

# Relias Medical Surgical Telemetry 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

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- 1. In pressure injury prevention, frequent repositioning primarily aims to:**
  - A. Increase moisture retention**
  - B. Promote healing of existing ulcer**
  - C. Reduce friction from movement**
  - D. Improve tissue perfusion**
  
- 2. In the early management of sepsis, what are the two most critical initial interventions?**
  - A. Steroid therapy**
  - B. Ventilator support**
  - C. Early broad-spectrum antibiotics and aggressive fluid resuscitation to restore perfusion**
  - D. Blood glucose control**
  
- 3. A patient with chest pain, hypotension, and clear lungs but new ST elevations. Which single medication should be avoided initially?**
  - A. Oxygen**
  - B. Nitrates if hypotensive**
  - C. Aspirin**
  - D. Morphine**
  
- 4. For a patient with a wound infection, which isolation precautions should be used?**
  - A. Airborne precautions**
  - B. Droplet precautions**
  - C. Standard precautions**
  - D. Contact precautions and hand hygiene**
  
- 5. Which of the following is a non-modifiable risk factor for coronary artery disease?**
  - A. Diet**
  - B. Smoking**
  - C. Age**
  - D. Hypertension**

- 6. Which statement best describes the essential safety measure when caring for a patient on 1:1 suicide precautions?**
- A. Maintain continuous visual contact with arm's length within the room.**
  - B. Keep patient isolated behind a closed door always.**
  - C. Allow patient privacy when engaged in activities.**
  - D. Rely on alarm devices as primary safety.**
- 7. During preparation for transfer to radiology, you find a patient in semi-Fowler's position with nasal cannula in place, telemetry box nearby, and an oxygen tank at the foot of the bed. Which item is NOT safe about this situation?**
- A. The oxygen tank laying at the foot of the bed**
  - B. Telemetry Box Next To Bed**
  - C. Nasal Cannula In Place**
  - D. Semi-Fowler's Position**
- 8. Which diagnostic finding would support a diagnosis of deep vein thrombosis?**
- A. Positive D-dimer**
  - B. Elevated troponin**
  - C. Low hemoglobin**
  - D. Abnormal chest X-ray**
- 9. Which of the following statements best describes a clinical sign of phlebitis at an IV site?**
- A. Fever and hypotension**
  - B. Numbness in the leg**
  - C. Absent redness at site**
  - D. Redness and warmth along the vein with tenderness**
- 10. A patient presents with an acute gout attack in the hand. Which medication would be a good FIRST option?**
- A. Naproxen (Aleve)**
  - B. Acetaminophen**
  - C. Allopurinol**
  - D. Colchicine**

## Answers

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

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## **Explanations**

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**1. In pressure injury prevention, frequent repositioning primarily aims to:**

- A. Increase moisture retention**
- B. Promote healing of existing ulcer**
- C. Reduce friction from movement**
- D. Improve tissue perfusion**

Relieving constant pressure on vulnerable areas restores blood flow to compressed tissues. When pressure over a bony prominence is maintained, capillaries collapse, tissue becomes ischemic, cells risk dying, and ulcers can form or worsen. By repositioning regularly, you redistribute pressure, allow perfusion to return, and prevent ischemic injury. While reducing friction and shear and keeping skin dry are helpful, the primary goal in prevention is to improve tissue perfusion. Moisture retention and healing an existing ulcer are not the main preventive aims.

