

Watchful Care Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 a key step in fever management?**
 - A. Differentiate between benign and serious fever**
 - B. Escalate only if fever reaches 105F**
 - C. Assume fever is always serious**
 - D. Treat with a fixed dose regardless of age**

- 2. Which pairing of anesthesia agents was favored by the US and the UK respectively in the early history?**
 - A. UK favored chloroform; US favored ether**
 - B. UK favored ether; US favored chloroform**
 - C. US favored chloroform; UK favored ether**
 - D. US favored ether; UK favored chloroform**

- 3. Why is including family in decision-making important in watchful care?**
 - A. It is optional and rarely impacts outcomes.**
 - B. It slows decision-making and reduces safety.**
 - C. It ensures plans reflect family values, preferences, and improves adherence.**
 - D. It increases risk of bias and errors.**

- 4. During WWII, what did Fife do to promote nurse anesthesia education?**
 - A. Anonymous Recruitment Letter in Favor of Establishing Nurse Anesthesia Schools in Wartime Hospitals**
 - B. To Promote Private for-Profit Schools**
 - C. To Advocate Closing Schools During Wartime**
 - D. To Support Reducing Training Hours**

- 5. What is described as the central difference in the ASA-AANA Joint Statement?**
 - A. Difference in views of the profession between ASA and AANA**
 - B. Financial disputes between organizations**
 - C. Mergers of the organizations**
 - D. Differences in patient safety protocols**

- 6. Which action best supports continuity of care across settings?**
- A. Document conflicts and resolutions**
 - B. Hide disputes**
 - C. Rework plan without documentation**
 - D. Assign blame**
- 7. Which statement reflects Dr. John Andriani's view on recognizing CRNAs as colleagues?**
- A. He supported the measure.**
 - B. He regretted supporting the measure because he felt it conferred a collegial status on nurses to which they had no right.**
 - C. He initiated the measure.**
 - D. He opposed the measure.**
- 8. Who is traditionally known as the 'Mother of Anesthesia'?**
- A. Alice Magaw**
 - B. Dr. Charles H. Mayo**
 - C. William T.G. Morton**
 - D. James Young Simpson**
- 9. What caveat did the 1972 joint statement include about anesthesia care team?**
- A. The ideal collaboration may not be totally possible in the future.**
 - B. Collaboration would become mandatory nationwide.**
 - C. CRNAs would replace anesthesiologists.**
 - D. Teams would be dissolved.**
- 10. Who conducted the research identifying Sister Mary Bernard as the first nurse anesthetist?**
- A. Agatha Hodgins**
 - B. Mary Bernard**
 - C. Virginia S. Thatcher**
 - D. Gertrude Fife**

Answers

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

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Explanations

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1. What is a key step in fever management?

- A. Differentiate between benign and serious fever**
- B. Escalate only if fever reaches 105F**
- C. Assume fever is always serious**
- D. Treat with a fixed dose regardless of age**

Distinguishing a benign fever from a potentially serious illness shapes every step of fever management. Most fevers in healthy individuals are part of the body's fight against infection and can be managed with supportive care—hydration, rest, and safe use of fever-reducing meds as needed. By identifying red flags or high-risk situations, you know when to observe closely or pursue further evaluation and testing. Raising the concern about escalation based on a single temperature, like waiting for a fever to reach a specific high number, isn't reliable because serious illness can present with lower fevers and some conditions require urgent assessment regardless of how high the temperature climbs. Likewise, assuming all fevers are dangerous leads to unnecessary worries and interventions. And dosing medications strictly by a fixed amount without considering age or weight isn't safe, since younger children and adults require different amounts. So the best approach is to differentiate between fevers that can be managed with supportive care and those that warrant further investigation, ensuring appropriate treatment and timely care when needed.

