

PROPHECY HEALTH MEDICAL SURGICAL RN A PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. In assessing a patient's pain level post-surgery, which pain scale is commonly used?**
 - A. The Visual Analog Scale (VAS)
 - B. The Numeric Rating Scale (NRS)
 - C. The Wong-Baker FACES Pain Rating Scale
 - D. Both B and C

- 2. Your patient takes regular insulin and NPH twice a day for glucose control. When should they be taught to be alert for signs of hypoglycemia?**
 - A. Late morning and early evening
 - B. Late afternoon and early morning
 - C. Midday and bedtime
 - D. Early afternoon and overnight

- 3. What procedure would you anticipate being performed for a patient with hepatitis C exhibiting signs of jaundice and a distended abdomen?**
 - A. Paracentesis
 - B. Liver biopsy
 - C. Anti-viral therapy
 - D. Ultrasound examination

- 4. How do you assess a patient's level of consciousness?**
 - A. Use the Glasgow Coma Scale
 - B. Use the AVPU scale (Alert, Verbal, Pain, Unresponsive)
 - C. Conduct a reflex test
 - D. Perform a mini-mental state examination

- 5. Before entering a room with a patient on contact precautions for active MRSA, what PPE should be worn?**
 - A. Mask and gloves
 - B. Surgical cap and gloves
 - C. Gown and gloves
 - D. Gown, gloves, and mask

- 6. Which of the following interventions is appropriate for a patient at risk for malnutrition?**
- A. Increase fluid intake
 - B. Provide small, frequent meals
 - C. Limit calorie intake
 - D. Encourage high sugar snacks
- 7. What is an important nursing intervention to promote early ambulation after surgery?**
- A. Encourage the patient to stay in bed to conserve energy
 - B. Provide walking assistance and resources
 - C. Delay ambulation until the first follow-up appointment
 - D. Focus only on respiratory exercises
- 8. What characteristics of pain might indicate a visceral source rather than somatic?**
- A. Sharp, localized pain
 - B. Deep, dull, and achy pain
 - C. Throbbing pain
 - D. Acute and stabbing pain
- 9. When is it generally appropriate to remove a patient's urinary catheter after surgery?**
- A. Immediately after surgery
 - B. Within 12 hours post-operative
 - C. Typically 24 hours post-operative, based on provider orders
 - D. After 48 hours post-operative
- 10. Which assessment finding would indicate potential respiratory distress in a post-operative patient?**
- A. Decreased heart rate
 - B. Increased work of breathing, use of accessory muscles, and cyanosis
 - C. Normal lung sounds and stable blood pressure
 - D. Improved oxygen saturation and deep breaths

Answers

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

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Explanations

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1. In assessing a patient's pain level post-surgery, which pain scale is commonly used?

- A. The Visual Analog Scale (VAS)
- B. The Numeric Rating Scale (NRS)
- C. The Wong-Baker FACES Pain Rating Scale
- D. Both B and C**

In the context of assessing a patient's pain level post-surgery, both the Numeric Rating Scale (NRS) and the Wong-Baker FACES Pain Rating Scale are widely utilized tools that effectively gauge the intensity of pain experienced by patients. The Numeric Rating Scale provides a simple and straightforward method, allowing patients to rate their pain on a scale typically from 0 to 10. This method relies on the patients' ability to understand and articulate their pain level numerically, making it suitable for most adult patients who can communicate effectively. On the other hand, the Wong-Baker FACES Pain Rating Scale is designed to accommodate patients who may have difficulty with numerical scales, such as children or those with cognitive impairments. It uses a series of faces depicting varying levels of discomfort, allowing patients to select the face that best represents their pain level. This visual representation helps in conveying pain intensity without requiring the patient to articulate it in numbers. Using both scales can provide a comprehensive assessment of pain across diverse patient populations, ensuring that the evaluation is both accurate and patient-centered. Hence, the decision to include both the Numeric Rating Scale and the Wong-Baker FACES Pain Rating Scale provides versatility in assessing pain levels post-surgery.

2. Your patient takes regular insulin and NPH twice a day for glucose control. When should they be taught to be alert for signs of hypoglycemia?

- A. Late morning and early evening
- B. Late afternoon and early morning**
- C. Midday and bedtime
- D. Early afternoon and overnight

The correct time for the patient to be alert for signs of hypoglycemia is late afternoon and early morning due to the pharmacokinetics of the insulins being used. Regular insulin has a rapid onset and is designed to cover glucose levels during meal times, typically peaking around 2 to 4 hours after administration. NPH (Neutral Protamine Hagedorn) insulin, being an intermediate-acting insulin, has a delayed onset with a peak effect around 4 to 6 hours after injection. The combination of these two types of insulin, especially when taken twice a day, increases the risk of hypoglycemia during the periods following their peak action. In the context of the dosing schedule likely used with twice-daily injections, the late afternoon would be a time when levels of NPH insulin begin to decrease, but if there's been unexpected activity or insufficient carbohydrate intake, hypoglycemia could occur. Early morning is another critical time as NPH may still be present in circulation, potentially lowering glucose levels before breakfast if the patient did not consume enough food or if there was an unaccounted factor like increased physical activity. In contrast, the other options do not align as well with this pattern of action for the insulins involved.

