

RELIAS MEDICAL SURGICAL TELEMETRY RN A PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. During mechanical ventilation, what tidal volume is generally recommended to minimize volutrauma in adults?**
 - A. About 8 mL/kg
 - B. About 10 mL/kg
 - C. About 12 mL/kg
 - D. About 6 mL/kg PBW

- 2. An 80-year-old patient with pneumonia and a history of heart failure is on scheduled furosemide and IV antibiotics. What are they at the highest risk for?**
 - A. Falls
 - B. Pneumonia Progression
 - C. Infection Spread
 - D. Renal Failure

- 3. What care bundle elements reduce central line–associated bloodstream infections?**
 - A. Aseptic hand hygiene, chlorhexidine skin antisepsis, maximal barrier precautions, proper line maintenance, and daily assessment for removal.
 - B. Sterile technique only.
 - C. Routine antibiotic prophylaxis for all.
 - D. No intervention.

- 4. In inferior STEMI, what is the immediate action?**
 - A. Nitrates
 - B. Oxygen
 - C. Aspirin
 - D. Activate cath lab for reperfusion

- 5. Which statement best describes how heparin therapy is typically managed in a hospital setting?**
 - A. It is typically titrated by unit/hour.
 - B. It requires no monitoring.
 - C. It is only given as a bolus.
 - D. It never interacts with other anticoagulants.

- 6. Which diuretic is commonly used to reduce preload in acute pulmonary edema?**
- A. Hydrochlorothiazide
 - B. Mannitol
 - C. Furosemide
 - D. Spironolactone
- 7. 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
- 8. Which intervention is most effective in reducing the risk of postoperative pulmonary complications?**
- A. Ambulating at least 3 times per day
 - B. Prolonged bed rest
 - C. Encouraging only light activity
 - D. Limiting fluids after surgery
- 9. A patient with hepatitis C presents with signs of jaundice, a taut, distended abdomen, and shortness of breath. Which bedside procedure would you anticipate being performed by the provider?**
- A. Thoracentesis
 - B. Paracentesis
 - C. Abdominal ultrasound
 - D. Liver biopsy
- 10. Second Degree AV Block Type 2 (Mobitz II) is characterized by what pattern?**
- A. Intermittent non-conducted P waves with a constant PR interval
 - B. Prolonged PR interval with progressively lengthening PR
 - C. Regular AV conduction with no dropped QRS
 - D. Identical P waves with normal QRS

Answers

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

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Explanations

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1. During mechanical ventilation, what tidal volume is generally recommended to minimize volutrauma in adults?

- A. About 8 mL/kg
- B. About 10 mL/kg
- C. About 12 mL/kg
- D. About 6 mL/kg PBW**

Focusing on lung-protective ventilation, the tidal volume is set to about 6 mL per kilogram of predicted body weight. This sizing keeps the alveoli from overdistending with each breath, reducing volutrauma and ventilator-induced lung injury. Using predicted body weight, rather than actual weight, ensures the volume reflects lung size rather than overall body mass. Higher tidal volumes—around 8, 10, or 12 mL/kg—increase the risk of overinflation and injury. The evidence, notably the ARDSnet trial, supports around 6 mL/kg PBW, with attention to keeping plateau pressures generally at or below 30 cm H₂O. If needed, PBW can be estimated from height (men: $50 + 0.91 \times (\text{height cm} - 152.4)$; women: $45.5 + 0.91 \times (\text{height cm} - 152.4)$).

2. An 80-year-old patient with pneumonia and a history of heart failure is on scheduled furosemide and IV antibiotics. What are they at the highest risk for?

- A. Falls**
- B. Pneumonia Progression
- C. Infection Spread
- D. Renal Failure

The main idea is that diuretic therapy in an elderly patient can cause volume depletion and orthostatic hypotension, leading to dizziness, weakness, and an increased risk of falling. Furosemide removes fluid from the body, which can lower blood pressure, especially when standing or moving from bed to chair. In an 80-year-old with pneumonia and heart failure, sensitivity to fluid shifts is higher, and dehydration or electrolyte disturbances from diuresis (like low potassium or sodium) can worsen balance and coordination. While pneumonia could worsen or antibiotics could have side effects, the immediate safety concern here is fall risk from hemodynamic instability and weakness. So preventing falls—monitoring blood pressure in different positions, ensuring slow position changes, and assessing for dehydration signs—addresses the most pressing risk in this scenario.

3. What care bundle elements reduce central line–associated bloodstream infections?

- A. Aseptic hand hygiene, chlorhexidine skin antisepsis, maximal barrier precautions, proper line maintenance, and daily assessment for removal.
- B. Sterile technique only.
- C. Routine antibiotic prophylaxis for all.
- D. No intervention.

Prevention of central line–associated bloodstream infections relies on a bundle that combines several proven practices to stop infection at multiple points in the line's life. The elements listed—aseptic hand hygiene, chlorhexidine skin antisepsis, maximal barrier precautions during insertion, proper line maintenance, and daily assessment for removal—work together to reduce infection risk. Aseptic hand hygiene lowers the chance of transferring pathogens to the catheter site; chlorhexidine for skin antisepsis decreases the skin's microbial load where the line enters; maximal barrier precautions create a sterile field during insertion to prevent introduction of organisms; proper line maintenance includes meticulous dressing care, hub disinfection before access, and routine line care to keep the surface and connections clean; and daily assessment for removal ensures the line isn't kept in place longer than needed, cutting down the dwell time that can allow infection to develop. Together, these practices address insertion, care, and timely removal—the key stages where infections can start. Sterile technique alone misses ongoing maintenance and timely removal, so it's not sufficient by itself. Routine antibiotic prophylaxis for all patients is not recommended because it hasn't shown consistent benefit and can promote resistance and other harms. No intervention would obviously fail to reduce infection risk.

