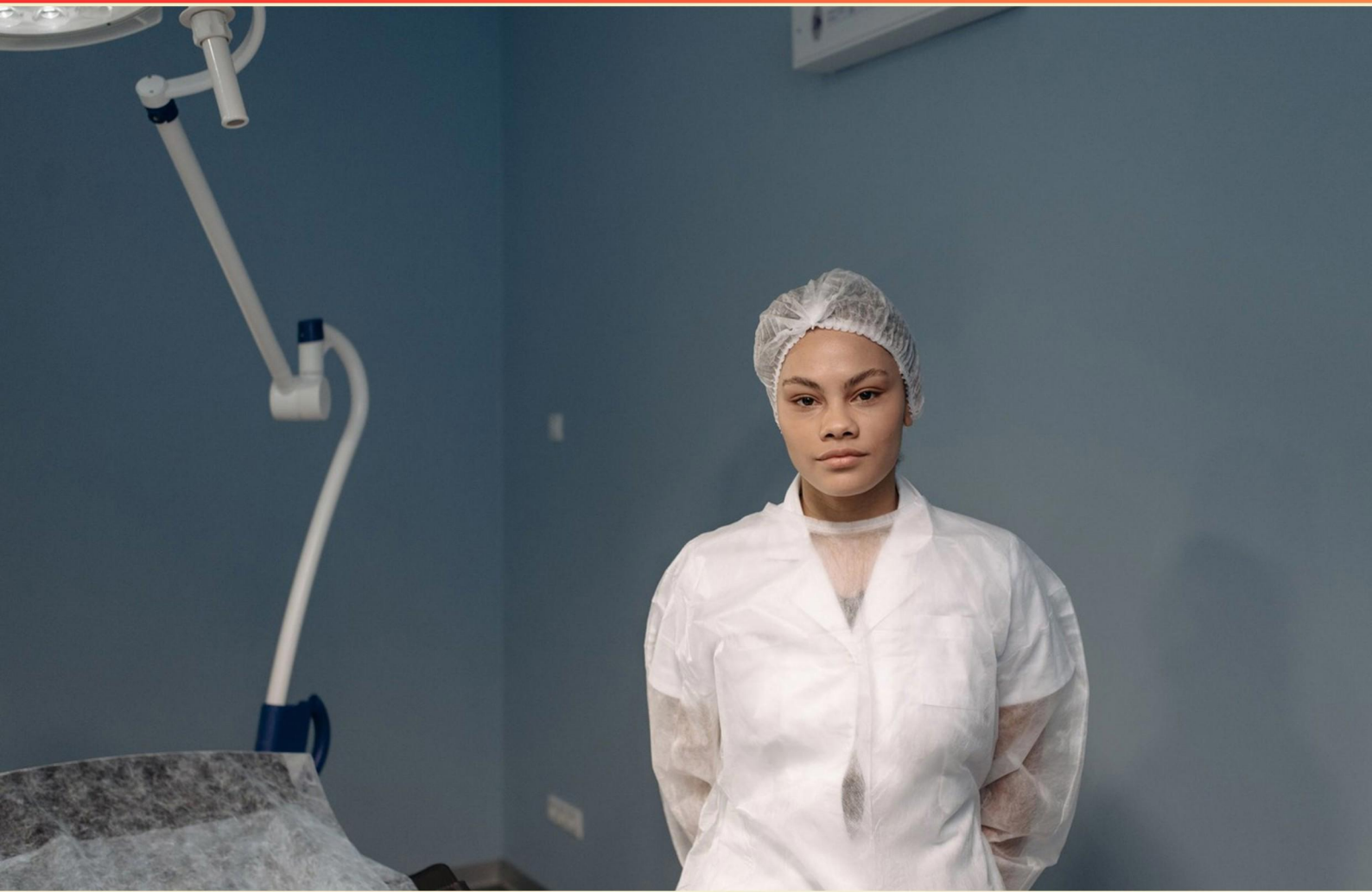


MEDICAL SURGICAL NURSING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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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. What is the purpose of a laser iridectomy?**
 - A. To repair a damaged retina
 - B. To enhance vision in low-light conditions
 - C. To create a new passage for aqueous humor drainage
 - D. To replace the lens of the eye
- 2. What can happen if forceps are used carelessly during the birth of a newborn?**
 - A. Fractured clavicle
 - B. Injury to the cranial nerve VI
 - C. Hemorrhage in the brain
 - D. Temporary respiratory distress
- 3. What presentation is characteristic of viral conjunctivitis?**
 - A. Itchiness and redness
 - B. Sticky discharge and upper respiratory infection history
 - C. Severe pain and swelling
 - D. Chronic redness and dryness
- 4. What systemic sign may be present in acute dacryoadenitis?**
 - A. Inflamed cornea
 - B. Parotid gland enlargement
 - C. Hypersensitivity
 - D. Visual impairment
- 5. Which of the following is NOT a symptom of keratitis?**
 - A. Excessive tearing
 - B. Eye pain
 - C. Increased sensitivity to light
 - D. Severe headache

