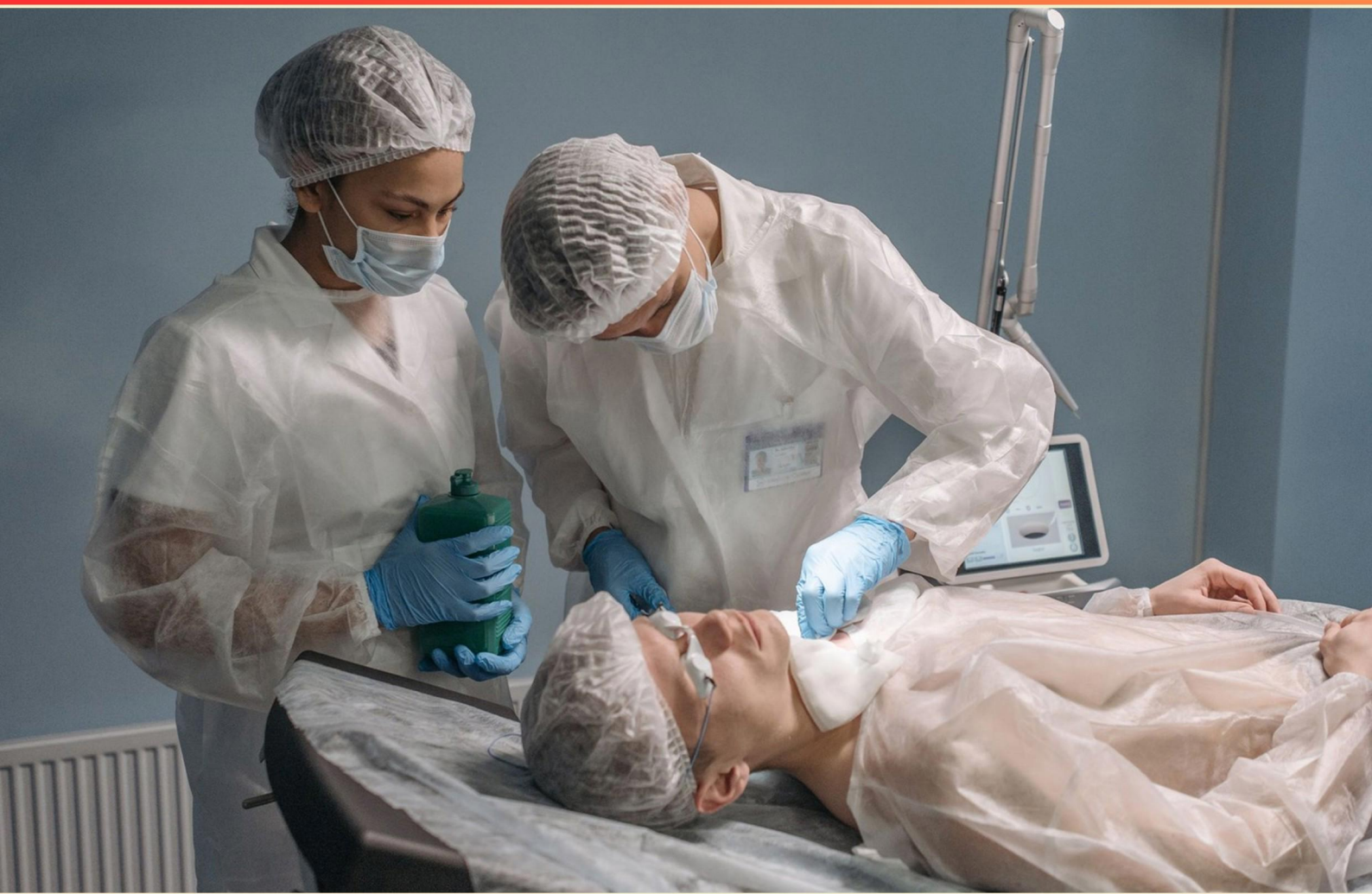


MEDICAL-SURGICAL, PRE-OPERATIVE, INTRA- OPERATIVE, POST- OPERATIVE PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 are common postoperative cognitive dysfunction risk factors and strategies to mitigate risk?**
 - A. Delirium risk is not related to age.
 - B. Advanced age, preexisting cognitive impairment, polypharmacy, delirium risk; mitigate with orientation, sleep hygiene, analgesia optimization, early mobilization.
 - C. POCD is not influenced by preexisting cognitive status.
 - D. Delirium risk is inevitable and cannot be mitigated.
- 2. What is malignant hyperthermia, how does it present intraoperatively, and what is the treatment?**
 - A. Hypercarbia, tachycardia, hyperthermia, muscle rigidity; treat with dantrolene, stop triggering agents, cool patient, supportive care.
 - B. Hypoglycemia treatment.
 - C. Allergic reaction to latex.
 - D. Infection and fever due to poor asepsis.
- 3. During the preoperative assessment of a patient scheduled for a colon resection, the patient tells the nurse about using St. Johns wort to prevent depression. The nurse should alert the staff in the postanesthesia recovery area that the patient may**
 - A. experience increased pain.
 - B. have hypertensive episodes.
 - C. take longer to recover from the anesthesia.
 - D. have more postoperative bleeding than expected.
- 4. Which action best describes the role of a surgical technologist in the OR?**
 - A. Complete the patient's admission assessment.
 - B. Pass sterile instruments and supplies to the surgeon.
 - C. Teach the patient about what to expect in the OR.
 - D. Give the postoperative report to the PACU nurse.

- 5. While caring for a patient with abdominal surgery on the first postoperative day, the nurse notices new bright-red drainage about 6 cm in diameter on the dressing. In response, the nurse should first:**
- A. Reinforce the dressing.
 - B. Take the patient's vital signs.
 - C. Recheck the dressing in 1 hour for increased drainage.
 - D. Notify the patient's surgeon.
- 6. During transfer of a patient from the PACU to the surgical unit, which task is appropriate to delegate to nursing assistive personnel?**
- A. Help with the transfer of the patient onto a stretcher.
 - B. Give a verbal report to the surgical unit charge nurse.
 - C. Document the appearance of the patient's incision in the chart.
 - D. Ensure that the receiving nurse understands the postoperative orders.
- 7. 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.
- 8. What is the purpose of the intraoperative time-out and what elements are verified?**
