

Prophecy Health Medical Surgical RN A Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. You find a coworker looking through a patient's medical record and inquiring about their condition. What is the best course of action?**
 - A. Ignore the behavior**
 - B. Share limited information**
 - C. Tell her you cannot give her information and report to your manager**
 - D. Discuss the patient's status with another nurse**
- 2. In the management of heart failure, what is one of the critical interventions?**
 - A. Encourage high salt diets**
 - B. Promote fluid retention**
 - C. Monitor daily weights**
 - D. Limit patient mobility**
- 3. What symptoms may indicate a patient is intolerant to enteral feedings after having a G Tube placed?**
 - A. Constipation and fatigue**
 - B. Vomiting and diarrhea**
 - C. Weight gain and distension**
 - D. Abdominal cramping and flatulence**
- 4. What should be the first nursing intervention for a patient with a history of hypertension who is exhibiting increased anxiety and restlessness during hospitalization?**
 - A. Assess vital signs**
 - B. Ask the patient when his last drink of alcohol was**
 - C. Provide reassurance and comfort**
 - D. Notify the physician immediately**
- 5. What care should be prioritized for a patient presenting with black and tarry stools?**
 - A. Increase dietary fiber**
 - B. Monitor vital signs closely**
 - C. Assess for signs of hemorrhage**
 - D. Administer laxatives as needed**

- 6. What is the appropriate response when a coworker shares photos from a unit celebration on social media?**
- A. Report the post to a supervisor**
 - B. Ask the coworker to remove the photos**
 - C. No action is necessary**
 - D. Notify the patients about the breach of privacy**
- 7. What is a proton pump inhibitor, such as pantoprazole (Protonix), primarily used for?**
- A. Increase gastric acid secretion**
 - B. Reduce gastric acid secretion**
 - C. Treat bacterial infections**
 - D. Enhance digestion**
- 8. What mode of oxygen delivery would likely reverse the symptoms of a patient with an O₂ saturation of 84%?**
- A. Simple face mask**
 - B. Non-rebreather mask**
 - C. Nasal cannula**
 - D. Venturi mask**
- 9. What vital sign abnormality would be expected in a patient experiencing respiratory distress?**
- A. Bradycardia**
 - B. Respiratory rate of 34 breaths/minute**
 - C. Temperature of 105°F**
 - D. Blood pressure drop**
- 10. What is a common sign of adverse reaction to warfarin?**
- A. Elevated blood pressure**
 - B. Signs of bleeding**
 - C. Increased energy levels**
 - D. Dry mouth**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. You find a coworker looking through a patient's medical record and inquiring about their condition. What is the best course of action?

A. Ignore the behavior

B. Share limited information

C. Tell her you cannot give her information and report to your manager

D. Discuss the patient's status with another nurse

In a healthcare setting, confidentiality and patient privacy are of utmost importance, governed by regulations such as HIPAA. Discovering a coworker looking through a patient's medical record and inquiring about their condition indicates a potential breach of these critical standards. The best course of action involves directly addressing the coworker's behavior by clearly stating that you cannot share any patient information. This reinforces the expectation that nursing professionals must uphold patient confidentiality. Following this, reporting the incident to a manager is essential. This ensures that appropriate measures can be taken to address the situation and prevent future violations. Maintaining confidentiality is not only a legal requirement but also a key ethical principle in nursing practice. By choosing to act in this manner, you not only protect the patient's privacy, but also uphold the integrity of the nursing profession. Reporting the incident enables the organization to review policies and reinforce training on patient information handling, fostering a culture of accountability among staff.

2. In the management of heart failure, what is one of the critical interventions?

A. Encourage high salt diets

B. Promote fluid retention

C. Monitor daily weights

D. Limit patient mobility

Monitoring daily weights is a critical intervention in the management of heart failure because it helps to identify changes in fluid status. Patients with heart failure often experience fluid retention due to the heart's diminished ability to pump effectively. By tracking daily weights, healthcare providers can detect rapid weight gain, which may indicate worsening heart failure and fluid overload. This can prompt timely interventions, such as adjusting medications or dietary recommendations, to prevent hospitalizations and improve the patient's overall management of their condition. Daily weight monitoring is a straightforward yet effective strategy that empowers patients to take an active role in their health care, ensuring any significant shifts in their status are addressed early. The other options, such as encouraging a high salt diet or promoting fluid retention, would exacerbate heart failure symptoms, while limiting patient mobility is typically not advisable due to the importance of maintaining functional independence and overall well-being in patients with heart failure.

