occur with different ocular conditions but are not as directly associated with retinal vein occlusion itself. Sudden vision loss is unmistakable and serves as a critical indicator for diagnosis and urgent treatment, underscoring its significance as a symptom in this context.

SAMPLE

9. Which antineoplastic agent blocks mitosis in metaphase by binding to microtubular proteins?

A. Carboplatin

B. Etoposide

C. Vincristine

D. Cyclophosphamide

Vincristine is an antineoplastic agent that specifically works by inhibiting mitosis during the metaphase of cell division. It achieves this by binding to tubulin, a protein that is essential for the formation of microtubules, which are necessary for proper cell division. By preventing the assembly of microtubules, vincristine effectively halts the progression of the cell cycle at the metaphase stage, leading to cell death. This mode of action is particularly significant in the treatment of various cancers, as it targets rapidly dividing cells. The effectiveness of vincristine in disrupting the mitotic process makes it a valuable drug in chemotherapy regimens for specific malignancies, such as leukemias and lymphomas. Other antineoplastic agents listed have different mechanisms of action. For instance, carboplatin is a platinum-based compound that forms DNA cross-links, leading to apoptosis. Etoposide inhibits topoisomerase II, affecting DNA unwinding and replication, while cyclophosphamide is a alkylating agent that damages DNA by adding alkyl groups. Each of these agents plays a vital role in cancer treatment but does not function by blocking mitosis at metaphase. Thus, vincristine's specific targeted action on micro

10. What is the potential outcome of untreated proliferative retinopathy?

A. Complete recovery of vision

B. Stable vision with no loss

C. Moderate vision loss

D. Severe vision loss

Proliferative retinopathy is a serious and advanced stage of retinal damage typically associated with conditions like diabetes mellitus. This condition involves the growth of new, abnormal blood vessels in the retina, which can lead to complications such as bleeding, scarring, and retinal detachment. When proliferative retinopathy goes untreated, these abnormal blood vessels can hemorrhage into the vitreous humor or cause traction on the retina, which significantly heightens the risk of severe vision loss. The compromised integrity of the retina and the potential for detachment creates a situation where vision is not merely impaired but can deteriorate to a point where it becomes severely diminished. Thus, untreated proliferative retinopathy can lead to permanent vision complications, including significant loss of vision or even blindness, reinforcing the understanding that early detection and treatment are critical in preventing these severe outcomes.

SAMPLE