

PN Adult Medical Surgical 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 change should a nurse expect when assessing an older adult client?**
 - A. "I cannot remember my kids' names."**
 - B. "I have more energy than I used to."**
 - C. "I have significantly improved taste in food."**
 - D. "I tend to sweat more than in my youth."**
- 2. What does decreased urine output post-surgery typically indicate?**
 - A. Possible infection or fever**
 - B. Kidney impairment or reduced blood flow**
 - C. Dehydration or electrolyte imbalance**
 - D. Normal postoperative response**
- 3. When should a nurse perform hand hygiene?**
 - A. Only after patient contact**
 - B. Before and after patient contact, after removing gloves**
 - C. Only before surgery**
 - D. Only when hands are visibly dirty**
- 4. What should the nurse do if a client's apical pulse is 58/min and has a digoxin order?**
 - A. Give the dose as prescribed.**
 - B. Use a different route to administer the medication.**
 - C. Administer half of the prescribed dose.**
 - D. Withhold the dose.**
- 5. What is the first action you should take if a patient is experiencing chest pain?**
 - A. Administer pain medication immediately**
 - B. Assess vital signs and obtain an ECG**
 - C. Notify the physician without delay**
 - D. Provide reassurance to the patient**

- 6. What factor can increase a client's risk for falls after total knee arthroplasty?**
- A. Being active the previous day.**
 - B. Confusion or disorientation.**
 - C. Wearing compression stockings.**
 - D. Increasing fluid intake.**
- 7. What is the primary benefit of patient education before discharge?**
- A. Reducing hospital costs**
 - B. Ensuring compliance with post-discharge instructions**
 - C. Enhancing hospital ratings**
 - D. Minimizing follow-up appointments**
- 8. What is the primary function of red blood cells?**
- A. To transport carbon dioxide**
 - B. To fight infections**
 - C. To transport oxygen to tissues**
 - D. To produce hormones**
- 9. What is the most common side effect of opioid medications?**
- A. Nausea**
 - B. Constipation**
 - C. Drowsiness**
 - D. Headache**
- 10. In a client being treated for hypovolemia due to vomiting, what finding should the nurse report?**
- A. Hemoglobin 15 g/dL**
 - B. Blood pressure 110/55 mm Hg**
 - C. Heart rate 120/min**
 - D. Potassium 3.6 mEq/L**

Answers

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

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Explanations

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1. What change should a nurse expect when assessing an older adult client?

- A. "I cannot remember my kids' names."**
- B. "I have more energy than I used to."**
- C. "I have significantly improved taste in food."**
- D. "I tend to sweat more than in my youth."**

When assessing an older adult client, changes in cognitive function are among the more common aspects to consider, especially regarding memory. The statement about not being able to remember children's names reflects a typical cognitive change that may occur with aging. Memory decline, including difficulties with recall and the ability to retrieve specific names or information, is often associated with neurobiological changes in the brain as part of the natural aging process. This does not necessarily indicate severe cognitive impairment or illness but highlights the normal variations that can be experienced. While older adults may retain many memories, some aspects of short-term memory, especially names and recent events, can become more challenging. Therefore, this statement aligns with the kind of memory changes that healthcare professionals should monitor when evaluating the cognitive health of older patients.

2. What does decreased urine output post-surgery typically indicate?

- A. Possible infection or fever**
- B. Kidney impairment or reduced blood flow**
- C. Dehydration or electrolyte imbalance**
- D. Normal postoperative response**

Decreased urine output following surgery often serves as an important clinical indicator of underlying issues, specifically kidney impairment or reduced blood flow. After a surgical procedure, several factors can lead to a decline in urine production. For instance, the body might experience reduced blood flow to the kidneys due to factors such as low blood pressure, which can occur during and after surgical events due to anesthesia and fluid shifts. Reduced renal perfusion subsequently hinders the kidneys' ability to filter blood and produce urine. Additionally, certain medications used during surgery (like diuretics) or fluctuations in fluid balance can contribute to changes in urine output. It's essential to monitor this symptom closely, as it can signal that the kidneys are not functioning optimally, potentially leading to acute kidney injury if not addressed promptly. Although decreased urine output can be associated with other conditions such as infection or dehydration, these are not immediately representative of the surgical context. In the postoperative setting, monitoring urine output is crucial, as it provides valuable insight into a patient's hydration status and kidney function, making the connection to kidney impairment or inadequate blood flow particularly relevant.

