

Prophecy Health Medical Surgical RN A Practice Test (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 is the initial nursing intervention for a patient who has just returned from the PACU?**
 - A. Assess airway patency and respiratory status**
 - B. Measure vital signs and place the patient on telemetry**
 - C. Administer pain medication as prescribed**
 - D. Check the surgical site and drains**
- 2. What is an important nursing intervention before sending a patient to dialysis?**
 - A. Administer all prescribed medications**
 - B. Perform a thorough assessment of vital signs**
 - C. Restrict all fluid intake**
 - D. Document the patient's weight**
- 3. How frequently should a patient with drains be monitored initially post-operatively?**
 - A. Every hour for the first 24 hours, then as per institution policy**
 - B. Every two hours for the first 48 hours**
 - C. Once per shift for the first 12 hours**
 - D. Only when the patient requests assistance**
- 4. Why is it essential to perform a bladder scan for a patient who has not voided after surgery?**
 - A. To assess kidney function**
 - B. To determine the need for catheterization**
 - C. To evaluate hydration status**
 - D. To identify urinary tract infections**
- 5. What is an appropriate order for VTE prophylaxis in a 72-year-old male patient with multiple health issues?**
 - A. Heparin IV continuously**
 - B. Enoxaparin (Lovenox) once daily and IPC**
 - C. Warfarin therapy**
 - D. Aspirin 81 mg daily**

- 6. What key information should be included in discharge teaching for a patient after laparoscopic surgery?**
- A. Only medication instructions**
 - B. Activity limitations, signs of infection, and dietary modifications**
 - C. Follow-up appointment details**
 - D. Only physical activity instructions**
- 7. How should a nurse manage a patient with a suspected drug overdose?**
- A. Call for emergency help**
 - B. Assess the patient's airway, breathing, and circulation first**
 - C. Administer activated charcoal immediately**
 - D. Monitor the patient's blood pressure**
- 8. What is the primary purpose of administering intravenous fluids post-operatively?**
- A. To ensure electrolyte balance**
 - B. To maintain hydration and support circulation**
 - C. To reduce infection risk**
 - D. To enhance pain relief**
- 9. A patient with blunt force trauma and a rigid abdomen likely indicates which condition?**
- A. Peritonitis**
 - B. Hemorrhage**
 - C. Ruptured spleen**
 - D. Abdominal hernia**
- 10. 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**

Answers

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

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Explanations

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1. What is the initial nursing intervention for a patient who has just returned from the PACU?

- A. Assess airway patency and respiratory status**
- B. Measure vital signs and place the patient on telemetry**
- C. Administer pain medication as prescribed**
- D. Check the surgical site and drains**

The initial nursing intervention for a patient who has just returned from the post-anesthesia care unit (PACU) is to assess airway patency and respiratory status. This is critical because patients who have undergone anesthesia may experience complications related to their airway and breathing due to the effects of medications used during surgery. Ensuring that the airway is clear and that the patient is breathing adequately is paramount to prevent potential respiratory distress and other related complications. When assessing airway patency, the nurse will check for any obstruction, confirm that the patient is able to respond appropriately, and listen for abnormal breath sounds, which will guide further care. Maintaining a patent airway is the top priority in post-anesthesia care and establishes a safe foundation for further assessments and interventions. Although measuring vital signs and monitoring telemetry, administering pain medication, and checking surgical sites are also important components of post-operative care, they follow the crucial assessment of the patient's airway and breathing status. Addressing any potential airway issues first helps ensure that the patient remains stable and enables other assessments and interventions to be safely carried out.

2. What is an important nursing intervention before sending a patient to dialysis?

- A. Administer all prescribed medications**
- B. Perform a thorough assessment of vital signs**
- C. Restrict all fluid intake**
- D. Document the patient's weight**

Performing a thorough assessment of vital signs is crucial before sending a patient to dialysis. This intervention helps ensure that the patient is stable enough to undergo the procedure. Vital signs such as blood pressure, heart rate, temperature, and respiratory rate can indicate the patient's current health status and readiness for dialysis. Any significant deviations from normal ranges can prompt additional assessment or intervention prior to the treatment, thereby ensuring patient safety. While monitoring medications, fluid intake, and weight are important in the broader context of patient care, they do not provide the immediate and critical information that a vital signs assessment does. Establishing a baseline through a thorough assessment allows healthcare providers to identify any acute issues and respond appropriately before starting the dialysis process.

