

Medical-Surgical, Pre-Operative, Intra-Operative, Post-Operative 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

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- 1. In the postanesthesia care unit, a patient's blood pressure falls to 112/60 from 124/70, with a pulse of 72 and warm, dry skin 30 minutes after admission. What is the most appropriate action?**
 - A. Increase the rate of the IV fluid replacement.**
 - B. Continue to take vital signs every 15 minutes.**
 - C. Administer oxygen therapy at 100% via mask.**
 - D. Notify the anesthesia care provider (ACP) immediately.**

- 2. Which step is commonly the first in general anesthesia induction for many patients?**
 - A. A drug will be given to you through your IV line, which will cause you to go to sleep almost immediately.**
 - B. Only your surgeon can tell you for sure what method of anesthesia will be used. Should I ask your surgeon?**
 - C. General anesthesia is now given by injecting medication into your veins, so you will not need a mask over your face.**
 - D. Masks are not used anymore for anesthesia. A tube will be inserted into your throat to deliver a gas that will put you to sleep.**

- 3. A patient with a dislocated shoulder is prepared for a closed, manual reduction under monitored anesthesia care (MAC). The nurse anticipates the administration of which IV agent?**
 - A. IV Midazolam (Versed)**
 - B. Inhaled Desflurane (Suprane)**
 - C. Epidural Lidocaine (Xylocaine)**
 - D. EMLA**

- 4. Which topic is most important for the nurse to discuss preoperatively with a patient who is scheduled for a colon resection?**
 - A. Care for the surgical incision**
 - B. Medications used during surgery**
 - C. Deep breathing and coughing techniques**
 - D. Oral antibiotic therapy after discharge home**

- 5. Which respiratory care measure is commonly used to prevent atelectasis in the immediate postoperative period?**
- A. Incentive spirometry**
 - B. Nebulization therapy**
 - C. Continuous positive airway pressure**
 - D. Deep suctioning**
- 6. Which action demonstrates the nurse respects the surgeon's role in informed consent?**
- A. Notify the surgeon that the consent is not complete**
 - B. Provide an explanation of the planned procedure**
 - C. Administer preoperative antibiotics**
 - D. Inform the operating room staff to explain the procedure**
- 7. On the second postoperative day after abdominal surgery, the patient has an oral temperature of 100.8 F. Which action should the nurse take first?**
- A. Have the patient use the incentive spirometer.**
 - B. Assess the surgical incision for redness and swelling.**
 - C. Administer the ordered PRN acetaminophen (Tylenol).**
 - D. Notify the patient's health care provider about the fever.**
- 8. A patient arrives at the ambulatory surgery center for a scheduled outpatient surgery. Which information is of most concern to the nurse?**
- A. The patient has not had outpatient surgery before.**
 - B. The patient is planning to drive home after surgery.**
 - C. The patient's insurance does not cover outpatient surgery.**
 - D. The patient had a glass of water a few hours before arriving.**
- 9. After orienting a new staff member to the scrub nurse role, the nurse preceptor will know that the teaching was effective if the new staff member**
- A. documents all patient care accurately**
 - B. labels all specimens to send to the lab**
 - C. keeps both hands above the operating table level**
 - D. takes the patient to the postanesthesia recovery area**

- 10. In the semirestricted area outside the operating room, which statement is true?**
- A. Street clothes may be worn in the semirestricted area.**
 - B. The area requires surgical attire and head coverings.**
 - C. A surgical mask is always required in this area.**
 - D. Scrubs are optional in the semirestricted area.**

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Answers

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

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Explanations

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1. In the postanesthesia care unit, a patient's blood pressure falls to 112/60 from 124/70, with a pulse of 72 and warm, dry skin 30 minutes after admission. What is the most appropriate action?
- A. Increase the rate of the IV fluid replacement.
 - B. Continue to take vital signs every 15 minutes.**
 - C. Administer oxygen therapy at 100% via mask.
 - D. Notify the anesthesia care provider (ACP) immediately.

In the PACU, small fluctuations in blood pressure are common as anesthesia wears off and normal vascular tone returns. Here, the reading shifted from 124/70 to 112/60, but the patient remains well perfused—pulse is 72 and the skin is warm and dry. Those signs suggest the circulatory system is stable and tissue perfusion is adequate. When a patient is hemodynamically stable like this, the priority is to watch for trends rather than intervene immediately. Continuing to monitor vitals at 15-minute intervals allows you to detect any upward or downward trajectory that might indicate evolving instability. Interventions such as increasing IV fluids, administering 100% oxygen, or notifying the anesthesia care provider are reserved for signs of true instability—evidence of poor perfusion (e.g., cool, clammy skin, tachycardia, altered mental status), hypoxia, or a persistent, clinically significant drop in blood pressure. Since none of those are present, the best course is ongoing monitoring while keeping an eye on the trend.

