

Medical Surgical Nursing Practice Exam (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. What is a common treatment method for managing diabetic retinopathy?**
 - A. Cryotherapy**
 - B. Oral antihypertensives**
 - C. Improving vision therapy**
 - D. Cold compresses**
- 2. What may be necessary to assess in patients with facials nerve palsy?**
 - A. Whether they can blink regularly**
 - B. Whether there is lagophthalmos present**
 - C. Their ability to see clearly**
 - D. Any previous surgeries they had**
- 3. In terms of visual function, how long does it usually take for improvement after optic neuritis?**
 - A. Instant improvement**
 - B. Within 24 hours**
 - C. After one week**
 - D. After one month**
- 4. What is a common presentation of allergic conjunctivitis?**
 - A. Unilateral itchy eyes**
 - B. Bilateral blurry vision**
 - C. Oedema with a 'cobblestone' appearance**
 - D. Normal cornea appearance**
- 5. What is non-rhegmatogenous retinal detachment primarily caused by?**
 - A. Trauma**
 - B. Vitreous traction or leakage exudation**
 - C. Inherited retinal diseases**
 - D. Chronic retinal inflammation**

- 6. Which condition is characterized by serous retinal detachment?**
- A. Diabetic retinopathy**
 - B. Exudative retinal detachment**
 - C. Proliferative retinopathy**
 - D. Age-related macular degeneration**
- 7. What condition is characterized by a bacterial infection posterior to the orbital septum?**
- A. Orbital cellulitis**
 - B. Pre-septal cellulitis**
 - C. Conjunctivitis**
 - D. Blepharitis**
- 8. Posterior uveitis is linked to which non-infectious diseases?**
- A. Behcet's syndrome, Lymphoma, Sarcoidosis**
 - B. Glaucoma, Retinitis, Papilledema**
 - C. Myasthenia Gravis, Lupus, Uveitis**
 - D. Trauma, Infection, Retinal Detachment**
- 9. What is the primary cause correlated with sudden painless loss of vision in older patients?**
- A. Retinal detachment**
 - B. Temporal arteritis**
 - C. Thromboembolism**
 - D. Pulmonary embolism**
- 10. What is the standard initial management for a hordeolum?**
- A. Topical antibiotics**
 - B. Warm compress application**
 - C. Surgical intervention**
 - D. Oral steroids**

Answers

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

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Explanations

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1. What is a common treatment method for managing diabetic retinopathy?

- A. Cryotherapy**
- B. Oral antihypertensives**
- C. Improving vision therapy**
- D. Cold compresses**

Cryotherapy is a common treatment method for managing diabetic retinopathy as it involves the application of extreme cold to the retina, which helps to reduce the growth of abnormal blood vessels that can develop as a result of diabetes. This technique is aimed at preventing vision loss by targeting areas of the retina that are severely affected by the disease. By freezing these areas, cryotherapy can limit additional damage and promote healthier retinal function. Other treatment options may focus on symptom relief or management of associated conditions but do not address the specific pathological changes in the retina caused by diabetes. Oral antihypertensives are used to manage blood pressure but do not directly treat retinal damage. Improving vision therapy addresses visual impairment but does not prevent progression of the disease. Cold compresses may offer temporary relief from eye discomfort but are not a therapeutic approach to managing the underlying condition of diabetic retinopathy.

2. What may be necessary to assess in patients with facials nerve palsy?

- A. Whether they can blink regularly**
- B. Whether there is lagophthalmos present**
- C. Their ability to see clearly**
- D. Any previous surgeries they had**

In patients with facial nerve palsy, assessing for lagophthalmos is particularly important because this condition refers to the incomplete closure of the eyelids. Lagophthalmos can result from weakness or paralysis of the facial muscles responsible for eyelid movement. This incomplete closure can lead to exposure of the cornea, which may result in dryness, irritation, or damage to the eye if not addressed. Monitoring whether the patient can blink regularly is also relevant, but the presence of lagophthalmos is a more specific concern that directly relates to potential complications affecting ocular health. Evaluating visual acuity or inquiring about previous surgeries, while useful in broader assessments, do not directly address the immediate concerns posed by facial nerve dysfunction and its implications on eyelid function. Thus, recognizing and managing lagophthalmos becomes essential in the care of patients with facial nerve palsy to prevent further complications.

