

Prophecy Medical Surgical Telemetry Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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. In the case of hypoglycemia, which of the following symptoms is most likely to occur?**
 - A. Increased thirst**
 - B. Excessive urination**
 - C. Shakiness and anxiety**
 - D. Feeling unusually tired**
- 2. What is the treatment of choice for symptomatic bradycardia?**
 - A. Beta-blocker administration**
 - B. Atropine administration**
 - C. Exercise therapy**
 - D. Cardioversion**
- 3. If a patient voids two hours after an order for a 24-hour urine collection, what should be done with that first urine?**
 - A. Stored for later analysis**
 - B. Sent to the lab immediately**
 - C. Discarded, then start the 24-hour collection**
 - D. Retained for the following day**
- 4. What is one function of telemetry monitoring?**
 - A. Determine a patient's medication history**
 - B. Continuous observation of heart rhythms**
 - C. Identify gastrointestinal issues**
 - D. Monitor oxygen levels**
- 5. What is the primary concern when a patient's potassium level is 2.5 mEq/L?**
 - A. Possible respiratory failure**
 - B. Cardiac arrhythmias**
 - C. Severe muscle pain**
 - D. Increased risk of seizures**

- 6. Which vital sign change could indicate worsening heart failure?**
- A. Increased respiratory rate**
 - B. Decreased heart rate**
 - C. Stable blood pressure**
 - D. Increased temperature**
- 7. What should the nurse do if a patient's telemetry alarm sounds for a high heart rate?**
- A. Document the alarm**
 - B. Assess the patient for signs of distress or changes in condition**
 - C. Speed up the telemetry monitoring**
 - D. Ignore the alarm**
- 8. What is a common cause of atrial fibrillation?**
- A. Increased atrial pressure or volume**
 - B. Decreased heart rate**
 - C. Hyperkalemia**
 - D. Coronary artery spasm**
- 9. In women, which unusual symptom may indicate a myocardial infarction?**
- A. Persistent headache**
 - B. Chest pain only**
 - C. Pain in the arm, neck, back or jaw**
 - D. Shortness of breath**
- 10. Which arrhythmia is characterized by a "sawtooth" pattern on an ECG?**
- A. Atrial fibrillation**
 - B. Atrial flutter**
 - C. Ventricular tachycardia**
 - D. Bradycardia**

Answers

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

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Explanations

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1. In the case of hypoglycemia, which of the following symptoms is most likely to occur?

- A. Increased thirst**
- B. Excessive urination**
- C. Shakiness and anxiety**
- D. Feeling unusually tired**

In the context of hypoglycemia, shakiness and anxiety are classic symptoms that occur due to the body's response to low blood sugar levels. When glucose levels drop, the body releases hormones such as adrenaline (epinephrine) to quickly raise blood sugar levels. This release of adrenaline can lead to physical symptoms like shakiness, palpitations, and increased anxiety as the body prepares to counteract the perceived state of low energy. These sensations serve as alerts that prompt the individual to take action, such as eating or drinking something sugary, to restore normal glucose levels. In contrast, symptoms such as increased thirst and excessive urination are more commonly associated with hyperglycemia (high blood sugar) or conditions like diabetes, where glucose spills into the urine leading to increased fluid loss. Feeling unusually tired can also occur in hypoglycemia but is less specific compared to the more immediate and telling symptoms of shakiness and anxiety, which are direct indicators of the body's acute reaction to low glucose levels.

2. What is the treatment of choice for symptomatic bradycardia?

- A. Beta-blocker administration**
- B. Atropine administration**
- C. Exercise therapy**
- D. Cardioversion**

The treatment of choice for symptomatic bradycardia is atropine administration. Atropine is an anticholinergic medication that works by blocking the actions of the vagus nerve on the heart. This action increases heart rate by inhibiting parasympathetic stimulation, which is particularly valuable in cases where the heart rate is excessively low and the patient is exhibiting symptoms such as dizziness, fatigue, or hypotension. When bradycardia is symptomatic, it signifies that the low heart rate is adversely affecting the patient's hemodynamic status, leading to these symptoms. The rapid administration of atropine can help restore an adequate heart rate and improve perfusion to vital organs, thereby alleviating these symptoms. Other treatment options like exercise therapy, while beneficial for overall cardiovascular conditioning, are not immediate solutions for symptomatic bradycardia. Cardioversion is used for certain types of tachyarrhythmias and is not appropriate for bradycardic patients. Beta-blockers, in contrast, would exacerbate bradycardia rather than provide a solution, as they also work to decrease heart rate. Thus, atropine is the most suitable choice for effectively managing symptomatic bradycardia in an acute setting.

