

SURGICAL TECHNOLOGY AND PATIENT CARE FUNDAMENTALS 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. What is the purpose of the back table in the sterile field?**
 - A. It serves as a cooling area for instruments.
 - B. It is where the patient sits pre-op.
 - C. It holds sterile instruments and supplies that are opened onto the sterile field for use during the procedure.
 - D. It is used to organize patient meals.
- 2. What must accompany the patient's signature on an informed consent form?**
 - A. The patient must sign without questions.
 - B. The surgeon's signature is sufficient.
 - C. Postoperative diet plan.
 - D. Patient or guardian signs with capacity confirmed.
- 3. How should dressings be applied and when are they typically removed?**
 - A. Dressings should be sterile and applied to protect the wound, absorb drainage, and prevent infection; removal is per surgeon's orders, often within 24-48 hours or later.
 - B. Dressings should be applied non-sterile and removed after 1 week.
 - C. Dressings should be left in place until fully healed, never removed.
 - D. Dressings are optional if the wound is clean.
- 4. What is required of surgical technologists in 24-hour care facilities?**
 - A. They must work only daytime shifts
 - B. They must not respond to emergencies
 - C. They must supervise other staff in OR
 - D. They are usually required to be on 'call'
- 5. What does the OR fire safety acronym RACE stand for?**
 - A. Rescue, Alarm, Contain/Close doors, Evacuate
 - B. Alarm, Rescue, Contain, Evacuate
 - C. Rescue, Alarm, Contain, Evacuate
 - D. Rescue, Alert, Contain, Evacuate

- 6. Which statement about a DNR order is correct?**
- A. A legal document indicating that a patient does not wish to receive cardiopulmonary resuscitation (CPR) in the event of cardiac arrest.
 - B. A schedule of ventilator settings.
 - C. An order to withhold all forms of pain relief.
 - D. A consent form for organ donation.
- 7. What defines a sentinel event in healthcare quality improvement?**
- A. A minor complication that resolves quickly
 - B. A routine outcome
 - C. A preventable, significant adverse outcome
 - D. A change in hospital policy with no patient impact
- 8. What are the classic signs of malignant hyperthermia and the immediate treatment protocol?**
- A. Rapid rise in end-tidal CO₂, tachycardia, muscle rigidity; administer dantrolene, stop triggering agents, hyperventilate with 100% oxygen, and initiate cooling
 - B. Hyperthermia with skin rash; treat with antihistamines
 - C. Slow rise in end-tidal CO₂, bradycardia; treat with cooling and fluids
 - D. Low end-tidal CO₂, hypotension; administer epinephrine
- 9. Outline the four phases of wound healing and a key event in each.**
- A. Hemostasis (clot formation); Inflammation (neutrophil infiltration); Proliferation (granulation tissue and collagen deposition); Remodeling (collagen realignment and scar maturation).
 - B. Inflammation; Healing; Maturation; Degeneration.
 - C. Debridement; Inflammation; Proliferation; Necrosis.
 - D. Vascularization; Inflammation; Healing; Fibrosis.
- 10. Which elements are included in a basic exposure control plan for bloodborne pathogens?**
- A. Post-exposure evaluation/treatment.
 - B. Training and recordkeeping.
 - C. Methods to prevent exposure; post-exposure evaluation/treatment; vaccination as available; sharps injury management; training; and recordkeeping.
 - D. Pharmacologic prophylaxis for all patients.

Answers

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

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Explanations

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1. What is the purpose of the back table in the sterile field?

- A. It serves as a cooling area for instruments.
- B. It is where the patient sits pre-op.
- C. It holds sterile instruments and supplies that are opened onto the sterile field for use during the procedure.**
- D. It is used to organize patient meals.

The back table provides the central sterile staging area for instruments and supplies that will be opened onto the sterile field for use during the procedure. It keeps sterile items organized and within easy reach, arranged in the order they'll be used, and maintains sterility as the team transfers tools to the operative field. This surface stays within the sterile field to prevent contamination, unlike areas used for patient seating or meals.

2. What must accompany the patient's signature on an informed consent form?

- A. The patient must sign without questions.
- B. The surgeon's signature is sufficient.
- C. Postoperative diet plan.**
- D. Patient or guardian signs with capacity confirmed.

