

Surgical Skin Preparation and Draping Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 15

SAMPLE

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

SAMPLE

- 1. After the drape is in place, which parts are considered nonsterile?**
 - A. The edges or anything falling below the OR table.**
 - B. The central draped area.**
 - C. The top surface of the patient.**
 - D. The sterile surface of the table.**

- 2. Surgeons apply the surgical drapes in a prescribed order based on:**
 - A. Aseptic technique**
 - B. Surgical practice**
 - C. The patient's risk of infection**
 - D. Hospital policy**

- 3. Which product is iodine povacrylex (7% iodine)/isopropyl alcohol?**
 - A. DuraPrep**
 - B. Betadine**
 - C. ChloroPrep**
 - D. Hibiclens**

- 4. In the draping sequence, when is the procedure drape placed on the patient?**
 - A. Before the half-sheet**
 - B. Before the incise drape**
 - C. First**
 - D. Last**

- 5. Which phrase represents the two steps listed for prepping a patient for surgery?**
 - A. Catheter and Prep**
 - B. Catheter and Draping**
 - C. Prep and Sterilization**
 - D. Anesthesia and Incision**

- 6. During the cleansing process, the surgeon removes all foreign material and trims away devitalized tissue called:**
- A. Trauma**
 - B. Cardiac/vascular**
 - C. Autograft**
 - D. Debridement**
- 7. Which item is NOT listed as a supply used to surgically prep the eye?**
- A. Adhesive barrier drape**
 - B. Otic shield**
 - C. Eye sponges**
 - D. Small basins with saline solution and prep solution**
- 8. Which agent has been linked to hearing loss when accidentally introduced into the inner ear?**
- A. Alcohols**
 - B. Chlorhexidine gluconate (CHG)**
 - C. Hexachlorophene**
 - D. Iodophors**
- 9. Duraprep is categorized as which form?**
- A. Paint**
 - B. Spread**
 - C. Gel**
 - D. Powder**
- 10. Which antiseptic is extremely flammable and volatile?**
- A. Iodophors**
 - B. Alcohols**
 - C. Chlorhexidine gluconate (CHG)**
 - D. Hexachlorophene**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. After the drape is in place, which parts are considered nonsterile?

- A. The edges or anything falling below the OR table.**
- B. The central draped area.**
- C. The top surface of the patient.**
- D. The sterile surface of the table.**

Establishing a sterile field relies on drapes creating a boundary that separates sterile from nonsterile areas. Once in place, the area contained by the sterile drapes and the surfaces that contact sterile instruments and the patient within that draped zone are considered sterile. The edges of the drapes and anything that falls below the operating room table are outside this boundary, because they can contact nonsterile surfaces and are not protected by the drape barrier. Therefore, those parts are nonsterile.

2. Surgeons apply the surgical drapes in a prescribed order based on:

- A. Aseptic technique**
- B. Surgical practice**
- C. The patient's risk of infection**
- D. Hospital policy**

Sealed, sterile barriers are the cornerstone of the operating room, so the draping sequence is guided by aseptic technique. The goal is to keep the surgical field uncontaminated, which means applying drapes in a way that prevents transfer of microorganisms from nonsterile areas to the incision area and from one drape to another. This is achieved by handling drapes in a sterile manner and placing them so the cleanest area is closest to the incision and the sterile field is maintained at all times. Hospital policy or general surgical practice may outline steps, and patient infection risk influences broader precautions, but the order itself is driven by the need to preserve sterility through aseptic technique.

3. Which product is iodine povacrylex (7% iodine)/isopropyl alcohol?

- A. DuraPrep**
- B. Betadine**
- C. ChloraPrep**
- D. Hibiclens**

The concept here is recognizing an alcohol-based iodine antiseptic by its active ingredient and vehicle. Iodine povacrylex is an iodophore that releases iodine for broad-spectrum antimicrobial action, and when paired with isopropyl alcohol it provides rapid drying and quick antimicrobial effect on the skin. Among common preoperative skin preparations, the product that combines iodine povacrylex (7% iodine) with isopropyl alcohol is DuraPrep. Betadine is a povidone-iodine solution, but it's typically aqueous, not alcohol-based. ChloraPrep uses chlorhexidine in alcohol, not iodine. Hibiclens uses chlorhexidine in aqueous solution, not iodine.

4. In the draping sequence, when is the procedure drape placed on the patient?

- A. Before the half-sheet**
- B. Before the incise drape**
- C. First**
- D. Last**

The key idea is that the sterile field is completed with a final barrier that fully encloses the area of operation. The procedure drape is placed last to seal and secure the sterile field after the site has been prepped and the initial drapes have been positioned. Placing it last prevents movement or contamination of the field during earlier steps (like laying down the half-sheet and applying the incise drape) and ensures the operative area remains protected and accessible only within the sterile boundary. If it were placed earlier, it could be disturbed by subsequent prep and draping, increasing the risk of contamination.

