

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. Which statement explains why a low serum potassium (hypokalemia) is of concern in preoperative planning?**
 - A. Potassium protects against infection**
 - B. Low potassium increases risk for dysrhythmias**
 - C. Potassium has no effect on anesthesia**
 - D. Hyperkalemia would be more concerning**

- 2. Which situation would most strongly suggest the need for antibiotic prophylaxis to prevent endocarditis in a patient undergoing invasive procedures?**
 - A. History of heart valve replacement within the last year**
 - B. Recent bacterial pneumonia**
 - C. Knee pain with walking or jogging**
 - D. Strong family history of breast cancer**

- 3. The nurse from the general surgical unit is asked to bring the patient's hearing aid to the surgical suite. The nurse will take the hearing aid to the**
 - A. Clean core**
 - B. Scrub sink areas**
 - C. Nursing station or information desk**
 - D. Corridors of the operating room area**

- 4. Which outcome measure is best for the operating room manager to determine the effectiveness of the physical environment and traffic control measures?**
 - A. Smooth functioning of the OR team**
 - B. Effective protection of patient privacy**
 - C. Rapid completion of surgical procedure**
 - D. Low incidence of perioperative infection**

- 5. Which data point best indicates the need for special positioning to avoid injury during surgery?**
 - A. Allergy to cats and dogs**
 - B. History of spinal and hip arthritis**
 - C. Verbalized anxiety**
 - D. Having a sip of water 2 hours previously**

- 6. If a patient refuses to remove jewelry and the ring cannot be taped, what is the most appropriate next step before surgery?**
- A. Explain liability and leave the ring in place**
 - B. Remove the ring against the patient's wishes**
 - C. Arrange for a family member to keep the ring**
 - D. Document the decision and proceed with the ring taped if possible**
- 7. Which statement about preoperative clear liquids is accurate?**
- A. Having a glass of water a few hours before arriving does not usually increase risk for aspiration.**
 - B. Drinking a full meal is safe.**
 - C. Fasting is unnecessary.**
 - D. Coffee with cream is standard preop practice.**
- 8. Following gallbladder surgery, a patient's T-tube is draining dark green fluid. What action is appropriate?**
- A. Place the patient on bed rest.**
 - B. Notify the patient's surgeon.**
 - C. Document the color and amount of drainage.**
 - D. Irrigate the T-tube with sterile normal saline.**
- 9. 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.**

10. A preoperative patient in the holding area asks the nurse, Will the doctor put me to sleep with a mask over my face? The most appropriate response by the nurse is

- 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.**

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Answers

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

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Explanations

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1. Which statement explains why a low serum potassium (hypokalemia) is of concern in preoperative planning?

- A. Potassium protects against infection**
- B. Low potassium increases risk for dysrhythmias**
- C. Potassium has no effect on anesthesia**
- D. Hyperkalemia would be more concerning**

Potassium directly controls the heart's electrical activity, so having a low level sets the stage for rhythm problems once anesthesia and surgery begin. When potassium is low, cardiac cells become more electrically unstable, which can slow conduction and promote abnormal rhythms. This makes patients more susceptible to arrhythmias during induction, airway manipulation, and surgical stress, especially as anesthetic drugs and shifts in fluids and electrolytes further challenge the heart. Correcting potassium toward normal before anesthesia helps stabilize the cardiac conduction system and reduces that risk, which is why this statement best explains why hypokalemia is a concern in preoperative planning. The other ideas aren't the issue here: potassium does influence anesthesia through its effect on the heart, not infection protection, and while high potassium is dangerous in its own right, the question focuses on why low potassium matters in this setting.

2. Which situation would most strongly suggest the need for antibiotic prophylaxis to prevent endocarditis in a patient undergoing invasive procedures?

- A. History of heart valve replacement within the last year**
- B. Recent bacterial pneumonia**
- C. Knee pain with walking or jogging**
- D. Strong family history of breast cancer**

The main idea is that antibiotic prophylaxis is reserved for people with certain high-risk heart conditions undergoing procedures that can cause bacteremia. A prosthetic heart valve (or recent valve surgery) creates a surface where bacteria in the bloodstream can adhere and form infection on the valve itself. Being within the post-operative period—within the last year—means the valve and surrounding tissue are still healing and more susceptible to seeding, so prophylaxis is most strongly indicated in this scenario. The other options don't provide the same high-risk substrate for endocarditis. A recent pneumonia is a current infection elsewhere, not a prosthetic cardiac substrate. Knee pain with activity is musculoskeletal and unlikely to involve bacteremia from a procedure in this context. A strong family history of breast cancer has nothing to do with risk for infective endocarditis.

- 3. The nurse from the general surgical unit is asked to bring the patient's hearing aid to the surgical suite. The nurse will take the hearing aid to the**
- A. Clean core**
 - B. Scrub sink areas**
 - C. Nursing station or information desk**
 - D. Corridors of the operating room area**

In the perioperative setting, nonessential personal items like a hearing aid must be kept out of the sterile field and stored in a secure, designated area. The hearing aid is not a sterile instrument, so it should not be taken into scrub areas or through the sterile suite. The nursing station or information desk is the appropriate place to place patient belongings; staff can securely hold, log, and retrieve the item for the patient as needed, reducing the risk of contamination, loss, or damage. Carrying it through scrub sinks or busy corridors could contaminate the environment or lead to misplacement, which is why those options aren't suitable.