Informed consent hinges on the patient's ability to understand and decide. The signature on the form must be accompanied by confirmation that the signer has capacity to consent (or that a legally authorized guardian is signing on the patient's behalf). This ensures the consent is voluntary, informed, and legally valid. A surgeon's signature alone does not replace the patient's consent, and a postoperative diet plan is unrelated to the signing of consent.

3. How should dressings be applied and when are they typically removed?

- A. Dressings should be sterile and applied to protect the wound, absorb drainage, and prevent infection; removal is per surgeon's orders, often within 24-48 hours or later.**
- B. Dressings should be applied non-sterile and removed after 1 week.
- C. Dressings should be left in place until fully healed, never removed.
- D. Dressings are optional if the wound is clean.

Dressings are applied with sterile technique to protect the wound, absorb drainage, and reduce infection risk, helping maintain an environment that supports healing. The timing of removal follows the surgeon's orders and the wound's drainage and moisture needs, typically within 24 to 48 hours but possibly longer if drainage persists or healing requires continued protection. This approach prioritizes keeping the wound clean and protected while allowing regular assessment and care adjustments. Dressings should not be non-sterile, nor left on for a fixed long period without reassessment, and they aren't optional when a wound needs protection and drainage management.

4. What is required of surgical technologists in 24-hour care facilities?

- A. They must work only daytime shifts
- B. They must not respond to emergencies
- C. They must supervise other staff in OR
- D. They are usually required to be on 'call'**

In 24-hour care facilities, being on-call is essential. Surgical technologists need to be available to respond quickly to emergencies or urgent surgeries that arise outside normal daytime hours. On-call means you stay reachable and can report to the hospital within a designated time to ensure necessary instruments, supplies, and sterile setup are ready for the case. This readiness keeps patient care continuous and safe around the clock. The other options don't fit because they imply restrictions or duties that aren't universal. Working only daytime shifts isn't the norm in facilities that operate 24/7. Not responding to emergencies contradicts the need for immediate support during after-hours cases. Supervising other staff isn't a mandatory, standard responsibility for every surgical technologist.

5. What does the OR fire safety acronym RACE stand for?

- A. Rescue, Alarm, Contain/Close doors, Evacuate**
- B. Alarm, Rescue, Contain, Evacuate
- C. Rescue, Alarm, Contain, Evacuate
- D. Rescue, Alert, Contain, Evacuate

It tests the sequence of actions you take when a fire occurs in the operating room using the RACE mnemonic. The best answer follows this order: rescue anyone in immediate danger, activate the alarm to notify others and summon help, contain the fire by closing doors to confine heat and smoke, and evacuate the area if needed once the fire is contained. Closing doors during containment is key because it creates a barrier that slows or stops the spread of fire and smoke through the building, protecting patients and staff while the situation is being controlled. Starting with alarm delays lifesaving rescue, and using a term like "alert" instead of the standard "alarm" can cause confusion in a team response. Containment is most effective when it explicitly includes closing doors, rather than keeping them open. Evacuation is the final step once containment has reduced the immediate danger.

6. Which statement about a DNR order is correct?

- A. A legal document indicating that a patient does not wish to receive cardiopulmonary resuscitation (CPR) in the event of cardiac arrest.**
- B. A schedule of ventilator settings.
- C. An order to withhold all forms of pain relief.
- D. A consent form for organ donation.

DNR orders specify resuscitation preferences when the heart stops. This is a legal directive that indicates a patient does not want CPR to be attempted if cardiac arrest occurs. It is specifically about whether to perform cardiopulmonary resuscitation, not about ventilator settings, pain relief, or organ donation. A DNR does not automatically withhold all forms of comfort care or other treatments unless there is another directive stating otherwise, and organ donation is handled by separate consents.

7. What defines a sentinel event in healthcare quality improvement?

- A. A minor complication that resolves quickly
- B. A routine outcome
- C. A preventable, significant adverse outcome**
- D. A change in hospital policy with no patient impact

A sentinel event is a patient safety event that results in death or a serious physical or psychological injury, or places the patient at risk of such harm, and is typically preventable. Because the event is preventable and has significant impact, it prompts an immediate investigation and root-cause analysis to identify failures and put system-wide changes in place to prevent recurrence. This is why describing it as a preventable, significant adverse outcome is the best fit. It's not a minor complication, not a routine outcome, and not a policy change with no patient impact.

