

# VATI Medical-Surgical Nursing Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## **Questions**

- 1. What nursing action is essential after applying a stockinette for monitoring devices in a patient with a latex allergy?**
  - A. Monitor vital signs closely**
  - B. Check for latex residues**
  - C. Document the intervention**
  - D. Ensure a latex-free environment**
- 2. Which of the following is a manifestation of right-sided heart failure?**
  - A. Increased respiratory rate**
  - B. Increased abdominal girth**
  - C. Hypotension**
  - D. Decreased urine output**
- 3. For a client recovering from an abdominal aortic aneurysm repair, what is the priority action if fever develops three days post-surgery?**
  - A. Increase the client's fluid intake.**
  - B. Assess the surgical incision for signs of infection.**
  - C. Provide antipyretics for fever management.**
  - D. Let the provider handle it in the morning.**
- 4. Which assessment finding may indicate the presence of a deep vein thrombosis (DVT)?**
  - A. Coolness of the limb**
  - B. Redness and swelling in the affected leg**
  - C. Bradycardia**
  - D. Increased appetite**
- 5. What is the expected reference range for prealbumin levels in a healthy adult?**
  - A. 5-15 mg/dL**
  - B. 15-36 mg/dL**
  - C. 36-50 mg/dL**
  - D. 50-70 mg/dL**



- 6. What is an effective medication to reduce the risk of HIV transmission?**
- A. Antiretroviral Therapy**
  - B. Tenofovir/emtricitabine**
  - C. Penicillin**
  - D. Metronidazole**
- 7. In the context of fluid balance, what does "insensible loss" refer to?**
- A. Fluid loss that is not easily measured, such as through skin and respiration**
  - B. Fluid loss due to vomiting and diarrhea**
  - C. Fluid retention in the kidneys**
  - D. Fluid loss through invasive surgical procedures**
- 8. What should a nurse do if a client's aPTT exceeds 95 seconds while receiving heparin?**
- A. Increase the heparin infusion rate**
  - B. Stop the heparin infusion for 1 hour**
  - C. Change the IV site**
  - D. Administer an antidote immediately**
- 9. What should be the initial action if a patient develops severe hypotension after the prescription of a new medication?**
- A. Reduce the dosage of the medication**
  - B. Notify the healthcare provider immediately**
  - C. Provide fluid bolus to the patient**
  - D. Reassess the patient's vital signs**
- 10. A nurse is assessing a client who has diuretic overuse. What laboratory finding is typical in someone with hyponatremia?**
- A. High urine specific gravity**
  - B. Low urine specific gravity**
  - C. Normal urine specific gravity**
  - D. Increased sodium in urine**

## **Answers**

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

**SAMPLE**

## **Explanations**

**1. What nursing action is essential after applying a stockinette for monitoring devices in a patient with a latex allergy?**

- A. Monitor vital signs closely**
- B. Check for latex residues**
- C. Document the intervention**
- D. Ensure a latex-free environment**

Ensuring a latex-free environment is crucial after applying a stockinette for monitoring devices in a patient with a latex allergy. This action helps to prevent any allergic reactions that might occur due to accidental exposure to latex products, which can have serious health implications for individuals with such sensitivities. In a clinical setting, maintaining a supportive environment includes using latex-free supplies and ensuring that all personnel are aware of the patient's allergy. This proactive measure minimizes the risk of exposure, which is essential for the patient's safety and well-being. While monitoring vital signs and documenting interventions are important in nursing care, they do not specifically address the immediate risk associated with latex exposure. Checking for latex residues, while a reasonable consideration, is less comprehensive than the broader strategy of ensuring the entire environment is free from latex, which is a foundational aspect of managing the care of a patient with known allergies.

**2. Which of the following is a manifestation of right-sided heart failure?**

- A. Increased respiratory rate**
- B. Increased abdominal girth**
- C. Hypotension**
- D. Decreased urine output**

In right-sided heart failure, one of the primary manifestations is increased abdominal girth. This occurs due to the accumulation of fluid in the abdominal cavity, a condition known as ascites. When the right side of the heart is unable to effectively pump blood, it can lead to increased pressure in the venous system and fluid leakage into surrounding tissues. This fluid buildup in the abdomen results in noticeable swelling and an increase in abdominal size. Recognizing this symptom is crucial for diagnosis and management, as it reflects the heart's inability to handle blood returning from the body, leading to volume overload. Addressing this symptom often requires interventions to manage the underlying heart failure and reduce fluid retention, such as diuretics or dietary modifications. The other potential manifestations of heart failure may occur but are not specific or exclusive to right-sided heart failure, making increased abdominal girth a distinct indicator of this condition.

