

VATI MEDICAL- SURGICAL NURSING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Before taking warfarin, client education should include avoiding what?**
 - A. Vitamin C supplements
 - B. Other anticoagulants
 - C. Over-the-counter pain relievers like aspirin
 - D. High-protein foods
- 2. What is the primary goal of rehabilitation for stroke patients?**
 - A. Regaining full mobility
 - B. Maximizing functional independence
 - C. Reducing hospital readmissions
 - D. Improving nutritional status
- 3. What recent event should a nurse consider as increasing a client's risk for falls?**
 - A. The client has a history of hypertension
 - B. The client is on blood thinners
 - C. The client had cataract surgery 1 day ago
 - D. The client has diabetes
- 4. What is the expected lab finding for a patient with acute appendicitis?**
 - A. A low WBC count.
 - B. An elevated WBC count.
 - C. Normal glucose levels.
 - D. High protein levels.
- 5. When teaching a patient about diabetes management, what is critical for the patient to understand about insulin administration?**
 - A. The need to store insulin in the refrigerator
 - B. The importance of rotating injection sites to prevent lipodystrophy
 - C. The significance of taking insulin before meals only
 - D. The necessity of using large needles for injections

- 6. What dietary recommendation should a nurse make for a client with cholelithiasis?**
- A. "Include plenty of fatty desserts."
 - B. "Select desserts such as angel-food cake."
 - C. "Opt for fried foods to enhance flavor."
 - D. "Consume sugary snacks for quick energy."
- 7. What finding should a nurse report immediately for a client with a chest tube?**
- A. Fluctuation in the water seal chamber
 - B. Constant bubbling in the water seal chamber
 - C. Intermittent bubbling in the collection chamber
 - D. Absence of drainage
- 8. What should a nurse inform a client about the stool output after a colectomy with ileostomy?**
- A. The stool will be solid
 - B. The stool will have a high volume of liquid
 - C. The stool output will be minimal
 - D. The stool will be thick and paste-like
- 9. Which cardiovascular condition is characterized by chest pain due to reduced blood flow to the heart?**
- A. Myocardial Infarction
 - B. Heart Failure
 - C. Angina pectoris
 - D. Atrial Fibrillation
- 10. What is the nursing priority during a seizure?**
- A. Documenting the duration of the seizure
 - B. Ensuring the safety of the patient and protecting their airway
 - C. Administering medication immediately
 - D. Calling for assistance

Answers

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

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Explanations

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1. Before taking warfarin, client education should include avoiding what?

- A. Vitamin C supplements
- B. Other anticoagulants
- C. Over-the-counter pain relievers like aspirin**
- D. High-protein foods

The emphasis on avoiding over-the-counter pain relievers like aspirin when taking warfarin is rooted in the understanding of how these medications interact with anticoagulation therapy. Aspirin is known to have antiplatelet effects, which can enhance the bleeding risk associated with warfarin. Warfarin is an anticoagulant that works by inhibiting vitamin K-dependent clotting factors, and any substance that poses a risk of increasing bleeding can complicate therapy and result in severe adverse effects. Patients on warfarin are often advised to choose alternative pain relief options that do not carry the same bleeding risks as aspirin. Effective client education regarding the potential hazards of using such pain relievers is essential for safe management of their anticoagulation therapy. Understanding the interaction of medications and the importance of adhering to guidelines regarding supplementation, dietary choices, and additional medications is crucial for clients to maintain therapeutic INR levels while minimizing complications.

2. What is the primary goal of rehabilitation for stroke patients?

- A. Regaining full mobility
- B. Maximizing functional independence**
- C. Reducing hospital readmissions
- D. Improving nutritional status

Maximizing functional independence is the primary goal of rehabilitation for stroke patients because the focus of rehabilitation is to help individuals regain the ability to perform daily activities and improve their quality of life after a stroke. Rehabilitation seeks to enhance the patient's ability to function in their environment, which often involves various therapies aimed at improving movement, speech, and cognitive skills. While regaining full mobility is certainly a significant aspect of rehabilitation, the broader objective encompasses all dimensions of functionality, including communication, self-care, and social interaction. Therefore, prioritizing functional independence emphasizes the importance of allowing individuals to manage their own care and engage more fully in their lives post-stroke. Reducing hospital readmissions and improving nutritional status are important components of overall patient care but are not the primary focus of rehabilitation specifically related to stroke recovery. Instead, they can be viewed as outcomes of effective rehabilitation and comprehensive care.