3. When should a nurse perform hand hygiene?

- A. Only after patient contact
- B. Before and after patient contact, after removing gloves**
- C. Only before surgery
- D. Only when hands are visibly dirty

Hand hygiene is a critical aspect of infection control in healthcare settings and should be performed at specific times to minimize the risk of transmitting infections. The correct choice emphasizes that hand hygiene should be practiced before and after patient contact, as well as after removing gloves. This is important because healthcare providers may come into contact with pathogens during patient interactions, even if the patient does not appear to be infected. Performing hand hygiene before contact helps prevent the introduction of any germs to the patient, while hand hygiene after interaction reduces the risk of carrying pathogens away from the patient to another individual or surface. Additionally, hand hygiene after glove removal is crucial, as gloves can have microscopic tears or may not provide complete protection from contamination. This comprehensive approach ensures that hand hygiene is adequately integrated into clinical practice, reducing the overall risk of healthcare-associated infections.

4. What should the nurse do if a client's apical pulse is 58/min and has a digoxin order?

- A. Give the dose as prescribed.
- B. Use a different route to administer the medication.
- C. Administer half of the prescribed dose.
- D. Withhold the dose.**

The recommended action when a client's apical pulse is 58 beats per minute and they have an order for digoxin is to withhold the dose. Digoxin is a cardiac glycoside used primarily to treat heart conditions such as atrial fibrillation and heart failure. It works by increasing the force of heart contractions and slowing down the heart rate. In assessing the apical pulse, a rate below 60 beats per minute may indicate bradycardia, which can be a concerning side effect in patients taking digoxin. Withholding the medication is critical because administering digoxin when the heart rate is significantly low can lead to further bradycardia or potential cardiac complications, including the risk of digoxin toxicity. The nurse should also consider further evaluation and monitoring of the client's condition, potentially consulting with the healthcare provider for further instructions. The other options are less appropriate or safe in the context of this scenario.

5. What is the first action you should take if a patient is experiencing chest pain?

- A. Administer pain medication immediately**
- B. Assess vital signs and obtain an ECG**
- C. Notify the physician without delay**
- D. Provide reassurance to the patient**

In the event that a patient is experiencing chest pain, the primary focus should be on quickly and accurately assessing the patient's condition. Assessing vital signs and obtaining an ECG is vital as it helps determine the severity and nature of the chest pain, which could be indicative of a serious condition such as a myocardial infarction (heart attack) or other cardiac issues. Vital signs provide essential information about the patient's current physiological status, including heart rate, blood pressure, and oxygen saturation. These indicators can help distinguish between different causes of chest pain and guide further treatment decisions. Obtaining an ECG is equally critical, as it allows for the immediate identification of any abnormal heart rhythms or signs of ischemia, which are crucial for timely intervention. While administering pain medication, notifying the physician, or providing reassurance may be important actions, they should follow the initial assessment phase. The priority is to gather relevant data that can inform the appropriate medical response and ensure patient safety. Thus, assessing vital signs and obtaining an ECG stands out as the appropriate first action in this scenario.

6. What factor can increase a client's risk for falls after total knee arthroplasty?

- A. Being active the previous day.**
- B. Confusion or disorientation.**
- C. Wearing compression stockings.**
- D. Increasing fluid intake.**

Confusion or disorientation significantly increases a client's risk for falls after total knee arthroplasty. These cognitive impairments can lead to decreased awareness of surroundings, impaired judgment, and difficulty with spatial orientation. Clients may not recognize their limitations or the need to use assistive devices, such as walkers or crutches, which are essential for maintaining safety during the recovery process. After surgery, clients may also be on pain medications that can further contribute to confusion or disorientation. This combination of factors makes it crucial for healthcare providers to assess cognitive function regularly and implement safety measures, such as a fall risk assessment and appropriate supervision. In contrast, being active the previous day typically indicates a level of mobility that can promote recovery, while wearing compression stockings is designed to prevent venous thromboembolism and should not inherently increase fall risk. Similarly, increasing fluid intake, when done appropriately, supports hydration and can aid recovery without directly impacting fall risk, provided that it's managed to prevent excessive urgency or frequency issues.

