

VETSKILL LEVEL 3 DIPLOMA VN06 – ANAESTHESIA AND THEATRE NURSING SKILLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. A patient with mild/localised infection would be considered which ASA grade?**
 - A. II or 2
 - B. III or 3
 - C. IV or 4
 - D. V or 5
- 2. Which option describes analgesia given before the start of surgery?**
 - A. Analgesia after the start of surgery
 - B. Analgesia during the operation
 - C. Analgesia before the start of surgery
 - D. Analgesia during recovery
- 3. Which autoclave is typically used for sterilising drapes and other materials?**
 - A. Pressure cooker style autoclaves
 - B. Vertical/Horizontal downward displacement autoclaves
 - C. A standard gravity autoclave
 - D. Vacuum assisted autoclaves
- 4. Which intervention can correct hypercapnia?**
 - A. Increase FGF rate
 - B. Increase inspired oxygen fraction
 - C. Decrease ventilation
 - D. Administer diuretics
- 5. What is the ventilation rate during CPR when using a manual bag ventilator?**
 - A. 6 breaths per minute
 - B. 8 breaths per minute
 - C. 10 breaths per minute
 - D. 12 breaths per minute

- 6. What forceps are used to remove inward growing eyelashes?**
- A. Allis
 - B. Tissue forceps
 - C. Babcock
 - D. Epilation
- 7. Non-absorbable sutures are designed to remain in the body for what duration?**
- A. For a few days
 - B. A few weeks
 - C. A few months
 - D. Indefinitely
- 8. What is the function of cerebrospinal fluid?**
- A. Cushion and protect the brain and nervous tissues
 - B. Provide oxygen to neural tissue
 - C. Store metabolic wastes
 - D. Transmit nerve impulses
- 9. What type of suture material is nylon and what are the characteristics?**
- A. Non-absorbable synthetic monofilament
 - B. Absorbable synthetic monofilament
 - C. Non-absorbable synthetic multifilament
 - D. Absorbable natural monofilament
- 10. Which of the following is an example of a Kappa receptor agonist?**
- A. Naloxone
 - B. Butorphanol
 - C. Buprenorphine
 - D. Methadone

Answers

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

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Explanations

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1. A patient with mild/localised infection would be considered which ASA grade?

- A. II or 2**
- B. III or 3
- C. IV or 4
- D. V or 5

ASA grading gauges the patient's overall systemic health and how it could affect anesthesia, focusing on systemic disease burden rather than the local surgical site. A mild localized infection typically does not produce systemic symptoms or organ dysfunction, so it doesn't add significant systemic burden. In ASA terms, that falls into mild systemic disease, which is categorized as ASA II. If the infection were spreading or causing systemic signs (fever, sepsis, organ impairment), the grade would rise to higher levels. For reference, ASA I is a completely healthy patient, while ASA III and IV reflect more severe or life-threatening systemic disease.

2. Which option describes analgesia given before the start of surgery?

- A. Analgesia after the start of surgery
- B. Analgesia during the operation
- C. Analgesia before the start of surgery**
- D. Analgesia during recovery

Timing of analgesia is what this item tests. Giving analgesia before the start of surgery is preoperative (pre-emptive) analgesia. The idea is to blunt the pain signals before the surgical stimulus begins, which can reduce central sensitization and wind-up, leading to less postoperative pain and lower overall analgesic needs. In practice, this can be achieved with appropriate premedication, systemic analgesics given before incision, or local/regional techniques applied prior to the procedure. Analgesia after the start of surgery is a postoperative or intraoperative concept, and analgesia during the operation is intraoperative. Analgesia during recovery refers to analgesia given after surgery in the recovery period. Therefore, the timing described as before the start of surgery best matches preoperative analgesia.

3. Which autoclave is typically used for sterilising drapes and other materials?

- A. Pressure cooker style autoclaves
- B. Vertical/Horizontal downward displacement autoclaves
- C. A standard gravity autoclave
- D. Vacuum assisted autoclaves**

The key idea is steam penetration into porous, layered loads. Drapes and similar fabrics trap air between folds and fibers, which can block steam from reaching every surface. Vacuum-assisted autoclaves remove that air before introducing steam, so the steam can contact all parts of the load and achieve thorough sterilization. In contrast, gravity-displacement (or standard gravity) units rely on steam pushing air out by displacement, which can leave air pockets in porous materials and take longer to reach inner layers. So, for sterilizing drapes and other fabrics, a vacuum-assisted autoclave provides more reliable and efficient sterility.