**3. For a client recovering from an abdominal aortic aneurysm repair, what is the priority action if fever develops three days post-surgery?**

- A. Increase the client's fluid intake.**
- B. Assess the surgical incision for signs of infection.**
- C. Provide antipyretics for fever management.**
- D. Let the provider handle it in the morning.**

Prioritizing the assessment of the surgical incision for signs of infection is crucial in the context of a client recovering from abdominal aortic aneurysm repair who develops a fever three days post-surgery. Fever can be an early indicator of an infection, particularly at the surgical site, which may lead to serious complications such as sepsis if not promptly addressed. After a surgical procedure, monitoring the incision is essential as infection risks increase due to factors like skin disruption and potential contamination during surgery. In this scenario, the development of fever suggests the need for immediate evaluation of the incision for redness, swelling, drainage, or other signs of infection. Identifying an infection early allows for timely intervention, such as updating the treatment plan, initiating antibiotics, or further consulting with the healthcare provider. While increasing fluid intake and providing antipyretics can be beneficial in overall management of a fever, they do not directly address the potential underlying cause. Waiting for the provider to handle the situation in the morning could delay necessary interventions and may lead to worsened outcomes if an infection is present. Prompt assessment of the incision is therefore the most critical action to ensure the client's safety and recovery.

**4. Which assessment finding may indicate the presence of a deep vein thrombosis (DVT)?**

- A. Coolness of the limb**
- B. Redness and swelling in the affected leg**
- C. Bradycardia**
- D. Increased appetite**

A deep vein thrombosis (DVT) is a condition characterized by the formation of a blood clot in a deep vein, usually in the legs. The presence of redness and swelling in the affected leg is a classic symptom associated with DVT. Inflammation and increased blood flow to the site of the clot can cause the affected area to become swollen and may lead to a change in skin color, often appearing red. The other assessment findings are less indicative of DVT. Coolness of the limb can suggest reduced blood flow, which may occur in other conditions, but is not a typical finding associated with the presence of a clot. Bradycardia, or a slower than normal heart rate, does not directly relate to the occurrence of DVT and may indicate other cardiovascular issues. Increased appetite is not a symptom associated with DVT and instead relates to gastrointestinal function, which is irrelevant in this context. Therefore, the observed redness and swelling in the leg aligns most closely with the clinical signs expected in a patient experiencing a DVT.

**5. What is the expected reference range for prealbumin levels in a healthy adult?**

- A. 5-15 mg/dL
- B. 15-36 mg/dL**
- C. 36-50 mg/dL
- D. 50-70 mg/dL

The expected reference range for prealbumin levels in a healthy adult is typically between 15-36 mg/dL. Prealbumin, also known as transthyretin, is a protein produced by the liver that is used as a marker for nutritional status and for assessing protein synthesis. It has a shorter half-life compared to other proteins, which makes it responsive to changes in nutritional intake and inflammatory states. Monitoring prealbumin levels is particularly useful in clinical settings for evaluating protein-energy malnutrition. Levels below the normal range may suggest malnutrition or hepatic dysfunction, while levels within or above the reference range indicate adequate protein intake and nutritional status. Hence, understanding this normal range is crucial for patient assessment in medical-surgical nursing.

**6. What is an effective medication to reduce the risk of HIV transmission?**

- A. Antiretroviral Therapy
- B. Tenofovir/emtricitabine**
- C. Penicillin
- D. Metronidazole

The most effective medication to reduce the risk of HIV transmission is Tenofovir/emtricitabine, which is a combination of two antiretroviral drugs known as pre-exposure prophylaxis (PrEP). This medication is administered to individuals who are at high risk of contracting HIV to significantly lower their chances of infection. When taken consistently and correctly, Tenofovir/emtricitabine can reduce the risk of sexually transmitted HIV by up to 99% in high-risk populations. Antiretroviral therapy, while essential for managing HIV in those who are already infected, is aimed at controlling the virus and preventing its transmission, rather than serving as a primary preventive measure for uninfected individuals. Penicillin is primarily an antibiotic used to treat bacterial infections and does not have any efficacy against viral infections such as HIV. Metronidazole is an antimicrobial medication used for certain bacterial and parasitic infections, but it does not have a role in the prevention or treatment of HIV. In summary, Tenofovir/emtricitabine is specifically indicated for reducing the risk of acquiring HIV in at-risk populations, making it the most effective choice for that purpose.