2. Which step is commonly the first in general anesthesia induction for many patients?
- A. A drug will be given to you through your IV line, which will cause you to go to sleep almost immediately.**
 - B. Only your surgeon can tell you for sure what method of anesthesia will be used. Should I ask your surgeon?
 - C. General anesthesia is now given by injecting medication into your veins, so you will not need a mask over your face.
 - D. Masks are not used anymore for anesthesia. A tube will be inserted into your throat to deliver a gas that will put you to sleep.

Induction of general anesthesia most often starts with giving an IV induction drug through an established IV line. This rapid-acting medication, commonly propofol, quickly renders you unconscious within seconds, allowing the anesthesia team to secure the airway smoothly and proceed with maintenance of anesthesia. After loss of consciousness, additional steps like administering a muscle relaxant to facilitate intubation may follow, with the breathing tube placed if needed and the anesthetic kept going either by inhaled agents or IV meds. Other approaches exist in certain situations—some patients may be induced with inhaled agents delivered via a mask, or the exact plan is tailored by the anesthesia team in collaboration with your surgeon. But for many patients, the first step is the IV induction drug given through the IV line.

3. A patient with a dislocated shoulder is prepared for a closed, manual reduction under monitored anesthesia care (MAC). The nurse anticipates the administration of which IV agent?

- A. IV Midazolam (Versed)**
- B. Inhaled Desflurane (Suprane)**
- C. Epidural Lidocaine (Xylocaine)**
- D. EMLA**

Monitored anesthesia care relies on IV sedation to keep the patient comfortable and anxious-free while preserving spontaneous breathing. A benzodiazepine given IV, like midazolam, fits this need well because it provides anxiolysis, amnesia, and sedation with easily titratable effects and a rapid, short duration, making it ideal for a brief procedure such as a closed, manual reduction of a dislocated shoulder. It can also be paired with small amounts of analgesics if needed, but the goal is to avoid full general anesthesia. Inhaled desflurane would imply deeper anesthesia with airway management, which MAC avoids. A regional block via epidural lidocaine isn't necessary for this maneuver and is more associated with surgical procedures requiring longer-lasting numbness. EMLA is a topical anesthetic and wouldn't provide the systemic sedation needed for this procedure.

4. Which topic is most important for the nurse to discuss preoperatively with a patient who is scheduled for a colon resection?

- A. Care for the surgical incision**
- B. Medications used during surgery**
- C. Deep breathing and coughing techniques**
- D. Oral antibiotic therapy after discharge home**

The key idea is preventing postoperative pulmonary complications after abdominal surgery. Deep breathing and coughing techniques target that head-on because anesthesia and abdominal incision pain can cause shallow breaths and poor airway clearance, leading to atelectasis or pneumonia. By practicing slow, deep breaths and effective coughing (often with splinting the incision), a patient keeps the lungs well expanded, clears secretions, and improves oxygenation, which supports a smoother and faster recovery after a colon resection. While caring for the incision and understanding intraoperative medications are important, they don't address the most common and impactful early complication occurs after this operation. Oral antibiotics after discharge are not routinely required unless a specific infection risk or protocol calls for it, so they are not the primary preoperative focus for this procedure.

5. Which respiratory care measure is commonly used to prevent atelectasis in the immediate postoperative period?

- A. Incentive spirometry**
- B. Nebulization therapy**
- C. Continuous positive airway pressure**
- D. Deep suctioning**

Atelectasis after surgery happens when shallow breathing and limited chest expansion allow alveoli to collapse, especially in the dependent parts of the lungs. Incentive spirometry directly tackles this by prompting patients to take slow, deep breaths and sustain them to reach a target lung volume. This practice expands the alveoli, increases functional residual capacity, and improves overall ventilation, which helps re-expand collapsed airways and reduces the risk of postoperative atelectasis. It also encourages consistent breathing patterns and can aid in mobilizing secretions with repeated use. Incentive spirometry is the standard postoperative measure because it specifically trains the patient to achieve maximal inspiration and keeps lungs inflated during the critical early period after surgery. Use is typically multiple times an hour while awake, with instructions reinforced by staff and often aided by pain control or splinting to allow deep breaths. Nebulization delivers medications and can aid airway clearance or bronchodilation but isn't primarily a preventive technique for alveolar collapse. Continuous positive airway pressure can help keep airways open and is used in select cases, but incentive spirometry is the most common preventive measure after surgery. Deep suctioning removes secretions rather than preventing alveolar collapse and can cause airway trauma if overused.

