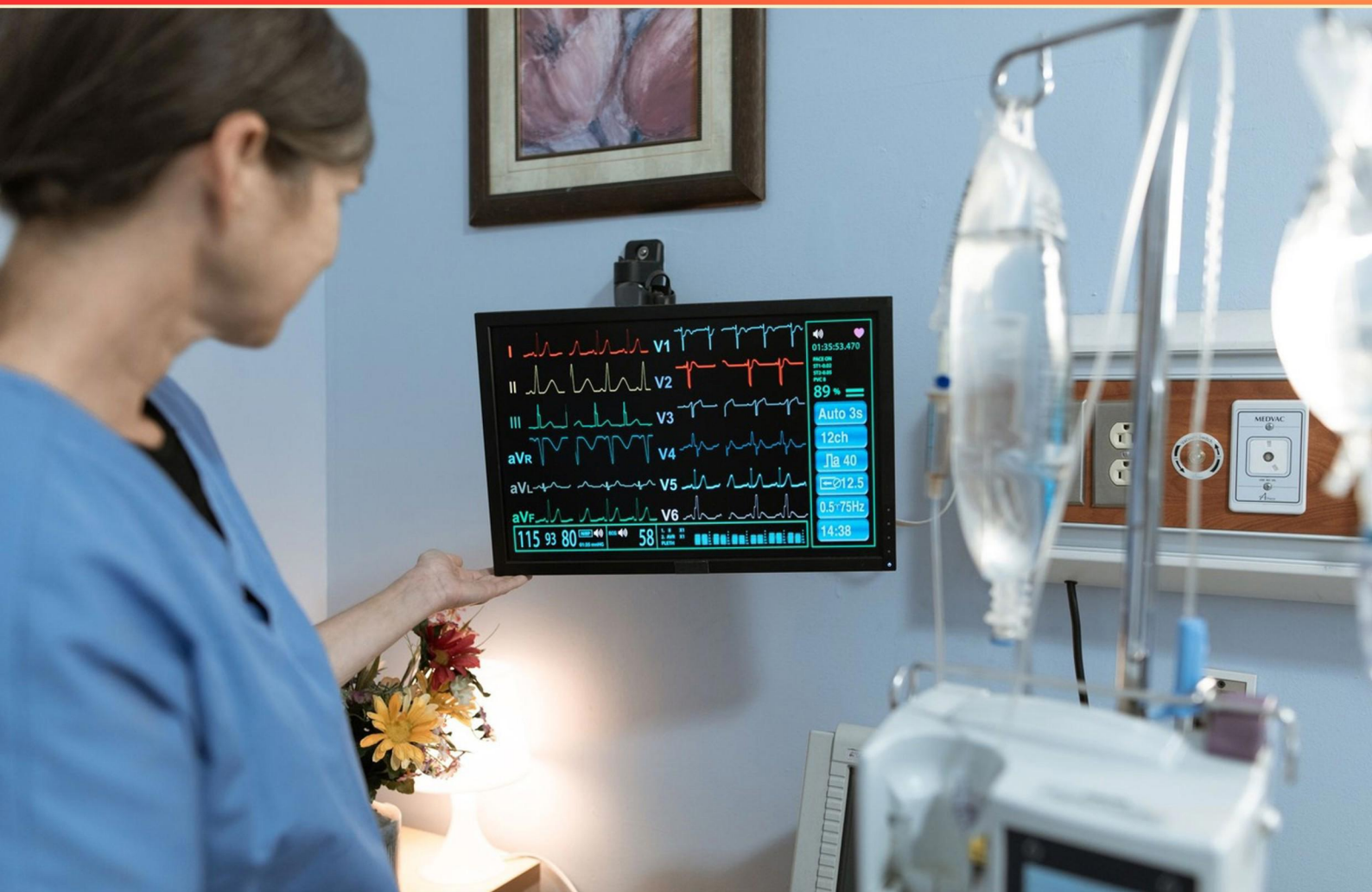


PROPHECY MEDICAL SURGICAL TELEMETRY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What is the acceptable range for a normal adult resting heart rate?**
 - A. 40 to 60 beats per minute
 - B. 60 to 100 beats per minute
 - C. 100 to 120 beats per minute
 - D. 120 to 140 beats per minute