3. What procedure would you anticipate being performed for a patient with hepatitis C exhibiting signs of jaundice and a distended abdomen?

- A. Paracentesis**
- B. Liver biopsy
- C. Anti-viral therapy
- D. Ultrasound examination

In cases where a patient with hepatitis C presents with jaundice and abdominal distension, paracentesis is typically indicated to assess and relieve symptoms associated with fluid accumulation in the abdominal cavity, also known as ascites. This procedure involves the insertion of a needle into the abdominal cavity to remove excess fluid, which can provide immediate symptom relief and diagnostic information regarding the nature of the fluid. The presence of jaundice indicates liver dysfunction, which can lead to complications such as hepatic ascites. By performing a paracentesis, the healthcare provider can analyze the fluid for signs of infection, malignancy, or other underlying conditions, which can guide further management and treatment options. This procedure is critical in managing symptoms and contributing to the overall understanding of the patient's hepatic condition. While other options may be relevant in the broader context of hepatitis C management, they do not directly address the immediate concerns of jaundice and abdominal distension as effectively as paracentesis. For example, a liver biopsy provides vital information about liver damage but does not offer symptomatic relief. Similarly, anti-viral therapy is essential for managing hepatitis C infection but does not address acute symptoms. An ultrasound examination can assist in the diagnosis of ascites and assess liver structure, but it would

4. How do you assess a patient's level of consciousness?

- A. Use the Glasgow Coma Scale
- B. Use the AVPU scale (Alert, Verbal, Pain, Unresponsive)**
- C. Conduct a reflex test
- D. Perform a mini-mental state examination

Assessing a patient's level of consciousness is vital in evaluating their neurological status and identifying any changes that may indicate deterioration. The AVPU scale, which stands for Alert, Verbal, Pain, and Unresponsive, provides a quick and effective method for assessing responsiveness. It categorizes the patient based on their level of alertness into four distinct levels: fully alert, responding to verbal commands, responding to painful stimuli, and unresponsive. Using this scale allows healthcare providers to quickly gauge a patient's consciousness, making it especially useful in emergency situations where time is critical. It is straightforward and does not require extensive training or equipment, facilitating rapid assessments in a variety of settings. In contrast, while the Glasgow Coma Scale (GCS) is another established method of assessing consciousness, it is more detailed and often requires more time to evaluate the best responses in three areas: eye-opening, verbal response, and motor response. This complexity may not be practical in situations where immediate assessments are necessary. Reflex tests focus on the spinal reflexes and do not provide information about the level of consciousness. Similarly, the mini-mental state examination is a more comprehensive cognitive assessment tool aimed at evaluating various areas of cognitive function and is not specifically designed for assessing consciousness. Therefore

5. Before entering a room with a patient on contact precautions for active MRSA, what PPE should be worn?

- A. Mask and gloves
- B. Surgical cap and gloves
- C. Gown and gloves**
- D. Gown, gloves, and mask

When a patient is on contact precautions for active MRSA (Methicillin-Resistant Staphylococcus Aureus), it is essential to wear a gown and gloves before entering the room. This is because MRSA can be spread through direct contact with the patient or with surfaces and equipment that have been contaminated with the bacteria. Wearing a gown helps to protect the healthcare worker's clothing and skin from coming into contact with the patient or the patient's environment, while gloves provide a barrier against potential transmission through touch. The use of these two pieces of personal protective equipment ensures that health care workers maintain a clean and safe environment both for themselves and for other patients. While wearing a mask might be appropriate in certain situations, it is not a standard requirement for contact precautions unless there is a specific respiratory concern with the patient. Similarly, surgical caps are not typically necessary for contact precautions regarding MRSA. Thus, the most appropriate PPE in this scenario consists of a gown and gloves to effectively prevent the spread of infection.

6. Which of the following interventions is appropriate for a patient at risk for malnutrition?

- A. Increase fluid intake
- B. Provide small, frequent meals**
- C. Limit calorie intake
- D. Encourage high sugar snacks

Providing small, frequent meals is an appropriate intervention for a patient at risk for malnutrition because this approach can help increase overall caloric and nutrient intake in a manageable way. Individuals at risk for malnutrition may have decreased appetite, difficulty eating large meals, or gastrointestinal issues that make it challenging to consume enough nutrients at once. Smaller meals throughout the day can be more appealing and easier to tolerate, ensuring that patients receive necessary calories and nutrients without overwhelming their digestive systems. Additionally, this strategy can help stimulate appetite and make it easier for patients to include a variety of foods in their diet, thereby improving nutritional status over time. It is also a beneficial approach in various healthcare settings, particularly for individuals who may have chronic illnesses or are recovering from surgery, where nutritional support is critical for healing and recovery.