6. Which action demonstrates the nurse respects the surgeon's role in informed consent?

- A. Notify the surgeon that the consent is not complete**
- B. Provide an explanation of the planned procedure**
- C. Administer preoperative antibiotics**
- D. Inform the operating room staff to explain the procedure**

Emphasizing the physician's responsibility to obtain and disclose information is what shows respect for the surgeon's role in informed consent. The nurse's job is to verify that the consent is complete, signed, and voluntary, and to escalate if any part is missing or unclear. By notifying the surgeon that the consent is not complete, the nurse ensures that the physician can properly obtain valid consent before proceeding, upholding the patient's rights and the ethical standards of care. Complete consent means the patient understands what will be done, the associated risks and benefits, alternatives, and has had questions answered, with capacity and voluntariness confirmed and the form witnessed. Explaining the procedure, administering antibiotics, or directing others to explain the procedure bypasses the physician's responsibility for disclosure and can undermine proper consent.

7. On the second postoperative day after abdominal surgery, the patient has an oral temperature of 100.8 F. Which action should the nurse take first?

- A. Have the patient use the incentive spirometer.**
- B. Assess the surgical incision for redness and swelling.**
- C. Administer the ordered PRN acetaminophen (Tylenol).**
- D. Notify the patient's health care provider about the fever.**

A mild fever on the second postoperative day after abdominal surgery is most often due to shallow breathing and atelectasis from anesthesia and pain. Encouraging lung expansion with an incentive spirometer is the best first action because it directly targets the most likely cause by promoting deep breathing, improving ventilation, and helping mobilize secretions. This intervention helps reopen collapsed alveoli, reduces the risk of pneumonia, and can help temper the fever that arises from atelectasis. While inspecting the incision for infection and giving an antipyretic can be appropriate, they don't address the common early postop trigger as effectively as improving lung expansion does. If fever persists beyond 48-72 hours, or if there are new or worsening signs such as chest pain, tachypnea, hypoxia, or crackles on exam, then reassessment and communication with the provider are warranted.

8. A patient arrives at the ambulatory surgery center for a scheduled outpatient surgery. Which information is of most concern to the nurse?

- A. The patient has not had outpatient surgery before.**
- B. The patient is planning to drive home after surgery.**
- C. The patient's insurance does not cover outpatient surgery.**
- D. The patient had a glass of water a few hours before arriving.**

The key idea is safety after ambulatory surgery and anesthesia. After anesthesia and when taking postoperative medications, a patient may be groggy, have slowed reaction time and impaired judgment, plus possible dizziness or nausea. Driving requires full alertness and coordinated actions, so getting behind the wheel too soon can put the patient and others at real risk. That's why arranging a safe ride home and ensuring the patient meets discharge criteria before leaving the facility is the priority. Other factors, like hesitations about having had outpatient surgery before, insurance coverage, or a small amount of water before arrival, don't pose the same immediate safety risk for the post-anesthesia period.

9. After orienting a new staff member to the scrub nurse role, the nurse preceptor will know that the teaching was effective if the new staff member

- A. documents all patient care accurately**
- B. labels all specimens to send to the lab**
- C. keeps both hands above the operating table level**
- D. takes the patient to the postanesthesia recovery area**

Maintaining a sterile field is the key idea here. In the scrub nurse role, keeping both hands above the operating table level ensures the hands and forearms stay within the sterile field and protected by sterile drapes. This position prevents contact with any nonsterile areas (like lower surfaces or nonsterile air) and reduces the risk of contaminating sterile instruments or the surgical wound. The other activities listed—documenting patient care, labeling specimens, or transporting the patient to recovery—are important tasks, but they don't directly demonstrate adherence to sterile technique or the maintenance of a sterile field during the procedure.

10. In the semirestricted area outside the operating room, which statement is true?

- A. Street clothes may be worn in the semirestricted area.**
- B. The area requires surgical attire and head coverings.**
- C. A surgical mask is always required in this area.**
- D. Scrubs are optional in the semirestricted area.**

Controlling contamination from hair and clothing in the sterile environment is the key idea. In the semirestricted area outside the operating room, staff must wear surgical attire and a head covering to prevent hair and skin particles from entering the sterile field. Street clothes are not appropriate there because they can carry microorganisms. A mask is not universally required in this zone; it's typically used in more restricted areas or based on specific risk and facility policy, so saying it is always required would be inaccurate. Scrubs are the standard dress in this area, and head coverings are essential, making the statement about requiring both surgical attire and head coverings the true reflection of the dress code in that space.

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://medsurgpreatraoppostop.examzify.com>

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

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