3. If a patient voids two hours after an order for a 24-hour urine collection, what should be done with that first urine?
- A. Stored for later analysis
 - B. Sent to the lab immediately
 - C. Discarded, then start the 24-hour collection**
 - D. Retained for the following day

In the context of a 24-hour urine collection, the initial urine that the patient voids after the collection order is issued should be discarded. This is because the collection begins only after the initial voiding. The purpose of discarding this first urine is to ensure that the collected sample accurately represents the entire 24-hour period without any interference from urine that may have been produced before the collection officially began. Starting the collection after discarding the initial void ensures that all subsequent urine collected over the following 24 hours is included in the analysis, providing accurate values for parameters being measured. It is essential for maintaining the integrity of the test and obtaining reliable results. Thus, after discarding the first void, the patient can then continue to collect every subsequent void over the next 24 hours.

4. What is one function of telemetry monitoring?
- A. Determine a patient's medication history
 - B. Continuous observation of heart rhythms**
 - C. Identify gastrointestinal issues
 - D. Monitor oxygen levels

Continuous observation of heart rhythms is a critical function of telemetry monitoring. This type of monitoring involves the use of electronic devices to track a patient's heart activity in real-time, allowing healthcare providers to detect any abnormalities or changes in heart rhythm promptly. Telemetry systems can alert medical staff to issues such as arrhythmias, ischemia, or heart blocks, which are vital for making timely decisions about patient care, especially in acute or post-operative settings. The monitoring is usually performed in settings such as telemetry units or before and after surgeries where heart health is paramount. The capacity to continuously observe heart rhythms can significantly enhance patient safety and improve outcomes by enabling rapid responses to any potential cardiac events.

5. What is the primary concern when a patient's potassium level is 2.5 mEq/L?

- A. Possible respiratory failure**
- B. Cardiac arrhythmias**
- C. Severe muscle pain**
- D. Increased risk of seizures**

A potassium level of 2.5 mEq/L is an indication of severe hypokalemia, which can significantly affect the heart's electrical activity. The heart relies on a balance of electrolytes, including potassium, to maintain a stable rhythm. When potassium levels drop to such a low level, it can lead to life-threatening cardiac arrhythmias. These can manifest as changes on an electrocardiogram (ECG), including a prolonged QT interval, T wave changes, and potentially lethal arrhythmias such as ventricular tachycardia or fibrillation. Maintaining normal potassium levels is crucial for both cardiac and neuromuscular function. While low potassium can indeed impact muscle function and may cause muscle weakness or cramps, the most urgent and life-threatening complication involves the cardiovascular system. Therefore, among the listed options, the primary concern when encountering a potassium level this low is the potential for cardiac arrhythmias.

6. Which vital sign change could indicate worsening heart failure?

- A. Increased respiratory rate**
- B. Decreased heart rate**
- C. Stable blood pressure**
- D. Increased temperature**

An increased respiratory rate is an important vital sign change that can indicate worsening heart failure. In heart failure, the heart's ability to pump blood effectively is compromised, leading to fluid buildup in the lungs (pulmonary congestion). As this fluid accumulation occurs, oxygen exchange is hindered, prompting the body to compensate by increasing the respiratory rate in an attempt to enhance oxygen intake and maintain adequate oxygen levels in the bloodstream. This response can manifest as tachypnea (rapid breathing) and is a critical sign for healthcare providers to monitor in patients with heart failure. In contrast, a decreased heart rate may not directly correlate with the worsening of heart failure and can sometimes occur due to medications or changes in the autonomic nervous system, which need not reflect more severe heart failure. Stable blood pressure generally indicates that the patient's cardiovascular system is functioning relatively consistently, and may not highlight an acute change in status. Increased temperature may suggest infection or inflammation but is not a hallmark of heart failure itself. Thus, an increased respiratory rate is a key indicator of deteriorating heart function and deserves careful observation in patients with heart failure.