- 2. If a patient has a DNR on file and experiences a sudden cardiac arrest, how should the nurse respond to the family wanting CPR?**
 - A. Attempt to persuade the family not to insist on CPR
 - B. Honor the patient's wishes
 - C. Initiate CPR anyway
 - D. Contact hospital legal for guidance

- 3. What potential complication can arise from untreated atrial fibrillation?**
 - A. Myocardial infarction
 - B. Stroke due to thrombus formation
 - C. Pulmonary embolism
 - D. Heart failure

- 4. Which telemetry finding may indicate a potential worsening of left ventricular function?**
 - A. Regular sinus rhythm
 - B. Persistent atrial fibrillation
 - C. Frequent premature ventricular contractions
 - D. Normal heart rate variability

- 5. Which of the following lab values is crucial for monitoring a patient with acute pancreatitis?**
 - A. Bilirubin and glucose
 - B. Albumin and potassium
 - C. Lipase and amylase
 - D. Sodium and cholesterol

- 6. Your patient was just returned from surgery with a Jackson-Pratt drain in place. What is the best nursing action?**
- A. Compress the drain, then plug the bulb to establish suction
 - B. Leave the drain open to air for drainage
 - C. Change the dressing immediately
 - D. Measure the output and report
- 7. What is the first action taken when a patient is found unresponsive and pulseless?**
- A. Initiate CPR and call for emergency assistance
 - B. Check for response and breathing
 - C. Administer oxygen immediately
 - D. Place the patient in the recovery position
- 8. What is the assessment of a cardiac strip that is described as 'unable to determine'?**
- A. Ventricular fibrillation
 - B. Atrial flutter
 - C. Sinus bradycardia
 - D. Unstable rhythm
- 9. In which scenarios would you need to apply a 12-lead ECG?**
- A. To monitor patients during surgery
 - B. To assess and diagnose suspected acute coronary syndromes
 - C. To conduct routine check-ups
 - D. For emergency drug administration
- 10. What should a nurse prioritize when caring for a patient with chest pain?**
- A. Educate the patient about heart health
 - B. Assess the patient's vital signs
 - C. Encourage deep breathing exercises
 - D. Prepare medications

Answers

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

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Explanations

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1. What is the acceptable range for a normal adult resting heart rate?

- A. 40 to 60 beats per minute
- B. 60 to 100 beats per minute**
- C. 100 to 120 beats per minute
- D. 120 to 140 beats per minute

The acceptable range for a normal adult resting heart rate is between 60 to 100 beats per minute. This range is considered standard based on extensive physiological research and clinical guidelines. A resting heart rate within this range indicates that the heart is functioning efficiently and effectively at rest, which is crucial for overall cardiovascular health. Heart rates below 60 beats per minute may be indicative of bradycardia, which can be normal in athletes or indicate an underlying health issue in others. On the other hand, a resting heart rate exceeding 100 beats per minute is classified as tachycardia and may suggest an overactive heart rate, which could be due to stress, illness, or other medical conditions. Therefore, the range of 60 to 100 beats per minute serves as a baseline for health professionals to assess an individual's cardiovascular status.

2. If a patient has a DNR on file and experiences a sudden cardiac arrest, how should the nurse respond to the family wanting CPR?

- A. Attempt to persuade the family not to insist on CPR
- B. Honor the patient's wishes**
- C. Initiate CPR anyway
- D. Contact hospital legal for guidance

The correct response in this situation is to honor the patient's wishes regarding the Do Not Resuscitate (DNR) order. A DNR is a legally binding directive that indicates a patient's preference to forgo cardiopulmonary resuscitation (CPR) in the event of cardiac arrest. Respecting this directive is essential, as it reflects the patient's autonomy and pre-established wishes regarding their medical care. When a DNR is in place, the healthcare team, including the nurse, is obligated to follow it, regardless of the family's desires. The family's insistence on CPR does not override the patient's documented wishes. By adhering to the DNR, the nurse ensures that the patient's rights and choices are upheld, which is a fundamental principle in healthcare and medical ethics. In situations like this, effective communication with the family about the DNR order, its implications, and the patient's wishes can be vital. This approach demonstrates sensitivity to the family's emotional state while also ensuring that the patient's autonomy is respected.