- A. To schedule postoperative visits.
 - B. To document anesthesia billing.
 - C. To confirm patient identity, procedure, site, and implants/devices; verify allergies and consent; reduce wrong-site/procedure errors.
 - D. To sterilize instruments.
- 9. What color range of drainage from a T-tube after gallbladder surgery is considered normal?**
- A. Dark green to bright yellow drainage.
 - B. Bright red drainage.
 - C. Clear drainage.
 - D. Brown drainage.

10. Before the patient is sent to the surgical suite, with whom should the nurse communicate if there is a question about a preoperative sedative?

- A. Surgeon
- B. Anesthesiologist
- C. Circulating nurse
- D. RNFA

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Answers

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

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Explanations

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1. What are common postoperative cognitive dysfunction risk factors and strategies to mitigate risk?

- A. Delirium risk is not related to age.
- B. Advanced age, preexisting cognitive impairment, polypharmacy, delirium risk; mitigate with orientation, sleep hygiene, analgesia optimization, early mobilization.**
- C. POCD is not influenced by preexisting cognitive status.
- D. Delirium risk is inevitable and cannot be mitigated.

Risk of postoperative cognitive dysfunction rises when the brain has less reserve to cope with the stress of surgery and anesthesia. Advanced age and preexisting cognitive impairment reduce that reserve, making delirium and subsequent cognitive decline more likely. Polypharmacy adds to vulnerability by increasing exposure to sedatives, anticholinergic drugs, and drug interactions that can impair cognition. Delirium itself is a major risk factor and often precedes or amplifies POCD, so addressing delirium risk is central to preventing cognitive problems after surgery. Mitigation focuses on practical, achievable steps that support orientation and reduce delirium triggers. Reorienting the patient to time and place helps maintain cognitive engagement. Sleep hygiene supports circadian rhythms and reduces confusion. Optimizing analgesia minimizes oversedation and delirium risk while still controlling pain. Early mobilization helps preserve function, circulation, and cognitive engagement, further lowering delirium duration and POCD risk. The other statements conflict with established evidence: age does influence delirium risk; preexisting cognitive status does affect POCD risk; and delirium risk can be mitigated with appropriate perioperative care.