**7. In the context of fluid balance, what does "insensible loss" refer to?**

**A. Fluid loss that is not easily measured, such as through skin and respiration**

**B. Fluid loss due to vomiting and diarrhea**

**C. Fluid retention in the kidneys**

**D. Fluid loss through invasive surgical procedures**

Insensible loss refers to fluid loss from the body that cannot be easily quantified or measured, primarily occurring through processes such as skin evaporation and respiration. This type of fluid loss is not typically associated with conscious awareness, in contrast to other forms of fluid loss, such as that experienced during vomiting or diarrhea, which are readily observable. Insensible losses can vary based on environmental factors, such as temperature and humidity, as well as the individual's level of physical activity. Recognizing insensible fluid loss is crucial for effective fluid management, especially in clinical settings where patients may be at risk of dehydration or fluid imbalance. It is important for nurses and healthcare providers to consider this factor when assessing a patient's overall fluid status and planning care, as it can impact hydration needs and influence treatment strategies.

**8. What should a nurse do if a client's aPTT exceeds 95 seconds while receiving heparin?**

**A. Increase the heparin infusion rate**

**B. Stop the heparin infusion for 1 hour**

**C. Change the IV site**

**D. Administer an antidote immediately**

When a client's activated partial thromboplastin time (aPTT) exceeds the therapeutic range while receiving heparin, it indicates an increased risk of bleeding due to excessive anticoagulation. The appropriate nursing intervention in this scenario involves holding or stopping the heparin infusion temporarily to prevent further elevation of the aPTT and mitigate the risk of hemorrhage. In this case, stopping the heparin infusion for one hour allows for re-evaluation of the patient's coagulation status and prevents additional anticoagulation while alternative measures can be considered. It's essential to monitor the patient closely during this time and potentially prepare to recheck the aPTT after a specified duration, depending on the healthcare facility's protocols. This action aligns with standard nursing practice when dealing with anticoagulant therapy since it emphasizes patient safety and risk management. Adjustments to the infusion rate, changing the IV site, or administering an antidote would not be appropriate at this stage without first stopping the heparin to prevent further complication. The latter actions may become necessary depending on the follow-up aPTT results but are not the immediate response required when an aPTT is excessively high.



**9. What should be the initial action if a patient develops severe hypotension after the prescription of a new medication?**

- A. Reduce the dosage of the medication**
- B. Notify the healthcare provider immediately**
- C. Provide fluid bolus to the patient**
- D. Reassess the patient's vital signs**

When a patient develops severe hypotension after starting a new medication, notifying the healthcare provider immediately is crucial because it allows for a prompt assessment and intervention, which can be vital for the patient's safety. Severe hypotension may indicate a serious adverse reaction to the medication, potentially leading to inadequate perfusion of vital organs. Notifying the healthcare provider ensures that the situation is documented, and the provider can evaluate the appropriateness of continuing the medication or adjusting the treatment plan, including orders for further interventions such as administering fluids, adjusting dosages, or switching to alternative medications. While other actions like providing a fluid bolus, adjusting medication dosage, or reassessing vital signs are relevant, they may not be sufficient or appropriate without the knowledge and input of the healthcare provider, especially in scenarios where a severe adverse effect is suspected. The priority is to escalate the situation to someone who can make an informed decision based on the patient's overall clinical picture.

**10. A nurse is assessing a client who has diuretic overuse. What laboratory finding is typical in someone with hyponatremia?**

- A. High urine specific gravity**
- B. Low urine specific gravity**
- C. Normal urine specific gravity**
- D. Increased sodium in urine**

The typical laboratory finding associated with hyponatremia, especially in the context of diuretic overuse, is low urine specific gravity. This indicates a dilute urine, which is a common result of the body's attempts to compensate for low sodium levels. When the sodium concentration in the blood decreases, the kidneys may excrete more dilute urine in an effort to balance the sodium and water content in the body. In cases of diuretic overuse, there is an increased loss of sodium and water, leading to hyponatremia. The kidneys respond by producing urine with low specific gravity, reflecting the high water content relative to solutes. A low specific gravity suggests that the kidneys are not concentrating urine effectively, which aligns with the physiological response to sodium depletion. Other findings such as high urine specific gravity or increased sodium in urine would not be consistent with hyponatremia due to diuretic use; rather, they could indicate other electrolyte imbalances or kidney function issues. Thus, the low urine specific gravity is a direct result of the body's response to maintain homeostasis in the setting of low serum sodium.

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

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