7. What is an important nursing intervention to promote early ambulation after surgery?

- A. Encourage the patient to stay in bed to conserve energy
- B. Provide walking assistance and resources**
- C. Delay ambulation until the first follow-up appointment
- D. Focus only on respiratory exercises

An important nursing intervention to promote early ambulation after surgery is to provide walking assistance and resources. Early ambulation is a critical component of postoperative care because it helps prevent complications such as deep vein thrombosis, pulmonary embolism, and respiratory issues. Assisting patients in walking helps them regain mobility, enhances circulation, and promotes deeper breathing, which can improve overall recovery time. By offering walking assistance, nurses can ensure that patients feel safe and supported as they begin to move post-surgery. This might include helping them get out of bed, providing mobility aids if necessary, and encouraging them to walk short distances. It's essential that patients are educated about the benefits of early movement and are made to feel comfortable as they start to use their muscles again. In contrast, the other choices hinder the recovery process. Encouraging the patient to stay in bed to conserve energy may lead to increased risk of complications, while delaying ambulation until a follow-up appointment prolongs immobility and its associated risks. Focusing solely on respiratory exercises neglects the benefits of full-body movement, which is crucial for optimal recovery. Thus, providing walking assistance is the most effective strategy for promoting early ambulation.

8. What characteristics of pain might indicate a visceral source rather than somatic?

- A. Sharp, localized pain
- B. Deep, dull, and achy pain**
- C. Throbbing pain
- D. Acute and stabbing pain

Visceral pain typically originates from the internal organs, and its characteristics often differ significantly from somatic pain, which comes from the skin, muscles, or joints. Deep, dull, and achy pain is indicative of a visceral source because it often reflects the nature of the irritation or damage occurring within the hollow organs or tissues. Visceral pain tends to be poorly localized and can manifest as a sense of discomfort or pressure. It may also be accompanied by autonomic symptoms, such as nausea or changes in heart rate. The deep, dull sensation is generally a result of the way the nervous system interprets signals from internal organs, which are less sensitive to pinpointed pain compared to the more acute, sharp sensations associated with somatic pain. In contrast, sharp, localized pain is more typical of somatic sources, where the pain can be easily identified and typically correlates with specific injuries or conditions. Throbbing pain usually points towards vascular issues or muscle-related pains rather than visceral. Acute and stabbing pain, while they may occur in various conditions, also lean more towards somatic causes, reflecting a more immediate and intense injury or irritation. This distinction enhances the clinician's ability to assess and manage pain effectively by determining its source and potentially guiding the diagnostic

9. When is it generally appropriate to remove a patient's urinary catheter after surgery?

- A. Immediately after surgery
- B. Within 12 hours post-operative
- C. Typically 24 hours post-operative, based on provider orders**
- D. After 48 hours post-operative

Removing a urinary catheter typically around 24 hours post-operative allows for optimal recovery and minimizes the risk of infection and bladder complications. This timeframe generally balances the need for safe postoperative monitoring of urinary output with the goal of encouraging normal bladder function. In many surgical cases, a catheter may be placed to ensure accurate urine output measurement and to manage bladder volume, especially if the patient is under general anesthesia or has had a procedure that may impact normal urinary function. By around 24 hours post-surgery, healthcare teams often evaluate the patient's condition, hydration status, and ability to void effectively before making the decision to remove the catheter. This practice aligns with evidence-based protocols and institutional guidelines aimed at reducing catheter-associated urinary tract infections and promoting patient comfort and mobility. The decision to delay removal beyond 24 hours is generally based on individual patient circumstances or specific surgical procedures, while premature removal immediately after surgery may not allow for adequate monitoring of urinary output if complications arise.

10. Which assessment finding would indicate potential respiratory distress in a post-operative patient?

- A. Decreased heart rate
- B. Increased work of breathing, use of accessory muscles, and cyanosis**
- C. Normal lung sounds and stable blood pressure
- D. Improved oxygen saturation and deep breaths

The assessment finding indicating potential respiratory distress in a post-operative patient is characterized by increased work of breathing, the use of accessory muscles, and cyanosis. These signs highlight that the patient is struggling to breathe effectively, which may be due to various factors such as anesthesia effects, pain, or fluid accumulation. Increased work of breathing suggests that the respiratory muscles are engaged more than usual to maintain adequate ventilation, often indicated by physical signs such as nasal flaring or use of neck muscles. The involvement of accessory muscles is a crucial indicator that the patient requires additional effort to breathe. Cyanosis, a bluish discoloration of the skin or mucous membranes, suggests inadequate oxygenation and is a significant warning sign of severe respiratory distress. In contrast, other options like decreased heart rate, normal lung sounds with stable blood pressure, and improved oxygen saturation with deep breaths do not indicate respiratory distress. A decreased heart rate, for instance, is typically more associated with bradycardia and may suggest other issues unrelated to breathing. Normal lung sounds and stable blood pressure generally indicate that the patient is not in acute distress. Similarly, improved oxygen saturation and deep breaths signify effective ventilation and oxygenation, which would point away from respiratory concerns. Thus, option B encapsulates the

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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