

# Prophecy Health Medical Surgical RN A Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

- 1. Your 85-year-old patient with atrial fibrillation has fallen at home. What is the most important order you should anticipate from the provider?**
  - A. Electrocardiogram**
  - B. CT Scan**
  - C. Blood tests**
  - D. X-ray**
- 2. What is the most appropriate positioning for a patient post-thoracotomy?**
  - A. On the non-operative side**
  - B. In a flat supine position**
  - C. On the operative side to promote comfort and lung expansion of the non-operative side**
  - D. Sitting upright in a chair**
- 3. Which medication should be clarified before administration to a patient going for dialysis?**
  - A. Atorvastatin (Lipitor)**
  - B. Lisinopril (Prinivil)**
  - C. Ondansetron (Zofran)**
  - D. Famotidine (Pepcid)**
- 4. Which nursing diagnosis is most crucial for a patient diagnosed with chronic obstructive pulmonary disease (COPD)?**
  - A. Impaired gas exchange**
  - B. Acute pain**
  - C. Risk for infection**
  - D. Activity intolerance**
- 5. In a patient with diabetes displaying symptoms like diaphoresis and shivering, what is the first action you should take?**
  - A. Administer a fast-acting glucose source**
  - B. Check the patient's blood glucose level**
  - C. Provide warmth to the patient**
  - D. Call for assistance**

- 6. 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**
- 7. Black and tarry stools are classic symptoms indicative of which medical condition?**
- A. Gastroesophageal reflux disease**
  - B. Bleeding gastric ulcer**
  - C. Diverticulitis**
  - D. Inflammatory bowel disease**
- 8. Which lab value is most commonly associated with kidney function?**
- A. Blood urea nitrogen (BUN)**
  - B. Serum creatinine**
  - C. Electrolytes**
  - D. Complete blood count (CBC)**
- 9. What assessment finding would most likely be present in a patient with deep vein thrombosis (DVT)?**
- A. Pallor**
  - B. Unilateral swelling of the leg**
  - C. Fever**
  - D. Localized rash**
- 10. When should a nurse administer prophylactic anticoagulation therapy for a surgical patient?**
- A. Before surgery and continued post-operatively based on risk factors**
  - B. Only after signs of thromboembolism appear**
  - C. Immediately after surgery regardless of risk factors**
  - D. Only for patients with a history of clotting disorders**

## **Answers**

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

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## **Explanations**

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**1. Your 85-year-old patient with atrial fibrillation has fallen at home. What is the most important order you should anticipate from the provider?**

**A. Electrocardiogram**

**B. CT Scan**

**C. Blood tests**

**D. X-ray**

In the context of an 85-year-old patient with atrial fibrillation who has experienced a fall at home, anticipating a CT scan order is particularly important due to the potential for intracranial injury. Falls can lead to head trauma, and in elderly patients, the risk of severe complications such as hemorrhagic stroke increases, especially in those with a history of atrial fibrillation, which can predispose them to clotting or bleeding issues. A CT scan is a rapid and non-invasive imaging technique that can quickly identify any acute brain injuries, such as hemorrhages or contusions, which would be a critical concern for this patient. Early detection of neurological damage is essential for timely intervention and management, which can significantly influence the patient's recovery and outcome. While other investigations like an electrocardiogram could be essential for assessing the heart rhythm and potential cardiac concerns post-fall, and blood tests might be used to check clotting factors, the priority in this scenario is to rule out any serious intracranial injuries first, thus making the CT scan the most relevant and critical order to anticipate.

**2. What is the most appropriate positioning for a patient post-thoracotomy?**

**A. On the non-operative side**

**B. In a flat supine position**

**C. On the operative side to promote comfort and lung expansion of the non-operative side**

**D. Sitting upright in a chair**

Positioning a patient effectively after a thoracotomy is crucial for promoting comfort and optimal lung function. The most appropriate position is on the operative side, which allows for several benefits. Positioning the patient on the operative side can help support the surgical site and reduce tension on the incision, leading to decreased pain and discomfort. This positioning also facilitates lung expansion on the non-operative side because gravity assists the lung on the non-operative side in expanding fully and improving ventilation. This method enhances the patient's ability to take deeper breaths, which is essential for preventing atelectasis, a common postoperative complication. The operative side is generally less comfortable due to surgical trauma, so this position minimizes direct pressure on that area while optimizing respiratory function. In contrast, lying flat in a supine position could hinder lung expansion and increase the risk of complications, while sitting upright in a chair might be too strenuous immediately following surgery. Positioning on the non-operative side would not sufficiently address the needs for lung expansion and could lead to discomfort. Thus, positioning on the operative side strikes a balance between protecting the surgical site and supporting respiratory health.