3. In terms of visual function, how long does it usually take for improvement after optic neuritis?

- A. Instant improvement**
- B. Within 24 hours**
- C. After one week**
- D. After one month**

After optic neuritis, visual function typically begins to improve after one week. This timing aligns with the natural course of the condition, where the inflammation of the optic nerve can lead to temporary visual impairment. Patients often experience a range of symptoms, but many report gradual improvements starting within about a week, as the inflammation subsides and the nerve begins to heal. The recovery timeline can vary among individuals, but many will see significant improvement in their vision within several weeks to months, with visual acuity progressively returning. Understanding this timeline is crucial for both patient education and setting realistic expectations for recovery. The choice suggesting improvement within one week reflects the most common experience of patients following this ocular condition.

4. What is a common presentation of allergic conjunctivitis?

- A. Unilateral itchy eyes**
- B. Bilateral blurry vision**
- C. Oedema with a 'cobblestone' appearance**
- D. Normal cornea appearance**

Allergic conjunctivitis commonly presents with edema that resembles a 'cobblestone' appearance, which is characteristic of this condition. This visual manifestation occurs due to the swelling of the conjunctiva and the accumulation of inflammatory cells in response to allergens. The inflammation results in a bumpy texture on the surface of the conjunctiva, leading to that specific appearance. In allergic conjunctivitis, symptoms also include itching and redness, which are a result of the body's immune response to allergens such as pollen, pet dander, or dust mites. The 'cobblestone' appearance is a key indicator that differentiates allergic conjunctivitis from other types of conjunctivitis. While unilateral itchy eyes may occur in certain cases, allergic conjunctivitis typically affects both eyes. Bilateral blurry vision is not a common symptom of this condition because the vision itself is generally not directly impaired, unlike conditions that affect the cornea. Furthermore, in allergic conjunctivitis, the cornea can appear normal, as the primary issue resides in the conjunctival tissue rather than altering the corneal structure. Thus, the 'cobblestone' appearance serves as a clear and distinctive feature in diagnosing allergic conjunctivitis.

5. What is non-rhegmatogenous retinal detachment primarily caused by?

A. Trauma

B. Vitreous traction or leakage exudation

C. Inherited retinal diseases

D. Chronic retinal inflammation

Non-rhegmatogenous retinal detachment is primarily caused by vitreous traction or leakage exudation. This type of retinal detachment occurs not due to a tear in the retina, which is characteristic of rhegmatogenous detachment, but through mechanisms involving the vitreous gel that adheres to the retina. In non-rhegmatogenous cases, traction forces from the vitreous can pull on the retina, leading to its detachment without any associated breaks or tears. Additionally, conditions that lead to fluid exudation beneath the retinal layer, such as inflammatory processes or vascular issues, can also contribute to this type of detachment. Understanding the role of vitreous traction is crucial in diagnosing and managing retinal detachments, as it highlights the need for addressing underlying vitreous gel abnormalities to prevent further complications.

6. Which condition is characterized by serous retinal detachment?

A. Diabetic retinopathy

B. Exudative retinal detachment

C. Proliferative retinopathy

D. Age-related macular degeneration

Exudative retinal detachment is characterized by serous retinal detachment, which occurs when fluid accumulates beneath the retina without the presence of holes or tears in the retinal structure. This condition is often associated with specific diseases that cause changes in the choroidal vasculature, leading to the leakage of serous fluid. Conditions such as uveal tumors, inflammatory diseases, or severe hypertension may lead to exudative retinal detachment. Understanding the unique nature of exudative retinal detachment is crucial, as it differs from other types of retinal detachment. For example, diabetic retinopathy generally leads to proliferative changes and can result in tractional retinal detachment rather than serous fluid accumulation. Proliferative retinopathy is primarily marked by the formation of new blood vessels and subsequent complications, while age-related macular degeneration mainly affects the macula and can lead to retinal pigment epithelium detachment, not strictly serous detachment. Recognizing the characteristics of exudative retinal detachment allows for prompt diagnosis and management of the underlying causes, which may significantly affect visual outcomes.