**2. In the early management of sepsis, what are the two most critical initial interventions?**

- A. Steroid therapy**
- B. Ventilator support**
- C. Early broad-spectrum antibiotics and aggressive fluid resuscitation to restore perfusion**
- D. Blood glucose control**

Early sepsis management hinges on stopping the infection and restoring perfusion to prevent organ failure. The two most critical initial steps are administering broad-spectrum antibiotics as soon as sepsis is suspected and starting aggressive intravenous fluid resuscitation to restore intravascular volume and tissue perfusion. Antibiotics address the underlying source of infection and have a strong impact on survival when given promptly; delays increase mortality. They should be started as soon as possible and broadened to cover likely pathogens, with de-escalation guided by culture results as available. Fluid resuscitation targets low perfusion due to vasodilation and capillary leak. Crystalloids are commonly used, with the goal of rapidly improving mean arterial pressure and organ perfusion. These priorities take precedence because they directly impact the circulatory collapse driving organ dysfunction in sepsis. Steroid therapy, ventilator support, and strict glucose control may be necessary later or in specific scenarios, but they are not the two immediate interventions that confer the greatest early survival benefit.

**3. A patient with chest pain, hypotension, and clear lungs but new ST elevations. Which single medication should be avoided initially?**

**A. Oxygen**

**B. Nitrates if hypotensive**

**C. Aspirin**

**D. Morphine**

In this scenario the key idea is hemodynamic safety in STEMI. Nitrates lower preload by venodilation. When blood pressure is already low, pulling more blood away from the heart can drop cardiac output further and reduce coronary perfusion pressure, risking worsening shock or ongoing ischemia. If right ventricular involvement is possible, preload becomes even more critical, making nitrates especially hazardous. So avoiding nitrates initially in a hypotensive STEMI patient is the safest course. Aspirin should be given for antiplatelet effect, and oxygen is used if the patient is hypoxicemic; these actions do not carry the same immediate risk to blood pressure in this context.

**4. For a patient with a wound infection, which isolation precautions should be used?**

**A. Airborne precautions**

**B. Droplet precautions**

**C. Standard precautions**

**D. Contact precautions and hand hygiene**

When a wound infection is present, the main route of transmission is contact with wound drainage or contaminated surfaces. The best approach to stop this spread is to use contact precautions, which include wearing a gown and gloves when caring for the patient or handling contaminated items, along with proper environmental cleaning and dedicated equipment as needed. Hand hygiene is the cornerstone of infection prevention and should be performed before and after patient contact and after removing gloves. This combination directly targets the way organisms from a wound can spread to staff, other patients, and the environment, making it the most effective choice for wound infections. Airborne precautions are reserved for infections that spread through tiny particles in the air and require a negative-pressure room and respirators. Droplet precautions are for infections transmitted by larger droplets and require a mask within close proximity. Standard precautions are used for all patients, but when there is a wound infection with potential contact transmission, adding contact precautions provides the necessary protection.

**5. Which of the following is a non-modifiable risk factor for coronary artery disease?**

- A. Diet**
- B. Smoking**
- C. Age**
- D. Hypertension**

Age is a non-modifiable risk factor for coronary artery disease because you can't change a person's age, and risk naturally rises with advancing years due to cumulative arterial changes and vascular aging. In practice, the higher risk associated with age reflects long-term exposure to atherosclerotic processes, not something we can alter. The other factors listed are modifiable. Diet, smoking, and hypertension can be addressed through lifestyle changes, medications, or both to reduce risk. For example, quitting smoking, adopting a heart-healthy diet, and achieving blood pressure control can meaningfully lower the likelihood of developing or worsening coronary artery disease. In patient assessment, recognize age as a fixed risk, while actively targeting modifiable factors to lower overall risk.

**6. Which statement best describes the essential safety measure when caring for a patient on 1:1 suicide precautions?**

- A. Maintain continuous visual contact with arm's length within the room.**
- B. Keep patient isolated behind a closed door always.**
- C. Allow patient privacy when engaged in activities.**
- D. Rely on alarm devices as primary safety.**

Continuous, direct observation of the patient is essential. Being within arm's reach and keeping the patient in sight at all times allows you to intervene immediately if mood or behavior changes, remove or secure any objects that could be used for self-harm, and continually reassess risk. Safety takes precedence over privacy in this setting, so you don't isolate the patient behind a closed door or rely on alarms as the primary protection. Privacy during activities can be respected only if it does not compromise supervision, but the main safeguard is the nurse's constant presence and visual contact.