**3. Which medication should be clarified before administration to a patient going for dialysis?**

- A. Atorvastatin (Lipitor)**
- B. Lisinopril (Prinivil)**
- C. Ondansetron (Zofran)**
- D. Famotidine (Pepcid)**

Lisinopril, which is an ACE inhibitor, is particularly important to clarify before administering to a patient going for dialysis due to its effects on renal function and the potential risks of hyperkalemia. In patients with compromised kidney function, such as those undergoing dialysis, the renal excretion of potassium is significantly reduced. This can lead to elevated potassium levels in the blood if medications that contribute to potassium retention, like lisinopril, are administered without proper consideration. In addition, ACE inhibitors can play a complex role in patients with renal impairment. They are sometimes used to manage hypertension or heart failure, but in the setting of dialysis, monitoring of renal function and electrolytes is crucial. The clinician must ensure that administering lisinopril is appropriate given the patient's overall clinical picture, especially regarding potassium levels and existing dialysis prescriptions. The other medications listed generally pose less immediate concern in the context of dialysis. While atorvastatin may require monitoring of liver function, ondansetron is usually safe for use in most patients undergoing dialysis. Famotidine, a histamine H2-receptor antagonist, is also often safe and effective for the management of gastric issues in dialysis patients. However, lisinopril's specific interactions with renal function and potassium balance necessitate clarification.

**4. Which nursing diagnosis is most crucial for a patient diagnosed with chronic obstructive pulmonary disease (COPD)?**

- A. Impaired gas exchange**
- B. Acute pain**
- C. Risk for infection**
- D. Activity intolerance**

Impaired gas exchange is crucial for a patient diagnosed with chronic obstructive pulmonary disease (COPD) because this condition specifically affects the lungs and the ability to exchange oxygen and carbon dioxide efficiently. In COPD, the airways are narrowed, making it difficult for air to flow in and out of the lungs. This can lead to inadequate oxygen reaching the bloodstream and insufficient removal of carbon dioxide. Recognizing impaired gas exchange as a priority nursing diagnosis allows for focused interventions that address the immediate respiratory needs of the patient. These may include monitoring oxygenation levels, administering supplemental oxygen, and educating the patient on breathing techniques that can facilitate better gas exchange, such as pursed-lip breathing. While other diagnoses like acute pain, risk for infection, and activity intolerance are important in the overall care of a patient with COPD, they are secondary to the immediate need to ensure adequate oxygenation and ventilation. Addressing impaired gas exchange directly impacts the patient's ability to breathe and their overall health status, making it a primary concern in managing COPD.

**5. In a patient with diabetes displaying symptoms like diaphoresis and shivering, what is the first action you should take?**

**A. Administer a fast-acting glucose source**

**B. Check the patient's blood glucose level**

**C. Provide warmth to the patient**

**D. Call for assistance**

In a patient with diabetes presenting symptoms such as diaphoresis and shivering, the first action of checking the patient's blood glucose level is essential for accurate assessment and management. These symptoms can indicate hypoglycemia, but they can also be associated with other conditions. By measuring the blood glucose level, you obtain critical and objective data that informs subsequent actions. If the patient's blood glucose is low, administering a fast-acting glucose source would be the appropriate next step. If the blood glucose level is normal or high, other causes for the symptoms need to be investigated. This initial step ensures that any interventions are appropriate and targeted, avoiding potential complications that could arise from treating the wrong condition. Promptly checking the blood glucose level helps to clarify the patient's status and allows for timely and correct treatment, which is particularly vital in diabetic patients where both hypoglycemia and hyperglycemia can present with overlapping symptoms.

