

VATI MEDICAL- SURGICAL NURSING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://vatimedsurgnursing.examzify.com>



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. What is a clinical manifestation of malnutrition related to skin health?**
 - A. Thickened skin
 - B. Skin breakdown or ulceration
 - C. Increased hair growth
 - D. Improved wound healing
- 2. Which medication is classified as a beta-blocker?**
 - A. Atenolol
 - B. Metformin
 - C. Simvastatin
 - D. Lisinopril
- 3. When should a nurse perform a head-to-toe assessment?**
 - A. Once a day
 - B. During the admission process
 - C. Only when symptoms are present
 - D. Before discharge
- 4. What does the term "ischemia" refer to in medical terms?**
 - A. Excess blood flow to a tissue
 - B. Insufficient blood supply to a tissue
 - C. Increased heart rate
 - D. High blood pressure in arteries
- 5. In the event of esophageal variceal bleeding, what should the nurse verify first?**
 - A. Blood type and crossmatch
 - B. Presence of adequate IV access
 - C. Vital signs and level of consciousness
 - D. Order of potential blood products

- 6. 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
- 7. What is a common adverse effect to monitor for in a patient using corticosteroids such as triamcinolone?**
- A. Increased appetite
 - B. Thinning of the skin
 - C. Fluid retention
 - D. Pain at the application site
- 8. When assessing a patient for dehydration, which sign is most indicative?**
- A. Rapid heart rate
 - B. Skin turgor
 - C. Low blood pressure
 - D. Dry mucous membranes
- 9. What would be an appropriate nursing intervention for a client at risk for skin breakdown?**
- A. Encourage frequent sips of water
 - B. Apply lotion to dry skin daily
 - C. Change position every two hours
 - D. Limit patient mobility
- 10. What is an expected lab finding in a client receiving adequate hydration?**
- A. Low urine output
 - B. High urine specific gravity
 - C. Urine specific gravity within normal range
 - D. High blood urea nitrogen levels

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is a clinical manifestation of malnutrition related to skin health?

- A. Thickened skin
- B. Skin breakdown or ulceration**
- C. Increased hair growth
- D. Improved wound healing

Skin breakdown or ulceration is a clinical manifestation of malnutrition related to skin health due to the body's impaired ability to repair and maintain skin integrity. Nutritional deficiencies, particularly in protein, vitamins, and minerals, can significantly weaken the skin's structure and its healing processes. For example, inadequate protein levels lead to reduced collagen synthesis, which is vital for skin integrity and elasticity. Additionally, deficiencies in vitamins such as vitamin C can hinder the formation of new skin cells and impede wound healing. Consequently, individuals experiencing malnutrition may develop compromised skin that is more susceptible to breakdown, leading to ulceration and other skin issues. In terms of the other choices, thickened skin does not typically result from malnutrition; rather, it can occur due to overgrowth conditions or pressure-related injuries. Increased hair growth is not a sign related to malnutrition; instead, malnutrition often leads to hair thinning and loss. Improved wound healing contradicts the effects of malnutrition, as adequate nutrition is essential for timely and effective healing processes.

2. Which medication is classified as a beta-blocker?

- A. Atenolol**
- B. Metformin
- C. Simvastatin
- D. Lisinopril

Atenolol is classified as a beta-blocker, a type of medication that primarily affects the cardiovascular system by blocking the action of certain neurotransmitters such as epinephrine on beta-adrenergic receptors. This action results in a decrease in heart rate, reduced force of contraction, and a lower blood pressure, making beta-blockers useful for treating conditions such as hypertension, heart rhythm disorders, and heart failure. Additionally, beta-blockers can be beneficial in reducing anxiety and the frequency of migraines. The other medications listed have different classifications and purposes. Metformin is an oral hypoglycemic agent primarily used in the management of type 2 diabetes, simvastatin is a statin used to lower cholesterol levels and reduce cardiovascular risk, and lisinopril is an ACE inhibitor typically prescribed for hypertension and heart failure management. Each of these medications has unique mechanisms of action that differ significantly from that of beta-blockers.

3. When should a nurse perform a head-to-toe assessment?

- A. Once a day
- B. During the admission process**
- C. Only when symptoms are present
- D. Before discharge

Performing a head-to-toe assessment during the admission process is critical for establishing a comprehensive baseline of the patient's health status. This thorough assessment allows the nurse to identify any existing medical conditions, physical limitations, or abnormalities that may need immediate attention or ongoing monitoring. Conducting the assessment at admission also provides an opportunity to gather vital information from the patient or their medical history, contributing to a more tailored and effective nursing care plan. It sets the foundation for future assessments and helps to identify changes in the patient's condition over their stay. While routine assessments may be performed daily or at various other times throughout a patient's care, the admission assessment is particularly vital as it captures crucial information that will inform all subsequent care decisions.

4. What does the term "ischemia" refer to in medical terms?

- A. Excess blood flow to a tissue
- B. Insufficient blood supply to a tissue**
- C. Increased heart rate
- D. High blood pressure in arteries

Ischemia refers specifically to a condition where there is an insufficient blood supply to a tissue. This lack of blood flow can lead to a deficiency in the delivery of oxygen and nutrients that are vital for tissue health and proper functioning. As a result, tissues may become damaged or start to die if ischemia is prolonged, which can lead to serious health complications, such as myocardial infarction in the heart or ischemic stroke in the brain. In contrast to excess blood flow, ischemia is characterized by reduced or inadequate perfusion, highlighting the importance of sufficient blood supply for maintaining tissue viability. Conditions such as atherosclerosis can lead to ischemia by narrowing blood vessels, thereby limiting blood flow. Understanding this term is crucial in clinical settings, where timely recognition and intervention can help prevent severe outcomes associated with tissue ischemia.