3. What symptoms may indicate a patient is intolerant to enteral feedings after having a G Tube placed?

- A. Constipation and fatigue**
- B. Vomiting and diarrhea**
- C. Weight gain and distension**
- D. Abdominal cramping and flatulence**

Vomiting and diarrhea are significant indicators that a patient may be intolerant to enteral feedings after having a G-tube placed. These symptoms suggest that the gastrointestinal system is not processing the feedings properly, which might be due to a range of issues such as rapid infusion rates, sensitivity to certain feeding formulas, or underlying gastrointestinal problems. When a patient experiences vomiting, it indicates that the stomach may be rejecting the feed, signaling potential feeding intolerance. Diarrhea can also occur when the intestines cannot absorb the nutrients effectively, leading to insufficient digestion. Both symptoms warrant a careful assessment of the feeding regimen to determine appropriate adjustments to volume, rate, or type of nutrition being administered. Recognizing and addressing these symptoms early on is crucial to preventing further complications, such as dehydration or electrolyte imbalances, which may occur as a consequence of persistent vomiting and diarrhea. This awareness helps in managing the patient's nutritional needs effectively while minimizing adverse effects.

4. What should be the first nursing intervention for a patient with a history of hypertension who is exhibiting increased anxiety and restlessness during hospitalization?

- A. Assess vital signs**
- B. Ask the patient when his last drink of alcohol was**
- C. Provide reassurance and comfort**
- D. Notify the physician immediately**

In the context of a patient with a history of hypertension who is showing increased anxiety and restlessness, the appropriate first nursing intervention focuses on assessing the patient's overall condition and potential contributing factors to their symptoms. One critical aspect in this situation is understanding whether the patient has a history of alcohol use, as withdrawal from alcohol can lead to increased anxiety, restlessness, and other physical symptoms. Asking the patient about the last drink of alcohol establishes a baseline for assessing the risk of alcohol withdrawal syndrome, which can exacerbate anxiety and elevate blood pressure, further complicating the management of hypertension. This inquiry can prompt necessary interventions to address withdrawal symptoms and provide a comprehensive approach to the patient's care, which might include medical management or supportive measures. While assessing vital signs, providing reassurance, or notifying the physician are all important steps in patient management, the identification and management of possible alcohol withdrawal should take precedence in this scenario as it addresses a potentially acute and life-threatening component of the patient's condition.

5. What care should be prioritized for a patient presenting with black and tarry stools?

- A. Increase dietary fiber**
- B. Monitor vital signs closely**
- C. Assess for signs of hemorrhage**
- D. Administer laxatives as needed**

Prioritizing care for a patient with black and tarry stools, known as melena, is critical because it often indicates gastrointestinal bleeding, potentially from the upper gastrointestinal tract, which could be life-threatening. The presence of melena can suggest that blood has been digested as it moves through the intestines, signaling a significant concern for internal bleeding. Assessing for signs of hemorrhage is essential to determine the extent of the bleeding and to guide further interventions. This may include looking for additional symptoms such as hypotension, tachycardia, pallor, or weakness—vital signs and physical findings that could indicate significant blood loss. While monitoring vital signs closely is also important in the overall assessment and ongoing care of the patient, the primary treatment focus must be on addressing the potential cause of the gastrointestinal bleeding. Administering laxatives or increasing dietary fiber would be inappropriate in this context, as these actions could exacerbate the underlying condition, leading to delayed diagnosis or further complications. Thus, the immediate priority lies in assessing for signs of hemorrhage to initiate suitable medical interventions swiftly.

6. What is the appropriate response when a coworker shares photos from a unit celebration on social media?

- A. Report the post to a supervisor**
- B. Ask the coworker to remove the photos**
- C. No action is necessary**
- D. Notify the patients about the breach of privacy**

In the context of professional conduct and patient privacy, if a coworker shares photos from a unit celebration on social media, the appropriate response may be to take no action if the photos do not violate any privacy concerns or institutional policies. Unit celebrations typically involve staff members and are often considered allowable for social sharing, as long as patient confidentiality is maintained and no identifiable patient information is included in the photos. It's essential to understand that the context of the celebration plays a significant role in determining if the photos are appropriate for social media. If the images feature only the staff and do not expose any patient details or sensitive hospital locations, it typically falls within acceptable social sharing norms in a healthcare setting. The other options involve actions that may not be necessary unless there are specific reasons to believe patient confidentiality has been compromised, which is not indicated by the scenario provided. Thus, assuming the celebration photos uphold privacy standards, no action may be required.