2. What is malignant hyperthermia, how does it present intraoperatively, and what is the treatment?

- A. Hypercarbia, tachycardia, hyperthermia, muscle rigidity; treat with dantrolene, stop triggering agents, cool patient, supportive care.**
- B. Hypoglycemia treatment.
- C. Allergic reaction to latex.
- D. Infection and fever due to poor asepsis.

Malignant hyperthermia is an acute, life-threatening reaction in susceptible patients triggered by certain anesthetic agents, causing a hypermetabolic state in skeletal muscle. The underlying problem is excessive calcium release from the sarcoplasmic reticulum, driven by a genetic predisposition, which leads to sustained muscle contraction, heat production, and rapid metabolic collapse if not treated. Intraoperatively, the hallmark is a sudden rise in end-tidal CO₂ despite adequate ventilation, often accompanied by tachycardia and muscle rigidity. Hyperthermia tends to occur later but can develop quickly as the crisis progresses. Other signs can include metabolic acidosis and electrolyte disturbances, especially hyperkalemia, and signs of rhabdomyolysis if not controlled. The treatment focuses on removing the trigger and halting the hypermetabolic process. Stop the triggering anesthetic agents and switch to non-triggering anesthesia, then administer dantrolene promptly to block calcium release from the sarcoplasmic reticulum. Supportive measures are crucial: aggressively ventilate with 100% oxygen, actively cool the patient, correct acid-base and electrolyte disturbances, maintain good urine output to protect the kidneys, and provide continued monitoring and ICU-level care as the crisis is controlled and resolves. Other options don't fit this scenario because hypoglycemia, latex allergy, and infection-related fever have different clinical pictures and timing.

3. During the preoperative assessment of a patient scheduled for a colon resection, the patient tells the nurse about using St. John's wort to prevent depression. The nurse should alert the staff in the postanesthesia recovery area that the patient may
- A. experience increased pain.
 - B. have hypertensive episodes.
 - C. take longer to recover from the anesthesia.**
 - D. have more postoperative bleeding than expected.

St. John's wort can significantly affect how drugs are handled by the body because it induces hepatic enzymes (notably CYP450 enzymes) and drug transporters. In the context of anesthesia, this means the medications used to induce and maintain anesthesia and to control pain and nausea may be metabolized and cleared more rapidly than usual. Anesthesiologists may need to adjust doses to achieve the desired effect, and after surgery, the combination of increased drug metabolism and any higher intraoperative dosing can lead to an unpredictable recovery trajectory. In some patients, this translates to a longer time to awaken and regain baseline function in the postanesthesia care area, so staff should be prepared for a potentially longer recovery period. Other options don't align as well with this interaction: the primary concern isn't an inherent increase in pain, hypertensive episodes, or excessive postoperative bleeding related to this herb.

4. Which action best describes the role of a surgical technologist in the OR?
- A. Complete the patient's admission assessment.
 - B. Pass sterile instruments and supplies to the surgeon.**
 - C. Teach the patient about what to expect in the OR.
 - D. Give the postoperative report to the PACU nurse.

The main concept is the scrub role of the surgical technologist in the operating room, which centers on maintaining a sterile field and supplying the surgeon with instruments and sterile supplies. The action of passing sterile instruments and supplies to the surgeon best fits this role because it directly supports the surgeon's need for timely, aseptic instrument access and helps prevent breaches in sterility that could compromise the procedure. This requires anticipating what the surgeon will need next, keeping everything organized and sterile, and handing items safely. Other tasks described belong to different perioperative team members: admission assessment is handled by preoperative nursing; teaching the patient about what to expect in the OR is typically done preoperatively by the nurse or patient educator; and giving the postoperative report to the PACU nurse is the responsibility of the circulating nurse or PACU staff, not the scrub tech.

5. While caring for a patient with abdominal surgery on the first postoperative day, the nurse notices new bright-red drainage about 6 cm in diameter on the dressing. In response, the nurse should first:

- A. Reinforce the dressing.
- B. Take the patient's vital signs.**
- C. Recheck the dressing in 1 hour for increased drainage.
- D. Notify the patient's surgeon.