7. What is the primary benefit of patient education before discharge?

A. Reducing hospital costs

B. Ensuring compliance with post-discharge instructions

C. Enhancing hospital ratings

D. Minimizing follow-up appointments

The primary benefit of patient education before discharge is to ensure compliance with post-discharge instructions. Educating patients about their condition, treatment, medications, and self-care practices enhances their understanding and ability to follow the prescribed healthcare plan. This compliance is critical for promoting recovery, preventing complications, and reducing the risk of readmission to the hospital. When patients are well-informed, they are more likely to adhere to medication schedules, recognize signs of potential complications, and engage in recommended lifestyle changes. Therefore, effective patient education serves as a cornerstone for ongoing health management and contributes positively to the overall care process. While reducing hospital costs, enhancing hospital ratings, and minimizing follow-up appointments are important aspects of healthcare management, they are secondary benefits that may result from the primary goal of educating patients to ensure compliance. Ultimately, ensuring patients understand and can act on their discharge instructions is essential for fostering a successful transition from hospital to home.

8. What is the primary function of red blood cells?

A. To transport carbon dioxide

B. To fight infections

C. To transport oxygen to tissues

D. To produce hormones

Red blood cells (RBCs), or erythrocytes, primarily function to transport oxygen from the lungs to the tissues throughout the body. This vital role is facilitated by hemoglobin, a protein within the red blood cells that binds to oxygen molecules. When blood flows through the lungs, red blood cells pick up oxygen and then carry it to the body's cells, where it is used for metabolic processes, including the production of energy. While red blood cells also play a minor role in transporting carbon dioxide from the tissues back to the lungs for exhalation, their primary purpose is the transport of oxygen. Other cell types and components of the immune system are responsible for fighting infections, and hormone production is generally not a function of red blood cells. Therefore, option C accurately describes the main function of red blood cells in human physiology.

9. What is the most common side effect of opioid medications?

- A. Nausea
- B. Constipation**
- C. Drowsiness
- D. Headache

Constipation is recognized as the most common side effect of opioid medications due to the way opioids interact with the gastrointestinal (GI) tract. Opioids bind to specific receptors in the gut, which inhibits peristalsis—the natural rhythmic contractions that move stool through the intestines. This slowing of GI motility leads to decreased bowel movement frequency and can often result in significant discomfort for patients. While drowsiness, nausea, and headache are also potential side effects of opioids, they are generally less prevalent than constipation. Drowsiness can occur due to the sedative effects of opioids on the central nervous system, and though it's a common response to these medications, it does not occur in every patient. Nausea may also occur, particularly when a patient first starts taking opioids or increases their dosage, but it is more variable among individuals. Headache is a less commonly reported effect and doesn't consistently correlate with opioid use. The recognition of constipation as a frequent byproduct of opioid therapy has led to the development of various management strategies, including stool softeners and laxatives, to mitigate this side effect, underscoring its significance in the clinical management of pain patients.

10. In a client being treated for hypovolemia due to vomiting, what finding should the nurse report?

- A. Hemoglobin 15 g/dL
- B. Blood pressure 110/55 mm Hg
- C. Heart rate 120/min**
- D. Potassium 3.6 mEq/L

In the context of a client with hypovolemia due to vomiting, a heart rate of 120 beats per minute is a significant finding that warrants reporting. This elevated heart rate, also known as tachycardia, is a common physiological response to hypovolemia as the body attempts to compensate for decreased blood volume and maintain adequate perfusion to vital organs. Tachycardia can indicate that the client is becoming more hemodynamically unstable and may be at risk for shock, especially if accompanied by other symptoms such as hypotension or signs of inadequate tissue perfusion. The other findings, while important to monitor, do not indicate immediate concern in the same way. A hemoglobin level of 15 g/dL is within normal limits and suggests that the client is not experiencing significant anemia. Blood pressure at 110/55 mm Hg shows a mildly low diastolic pressure, yet it may still be acceptable depending on the individual's baseline and overall clinical picture. A potassium level of 3.6 mEq/L is also within the normal range, indicating that electrolyte levels are stable despite the vomiting. Thus, the heart rate is the primary finding that signals a need for further intervention or reassessment.

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://pn-adultmedicalsurgical.examzify.com>

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