7. What is a proton pump inhibitor, such as pantoprazole (Protonix), primarily used for?

- A. Increase gastric acid secretion**
- B. Reduce gastric acid secretion**
- C. Treat bacterial infections**
- D. Enhance digestion**

A proton pump inhibitor (PPI), such as pantoprazole (Protonix), is primarily used to reduce gastric acid secretion. These medications work by blocking the proton pump in the stomach lining, which is responsible for the final step of acid production. By inhibiting this pump, PPIs decrease the amount of acid released into the stomach, making them effective in treating conditions such as gastroesophageal reflux disease (GERD), peptic ulcers, and Zollinger-Ellison syndrome. Reducing gastric acid secretion is beneficial for patients suffering from acid-related disorders, as it helps alleviate symptoms like heartburn and esophageal irritation, and protects the stomach and esophagus from damage due to excessive acidity. In contrast, options that suggest increasing gastric acid secretion, treating bacterial infections, or enhancing digestion do not align with the primary function of PPIs. These medications are specifically designed to suppress acid production rather than promote the digestive process directly or target bacterial pathogens.

8. What mode of oxygen delivery would likely reverse the symptoms of a patient with an O₂ saturation of 84%?

- A. Simple face mask**
- B. Non-rebreather mask**
- C. Nasal cannula**
- D. Venturi mask**

A non-rebreather mask is specifically designed to deliver a high concentration of oxygen, making it the most effective option for rapidly increasing the oxygen saturation in patients with significantly low levels, such as 84%. This type of mask has a reservoir bag that stores oxygen and is equipped with one-way valves that prevent exhaled air from entering the bag. When a patient inhales through a non-rebreather mask, they receive almost pure oxygen, which can quickly help to elevate their oxygen saturation levels. In cases where a patient presents with critically low oxygen saturation, such as in respiratory distress or severe hypoxemia, the non-rebreather mask is a critical intervention. It allows for the delivery of 10-15 liters of oxygen per minute, effectively meeting the immediate needs of the patient while waiting for further assessment and treatment. Other options, like a simple face mask or nasal cannula, would not provide the high concentration of oxygen required in this situation. A Venturi mask can regulate oxygen delivery but is typically used for patients who need a precise dosage rather than immediate high flow to correct dangerous hypoxemia. Hence, the choice of a non-rebreather mask is appropriate and aligns with the urgent need to reverse the low oxygen saturation.

9. What vital sign abnormality would be expected in a patient experiencing respiratory distress?

A. Bradycardia

B. Respiratory rate of 34 breaths/minute

C. Temperature of 105°F

D. Blood pressure drop

In the context of respiratory distress, a respiratory rate of 34 breaths per minute indicates tachypnea, which is a common response as the body attempts to compensate for insufficient oxygenation or increased carbon dioxide levels. When a patient is in respiratory distress, they often exhibit rapid, shallow breathing to try and meet their oxygen demands. This reflects an underlying pathophysiological response to an increase in the work of breathing or a decreased ability to oxygenate the blood effectively. The other vital signs mentioned either do not directly correlate with respiratory distress or are less characteristic. For instance, bradycardia is not a typical response in respiratory distress, while a high fever could suggest infection rather than solely respiratory complications. A significant drop in blood pressure could indicate a shock state, which might occur as a complication of severe respiratory failure, but it is not a direct or immediate response like a change in respiratory rate. Thus, a respiratory rate of 34 breaths per minute is the most indicative sign expected in a patient experiencing respiratory distress.

10. What is a common sign of adverse reaction to warfarin?

A. Elevated blood pressure

B. Signs of bleeding

C. Increased energy levels

D. Dry mouth

A common sign of an adverse reaction to warfarin is signs of bleeding. Warfarin is an anticoagulant medication that works by inhibiting the vitamin K-dependent clotting factors in the liver, which helps prevent blood clots. However, due to its blood-thinning properties, it increases the risk of bleeding events. Patients on warfarin may exhibit various signs of bleeding, including easy bruising, unusual bleeding from cuts, bloody or dark stools, hematuria (blood in urine), or excessive bleeding from the gums. Monitoring for these signs is critical, as they indicate that the blood is too thin, which can lead to serious complications such as hemorrhagic events. The other options do not typically correlate with adverse reactions to warfarin. Elevated blood pressure is not a direct effect of warfarin but may occur due to other underlying conditions. Increased energy levels and dry mouth are also not related to warfarin use and are not recognized as signs of adverse reactions associated with this medication. Therefore, recognizing signs of bleeding is crucial for patients on warfarin to ensure timely intervention and management.