2. Which pairing of anesthesia agents was favored by the US and the UK respectively in the early history?

- A. UK favored chloroform; US favored ether**
- B. UK favored ether; US favored chloroform**
- C. US favored chloroform; UK favored ether**
- D. US favored ether; UK favored chloroform**

The situation reflects how early anesthesia practices split by country: ether became the default in the United States, while chloroform was quickly adopted as the preferred agent in the United Kingdom. In the US, the 1846 ether demonstration at a major hospital helped establish ether as readily available, easy to use in many settings, and seen as relatively safe for its time. In Britain, James Simpson popularized chloroform in 1847, and its fast, smooth induction and deep anesthesia made it the preferred choice there, despite concerns about toxicity with improper use. So the pairing that matches historical practice is the United States favoring ether and the United Kingdom favoring chloroform.

3. Why is including family in decision-making important in watchful care?

- A. It is optional and rarely impacts outcomes.
- B. It slows decision-making and reduces safety.
- C. It ensures plans reflect family values, preferences, and improves adherence.**
- D. It increases risk of bias and errors.

In watchful care, decisions work best when they reflect what matters to the patient and fit into daily life. Including family ensures the care plan aligns with the patient's values, preferences, and routines, which makes it more likely the plan will be understood, accepted, and followed. Family members often know important details—history, daily patterns, cultural or religious considerations, and potential barriers to adherence—that can help tailor monitoring, medications, and escalation steps so they're practical and acceptable. This shared approach supports safer, more consistent care because everyone understands expectations and can act promptly if circumstances change. It also strengthens trust and continuity between home and care settings. So, involving family isn't just helpful—it directly improves adherence, relevance, and safety.

4. During WWII, what did Fife do to promote nurse anesthesia education?

- A. Anonymous Recruitment Letter in Favor of Establishing Nurse Anesthesia Schools in Wartime Hospitals**
- B. To Promote Private for-Profit Schools
- C. To Advocate Closing Schools During Wartime
- D. To Support Reducing Training Hours

The main idea is expanding nurse anesthesia education to meet wartime needs by embedding training within military medical facilities. Fife's move to issue an anonymous recruitment letter advocating establishing nurse anesthesia schools in wartime hospitals shows a proactive push to grow and formalize education where care is being delivered. This approach creates a steady pipeline of trained practitioners who understand battlefield and trauma care, aligns training with actual clinical needs, and helps standardize curriculum and standards across programs. Why this is the best choice is that it directly targets increasing education capacity during the war, rather than promoting private for-profit schools, advocating closing existing programs, or reducing training hours. Embedding schools in wartime hospitals leverages the urgent demand for skilled anesthesia providers, speeds up training, and integrates with the military medical system to ensure adequate staffing for both combat-related and civilian medical care.

5. What is described as the central difference in the ASA-AANA Joint Statement?

- A. Difference in views of the profession between ASA and AANA**
- B. Financial disputes between organizations**
- C. Mergers of the organizations**
- D. Differences in patient safety protocols**

The main idea this question tests is that the ASA-AANA Joint Statement centers on acknowledging that the two organizations hold different views about the profession, and that these differences exist alongside a commitment to collaboration for patient safety. The statement openly discusses divergent perspectives on scope of practice, leadership, and professional roles between physician anesthesiologists and nurse anesthetists, while still pushing for workable, cooperative practice models that prioritize patient care. So why is this the best answer? Because it captures what the joint statement emphasizes as the foundational difference—that the professions view, interpret, and approach practice differently, even as both sides work together toward safe and effective anesthesia care. The other options aren't the focus of the central discussion: it isn't about financial disputes, or about merging the organizations, or about prescribing different safety protocols as the core issue. The emphasis is on the differing professional perspectives and how those differences are navigated through collaboration to ensure patient safety.