7. What should the nurse do if a patient's telemetry alarm sounds for a high heart rate?

- A. Document the alarm**
- B. Assess the patient for signs of distress or changes in condition**
- C. Speed up the telemetry monitoring**
- D. Ignore the alarm**

When a telemetry alarm sounds for a high heart rate, the nurse's priority is to assess the patient for signs of distress or changes in condition. This assessment is crucial because it allows the nurse to determine whether the high heart rate is an isolated incident or indicative of a more serious underlying issue. The nurse needs to check the patient's vital signs, evaluate their level of consciousness, and look for symptoms such as chest pain, shortness of breath, or changes in skin color that might indicate cardiac problems or other significant health concerns. Immediate assessment is vital in guiding further interventions. Depending on the findings, the nurse may need to notify a physician, administer medications, or implement other interventions to stabilize the patient's condition. Following this, documentation of the alarm and the assessment should occur, ensuring accurate records of the patient's status and responses to the situation. In contrast, other options like documenting the alarm without assessing the patient would delay necessary care. Speeding up telemetry monitoring is not a standard intervention that would address the patient's immediate needs and ignoring the alarm could put the patient at significant risk if the arrhythmia or elevated heart rate is a sign of a more serious condition. Therefore, assessment is essential in managing patient safety in response to telemetry alarms.

8. What is a common cause of atrial fibrillation?

- A. Increased atrial pressure or volume**
- B. Decreased heart rate**
- C. Hyperkalemia**
- D. Coronary artery spasm**

Increased atrial pressure or volume is a well-recognized trigger for atrial fibrillation. When there is an elevation in atrial pressure, it can lead to both structural and electrical changes in the atrial tissues. These changes promote the development of abnormal electrical conduction pathways and can result in the disorganized electrical activity characteristic of atrial fibrillation. This is often seen in conditions such as heart failure, hypertension, and valvular heart disease, where remodeling of the atria occurs due to chronic volume overload or pressure overload. The distension of the atrial walls from increased volume can stretch the myocardium, leading to ectopic foci that initiate and sustain fibrillation. Other options, while they may be associated with cardiac conditions, do not directly lead to atrial fibrillation in the same way. For instance, decreased heart rate is generally not a cause but rather is more commonly seen in bradyarrhythmic conditions. Hyperkalemia can affect cardiac function and may lead to other arrhythmias, but it is not a primary cause of atrial fibrillation. Similarly, coronary artery spasm can cause ischemic events and angina but does not directly result in atrial fibrillation. Understanding these nuances highlights why increased atr

9. In women, which unusual symptom may indicate a myocardial infarction?

- A. Persistent headache**
- B. Chest pain only**
- C. Pain in the arm, neck, back or jaw**
- D. Shortness of breath**

In women, myocardial infarction can present with atypical symptoms compared to the classic presentation often associated with men. While chest pain is commonly recognized as a key symptom of a heart attack, it is important to note that women may experience less recognizable signs. One of the unusual symptoms that may indicate a myocardial infarction in women is pain in the arm, neck, back, or jaw. These symptoms can often be mistaken for other conditions, which can lead to delays in seeking treatment. The pain in these areas may arise from the same nerve pathways that convey heart pain, leading to referred pain. Women might describe this discomfort as radiating, and in some cases, it can happen without the typical chest pain that is more widely associated with heart attacks. Recognizing this pattern is crucial for early diagnosis and intervention, particularly since women tend to present with more subtle signs and symptoms during a myocardial infarction. Other symptoms might also be important, such as shortness of breath or persistent headache, but they are not considered unusual indicators of myocardial infarction in the same way that referred pain in these specific areas is. Thus, identifying pain in the arm, neck, back, or jaw as a symptom can be a vital step in timely treatment for a cardiac event in

10. Which arrhythmia is characterized by a "sawtooth" pattern on an ECG?

- A. Atrial fibrillation**
- B. Atrial flutter**
- C. Ventricular tachycardia**
- D. Bradycardia**

Atrial flutter is characterized by a distinct "sawtooth" pattern on an ECG, often described as "F-waves." This pattern typically occurs in a regular rhythm and can be observed as a series of sharp peaks resembling a sawtooth. The appearance of these waves is due to a rapid reentrant circuit in the right atrium, and it is commonly seen at a rate of around 300 beats per minute. Atrial flutter can lead to inefficient atrial contraction and associated complications such as thrombus formation, especially if the flutter persists. In this context, while atrial fibrillation may present as an irregularly irregular rhythm on an ECG, it does not have the sawtooth appearance and is characterized by chaotic atrial electrical activity. Ventricular tachycardia displays wide and bizarre QRS complexes but lacks the definite sawtooth pattern of atrial flutter. Bradycardia, defined as a slower than normal heart rate, does not have a specific pattern attributed to it and is not associated with the sawtooth appearance seen in atrial flutter. Thus, the recognition of the "sawtooth" pattern is essential in identifying atrial flutter accurately in a clinical setting.

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://prophecymedsurgtelemetry.examzify.com>

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