4. Which intervention can correct hypercapnia?

- A. Increase FGF rate
- B. Increase inspired oxygen fraction
- C. Decrease ventilation
- D. Administer diuretics

Hypercapnia means too much CO₂ in the blood because the patient isn't removing CO₂ from the breathing circuit efficiently. In many anesthesia setups, especially circle systems, some CO₂ can be rebreathed if the fresh gas flow isn't high enough. Increasing the fresh gas flow rate helps flush CO₂ out of the circuit more quickly, reducing the amount of CO₂ the patient re-inhales and thereby lowering the arterial CO₂. This directly addresses the problem of CO₂ accumulation in the circuit. Raising the inspired oxygen fraction doesn't remove CO₂; it just increases oxygen levels. Decreasing ventilation would worsen CO₂ retention, and diuretics won't affect CO₂ elimination. So, increasing fresh gas flow rate is the most effective way among these options to correct hypercapnia.

5. What is the ventilation rate during CPR when using a manual bag ventilator?

- A. 6 breaths per minute
- B. 8 breaths per minute
- C. 10 breaths per minute
- D. 12 breaths per minute

During CPR with a manual bag, the aim is to provide enough ventilation to support oxygenation without compromising circulation. The standard target is about ten breaths per minute. This cadence lines up with delivering two breaths after every set of chest compressions (roughly 30 compressions), given a typical compression rate of about 100 per minute. That balance keeps ventilation adequate while minimizing interruptions and preventing excessive airway pressures that can hinder venous return and cardiac output. Ventilating more rapidly risks hyperventilation and higher intrathoracic pressures; too few breaths can lead to inadequate oxygen delivery.

6. What forceps are used to remove inward growing eyelashes?

- A. Allis
- B. Tissue forceps
- C. Babcock
- D. Epilation

Removing an inward-growing eyelash is done by epilation—the act of plucking the lash with fine, ophthalmic forceps. This directly removes the offending hair, giving immediate relief from irritation and can be done quickly under topical anesthesia in a veterinary setting. It's a simple, often temporary measure since lashes regrow, but it stops the lash from rubbing on the cornea or conjunctiva right away. The other forceps are not suited to this delicate task: Allis forceps are serrated and used for grasping tissue to be removed, which can damage the lid margin; tissue forceps are general-purpose and lack the precision to pull a single lash safely; Babcock forceps are atraumatic but too large for small eyelashes. So, the method of epilation with appropriate fine lash forceps is the correct approach.

7. Non-absorbable sutures are designed to remain in the body for what duration?

- A. For a few days
- B. A few weeks
- C. A few months
- D. Indefinitely**

Non-absorbable sutures are designed to stay in tissue without being broken down by the body. They provide lasting strength and support because they resist enzymatic or hydrolytic degradation, so they can remain indefinitely unless they are removed or left in permanently as part of the repair. This is in contrast to absorbable sutures, which are meant to degrade over weeks to months as the tissue heals. In practice, some non-absorbable sutures are removed after healing when they are accessible, but the material itself is intended to persist much longer than absorbables, hence the indefinite duration.

8. What is the function of cerebrospinal fluid?

- A. Cushion and protect the brain and nervous tissues**
- B. Provide oxygen to neural tissue
- C. Store metabolic wastes
- D. Transmit nerve impulses

Cerebrospinal fluid mainly serves as a protective, buoyant cushion around the brain and spinal cord. By circulating in the ventricles and subarachnoid space, it surrounds neural tissue and reduces the effective weight of the brain, protecting it from minor impacts and providing a stable environment. While CSF does help clear waste and maintain chemical balance, its primary role is physical protection and buoyancy, not supplying oxygen or transmitting nerve signals. Oxygen for neural tissue comes from blood, metabolic wastes are handled by circulation and clearance systems rather than CSF storing them, and nerve impulses are transmitted by neurons, not by CSF.

9. What type of suture material is nylon and what are the characteristics?

- A. Non-absorbable synthetic monofilament**
- B. Absorbable synthetic monofilament
- C. Non-absorbable synthetic multifilament
- D. Absorbable natural monofilament

Nylon is a non-absorbable synthetic monofilament suture. It's made from a polyamide polymer and is designed to stay in tissue long-term without breaking down. Its main advantages are high tensile strength, very low tissue reaction, and low capillarity, which helps minimize bacterial wicking. Being a monofilament means it's a single smooth strand that travels through tissue with less drag, though it can be stiffer and hold memory, which can make knot tying a bit more technique-dependent. It is not absorbed by the body, and it is a synthetic material rather than natural. That combination—non-absorbable, synthetic, and monofilament—is what defines nylon sutures.

10. Which of the following is an example of a Kappa receptor agonist?

- A. Naloxone
- B. Butorphanol**
- C. Buprenorphine
- D. Methadone

Activation of kappa opioid receptors produces analgesia with less risk of respiratory depression compared with mu receptor activation, though it can cause sedation and dysphoria. Butorphanol fits this profile because it acts as a strong kappa receptor agonist while behaving as a mu receptor antagonist or weak mu agonist. In contrast, naloxone blocks opioid receptors (primarily mu), buprenorphine is a partial mu agonist with kappa antagonism, and methadone is a full mu agonist. Therefore, butorphanol is the correct example of a kappa receptor agonist.

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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://vetskilllvl3diplomavn06.examzify.com>

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

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