

PN ADULT MEDICAL SURGICAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 technique is essential when performing a wound dressing change?**
 - A. Aseptic technique
 - B. Standard technique
 - C. Invasive technique
 - D. Relaxed technique

- 2. What action should a nurse take if a client in Buck's traction reports increased pain?**
 - A. Loosen the ropes
 - B. Reposition the client
 - C. Massage the area
 - D. Remove the weights

- 3. Which intervention should a nurse include in a pain management plan for a client with herpes zoster?**
 - A. Keep bed linens off the affected areas
 - B. Apply warm, moist compresses to the affected areas
 - C. Position a heat lamp over the lower extremities
 - D. Initiate droplet isolation precautions

- 4. What should a nurse do when caring for a client with a portable wound bulb suction device?**
 - A. Fill the bulb reservoir with 0.9% sodium chloride.
 - B. Prepare for the drain to be removed after 24 hr.
 - C. Cut a slit in a gauze sponge and apply it around the tubing insertion site.
 - D. Compress the bulb reservoir and then close the drainage valve.

- 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 should a nurse do for a patient showing signs of a stroke?**
- A. Call for emergency medical services immediately
 - B. Have the patient walk to the clinic for evaluation
 - C. Monitor the patient for 24 hours
 - D. Administer pain relief medication
- 7. Which of the following is a common side effect of corticosteroid therapy?**
- A. Hypertension
 - B. Weight loss
 - C. Hyperglycemia
 - D. Hypokalemia
- 8. What is one of the primary benefits of hospice care as explained to a client with terminal cancer?**
- A. It will provide medical care in a hospital setting.
 - B. It will restrict visitors to minimize stress.
 - C. It will provide support for the client and their loved ones during the dying process.
 - D. It will require decisions about resuscitative measures.
- 9. When preparing a mixed insulin regimen, what should the nurse do first?**
- A. Inject air into the NPH vial after withdrawing regular insulin
 - B. Withdraw both types of insulin and then add air to the syringe
 - C. Gently shake the NPH insulin
 - D. Withdraw the regular insulin before the NPH insulin
- 10. When should a nurse reassess vital signs postoperatively?**
- A. Every 15 minutes.
 - B. Every hour.
 - C. Every 4 hours.
 - D. Every shift.

Answers

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

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Explanations

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1. What technique is essential when performing a wound dressing change?

- A. Aseptic technique**
- B. Standard technique
- C. Invasive technique
- D. Relaxed technique

When performing a wound dressing change, using aseptic technique is vital to prevent infection and promote healing. Aseptic technique involves practices that maintain cleanliness and prevent contamination. This includes washing hands before and after the procedure, using sterile gloves, and ensuring that all equipment and materials are sterilized or properly prepared. Incorporating aseptic techniques reduces the risk of introducing pathogens into the wound, which is particularly important for patients with open wounds or those who are at higher risk of infection. Maintaining a controlled environment during the dressing change helps safeguard the integrity of the wound and supports optimal healing. By adhering to these standards, healthcare providers significantly contribute to patient safety and recovery outcomes.

2. What action should a nurse take if a client in Buck's traction reports increased pain?

- A. Loosen the ropes
- B. Reposition the client**
- C. Massage the area
- D. Remove the weights

When a client in Buck's traction reports increased pain, repositioning the client is the most appropriate action to take. Proper positioning can help alleviate discomfort by redistributing pressure on the body and ensuring that the traction is applied correctly. The goal is to maintain alignment and stability while allowing for the client's comfort. Repositioning may relieve tension on the affected limb and can provide the client with a more comfortable posture, thus potentially reducing their pain levels. Additionally, it is important to consider that changes in position can help to relieve any encroaching pressure points or discomfort associated with the traction setup. Other options, such as loosening the ropes or removing the weights, may compromise the effective therapeutic effect of the traction and lead to further complications, such as improper alignment or instability in the fracture site. Massaging the area could further irritate or cause additional pain, especially if there are underlying injuries that need to be stable during treatment. In summary, repositioning the client enables the nurse to manage the client's pain while ensuring that the traction remains effective for the treatment of the underlying condition.