3. What potential complication can arise from untreated atrial fibrillation?

- A. Myocardial infarction
- B. Stroke due to thrombus formation**
- C. Pulmonary embolism
- D. Heart failure

Atrial fibrillation (AF) is a condition characterized by irregular and often rapid heart rate, which can lead to various complications if left untreated. One of the most significant risks associated with untreated AF is the potential for stroke due to thrombus formation. In AF, the chaotic electrical signals in the atria can lead to incomplete contraction of these chambers, promoting blood stagnation particularly in the left atrial appendage. This stagnation provides an ideal environment for blood clots, or thrombi, to form. If a thrombus dislodges, it can travel to the cerebral circulation, causing an obstruction that results in a stroke. The risk of stroke in patients with atrial fibrillation is notably increased and is a primary reason why anticoagulation medication is often prescribed for management. While myocardial infarction, pulmonary embolism, and heart failure are serious conditions that can be associated with various cardiac problems, they do not represent the most direct and common complication of untreated atrial fibrillation. The focus on stroke prevention is paramount in the management of AF due to the immediate and life-threatening nature of strokes that can arise from thrombus formation in this condition.

4. Which telemetry finding may indicate a potential worsening of left ventricular function?

- A. Regular sinus rhythm
- B. Persistent atrial fibrillation
- C. Frequent premature ventricular contractions**
- D. Normal heart rate variability

The presence of frequent premature ventricular contractions (PVCs) is a telemetry finding that may indicate a potential worsening of left ventricular function. PVCs are abnormal heartbeats that originate in the ventricles and can disrupt the normal rhythm of the heart. When they occur frequently, they can lead to decreased cardiac output and may signal underlying issues with the heart's ability to contract effectively. In patients with compromised left ventricular function, such as those with heart failure, the presence of frequent PVCs can contribute to a decline in cardiac efficiency and worsen the heart's ability to pump blood. This is particularly critical because it may lead to an increased risk of arrhythmias or even heart failure exacerbation. Understanding how to interpret telemetry readings is essential, as frequent PVCs could be a warning sign of deteriorating cardiac health, especially when seen in conjunction with other symptoms or findings. Monitoring and addressing the underlying causes of these PVCs is crucial to managing the patient's condition effectively.

5. Which of the following lab values is crucial for monitoring a patient with acute pancreatitis?

- A. Bilirubin and glucose
- B. Albumin and potassium
- C. Lipase and amylase**
- D. Sodium and cholesterol

Monitoring lipase and amylase levels is essential for managing a patient with acute pancreatitis as these enzymes are directly related to the condition's diagnosis and progression. Lipase is particularly important because it is released by the pancreas when it is inflamed, making elevated levels a strong indicator of acute pancreatitis. Amylase can also be elevated in this condition, although it is less specific than lipase since it can rise in other conditions as well. In acute pancreatitis, a rapid rise in these enzyme levels can help determine the severity of the condition and guide treatment decisions. Both lipase and amylase levels are routinely checked as part of the diagnostic workup and can help track the patient's response to treatment. Their values can provide insight into the state of the pancreas and help clinicians monitor for potential complications associated with acute pancreatitis.

6. Your patient was just returned from surgery with a Jackson-Pratt drain in place. What is the best nursing action?

- A. Compress the drain, then plug the bulb to establish suction**
- B. Leave the drain open to air for drainage
- C. Change the dressing immediately
- D. Measure the output and report

The best nursing action for a patient with a Jackson-Pratt drain in place is to compress the drain and then plug the bulb to establish suction. The Jackson-Pratt (JP) drain is designed to promote the removal of excess fluid from the surgical site by utilizing a vacuum created by the bulb when it is compressed. This suction aids in counting the drainage, which is crucial for tracking the patient's progress and monitoring for potential complications, such as hematoma or seroma formation. Establishing suction by compressing the bulb ensures that the drain functions optimally. This is a critical step in maintaining the effectiveness of the drain, as it allows for continuous drainage of fluid and reduces the risk of fluid accumulation at the surgical site. The focus after surgery should be on ensuring proper functionality of the drain rather than changing dressings or leaving the drain open to air, as these actions might compromise the effectiveness of the drain in removing fluid and could lead to infection or other complications. Measuring the output and reporting it is essential, but it follows after confirming that the drain is functioning properly. Therefore, compressing the drain and plugging the bulb aligns best with the care protocol for a Jackson-Pratt drain.