**7. During preparation for transfer to radiology, you find a patient in semi-Fowler's position with nasal cannula in place, telemetry box nearby, and an oxygen tank at the foot of the bed. Which item is NOT safe about this situation?**

**A. The oxygen tank laying at the foot of the bed**

**B. Telemetry Box Next To Bed**

**C. Nasal Cannula In Place**

**D. Semi-Fowler's Position**

Oxygen safety is the main idea here. An oxygen cylinder placed at the foot of the bed is easily knocked or kicked during a transfer to radiology. If the tank tips or the regulator or tubing is disturbed, you can get a rapid release of oxygen and a potential fire risk in an environment with imaging equipment and staff moving around. For a safe transfer, the oxygen cylinder should be secured in a holder or kept out of the transfer path so it cannot be bumped. The other items—telemetry equipment, nasal cannula, and the patient's semi-Fowler's position—are not inherently hazardous to the transfer when managed properly, though tubing should always be arranged to prevent tugging or entanglement.

**8. Which diagnostic finding would support a diagnosis of deep vein thrombosis?**

**A. Positive D-dimer**

**B. Elevated troponin**

**C. Low hemoglobin**

**D. Abnormal chest X-ray**

A positive D-dimer supports deep vein thrombosis because D-dimer is a fragment produced when a clot is being broken down by the body. When a thrombus forms, the body activates fibrinolysis and releases D-dimer into the blood; a test that detects it is very sensitive for clot presence. In the right clinical context, a positive result raises the probability of a DVT and prompts definitive imaging, typically a leg venous duplex ultrasound, to confirm the diagnosis. It's important to remember that D-dimer can be elevated for many reasons, so a positive result isn't conclusive on its own, but it's the best single finding among the options for supporting a DVT diagnosis. Elevated troponin points to heart muscle injury, such as a myocardial infarction, and does not indicate a venous clot. Low hemoglobin reflects anemia, not thrombosis. An abnormal chest X-ray may show lung or heart issues but does not diagnose DVT.

**9. Which of the following statements best describes a clinical sign of phlebitis at an IV site?**

- A. Fever and hypotension**
- B. Numbness in the leg**
- C. Absent redness at site**
- D. Redness and warmth along the vein with tenderness**

Phlebitis at an IV site is an inflammation of the vein, so the characteristic signs are local inflammatory changes along the vein, especially redness (erythema) and warmth with tenderness over the vein. This combination reflects irritation and inflammation from the IV catheter. The option describing redness and warmth along the vein with tenderness best fits this picture because it shows the localized vein involvement. Fever and hypotension would suggest a systemic issue rather than localized vein inflammation. Numbness isn't related to phlebitis, and absence of redness would contradict the presence of vein inflammation.

**10. A patient presents with an acute gout attack in the hand. Which medication would be a good FIRST option?**

- A. Naproxen (Aleve)**
- B. Acetaminophen**
- C. Allopurinol**
- D. Colchicine**

When a patient has an acute gout attack, the priority is rapid relief of inflammation and pain in the affected joint. NSAIDs are first-line because they directly blunt the inflammatory process in the joint by inhibiting prostaglandin synthesis, which reduces both swelling and pain quickly. Naproxen is a good choice for this initial management because of its strong anti-inflammatory effect and rapid relief of symptoms in an acute flare. Starting urate-lowering therapy like allopurinol during an acute attack isn't helpful for the current flare and can even worsen symptoms by mobilizing crystals. Acetaminophen can help with pain but doesn't address inflammation, so it's less effective as a sole treatment for an inflammatory gout attack. Colchicine is another option, but it carries gastrointestinal and other side effects and is generally considered when NSAIDs aren't suitable. So, for a first option in an acute gout attack, an NSAID such as naproxen is the most appropriate choice.

## 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://reliasmedsurgtelemetryrna.examzify.com>**

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

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