3. How frequently should a patient with drains be monitored initially post-operatively?

- A. Every hour for the first 24 hours, then as per institution policy**
- B. Every two hours for the first 48 hours**
- C. Once per shift for the first 12 hours**
- D. Only when the patient requests assistance**

Monitoring a patient with drains post-operatively is critical to ensure proper function of the drains and to detect any complications early. The correct approach generally entails close monitoring immediately following surgery, typically every hour for the first 24 hours. This level of vigilance allows healthcare providers to assess the output from the drains, observe for signs of infection, and ensure that there are no blockages or issues with the drainage system. The rationale behind this frequent monitoring is rooted in patient safety; the first 24 hours after surgery is a crucial period where complications, such as hematoma or seroma formation, may arise. Regular assessment enables timely interventions if the patient experiences unexpected changes in their condition, such as increased pain, fever, or excessive drainage. Institutions often maintain policies that delineate this frequency based on evidence-based practice, ensuring that patients receive adequate surveillance during their critical recovery phase. As for the other options, they suggest insufficient monitoring intervals that might overlook potential complications if issues arise during the early recovery stage. Keeping a consistent hourly check for the first 24 hours aligns with best practices in post-surgical care.

4. Why is it essential to perform a bladder scan for a patient who has not voided after surgery?

- A. To assess kidney function**
- B. To determine the need for catheterization**
- C. To evaluate hydration status**
- D. To identify urinary tract infections**

Performing a bladder scan for a patient who has not voided after surgery is critical because it helps to determine the need for catheterization. After surgery, patients may experience urinary retention due to various factors, such as anesthesia effects or altered fluid status. A bladder scan provides a non-invasive method to measure the volume of urine in the bladder. If the scan indicates significant bladder distention, it suggests that the patient is retaining urine and may require catheterization to relieve pressure, prevent complications, and facilitate bladder emptying. In the context of post-surgical care, timely and appropriate management of urinary retention is crucial. It helps avert potential outcomes such as bladder overdistension, urinary tract infections, or impaired kidney function. Thus, assessing the need for catheterization through a bladder scan is a vital step in ensuring the patient's overall recovery and comfort following surgery.

5. What is an appropriate order for VTE prophylaxis in a 72-year-old male patient with multiple health issues?

A. Heparin IV continuously

B. Enoxaparin (Lovenox) once daily and IPC

C. Warfarin therapy

D. Aspirin 81 mg daily

The choice of Enoxaparin (Lovenox) once daily along with intermittent pneumatic compression (IPC) represents an effective regimen for Venous Thromboembolism (VTE) prophylaxis in a patient with multiple health issues. Enoxaparin is a low molecular weight heparin that is commonly used for VTE prophylaxis, particularly in patients who are at risk due to age, immobility, or underlying health conditions. Its once-daily dosing is convenient and has been shown to be effective in reducing the incidence of VTE. Intermittent pneumatic compression devices provide mechanical prophylaxis by promoting venous return and preventing stasis in the lower extremities. Utilizing both Enoxaparin and IPC synergistically maximizes protection against thrombus formation, particularly in a patient who may have limited mobility or who is already at an elevated risk. In contrast, continuous IV Heparin is typically reserved for more critical situations, such as acute treatment of VTE or in patients undergoing certain surgeries, and may not be necessary for routine prophylaxis. Warfarin, as an oral anticoagulant, requires monitoring and may not be practical for immediate preventive measures. Aspirin, while it has some antiplatelet effects, is