5. Which phrase represents the two steps listed for prepping a patient for surgery?

- A. Catheter and Prep**
- B. Catheter and Draping**
- C. Prep and Sterilization**
- D. Anesthesia and Incision**

The essential idea is that prepping a patient for surgery includes two main actions: establishing urinary drainage with a catheter and performing skin preparation. Placing a catheter helps keep the bladder empty and reduces interruptions or contamination during a longer procedure. Skin prep involves cleansing the surgical area with antiseptic to lower the microbial load before incision, which is crucial for infection control. Draping happens after this prep to create the sterile field, and sterilization applies to instruments and the environment rather than the patient's prep steps. Anesthesia and incision occur later in the process, not part of the prep. So the pairing of catheter and prep best matches the two preparatory actions described.

6. During the cleansing process, the surgeon removes all foreign material and trims away devitalized tissue called:

- A. Trauma**
- B. Cardiac/vascular**
- C. Autograft**
- D. Debridement**

Debridement is the surgical removal of foreign material and dead, nonviable tissue from a wound to create a clean wound bed that can heal. In the cleansing process, removing contaminants and nonviable tissue decreases bacterial load, prevents infection, and improves the chances for granulation and reepithelialization. That's why this option is the best match. The other terms refer to different concepts: trauma is an injury, not a procedure; cardiac/vascular denotes a specialty; autograft is tissue transplanted from the same patient. Debridement can be performed in several ways (sharp, mechanical, enzymatic, autolytic) depending on tissue viability and context.

7. Which item is NOT listed as a supply used to surgically prep the eye?

A. Adhesive barrier drape

B. Otic shield

C. Eye sponges

D. Small basins with saline solution and prep solution

The key idea is identifying which supplies are used to create and maintain a sterile field around the eye during surgical prep. Adhesive barrier drapes are used to isolate the eye area from surrounding skin, helping keep the operative field clean. Eye sponges play a role in applying antiseptic around the eyelids and lashes and in blotting away excess solution while protecting the eye itself from direct contact with prep solutions. Small basins with saline and prep solution provide a controlled way to rinse, dilute, and apply the prep agents as you work around the eye. The item that does not belong to eye prep supplies is the shield designed for the ear. An otic/ear shield is used to protect the ear or area around the ear during procedures, not for preparing the eye, so it wouldn't be listed among supplies for ocular sterile prep. So, the ear shield is the one that isn't part of the eye prepping kit.

8. Which agent has been linked to hearing loss when accidentally introduced into the inner ear?

A. Alcohols

B. Chlorhexidine gluconate (CHG)

C. Hexachlorophene

D. Iodophors

Hearing loss from substances entering the inner ear comes from ototoxicity, where the delicate cochlear hair cells and vestibular structures are damaged by chemicals. Chlorhexidine gluconate is particularly linked to this risk: if it is accidentally introduced into the inner ear, its toxic effects can cause irreversible sensorineural hearing loss. This is why CHG must be avoided in otologic contexts or near the inner ear, and why alternatives or meticulous techniques are emphasized to prevent any contact with the inner ear. While other antiseptics can be hazardous in different ways, the strongest and most documented association with inner-ear damage from accidental exposure is chlorhexidine gluconate.

9. Duraprep is categorized as which form?

A. Paint

B. Spread

C. Gel

D. Powder

The question tests how a skin prep product is delivered. Duraprep is an alcohol-based antiseptic that is applied as a thin, even coating onto the skin and allowed to dry, forming a dry film. That "paint-on" application is the defining characteristic of the paint form. It provides rapid coverage and a durable antiseptic film on the skin. It is not used as a spread (which would imply rubbing the liquid in with gauze), a gel (which is thicker and would not describe this product's typical use), or a powder (which would leave particulates and isn't how this prep is applied). So the correct form is paint.

10. Which antiseptic is extremely flammable and volatile?

- A. Iodophors**
- B. Alcohols**
- C. Chlorhexidine gluconate (CHG)**
- D. Hexachlorophene**

Alcohol-based antiseptics are extremely flammable and volatile because they contain alcohols with low flash points that evaporate rapidly, producing vapors that can ignite if exposed to an ignition source. In the operating room, this means they dry quickly and can spread vapors toward cautery, flames, or sparks. That rapid drying is a double-edged sword: it provides fast antimicrobial action and minimal residue, but requires caution to keep the area free from ignition sources until completely dry. The other antiseptics in the list rely on non-volatile mechanisms or compounds and do not produce such flammable vapors to the same extent, so they pose less flammability risk in the skin prep context.

SAMPLE

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://surgicalskinprepdraping.examzify.com>

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

SAMPLE