3. What recent event should a nurse consider as increasing a client's risk for falls?

- A. The client has a history of hypertension
- B. The client is on blood thinners
- C. The client had cataract surgery 1 day ago**
- D. The client has diabetes

Cataract surgery, especially when performed just one day ago, significantly increases the risk for falls due to potential temporary changes in vision and depth perception. After such a procedure, clients may experience blurry vision, light sensitivity, or challenges in focusing, all of which can impede their ability to navigate safely. Additionally, the effects of anesthesia and any prescribed post-operative medications can further compromise balance and coordination, increasing the likelihood of a fall. Understanding the implications of recent surgical interventions, particularly on the eyes, is vital for providing appropriate care and implementing preventive measures for falls in clients recovering from such procedures.

4. What is the expected lab finding for a patient with acute appendicitis?

- A. A low WBC count.
- B. An elevated WBC count.**
- C. Normal glucose levels.
- D. High protein levels.

An elevated white blood cell (WBC) count is an expected lab finding for a patient with acute appendicitis. This increase, known as leukocytosis, typically arises as a response to the infection or inflammation associated with the condition. In acute appendicitis, the body recognizes the presence of infection, and the immune system responds by producing more white blood cells to combat the inflammatory process. While WBC counts can vary based on individual factors, a significant elevation is commonly seen and serves as an important diagnostic indicator. In conjunction with clinical symptoms such as abdominal pain, nausea, and fever, this lab finding helps healthcare providers confirm a diagnosis of appendicitis. Other lab findings, such as glucose levels and protein levels, do not typically provide relevant information specific to acute appendicitis, as they pertain to different clinical conditions. Given the typical pathophysiology of appendicitis and the body's immune response, the elevated WBC count is a key point for clinicians when assessing a patient suspected of having acute appendicitis.

5. When teaching a patient about diabetes management, what is critical for the patient to understand about insulin administration?

- A. The need to store insulin in the refrigerator
- B. The importance of rotating injection sites to prevent lipodystrophy**
- C. The significance of taking insulin before meals only
- D. The necessity of using large needles for injections

Understanding the importance of rotating injection sites is crucial for patients managing diabetes with insulin. When insulin is injected repeatedly into the same site, it can lead to lipodystrophy, a condition characterized by abnormal fat distribution and skin changes at the injection sites. This can result in uneven absorption of insulin, leading to unpredictable blood glucose levels. By rotating injection sites, patients can help ensure consistent insulin absorption and minimize the risk of skin complications. Storing insulin correctly, such as in the refrigerator, is important but not as critical as the need to rotate injection sites. While it's true that some forms of insulin should be stored properly to maintain their potency, the immediate management and effectiveness of insulin administration is more directly impacted by where it is injected. Taking insulin before meals is an important aspect of timing and dose adjustment to manage blood glucose levels effectively; however, stating it is the only important consideration is misleading, as there are other factors involved in insulin management, such as monitoring blood sugar and recognizing signs of hyperglycemia or hypoglycemia. Using large needles for injections is not necessary and can cause undue pain and discomfort. The size of the needle is usually determined by the type of insulin and the individual's comfort, with most patients successfully using smaller needles. In summary

6. What dietary recommendation should a nurse make for a client with cholelithiasis?

- A. "Include plenty of fatty desserts."
- B. "Select desserts such as angel-food cake."**
- C. "Opt for fried foods to enhance flavor."
- D. "Consume sugary snacks for quick energy."

When managing a client with cholelithiasis, which is the presence of gallstones, dietary recommendations play a crucial role in minimizing symptoms and preventing complications. The correct recommendation is to choose desserts such as angel-food cake. Angel-food cake is low in fat and does not contain heavy cream or butter, making it a suitable option for someone with cholelithiasis. A low-fat diet is often recommended for these clients to help reduce the secretion of bile, which is needed to digest fats. Reducing fat intake minimizes the risk of triggering gallbladder pain or complications associated with gallstones. In contrast, opting for fatty desserts, fried foods, or sugary snacks can exacerbate the condition by stimulating the gallbladder to secrete more bile. These high-fat and high-sugar options can lead to discomfort, increase gallbladder inflammation, or provoke gallstone attacks. Therefore, selecting a light, low-fat dessert like angel-food cake aligns well with dietary guidelines for clients with cholelithiasis.