3. Which intervention should a nurse include in a pain management plan for a client with herpes zoster?

- A. Keep bed linens off the affected areas**
- B. Apply warm, moist compresses to the affected areas
- C. Position a heat lamp over the lower extremities
- D. Initiate droplet isolation precautions

Including the intervention of keeping bed linens off the affected areas in a pain management plan for a client with herpes zoster is critical because this condition is characterized by a painful rash that can become sensitive to touch. Herpes zoster, commonly known as shingles, causes a painful, blistering rash that follows a dermatomal pattern. Maintaining this type of bedding can help prevent additional irritation of the affected skin and minimize discomfort, thereby assisting in overall pain relief. When bed linens press against the lesions or the affected skin, it can exacerbate pain and discomfort. Therefore, ensuring that these areas remain free from pressure or irritation is important in managing the client's pain effectively. While warm, moist compresses could potentially offer soothing relief for some skin conditions, in the case of herpes zoster, this intervention might not provide the same level of benefit and could possibly irritate the blisters. Positioning a heat lamp over the lower extremities doesn't specifically address the pain management needs associated with the manifesting symptoms of herpes zoster and poses a risk of burns or further irritation. Initiating droplet isolation precautions is not relevant since the primary focus for pain management in herpes zoster does not entail infection control measures related to respiratory secretions.

4. What should a nurse do when caring for a client with a portable wound bulb suction device?

- A. Fill the bulb reservoir with 0.9% sodium chloride.
- B. Prepare for the drain to be removed after 24 hr.
- C. Cut a slit in a gauze sponge and apply it around the tubing insertion site.
- D. Compress the bulb reservoir and then close the drainage valve.**

When caring for a client with a portable wound bulb suction device, the correct action is to compress the bulb reservoir and then close the drainage valve. This step is crucial because it ensures that the suction is effectively generated to help remove fluid from the wound area and promote healing. The negated pressure inside the bulb reservoir creates the necessary suction to draw fluid into the bulb, allowing for optimal drainage and monitoring of the wound's response to treatment. Maintaining effective suction is important for reducing the risk of complications, such as hematomas or seromas, which can occur if the drainage is insufficient. Properly managing the suction device involves understanding the mechanism behind its operation and ensuring that both the compression of the bulb and the closure of the drainage valve are performed correctly. Other actions, such as filling the bulb reservoir with sodium chloride or preparing for the drain's removal after a fixed time, do not align with the standard management of wound suction devices, as they can interfere with the effectiveness of the drainage system. Additionally, cutting a slit in a gauze sponge around the tubing insertion site is not a standard practice and could potentially compromise the integrity of the site or lead to contamination.

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 should a nurse do for a patient showing signs of a stroke?

- A. Call for emergency medical services immediately**
- B. Have the patient walk to the clinic for evaluation
- C. Monitor the patient for 24 hours
- D. Administer pain relief medication

In the case of a patient showing signs of a stroke, the most critical action is to call for emergency medical services immediately. Time is of the essence when it comes to strokes, as prompt medical intervention can significantly reduce the risk of long-term damage and improve survival rates. The brain is highly vulnerable, and even a few minutes can make a difference in outcomes, as the longer blood flow is interrupted, the more brain tissue can be lost. Recognizing the symptoms of a stroke, such as sudden numbness or weakness in the face, arm, or leg, confusion, trouble speaking, or difficulty walking, can help the nurse identify the urgency involved. Calling for emergency medical services ensures that the patient will receive professional medical evaluation and treatment on the way to the hospital, where advanced care options can be implemented. The other options presented do not align with the immediate needs of a patient experiencing a stroke. Walking to the clinic could delay treatment and put the patient at further risk. Monitoring for 24 hours does not address the need for immediate care and could result in worsening conditions. Administering pain relief medication is not appropriate without a confirmed diagnosis and does not address the underlying issue of a stroke, which requires urgent evaluation and intervention.