**6. 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.

**7. Black and tarry stools are classic symptoms indicative of which medical condition?**

- A. Gastroesophageal reflux disease**
- B. Bleeding gastric ulcer**
- C. Diverticulitis**
- D. Inflammatory bowel disease**

Black and tarry stools, known as melena, are primarily indicative of upper gastrointestinal bleeding, most commonly due to conditions such as bleeding gastric ulcers. The digestion of blood as it passes through the gastrointestinal tract leads to the characteristic dark color and tarry consistency of the stool. Gastric ulcers can erode blood vessels in the stomach lining, leading to this form of bleeding. In this context, indicators such as the presence of melena are crucial in diagnosing the underlying cause of the gastrointestinal bleeding. Other conditions listed, such as gastroesophageal reflux disease, diverticulitis, or inflammatory bowel disease, do not typically present with black and tarry stools in the same manner as a bleeding gastric ulcer does. Instead, those may lead to different symptoms or types of bleeding, such as bright red blood in the stool or abdominal pain. Understanding these distinctions helps in recognizing the severity and source of gastrointestinal issues effectively.

**8. Which lab value is most commonly associated with kidney function?**

- A. Blood urea nitrogen (BUN)**
- B. Serum creatinine**
- C. Electrolytes**
- D. Complete blood count (CBC)**

Serum creatinine is the most commonly used laboratory value to assess kidney function. Creatinine is a waste product produced from normal muscle metabolism and is excreted by the kidneys. When kidney function declines, the ability to filter out creatinine decreases, leading to elevated serum creatinine levels. This increase is a key indicator of renal impairment, making it a more specific marker for kidney function compared to other lab values. Blood urea nitrogen, while also relevant in assessing kidney function, can be influenced by a variety of factors including dietary protein intake and hydration status. Therefore, it is not as specific for kidney function alone as serum creatinine. Electrolytes provide information on the body's balance of essential minerals but do not offer direct insight into kidney performance. A complete blood count (CBC) primarily assesses hematologic parameters and does not provide information on kidney function.

**9. What assessment finding would most likely be present in a patient with deep vein thrombosis (DVT)?**

- A. Pallor**
- B. Unilateral swelling of the leg**
- C. Fever**
- D. Localized rash**

In the context of deep vein thrombosis (DVT), the most significant assessment finding is unilateral swelling of the leg. This occurs because the thrombus obstructs blood flow in the affected vein, leading to an accumulation of fluid due to increased venous pressure. The swelling can be accompanied by other findings such as tenderness, pain, warmth, and sometimes a change in color; however, the hallmark of DVT is the distinct swelling in one leg rather than both. While pallor, fever, and localized rash can be associated with other vascular or inflammatory conditions, they are not the primary indicators of DVT. Pallor may suggest issues like poor perfusion but is not a characteristic feature of DVT. Fever could occur in the context of a thrombotic event if there is an associated inflammatory response or if there are complications like an infection. A localized rash is typically related to dermatologic conditions or superficial venous issues rather than deep vein pathology. Therefore, unilateral swelling serves as a clear and defining symptom for identifying a patient with DVT.

**10. When should a nurse administer prophylactic anticoagulation therapy for a surgical patient?**

- A. Before surgery and continued post-operatively based on risk factors**
- B. Only after signs of thromboembolism appear**
- C. Immediately after surgery regardless of risk factors**
- D. Only for patients with a history of clotting disorders**

Administering prophylactic anticoagulation therapy before surgery and continuing post-operatively based on risk factors is essential in preventing venous thromboembolism (VTE) complications in surgical patients. The rationale behind this approach is grounded in understanding that certain surgical procedures and patient populations are inherently at higher risk for developing blood clots. Factors such as immobility during and after surgery, along with the physiological changes induced by the surgical stress response, increase the likelihood of thrombosis. By starting anticoagulation therapy prior to surgery, the nurse aims to ensure adequate anticoagulation levels are present when the patient undergoes the procedure. Continued administration post-operatively takes into account the individual patient's risk factors, such as obesity, history of thromboembolism, or prolonged immobilization, ensuring tailored prevention strategies that effectively mitigate the risk of VTE during recovery. This proactive approach is in contrast to administering anticoagulation only after signs of thromboembolism appear, which would be too late for effective preventive measures. Immediate post-operative administration without consideration of risk factors could lead to unnecessary exposure to anticoagulant therapy without clinical justification. Additionally, limiting prophylaxis to patients with a past history of clotting disorders overlooks other patients who might be at risk based solely

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://prophecyhealthmedsurgrna.examzify.com>**

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