7. What finding should a nurse report immediately for a client with a chest tube?

- A. Fluctuation in the water seal chamber
- B. Constant bubbling in the water seal chamber**
- C. Intermittent bubbling in the collection chamber
- D. Absence of drainage

Constant bubbling in the water seal chamber indicates a potential air leak in the system, which can compromise the effectiveness of the chest tube and the patient's respiratory status. This finding suggests that air is escaping into the pleural space rather than being properly drained, which can lead to increased tension in the chest cavity and potentially cause complications such as a pneumothorax. In contrast, fluctuation in the water seal chamber is a normal finding that indicates the presence of negative pressure and is expected during respiration, as it reflects the inhalation and exhalation of air. Intermittent bubbling in the collection chamber may occur when air is being evacuated from the pleural space. The absence of drainage may not be immediately critical; however, it requires monitoring, as it could indicate a blockage or that the lung has re-expanded. Therefore, constant bubbling is concerning and requires immediate notification to the healthcare provider to assess and address any issues with the chest tube system.

8. What should a nurse inform a client about the stool output after a colectomy with ileostomy?

- A. The stool will be solid
- B. The stool will have a high volume of liquid**
- C. The stool output will be minimal
- D. The stool will be thick and paste-like

After a colectomy with an ileostomy, it is important for the nurse to inform the client that the stool output will have a high volume of liquid. This is due to the fact that the ileostomy involves creating an opening in the abdominal wall for the ileum, which is the final part of the small intestine. Since the large intestine (colon) is removed, the function of water absorption is partially lost, leading to a more liquid and higher-volume output. Clients with an ileostomy may experience significant liquid loss, particularly in the initial days post-surgery, and will need to be mindful of their fluid intake to prevent dehydration. The stool output characteristics are unique in this scenario, differentiating it from other types of stomas or conditions affecting bowel output. It is crucial for clients to understand this aspect to better manage their stoma care and recognize any potential complications.

9. Which cardiovascular condition is characterized by chest pain due to reduced blood flow to the heart?

- A. Myocardial Infarction
- B. Heart Failure
- C. Angina pectoris**
- D. Atrial Fibrillation

Angina pectoris is a condition that manifests as chest pain or discomfort caused by insufficient blood flow to the heart muscle, often triggered by physical exertion or stress. This reduced blood flow usually results from a buildup of plaque in the coronary arteries, leading to ischemia, which is a temporary oxygen deprivation for the heart tissue. The pain is often described as pressure, squeezing, or a feeling of fullness in the chest and can also radiate to the shoulders, neck, or arms. Unlike myocardial infarction, where there is actual heart muscle damage due to prolonged lack of blood supply, angina is typically a reversible condition and signals that the heart is not receiving adequate oxygen during times of increased demand. Heart failure involves the heart's inability to pump effectively but does not specifically present with chest pain due to reduced blood flow. Atrial fibrillation is an irregular heart rhythm that can lead to ineffective blood flow and potential complications, but it does not directly relate to the chest pain caused by ischemia.

10. What is the nursing priority during a seizure?

- A. Documenting the duration of the seizure
- B. Ensuring the safety of the patient and protecting their airway**
- C. Administering medication immediately
- D. Calling for assistance

During a seizure, the nursing priority is ensuring the safety of the patient and protecting their airway. This is crucial because seizures can lead to a loss of muscle control, which can cause the patient to fall or injure themselves. Additionally, during a seizure, the patient may experience altered respiratory function due to loss of consciousness or muscle control, increasing the risk of airway obstruction. The immediate actions involve placing the patient in a safe position, such as side-lying, to prevent aspiration and to help keep the airway clear. This position allows any secretions to drain and reduces the possibility of choking, which is vital during such an uncontrolled episode. After ensuring safety, the nurse can then attend to other actions such as documenting the seizure's duration, calling for assistance, or preparing to administer medication if prescribed. However, these actions come after securing the patient's immediate safety, which must be the first priority during a seizure.

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://vatimedsurnursing.examzify.com>

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

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