6. Which action best supports continuity of care across settings?

- A. Document conflicts and resolutions**
- B. Hide disputes**
- C. Rework plan without documentation**
- D. Assign blame**

Clear documentation and transparent communication are essential for continuity of care across settings. When conflicts or disagreements about a patient's plan arise, recording them along with how they were resolved ensures everyone involved shares the same understanding, reducing handoff gaps and supporting consistent decisions as the patient moves between providers and settings. Documenting conflicts and their resolutions is the best action because it creates a traceable record of issues, decisions, and rationales, which supports accountability and helps prevent repeating the same disputes. It also smooths coordination among clinicians, care managers, and other team members. Hiding disputes hides important information, undermining coordination and patient safety. Reworking the plan without documentation leaves no clear record of what changed or why, leading to confusion during transitions. Assigning blame discourages reporting of problems and collaboration, which harms continuity of care.

7. Which statement reflects Dr. John Andriani's view on recognizing CRNAs as colleagues?
- A. He supported the measure.
 - B. He regretted supporting the measure because he felt it conferred a collegial status on nurses to which they had no right.**
 - C. He initiated the measure.
 - D. He opposed the measure.

The key idea is a nuanced stance: he supported recognizing CRNAs as colleagues but later regretted it because he felt it granted nurse anesthetists a collegial status that he believed they did not deserve. This shows ambivalence—valuing collaboration and professional respect for CRNAs while opposing the idea that their status should be equal to physicians' in terms of professional standing. The other options describe outright support, initiation, or opposition without this layered regret, so they don't capture the described attitude as accurately.

8. Who is traditionally known as the 'Mother of Anesthesia'?
- A. Alice Magaw**
 - B. Dr. Charles H. Mayo
 - C. William T.G. Morton
 - D. James Young Simpson

Understanding the title highlights a person who greatly shaped how anesthesia is delivered and taught. Alice Magaw, a nurse at the Mayo Clinic, is traditionally credited with this honor because she administered anesthesia in a very high-volume clinical setting and, crucially, championed meticulous record-keeping and training of other nurses in proper anesthetic technique. Her work helped establish standardized practices and demonstrated that anesthesia could be provided safely by trained professionals beyond the operating room, laying the groundwork for modern anesthesia care. The other figures are key pioneers in anesthesia history for their distinct contributions—Morton introduced ether anesthesia, Simpson popularized chloroform, and Charles Mayo helped found the Mayo Clinic—but none is associated with this nickname.

9. What caveat did the 1972 joint statement include about anesthesia care team?
- A. The ideal collaboration may not be totally possible in the future.**
 - B. Collaboration would become mandatory nationwide.
 - C. CRNAs would replace anesthesiologists.
 - D. Teams would be dissolved.

The main idea is that an ideal anesthesia care team collaboration is encouraged, but real-world factors might prevent it from being fully achievable in the future. The 1972 joint statement from the ASA and AANA emphasized cooperative practice while acknowledging that the ideal arrangement may not always be completely possible due to variations in practice settings, resources, and regulatory environments. That caveat—that perfect collaboration might not always be attainable—is why this option is best. It isn't saying collaboration will be mandatory nationwide, that CRNAs would replace anesthesiologists, or that teams would be dissolved; those would contradict the cautious, realistic tone of the statement.

10. Who conducted the research identifying Sister Mary Bernard as the first nurse anesthetist?

- A. Agatha Hodgins**
- B. Mary Bernard**
- C. Virginia S. Thatcher**
- D. Gertrude Fife**

Virginia S. Thatcher's work is about tracing the origins of nurse anesthesia through careful examination of historical records. She analyzed early hospital records, ledgers, and contemporaneous accounts to establish who was practicing anesthesia in nursing roles before the modern profession took shape. Her archival research identified Sister Mary Bernard as the first nurse anesthetist, making her the earliest documented example and setting a historical baseline for the field. This demonstrates how historians use primary sources to verify who first performed a professional function and when it began. Other names are known for different contributions in nursing history, but Thatcher is the one who conducted the research that identifies Sister Mary Bernard as the first nurse anesthetist.

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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://watchfulcare.examzify.com>

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

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