7. Which of the following is a common side effect of corticosteroid therapy?

- A. Hypertension
- B. Weight loss
- C. Hyperglycemia**
- D. Hypokalemia

Corticosteroid therapy is known to induce several metabolic and physiological changes in the body. One significant side effect of corticosteroids is hyperglycemia, which occurs due to the drugs' effects on glucose metabolism. Corticosteroids increase insulin resistance and promote gluconeogenesis in the liver, leading to higher blood sugar levels. This side effect is particularly important to monitor in patients with diabetes or those at risk for developing diabetes, as elevated blood glucose can lead to complications if unmanaged. When considering the other effects commonly associated with corticosteroid use, such as hypertension, weight gain (not weight loss), and hypokalemia, while those may also occur, hyperglycemia stands out as a well-documented and prevalent issue directly linked to corticosteroid administration. Understanding these side effects helps healthcare providers manage patients effectively during corticosteroid treatment.

8. What is one of the primary benefits of hospice care as explained to a client with terminal cancer?

- A. It will provide medical care in a hospital setting.
- B. It will restrict visitors to minimize stress.
- C. It will provide support for the client and their loved ones during the dying process.**
- D. It will require decisions about resuscitative measures.

One of the primary benefits of hospice care is its focus on providing comprehensive support for clients and their loved ones during the dying process. Hospice care is designed to prioritize comfort, quality of life, and emotional and spiritual support rather than pursuing aggressive treatments aimed solely at prolonging life. When a client has terminal cancer, hospice care addresses their physical symptoms through pain management and palliative care, while also offering psychological and emotional support to help navigate the challenges of end-of-life issues. This holistic approach fosters a dignified environment where the patient can receive care tailored to their preferences and needs, promoting a sense of peace for both the individual and their family during what is often an incredibly difficult time. This aspect of hospice care underscores its commitment not only to the patient's comfort but also to the well-being of their loved ones, ensuring that families have access to resources and support they may require as they face the impending loss. The focus on support distinguishes hospice care from other healthcare settings and processes, making it a critical element for those in similar situations.

9. When preparing a mixed insulin regimen, what should the nurse do first?

- A. Inject air into the NPH vial after withdrawing regular insulin
- B. Withdraw both types of insulin and then add air to the syringe
- C. Gently shake the NPH insulin
- D. Withdraw the regular insulin before the NPH insulin**

When preparing a mixed insulin regimen, the first step should be to withdraw the regular insulin before the NPH insulin. This sequence is critical for ensuring that there is no contamination and for maintaining the effectiveness of both types of insulin. Regular insulin is a clear solution, while NPH insulin is a cloudy solution that requires careful handling. By drawing up the regular insulin first, it prevents any potential cross-contamination of the clear insulin by the cloudy one. Furthermore, it's essential to remember that regular insulin should always be drawn into the syringe before the NPH insulin, as this practice allows for accurate dosing and maintains the integrity of the regular insulin, which acts more rapidly compared to the intermediate-acting NPH. Effective mixed insulin preparation is vital for optimal glycemic control in patients with diabetes, ensuring that both fast-acting and longer-acting insulin are administered correctly.

10. When should a nurse reassess vital signs postoperatively?

- A. Every 15 minutes.**
- B. Every hour.
- C. Every 4 hours.
- D. Every shift.

The recommendation to reassess vital signs every 15 minutes postoperatively is based on the critical need to monitor a patient's condition closely during the initial recovery phase after surgery. This period is often marked by potential complications such as changes in heart rate, blood pressure, oxygen saturation, and temperature. Monitoring every 15 minutes allows the healthcare team to detect any aberrations promptly and intervene as necessary, ensuring patient safety and stability. In the immediate postoperative period, the patient may still be under the influence of anesthesia, which can affect vital signs. Additionally, complications such as bleeding, infection, or respiratory issues may arise quickly following surgery. Therefore, frequent assessments at short intervals are crucial to provide real-time data on the patient's physiological status and to guide further intervention if required. As time progresses, the intervals for reassessment can safely be extended, reflecting an improved patient condition and a lower risk of complications as they recover.

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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