5. In the event of esophageal variceal bleeding, what should the nurse verify first?

- A. Blood type and crossmatch
- B. Presence of adequate IV access**
- C. Vital signs and level of consciousness
- D. Order of potential blood products

In the scenario of esophageal variceal bleeding, verifying the presence of adequate IV access is crucial because it ensures that the patient can receive immediate fluids and blood products as needed. This type of bleeding can lead to significant blood loss and rapid deterioration of the patient's condition. Establishing sufficient IV access allows for the rapid administration of intravenous fluids, which is essential to maintain hemodynamic stability and perform necessary interventions. When faced with an emergency like esophageal variceal bleeding, the priority is to stabilize the patient. Having reliable IV access enables the healthcare team to quickly manage the patient's fluid and blood needs, which can be life-saving in this urgent situation. Prompt intervention and the ability to respond quickly with intravenous therapy directly impact patient outcomes in cases of significant hemorrhage. While blood type and crossmatch, assessment of vital signs and level of consciousness, and ordering blood products are important in the overall management of the patient, they are secondary to ensuring that there is adequate access for immediate therapeutic interventions.

6. 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.

7. What is a common adverse effect to monitor for in a patient using corticosteroids such as triamcinolone?

- A. Increased appetite
- B. Thinning of the skin**
- C. Fluid retention
- D. Pain at the application site

Thinning of the skin is a well-documented adverse effect associated with the long-term use of corticosteroids, including triamcinolone. This phenomenon occurs because corticosteroids can inhibit fibroblast function and the synthesis of collagen in the skin, leading to a decrease in skin thickness and structural integrity. As a result, patients may experience easy bruising, fragility, and increased susceptibility to skin tears and injury. Monitoring for this effect is particularly important in patients who use corticosteroids topically on delicate skin areas or those who are on systemic corticosteroids for an extended period. Other effects, such as increased appetite and fluid retention, can also occur with corticosteroid use, but thinning of the skin is more specific and significant in terms of its long-term impact on skin health and integrity. Pain at the application site is typically not a common adverse effect associated with corticosteroids unless there is an allergic reaction or irritation from the formulation rather than a direct consequence of the corticosteroid itself.

8. When assessing a patient for dehydration, which sign is most indicative?

- A. Rapid heart rate
- B. Skin turgor**
- C. Low blood pressure
- D. Dry mucous membranes

Skin turgor is a key indicator of hydration status, particularly in the assessment for dehydration. When a patient is dehydrated, their skin loses elasticity due to decreased water content, leading to a noticeable decrease in skin turgor. This means that if the skin is gently pinched, it will take longer to return to its normal position, often described as "tenting." While rapid heart rate, low blood pressure, and dry mucous membranes can also signify dehydration, they may be less specific signs. For instance, rapid heart rate can occur due to various causes, including fever or anxiety, and low blood pressure can be influenced by numerous factors unrelated to hydration status, such as medications. Dry mucous membranes are indicative of a decrease in fluid levels, but they can also result from other conditions, such as various illnesses. Thus, skin turgor is uniquely associated with the direct assessment of hydration and offers a practical, visual cue that nurses can observe during a physical examination, making it the most indicative sign when assessing a patient for dehydration.

9. What would be an appropriate nursing intervention for a client at risk for skin breakdown?

- A. Encourage frequent sips of water
- B. Apply lotion to dry skin daily
- C. Change position every two hours**
- D. Limit patient mobility

Changing the position of a client every two hours is a critical nursing intervention for preventing skin breakdown. This practice helps to alleviate pressure on bony prominences, which can lead to the development of pressure ulcers if sustained for prolonged periods. Regular repositioning improves circulation and oxygenation to the skin, which is essential for skin integrity, especially in individuals who may have limited mobility or other risk factors. In contrast, while encouraging frequent sips of water and applying lotion to dry skin can support overall skin health and hydration, they may not directly address the mechanical factors causing skin breakdown. Limiting patient mobility would, in fact, increase the risk of skin breakdown by promoting prolonged pressure on certain areas. Therefore, frequent repositioning is a proactive strategy specifically aimed at reducing the risk of skin injury in at-risk clients.

10. What is an expected lab finding in a client receiving adequate hydration?

- A. Low urine output
- B. High urine specific gravity
- C. Urine specific gravity within normal range**
- D. High blood urea nitrogen levels

In a client receiving adequate hydration, it is expected to find urine specific gravity within the normal range. Urine specific gravity is a measure of the concentration of solutes in the urine, and normal values typically range from 1.005 to 1.030. When the body is well-hydrated, the kidneys excrete a more dilute urine, which results in a lower specific gravity. This indicates that the kidneys are effectively filtering and excreting fluid without retaining excess solutes, reflecting good hydration status. This understanding connects to the concept of fluid balance and renal function, as adequate hydration promotes the excretion of sufficient urine volume that is neither concentrated (which would raise specific gravity) nor exceedingly dilute (which could occur in cases of overhydration or certain pathological conditions). When hydration status is optimal, the body maintains homeostasis, leading to normal laboratory values for urine specific gravity.

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://vatimedsurgnursing.examzify.com>

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

SAMPLE