4. In inferior STEMI, what is the immediate action?

- A. Nitrates
- B. Oxygen
- C. Aspirin
- D. Activate cath lab for reperfusion

In a STEMI, the priority is to promptly restore blood flow to the affected coronary artery to minimize heart muscle damage. This is true for inferior STEMI as well—the location doesn't change the need for urgent reperfusion. The fastest way to achieve this is to activate the cath lab for reperfusion, typically with PCI, so the artery can be opened as quickly as possible. If PCI isn't available within an appropriate window, thrombolysis is the alternative. Aspirin and other medications help support the treatment, but they don't by themselves save myocardium as effectively as immediate reperfusion. Oxygen is reserved for those with low oxygen saturation, and nitrates are used with caution—especially in inferior MI with possible right ventricular involvement, where hypotension can worsen with nitrates. The key action is mobilizing the team for urgent reperfusion.

5. Which statement best describes how heparin therapy is typically managed in a hospital setting?

- A. It is typically titrated by unit/hour.**
- B. It requires no monitoring.
- C. It is only given as a bolus.
- D. It never interacts with other anticoagulants.

IV heparin is managed by adjusting the infusion rate in units per hour to reach and maintain a targeted level of anticoagulation. This continuous titration is guided by frequent lab monitoring (such as aPTT or anti-Xa) because patient response to heparin varies and can change with illness, organ function, or drug interactions. This approach provides precise, patient-specific control of anticoagulation and helps balance the risk of clotting with bleeding. Bolus-only use is not the standard practice, and heparin can interact with other anticoagulants or antiplatelet therapies and requires monitoring for potential complications like bleeding or HIT.

6. Which diuretic is commonly used to reduce preload in acute pulmonary edema?

- A. Hydrochlorothiazide
- B. Mannitol
- C. Furosemide**
- D. Spironolactone

In acute pulmonary edema, the immediate goal is to lower the heart's filling pressures by reducing preload, which eases venous congestion and improves breathing. A loop diuretic given IV is the fastest way to achieve this. Furosemide acts quickly to remove excess fluid (diuresis) and, importantly in this setting, also causes venodilation, which lowers preload and pulmonary venous pressures right away. That combination makes it the most effective option for rapid relief of congestion. Hydrochlorothiazide is a slower-acting diuretic with less potent preload reduction in the acute setting. Mannitol is an osmotic agent used for different indications and can be less appropriate for reducing preload in pulmonary edema. Spironolactone is potassium-sparing and works more gradually, suitable for long-term management rather than urgent preload reduction.

7. 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.

8. Which intervention is most effective in reducing the risk of postoperative pulmonary complications?

A. Ambulating at least 3 times per day

B. Prolonged bed rest

C. Encouraging only light activity

D. Limiting fluids after surgery

Early mobilization after surgery is the most effective way to cut the risk of postoperative pulmonary problems. Ambulating several times a day promotes full chest expansion and diaphragm movement, which increases ventilation and helps keep alveoli open. It also aids in clearing secretions by improving cough effectiveness and promoting mucociliary clearance. The combination of deeper breaths, better airway clearance, and improved perfusion reduces atelectasis and pneumonia risk. Prolonged bed rest leads to shallow breathing and poor ventilation, increasing the likelihood of atelectasis and pulmonary infection. Encouraging only light activity isn't as beneficial as regular ambulation for promoting lung expansion and secretion clearance. Limiting fluids after surgery can thicken secretions and hinder their clearance, which is counterproductive to pulmonary health.

9. A patient with hepatitis C presents with signs of jaundice, a taut, distended abdomen, and shortness of breath. Which bedside procedure would you anticipate being performed by the provider?

A. Thoracentesis

B. Paracentesis

C. Abdominal ultrasound

D. Liver biopsy

Ascites from cirrhosis, often due to chronic hepatitis C, causes a taut, distended abdomen and can push on the diaphragm to worsen shortness of breath. The bedside procedure you'd anticipate is paracentesis. It directly removes ascitic fluid, which can relieve abdominal pressure and dyspnea, and provides fluid for analysis to assess the cause and risks (such as portal hypertension with a serum-ascites albumin gradient, infection risk like spontaneous bacterial peritonitis, and cell counts). Thoracentesis would target pleural fluid, not intra-abdominal fluid. An abdominal ultrasound is imaging used to assess the presence of fluid but does not by itself drain it. A liver biopsy is an invasive diagnostic procedure, not a bedside therapeutic maneuver for symptomatic ascites.

10. Second Degree AV Block Type 2 (Mobitz II) is characterized by what pattern?

A. Intermittent non-conducted P waves with a constant PR interval

B. Prolonged PR interval with progressively lengthening PR

C. Regular AV conduction with no dropped QRS

D. Identical P waves with normal QRS

Mobitz II shows intermittent non-conducted P waves with a constant PR interval on the beats that do conduct. In other words, you'll see P waves sometimes not followed by a QRS, and when a QRS does appear, the P-to-QRS interval stays the same. This pattern, with dropped beats not preceded by any gradual PR prolongation, differentiates it from Mobitz I (which has progressively lengthening PR before a dropped beat). The block in Mobitz II is typically below the AV node, making it more likely to progress to complete heart block, so it often requires pacing if the patient is symptomatic or unstable.

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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