- 6. 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
- 7. What does pre-septal cellulitis refer to?**
- A. Bacterial infection of tissues anterior to the orbital septum
 - B. Infection behind the orbital septum
 - C. Inflammation of the eye muscle
 - D. Infection of the optic nerve
- 8. What characterizes endophytic growth in retinoblastoma?**
- A. Infiltration of the subretinal space with fluid accumulation
 - B. Presence of a white-to-cream mass with no surface vessels
 - C. Irregular growth in the vitreous with increased risk of metastasis
 - D. Dissemination of tumor cells through the choroid
- 9. Which drug is commonly used for the management of suspected bacterial conjunctivitis?**
- A. Ciprofloxacin
 - B. Chloramphenicol
 - C. Prednisolone
 - D. Azithromycin
- 10. 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

Answers

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

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Explanations

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1. What is the purpose of a laser iridectomy?

- A. To repair a damaged retina
- B. To enhance vision in low-light conditions
- C. To create a new passage for aqueous humor drainage**
- D. To replace the lens of the eye

The purpose of a laser iridectomy is to create a new passage for aqueous humor drainage in the eye. This procedure is primarily used in the treatment of conditions such as angle-closure glaucoma, where the normal drainage angle of the eye is obstructed, leading to increased intraocular pressure. By using a laser to make an opening in the peripheral iris, aqueous humor can flow more freely, reducing pressure and helping to prevent damage to the optic nerve. In cases of angle-closure glaucoma, the blockage of the iris can cause a buildup of fluid, which may result in acute symptoms such as severe eye pain, nausea, and visual disturbances. The creation of a new drainage pathway through laser iridectomy allows for improved fluid dynamics within the eye, ultimately preserving vision and preventing complications associated with elevated intraocular pressure.

2. What can happen if forceps are used carelessly during the birth of a newborn?

- A. Fractured clavicle
- B. Injury to the cranial nerve VI**
- C. Hemorrhage in the brain
- D. Temporary respiratory distress

Using forceps carelessly during delivery can lead to several complications for the newborn, one of which is injury to the cranial nerve VI, also known as the abducens nerve. This nerve is responsible for controlling the lateral movement of the eye. When forceps are not applied properly, there is a risk of compressing the nerves in the process of assisting in the delivery. An injury to this cranial nerve may result in symptoms such as strabismus, where the eyes do not properly align, or a difficulty in moving the eye, leading to visual disturbances. Injuries such as these are a result of the mechanical impact of the forceps, particularly if they are applied with excessive force or inappropriately positioned. The potential for complications highlights the importance of proper technique and caution when using forceps, as well as the need for skilled healthcare providers who are trained in their use.

3. What presentation is characteristic of viral conjunctivitis?

- A. Itchiness and redness
- B. Sticky discharge and upper respiratory infection history**
- C. Severe pain and swelling
- D. Chronic redness and dryness

Viral conjunctivitis is typically associated with a presentation that includes sticky discharge, often accompanied by symptoms of an upper respiratory infection, such as a runny nose or sore throat. This correlation occurs because many viral infections that affect the eyes also cause respiratory symptoms. The discharge from viral conjunctivitis is usually watery, but it can become more mucous-like, which may contribute to the "sticky" sensation mentioned. Additionally, the conjunctival redness is often more generalized rather than localized. In cases of viral conjunctivitis, the itchiness and redness are common but are not as defining as the sticky discharge in conjunction with a history of upper respiratory symptoms. This presentation clearly sets viral conjunctivitis apart from other forms of conjunctivitis, such as bacterial or allergic conjunctivitis. Severe pain and swelling typically indicate a more serious issue, possibly involving elevated intraocular pressure or other complications. Chronic redness and dryness often suggest underlying conditions rather than a viral infection, which usually presents acutely.

4. What systemic sign may be present in acute dacryoadenitis?

- A. Inflamed cornea
- B. Parotid gland enlargement**
- C. Hypersensitivity
- D. Visual impairment

Acute dacryoadenitis is characterized by inflammation of the lacrimal gland, which is responsible for producing tears. One notable systemic sign associated with this condition is parotid gland enlargement. This is often due to viral infections, such as mumps, which can cause both dacryoadenitis and salivary gland involvement, leading to swelling of the parotid glands. The presence of parotid gland enlargement indicates a potential systemic viral infection that may also be affecting other glands, highlighting a broader clinical presentation beyond localized symptoms. Understanding this connection assists healthcare providers in diagnosing the underlying cause of the dacryoadenitis and managing the patient effectively. Other systemic signs mentioned would not be indicative of acute dacryoadenitis. For example, an inflamed cornea relates to corneal conditions rather than the lacrimal gland itself. Hypersensitivity could be involved in allergic reactions, but it is not a systemic sign specifically related to dacryoadenitis. Visual impairment might occur if the condition leads to complications affecting vision but is not a primary systemic sign of the inflammation itself. Therefore, parotid gland enlargement serves as a salient systemic sign in the context of acute dacryoadenitis, linking it to