7. What condition is characterized by a bacterial infection posterior to the orbital septum?

- A. Orbital cellulitis**
- B. Pre-septal cellulitis**
- C. Conjunctivitis**
- D. Blepharitis**

Orbital cellulitis is a serious condition that occurs when a bacterial infection affects the tissues located posterior to the orbital septum, which separates the eyelid and superficial structures from the deeper orbital contents. This infection can often result from the spread of bacteria from adjacent structures, such as the sinuses, and can lead to significant complications, including vision loss and the spread of infection to the brain. The key distinguishing feature of orbital cellulitis is its location and the presence of symptoms such as proptosis (bulging of the eye), decreased visual acuity, pain with eye movement, and possible fever, reflecting the more severe nature of the infection when compared to other eye-related infections. Prompt diagnosis and treatment are essential to prevent the progression of the infection and associated complications, making it critical for healthcare providers to recognize the signs and symptoms of this condition quickly. In contrast, pre-septal cellulitis, which affects the eyelids and the area anterior to the orbital septum, consists of a less severe infection and does not typically involve the deeper orbital structures. Conjunctivitis refers to inflammation of the conjunctiva, often due to viral or allergic causes, and does not involve a bacterial infection beneath the orbital septum. Blepharitis is

8. Posterior uveitis is linked to which non-infectious diseases?

- A. Behcet's syndrome, Lymphoma, Sarcoidosis**
- B. Glaucoma, Retinitis, Papilledema**
- C. Myasthenia Gravis, Lupus, Uveitis**
- D. Trauma, Infection, Retinal Detachment**

Posterior uveitis, which involves inflammation of the uvea at the back of the eye, is associated with several systemic non-infectious diseases, and the correct answer highlights those connections effectively. Behcet's syndrome, lymphoma, and sarcoidosis are known for their association with posterior uveitis. Behcet's syndrome can lead to significant ocular manifestations, including uveitis, as part of a systemic inflammatory process. Lymphoma, specifically primary central nervous system lymphoma, can also present with ocular symptoms, including posterior uveitis. Sarcoidosis is another systemic condition characterized by granulomatous inflammation, which can selectively involve the uveal tract, leading to posterior uveitis. These diseases manifest in ways that can cause the immune system to inflame parts of the eye, leading to the symptoms associated with posterior uveitis. Understanding these connections is critical for the diagnosis and treatment of patients presenting with uveitis, as the management may include addressing the underlying systemic condition. The other options listed contain conditions that are either not primarily linked to posterior uveitis or represent categories of issues (like trauma and infections) that do not specifically indicate a non-infectious etiology for posterior uveitis. Hence, the

9. What is the primary cause correlated with sudden painless loss of vision in older patients?

- A. Retinal detachment**
- B. Temporal arteritis**
- C. Thromboembolism**
- D. Pulmonary embolism**

The primary cause correlated with sudden painless loss of vision in older patients is temporal arteritis. This condition, also known as giant cell arteritis, involves inflammation of the blood vessels, particularly the temporal arteries, which can lead to significant complications, including sudden vision loss. The vision loss occurs because the inflammation can affect the blood supply to the optic nerve or the retina, potentially leading to ischemic optic neuropathy. In older individuals, particularly those over the age of 50, temporal arteritis is a critical consideration when there is a sudden change in vision, especially since timely diagnosis and treatment with corticosteroids can prevent irreversible vision loss. The hallmark symptoms might also include headache, scalp tenderness, and jaw claudication, but the sudden onset of painless vision loss remains a central feature to watch for. Other options do relate to vision problems but are not as directly correlated with sudden painless vision loss in this demographic. Retinal detachment may cause sudden visual symptoms but often presents with other associated visual changes such as flashes and floaters. Thromboembolism could lead to various types of strokes affecting vision, but the presentation would often include additional neurological deficits. Pulmonary embolism primarily affects breathing and cardiovascular stability rather than causing direct vision changes. Thus,

10. What is the standard initial management for a hordeolum?

- A. Topical antibiotics**
- B. Warm compress application**
- C. Surgical intervention**
- D. Oral steroids**

The standard initial management for a hordeolum, commonly known as a sty, is the application of warm compresses. This method is effective because the heat from the compress helps to increase circulation to the area, promoting drainage of the obstructed oil glands and relieving discomfort. By softening the eyelid tissue, warm compresses can also help alleviate pain and hasten the healing process. Applying warm compresses several times a day can provide significant relief and may resolve the condition without the need for further medical intervention. In many cases, hordeola are self-limited conditions that can heal on their own, and supportive care such as warm compresses is often sufficient. Topical antibiotics are not usually the first-line treatment for hordeolum since they do not address the underlying blockage of the gland and are more commonly reserved for cases where there are signs of secondary infection or if the hordeolum does not improve with conservative measures. Surgical intervention is generally considered only if the sty does not respond to initial treatment or if there are complications. Similarly, oral steroids are not indicated in the standard management of a hordeolum.

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://medsurgnursing.examzify.com>

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