8. What are the classic signs of malignant hyperthermia and the immediate treatment protocol?

- A. Rapid rise in end-tidal CO₂, tachycardia, muscle rigidity; administer dantrolene, stop triggering agents, hyperventilate with 100% oxygen, and initiate cooling**
- B. Hyperthermia with skin rash; treat with antihistamines
- C. Slow rise in end-tidal CO₂, bradycardia; treat with cooling and fluids
- D. Low end-tidal CO₂, hypotension; administer epinephrine

The key concept here is recognizing malignant hyperthermia by its early, unmistakable signs during anesthesia and knowing the immediate, life-saving steps to stop the reaction and support the patient. The most reliable early clue is a rapid rise in end-tidal CO₂, reflecting an abrupt increase in metabolic activity from uncontrolled calcium release in muscle cells. That hypermetabolic state also drives a fast heart rate and generalized muscle rigidity as the muscles contract vigorously. Act quickly to stop the trigger and address the cascade. Stop any triggering agents right away and summon help for a malignant hyperthermia protocol. Deliver 100% oxygen and ventilate aggressively to normalize ventilation and oxygenation. Give dantrolene as soon as possible because it directly blocks calcium release from the sarcoplasmic reticulum, halting the hypermetabolic process. The initial dose is about 2.5 mg/kg IV, and it can be repeated up to a total of roughly 10 mg/kg as needed until the signs subside. In parallel, begin cooling to control the escalating core temperature and metabolic rate, using ice packs, cooled IV fluids, and cooling blankets. Monitor and correct metabolic disturbances that accompany MH: address acidosis, manage potassium shifts, and support renal function with adequate hydration. Continuous monitoring of vital signs, ABGs, electrolytes, and CK levels guides ongoing therapy and escalation of dantrolene dosing. The other scenarios don't fit malignant hyperthermia: a fever with a skin rash points toward an allergic reaction; a slow CO₂ rise with bradycardia isn't the typical MH pattern; and low CO₂ with hypotension aligns more with other anesthetic or cardiovascular issues and not the classic MH sequence.

9. Outline the four phases of wound healing and a key event in each.

- A. Hemostasis (clot formation); Inflammation (neutrophil infiltration); Proliferation (granulation tissue and collagen deposition); Remodeling (collagen realignment and scar maturation).**
- B. Inflammation; Healing; Maturation; Degeneration.**
- C. Debridement; Inflammation; Proliferation; Necrosis.**
- D. Vascularization; Inflammation; Healing; Fibrosis.**

Wound healing progresses through four sequential, overlapping phases: hemostasis, inflammation, proliferation, remodeling. The first phase quickly stops bleeding by forming a fibrin clot that seals the wound and provides a temporary matrix for cells. The inflammatory phase follows, with neutrophils arriving to clear bacteria and debris, and then macrophages coordinating tissue repair and signaling other cells. In the proliferation phase, new tissue forms: granulation tissue develops as fibroblasts deposit collagen, new blood vessels grow (angiogenesis), and epithelial cells migrate to cover the wound. The remodeling phase then reshapes and strengthens the repair, realigning collagen fibers and maturing scar tissue as cellularity and vascularity decrease. This sequence accurately captures the standard phases and their characteristic events. Other options mix in nonstandard phases or events (like degeneration, necrosis, or mislabeling processes) that don't represent the accepted wound-healing progression.

10. Which elements are included in a basic exposure control plan for bloodborne pathogens?

- A. Post-exposure evaluation/treatment.**
- B. Training and recordkeeping.**
- C. Methods to prevent exposure; post-exposure evaluation/treatment; vaccination as available; sharps injury management; training; and recordkeeping.**
- D. Pharmacologic prophylaxis for all patients.**

A basic exposure control plan must address how to prevent exposure and what to do if exposure occurs. It includes methods to prevent exposure (engineering and work-practice controls), post-exposure evaluation and treatment, vaccination for Hepatitis B as available, sharp-injury management, ongoing training, and recordkeeping. This full set ensures both proactive protection and a clear response after any incident. The other options are incomplete. Focusing only on post-exposure care misses the preventive measures; training and recordkeeping alone omit exposure prevention, vaccination, and sharp-injury management; and pharmacologic prophylaxis for all patients isn't part of the plan—prophylaxis is used after exposure, not as a universal requirement for all patients.

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://surgicaltechptcarefundamentals.examzify.com>

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

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