5. Which of the following is NOT a symptom of keratitis?

- A. Excessive tearing
- B. Eye pain
- C. Increased sensitivity to light
- D. Severe headache**

Keratitis is an inflammation of the cornea, and its symptoms are primarily related to visual discomfort and the protective functions of the eye. Symptoms such as excessive tearing, eye pain, and increased sensitivity to light are directly associated with this condition. Excessive tearing occurs as a response to irritation of the cornea, which can be inflamed or infected. Eye pain is commonly reported due to inflammation, which affects the sensitive nerves in the cornea. Increased sensitivity to light, or photophobia, is another frequent symptom, as light can exacerbate the discomfort caused by the inflamed cornea. In contrast, a severe headache is not a typical symptom of keratitis. While a headache can occur in conjunction with other eye conditions or be triggered by eye strain or discomfort, it is not a primary indicator of keratitis itself. Therefore, identifying severe headache as not being a symptom of keratitis is accurate, as it does not directly relate to the inflammation or irritation patterns seen in this eye condition.

6. 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.

7. What does pre-septal cellulitis refer to?

- A. Bacterial infection of tissues anterior to the orbital septum**
- B. Infection behind the orbital septum
- C. Inflammation of the eye muscle
- D. Infection of the optic nerve

Pre-septal cellulitis is specifically identified as a bacterial infection occurring in the soft tissues that are located anterior to the orbital septum. The orbital septum is a fibrous structure that acts as a barrier between the eyelids and the orbit, the bony cavity that houses the eye. In pre-septal cellulitis, the infection is localized to the eyelids and surrounding areas, which typically presents with symptoms such as swelling, redness, and tenderness, while the eyeball and deeper structures remain unaffected. This condition primarily arises from organisms such as Staphylococcus and Streptococcus, often as a result of trauma, sinusitis, or conjunctivitis. Knowledge of the anatomic distinction provided by the orbital septum is crucial because it helps clinicians differentiate between pre-septal cellulitis and orbital cellulitis, which involves a more serious infection that can affect vision and lead to complications. Understanding the scope and implications of infections in relation to their anatomical boundaries is vital in medical-surgical nursing.

8. What characterizes endophytic growth in retinoblastoma?

- A. Infiltration of the subretinal space with fluid accumulation
- B. Presence of a white-to-cream mass with no surface vessels**
- C. Irregular growth in the vitreous with increased risk of metastasis
- D. Dissemination of tumor cells through the choroid

The characterization of endophytic growth in retinoblastoma is primarily defined by the presence of a white-to-cream mass that lacks surface vessels. This type of growth is associated with the tumor's infiltrative nature as it grows inwardly into the retina, leading to a distinct appearance. The absence of surface vessels is important because it distinguishes this type of growth from other forms of retinoblastoma, where the vascularization might be more apparent. Endophytic retinoblastoma tends to push the retinal layers outward as it grows, creating a solid mass that is typically found beneath the retinal surface. This mass often results in lesions that can lead to detachment of the retina and vision loss if not addressed. Furthermore, recognizing this characteristic is crucial for diagnosis and treatment planning. Other types of retinoblastoma growth may present differently, which helps clinicians differentiate the various patterns and anticipate the potential spread or complications associated with the tumor. Detecting and understanding these features are vital components of effective management in pediatric oncology.

9. Which drug is commonly used for the management of suspected bacterial conjunctivitis?

- A. Ciprofloxacin
- B. Chloramphenicol**
- C. Prednisolone
- D. Azithromycin

Chloramphenicol is widely recognized for its effectiveness in treating suspected bacterial conjunctivitis. This antibiotic works by inhibiting bacterial protein synthesis, thereby helping to eliminate the bacteria responsible for the infection. It has a broad spectrum of activity and can effectively treat various bacterial strains commonly associated with conjunctivitis. Chloramphenicol is especially valuable in settings where other antibiotics may not be readily available, and its topical formulation is particularly useful for eye infections. Its proven therapeutic profile makes it a go-to choice for healthcare providers when addressing bacterial conjunctivitis. In contrast, while options like ciprofloxacin, prednisolone, and azithromycin may have applications in ocular conditions, they are not the first-line treatments for bacterial conjunctivitis. Ciprofloxacin, though an effective antibiotic, is more often reserved for specific cases or more severe infections. Prednisolone is a corticosteroid that may reduce inflammation but does not directly target bacterial infections. Azithromycin, although useful for certain ocular infections, is generally not the first choice for conjunctivitis due to its broader use in other types of infections.

10. 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.

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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