7. What is the first action taken when a patient is found unresponsive and pulseless?

A. Initiate CPR and call for emergency assistance

B. Check for response and breathing

C. Administer oxygen immediately

D. Place the patient in the recovery position

When a patient is found unresponsive and pulseless, initiating cardiopulmonary resuscitation (CPR) is the critical first action. This response is based on the understanding that the patient is in a life-threatening state, and immediate action is essential to try to restore circulation and breathing. CPR helps maintain blood flow to vital organs, particularly the brain and heart, during cardiac arrest. Calling for emergency assistance simultaneously ensures that professional help is on the way while the responder begins CPR. The effectiveness of CPR increases significantly when it is started quickly, as it can provide a temporary solution that may keep the patient alive until advanced medical support arrives. Checking for response and breathing comes next in the algorithm for managing an unresponsive patient, but once it is established that the patient is pulseless, immediate CPR takes precedence. Administering oxygen or placing the patient in the recovery position would be inappropriate actions prior to initiating CPR, as they do not address the immediate need to attempt to restore circulation. These latter options may be considered later, once the patient is stabilized or if they regain responsiveness.

8. What is the assessment of a cardiac strip that is described as 'unable to determine'?

A. Ventricular fibrillation

B. Atrial flutter

C. Sinus bradycardia

D. Unstable rhythm

When a cardiac strip is described as "unable to determine," it implies that the rhythm is indeterminate, which often points to a scenario where the cardiac activity is chaotic and not discernible. This condition suggests significant instability in the heart's electrical activity. When approaching a clinical scenario characterized by an "unable to determine" assessment, it aligns with characteristics of an unstable rhythm that cannot be accurately interpreted due to its erratic form. Unstable rhythms might present with a multitude of irregularities that leave the observer unable to ascertain a clear heartbeat pattern or identify specific types of arrhythmias, such as atrial flutter, which has a more defined pattern. Additionally, the described rhythm is not indicative of sinus bradycardia, which would typically present a clear pattern with a heart rate below normal limits. In the case of ventricular fibrillation, while it may be chaotic and life-threatening, it can still be characterized and identified distinctly on an ECG strip. In conclusion, the phrase "unable to determine" suggests that the rhythm is unstable, making it essential for immediate assessment and intervention, as it poses a risk to patient safety.

9. In which scenarios would you need to apply a 12-lead ECG?

- A. To monitor patients during surgery
- B. To assess and diagnose suspected acute coronary syndromes**
- C. To conduct routine check-ups
- D. For emergency drug administration

A 12-lead ECG is primarily applied to assess and diagnose suspected acute coronary syndromes due to its ability to provide a comprehensive view of the heart's electrical activity. This leads to better identification of conditions such as myocardial infarction or other abnormalities in heart rhythm and function. Each of the 12 leads offers different angles of heart activity, allowing healthcare professionals to pinpoint issues more accurately than they could with fewer leads. While monitoring patients during surgery is essential, it typically utilizes other forms of ECG monitoring that might not require all 12 leads. Routine check-ups often involve a simpler form of ECG to detect basic heart health but do not necessitate the detailed analysis that a 12-lead ECG provides. Additionally, emergency drug administration does not inherently require a 12-lead ECG unless there's a specific need to evaluate the cardiac status before administering certain medications, making it less relevant in emergency pharmacology without further context. Thus, the use of a 12-lead ECG is specifically crucial in evaluating acute coronary syndromes, justifying the selection of this scenario as the most appropriate choice.

10. What should a nurse prioritize when caring for a patient with chest pain?

- A. Educate the patient about heart health
- B. Assess the patient's vital signs**
- C. Encourage deep breathing exercises
- D. Prepare medications

Prioritizing the assessment of vital signs is crucial when caring for a patient presenting with chest pain. This is because chest pain could be a symptom of a serious condition such as myocardial infarction, angina, or another acute cardiac event. Evaluating vital signs provides immediate information regarding the patient's cardiovascular status, including heart rate, blood pressure, respiratory rate, and oxygen saturation. Monitoring vital signs enables the nurse to detect any abnormalities or deterioration in the patient's condition, which could necessitate urgent intervention. For instance, significant changes in heart rate or blood pressure may indicate a worsening cardiac event that requires immediate medical attention. While education on heart health, promoting deep breathing exercises, and preparing medications are all important elements of care, they come after ensuring the patient is stable and their vital signs are within acceptable limits. Without the foundational information gathered from assessing vital signs, it is difficult to make informed decisions about further interventions or treatments.

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!

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