The key idea here is prioritizing the patient's stability when there's potential postoperative bleeding. Bright-red drainage on the dressing shortly after surgery can indicate active hemorrhage, so the first step is to quickly assess the patient's circulatory status by taking vital signs. Heart rate, blood pressure, respiratory rate, and mental status help reveal whether the patient is compensating or already in decompensation from blood loss. If vitals show instability (for example, tachycardia with hypotension or declining mental status), you need to escalate care and notify the surgeon promptly. Reinforcing the dressing or rechecking the dressing later won't address a possible drop in circulating volume, and delaying assessment could miss ongoing hemorrhage. If vitals are stable, continue close monitoring and consider reinforcing the dressing while continuing to observe for changes, but the immediate action is to obtain and interpret the patient's vital signs to guide next steps.

6. During transfer of a patient from the PACU to the surgical unit, which task is appropriate to delegate to nursing assistive personnel?

- A. Help with the transfer of the patient onto a stretcher.**
- B. Give a verbal report to the surgical unit charge nurse.
- C. Document the appearance of the patient's incision in the chart.
- D. Ensure that the receiving nurse understands the postoperative orders.

The key idea here is what tasks can be safely delegated during a transition of care from the PACU to the surgical unit. Assisting with moving the patient onto a stretcher is appropriate for nursing assistive personnel because it is a physical task that requires safe lifting, proper body mechanics, and the use of transfer equipment, not clinical judgment or interpretation of orders. The patient's stability allows this kind of help to be provided under supervision, while the licensed nurse remains responsible for the medical aspects of care. Verbal reports to the unit charge nurse, documenting the appearance of the incision, and clarifying postoperative orders all involve clinical assessment, communication, and interpretation of orders. Those responsibilities require a licensed nurse and should not be delegated to assistive personnel, as they are crucial for ensuring patient safety and proper continuity of care.

7. 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).

8. What is the purpose of the intraoperative time-out and what elements are verified?

- A. To schedule postoperative visits.
- B. To document anesthesia billing.
- C. To confirm patient identity, procedure, site, and implants/devices; verify allergies and consent; reduce wrong-site/procedure errors.**
- D. To sterilize instruments.

The intraoperative time-out is a safety pause right before the incision where the team confirms essential details to prevent wrong-site or wrong-procedure errors. It follows the Universal Protocol approach to patient safety. During this pause, the team verifies the patient's identity, the exact procedure being performed, and the correct surgical site (including the side or level if applicable). They also confirm any implants or devices to be used, ensure all needed implants are available, and review patient allergies and the documented consent. By reconciling these elements with the planned procedure and imaging or preop notes, everyone on the team aligns on what will happen, reducing the chance of miscommunication or mistakes. This check is not about scheduling postoperative visits, anesthesia billing, or instrument sterilization—each of those serves a different purpose in the care process.

9. What color range of drainage from a T-tube after gallbladder surgery is considered normal?

- A. Dark green to bright yellow drainage.**
- B. Bright red drainage.
- C. Clear drainage.
- D. Brown drainage.

After gallbladder surgery with a T-tube, the drainage should be bile coming from the biliary tract. Bile pigments give it a greenish color, and as drainage continues, you commonly see a range from dark green to bright yellow. This reflects normal bile flow through the tube. Red drainage would suggest active bleeding into the tube, while clear drainage is serous fluid rather than bile, and brown drainage isn't typical for bile. So, green to yellow drainage is considered normal.

10. Before the patient is sent to the surgical suite, with whom should the nurse communicate if there is a question about a preoperative sedative?

- A. Surgeon
- B. Anesthesiologist**
- C. Circulating nurse
- D. RNFA

The important idea here is that questions about anesthesia and sedative medications fall under the responsibility of the anesthesia team. The anesthesiologist is the clinician who plans, administers, and monitors sedatives and overall anesthesia care. They assess the patient's airway, comorbidities, current medications, allergies, and potential drug interactions to determine the safest sedative and dosing. Because sedation can affect vital signs and airway status, the nurse would seek input from the anesthesia provider to ensure patient safety before moving to the surgical suite. The surgeon focuses on the operative procedure, not on the specifics of sedation. The circulating nurse coordinates the OR environment and communication, but does not decide on sedation plans. The RNFA assists the surgeon in the operation and is not the person who manages sedation decisions. So for a question about a preoperative sedative, the best person to consult is the anesthesiologist.

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://medsurgpreopintraoppstop.examzify.com>

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

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