- 4. Which outcome measure is best for the operating room manager to determine the effectiveness of the physical environment and traffic control measures?**
- A. Smooth functioning of the OR team**
 - B. Effective protection of patient privacy**
 - C. Rapid completion of surgical procedure**
 - D. Low incidence of perioperative infection**

The key idea is that the best gauge of how well the operating room environment and traffic controls are working is the rate of infections that occur around the procedure. Perioperative infections reflect the overall cleanliness and robustness of environmental controls—air quality, airflow patterns, surface cleanliness, and how well staff and doors are managed to limit contamination. When the physical environment and traffic are effective, the risk of contaminants reaching the surgical site decreases, which lowers infection numbers. The other options focus more on processes or boundaries than on the environmental safety measure itself. Smooth functioning of the OR team relates to teamwork and coordination, not directly to how the environment supports sterility. Rapid completion of a procedure is about throughput and efficiency, which can be influenced by many factors beyond the environment or traffic control. Protecting patient privacy concerns draping and confidentiality rather than environmental contamination or traffic flow. Thus, the low incidence of perioperative infection best reflects the impact of environmental controls and traffic management in the OR.

5. Which data point best indicates the need for special positioning to avoid injury during surgery?

- A. Allergy to cats and dogs**
- B. History of spinal and hip arthritis**
- C. Verbalized anxiety**
- D. Having a sip of water 2 hours previously**

Positioning during surgery is about protecting nerves, joints, and soft tissues from pressure, stretch, and misalignment. A history of spinal and hip arthritis signals that degenerative changes have already compromised those joints, making them less tolerant of the stresses of being moved and held in a fixed position. This means the team must take extra care with how the patient is supported and aligned: use padding to cushion pressure points, maintain neutral spine alignment, and avoid positions that excessively flex, extend, or rotate the hips or spine. In hip arthritis, for example, avoiding extreme hip abduction or rotation helps prevent dislocation; in spinal arthritis, protecting the neck and back from awkward angles helps prevent nerve or spinal cord irritation. The other data points don't directly indicate a positioning risk: allergies to pets don't relate to how the body tolerates being positioned; anxiety affects the perioperative experience but not the mechanical risk of positioning injuries; drinking water a couple of hours before relates to preoperative fasting and aspiration risk, not tissue or joint protection during positioning.

6. If a patient refuses to remove jewelry and the ring cannot be taped, what is the most appropriate next step before surgery?

- A. Explain liability and leave the ring in place**
- B. Remove the ring against the patient's wishes**
- C. Arrange for a family member to keep the ring**
- D. Document the decision and proceed with the ring taped if possible**

Respecting the patient's autonomy while clearly handling safety and liability is the key idea here. When a patient refuses to remove jewelry and there's no safe way to tape the ring, you cannot override their decision. The appropriate move is to explain the potential risks and the possible liability for complications that could arise from the ring staying on, obtain the patient's explicit acknowledgment of those risks, and proceed with the surgery with the ring left in place. This approach documents informed consent and protects both patient rights and clinician accountability. It wouldn't be appropriate to remove the ring against the patient's wishes, nor to rely on a family member to hold the ring as a substitute for the patient's consent. While aiming to tape or remove is ideal, if those options aren't possible, the documented decision to proceed with the ring in place is the safest, most ethically sound path.

7. Which statement about preoperative clear liquids is accurate?

- A. Having a glass of water a few hours before arriving does not usually increase risk for aspiration.**
- B. Drinking a full meal is safe.**
- C. Fasting is unnecessary.**
- D. Coffee with cream is standard preop practice.**

When preparing for anesthesia, keeping the stomach mostly empty reduces the risk of aspiration if the airway reflexes are temporarily diminished. Clear liquids, like water, empty from the stomach relatively quickly. Therefore, having a glass of water a few hours before arriving typically does not increase the risk for aspiration because the liquid is likely already moved into the small intestine by the time anesthesia is induced, and only a small residual volume would remain. In contrast, a full meal adds solid contents that take much longer to empty, increasing the chance of significant gastric volume at induction. Fasting is still required for solids and non-clear liquids to minimize this risk. Coffee with cream is not standard preoperative practice because the cream adds fat and other non-clear components that slow emptying and can increase gastric contents.

8. Following gallbladder surgery, a patient's T-tube is draining dark green fluid. What action is appropriate?

- A. Place the patient on bed rest.**
- B. Notify the patient's surgeon.**
- C. Document the color and amount of drainage.**
- D. Irrigate the T-tube with sterile normal saline.**

After gallbladder surgery with a T-tube, drainage from the tube reflects bile flowing from the biliary tract. Recording the drainage color and amount is essential because it provides a baseline and helps detect changes over time that could indicate problems such as obstruction or leakage. Dark green drainage is typical bile, so documenting it confirms normal progression. Routine actions like bed rest or irrigating the tube aren't indicated for this finding, and you would only notify the surgeon if drainage changes suggest a complication (for example, bright red blood, foul-smelling or purulent drainage, a sudden drop or cessation in output, or signs of distress).

9. 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.

10. A preoperative patient in the holding area asks the nurse, Will the doctor put me to sleep with a mask over my face? The most appropriate response by the nurse is

- 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.**

When anesthesia is started, many patients are induced with a fast-acting drug given through an IV, which makes you lose consciousness quickly. That direct IV induction is why the nurse's answer focuses on an IV injection rather than a mask delivering gas. It provides a simple, truthful explanation that addresses the concern about being put to sleep with a mask and sets the expectation that sleep will occur rapidly once the IV drug takes effect. The exact plan depends on your health and the procedure, and the anesthesia team will confirm the method with you. If you're uneasy about any method, you can discuss preferences with your anesthesia provider, but IV induction is a common, safety-facilitating way to start anesthesia.

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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