6. What key information should be included in discharge teaching for a patient after laparoscopic surgery?

A. Only medication instructions

B. Activity limitations, signs of infection, and dietary modifications

C. Follow-up appointment details

D. Only physical activity instructions

Including activity limitations, signs of infection, and dietary modifications in discharge teaching after laparoscopic surgery is essential for several reasons. First, patients need to understand activity limitations to ensure they do not overexert themselves during recovery. This information helps prevent complications such as hernias, bleeding, or other adverse effects that can occur from resuming normal activities too soon. Second, educating patients about signs of infection is critical because postoperative infections can lead to severe complications if not recognized and addressed promptly. Patients should be aware of symptoms such as increased redness, swelling, fever, discharge from the surgical site, or worsening pain. Lastly, discussing dietary modifications is important as certain foods or eating habits can affect healing and recovery. For instance, high-fiber diets may be recommended to prevent constipation, which can be a common concern after surgery, particularly if opioids for pain management are prescribed. While medication instructions and follow-up appointment details are also important components of post-operative care, they are not as comprehensive as the holistic approach provided with the inclusion of activity limitations, signs of infection, and dietary guidelines. This comprehensive teaching prepares patients better for a smooth recovery and empowers them to recognize and address any potential issues that may arise.

7. How should a nurse manage a patient with a suspected drug overdose?

A. Call for emergency help

B. Assess the patient's airway, breathing, and circulation first

C. Administer activated charcoal immediately

D. Monitor the patient's blood pressure

Managing a patient with a suspected drug overdose necessitates a prioritization of safety and stabilization. Assessing the patient's airway, breathing, and circulation is crucial as these are the foundational components of life support. In any emergency situation, particularly with a potential overdose, ensuring that the patient can breathe and has adequate circulation is the first step in providing care. Without a clear assessment of the airway, breathing, and circulation, interventions such as administering activated charcoal or monitoring blood pressure may be ineffective or even harmful if the patient's condition deteriorates. In the case of an overdose, there may be changes in responsiveness that affect the airway, leading to a risk of obstruction or inadequate ventilation. Immediate assessment allows for prompt identification and intervention for any life-threatening issues such as hypoxia or shock. For example, if the airway is compromised, it is vital to establish a patent airway and provide oxygenation before considering further treatments like activated charcoal, which is only beneficial if the patient is alert with a gag reflex intact. Therefore, the focus on initial assessment aligns with the fundamental principles of emergency care and ensures that critical life-support functions are stabilized before any other actions are taken.

8. What is the primary purpose of administering intravenous fluids post-operatively?

A. To ensure electrolyte balance

B. To maintain hydration and support circulation

C. To reduce infection risk

D. To enhance pain relief

The primary purpose of administering intravenous fluids post-operatively is to maintain hydration and support circulation. After surgery, patients often experience loss of fluids due to factors such as fasting before the procedure, blood loss during surgery, and potential fluid shifts in the body. Administering IV fluids helps to replace lost fluids, ensuring that the patient remains properly hydrated, which is crucial for recovery and optimal functioning of bodily systems. Furthermore, adequate hydration supports circulation by increasing blood volume, which is vital for maintaining blood pressure and delivering oxygen and nutrients to tissues. Proper circulation is essential for wound healing and overall recovery post-surgery. While electrolyte balance is important and does play a role in IV fluid administration, the more immediate goal after surgery is to ensure patient hydration and circulatory stability. This foundational support can lead to improved outcomes and faster recovery.

9. A patient with blunt force trauma and a rigid abdomen likely indicates which condition?

- A. Peritonitis**
- B. Hemorrhage**
- C. Ruptured spleen**
- D. Abdominal hernia**

In cases of blunt force trauma, a patient exhibiting a rigid abdomen is typically indicative of irritation or inflammation in the peritoneal cavity, often due to peritonitis. The rigid abdomen suggests muscle guarding, which is a reflexive response to pain or irritation in the abdomen. When assessing trauma, particularly in the context of blunt force injuries, such signs are typically associated with intra-abdominal bleeding or visceral injuries. Hemorrhage can certainly lead to peritoneal irritation, especially if there is a bleed into the abdominal cavity, causing blood to accumulate and subsequently inciting an inflammatory response. This condition can present with a rigid abdomen as the body tries to protect the area. In this context, identifying the underlying cause of the hemorrhage is crucial for diagnosis and management, which may include surgical intervention. While options like ruptured spleen or abdominal hernia could potentially lead to complications that would also result in a rigid abdomen, they are more specific and less broadly indicative compared to the general symptom of peritonitis arising from hemorrhage or other causes of blood accumulation in the abdomen. Therefore, a rigid abdomen following blunt trauma primarily suggests serious internal injury, making hemorrhage a critical concern that aligns with the signs presented.

10. 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.

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://prophecyhealthmedsurgrna.examzify.com>

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