

WATCHFUL CARE 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. Which option correctly identifies a common reason for watchful care failure?**
 - A. Poor follow-up
 - B. Miscommunication
 - C. Misinterpretation of symptoms
 - D. All of the above
- 2. Who supported nurse anesthetists and helped train them at Lakeside?**
 - A. George W. Crile
 - B. Dr. Robert Farr
 - C. Dr. Francis McMechan
 - D. The California Medical Board
- 3. Who did Crile select to train at Lakeside using nitrous oxide and oxygen?**
 - A. Agatha Hodgins
 - B. Nelson
 - C. Farr
 - D. McMechan
- 4. In 1957, what occurred regarding the CRNA title?**
 - A. Official adoption of the CRNA title due to lack of national identity.
 - B. Abolition of the CRNA title.
 - C. The title was changed to anesthesia nurse assistant.
 - D. There was no change.
- 5. What did Dr. Karsner instruct Gertrude Fife to do?**
 - A. Create, Administer and Sell to the Education Committee a Single Exam to Establish Minimum Standards
 - B. Create Multiple Exams for Different Regions
 - C. Draft a Code of Ethics for Examiners
 - D. Abolish the Board Exam

6. In what year were the ASA bylaws restricting physician education of nurse anesthetists repealed?
- A. 1954
 - B. 1956
 - C. 1962
 - D. 1964
7. What claim did physicians make about nurse anesthetists in the Chalmers-Francis v. Nelson case?
- A. They violated 'property rights' and committed an 'economic crime' against physician anesthetists.
 - B. They were fully capable and should be licensed to practice medicine.
 - C. They supported the medical practice acts and were banned.
 - D. They improved patient safety by standardizing anesthesia.
8. In the 1972 ASA-AANA joint statement, how were CRNAs regarded?
- A. CRNAs are not an appropriate provider.
 - B. CRNAs must work only with anesthesiologists.
 - C. CRNAs are an appropriate provider.
 - D. CRNAs should be restricted to education.
9. What did Fife push for and implement?
- A. State By State Registry
 - B. Regional Coalitions
 - C. Individual Hospital Credentials
 - D. National Standardization
10. What should be addressed in nutrition and hydration in watchful care?
- A. Prescribe intravenous nutrition without assessment
 - B. Assess intake and hydration status
 - C. Focus only on calories
 - D. Avoid hydration unless severe

Answers

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

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Explanations

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1. Which option correctly identifies a common reason for watchful care failure?

- A. Poor follow-up
- B. Miscommunication
- C. Misinterpretation of symptoms
- D. All of the above**

Watchful care depends on timely follow-up, clear communication, and accurate interpretation of symptoms. When any of these elements falters, the safety net can fail. Poor follow-up means actions aren't completed or escalations aren't revisited promptly, allowing problems to grow unchecked. Miscommunication creates gaps where everyone involved has a different understanding of what to do next, when to seek help, or what symptoms require attention. Misinterpretation of symptoms occurs when changes are attributed to benign causes or overlooked, delaying necessary intervention. Because each of these issues can independently delay or prevent appropriate escalation of care, all of them are common reasons for watchful care failure. Correctly recognizing that these factors together drive failure highlights the importance of strong follow-up processes, unambiguous communication, and accurate symptom assessment.

2. Who supported nurse anesthetists and helped train them at Lakeside?

- A. George W. Crile**
- B. Dr. Robert Farr
- C. Dr. Francis McMechan
- D. The California Medical Board

The main idea here is about who took an active role in shaping how nurse anesthetists were trained and integrated into the surgical team at Lakeside. George W. Crile, a prominent surgeon at Lakeside Hospital, championed the use of nurse anesthetists and helped organize and supervise their training there. His support created an early model in which trained nurses could administer anesthesia under physician oversight, expanding the capacity of the operating room and advancing patient care. While other individuals or bodies may have contributions in anesthesia elsewhere, the historical record for Lakeside highlights Crile's leadership in training and supporting nurse anesthetists.

3. Who did Crile select to train at Lakeside using nitrous oxide and oxygen?

- A. Agatha Hodgins**
- B. Nelson
- C. Farr
- D. McMechan

Crile's work with Lakeside highlights the early shift toward specialized nurse involvement in anesthesia. He chose Agatha Hodgins to be trained at Lakeside to administer nitrous oxide and oxygen, making her one of the first nurse anesthetists under his program. This reflects how Crile helped formalize nursing roles in anesthesia, improving safety and efficiency in the operating room. The other names aren't linked to this Lakeside training initiative, which is why Hodgins is the correct association.

4. In 1957, what occurred regarding the CRNA title?

- A. Official adoption of the CRNA title due to lack of national identity.
- B. Abolition of the CRNA title.
- C. The title was changed to anesthesia nurse assistant.
- D. There was no change.

Standardizing professional identity through a unified credential was the key idea. In 1957, the nurse anesthetist profession moved to adopt a single, nationally recognized title to reflect specialized training and to reduce confusion across states and hospitals. Before this, different labels for similarly trained practitioners caused inconsistency in recognition, licensure, and how the role was understood by physicians, insurers, and patients. Adopting the title Certified Registered Nurse Anesthetist created a uniform standard that improved legitimacy and visibility of the profession nationwide. The other options don't fit because the title wasn't abolished, renamed to something else, or left unchanged. There was a push toward one recognized designation, not toward removing or dramatically altering the credential.

5. What did Dr. Karsner instruct Gertrude Fife to do?

- A. Create, Administer and Sell to the Education Committee a Single Exam to Establish Minimum Standards
- B. Create Multiple Exams for Different Regions
- C. Draft a Code of Ethics for Examiners
- D. Abolish the Board Exam

The main idea is standardizing assessment to set a uniform minimum standard. Creating one comprehensive exam, having it administered under controlled conditions, and presenting it to the Education Committee to adopt gives every candidate across regions the same benchmark for competence. This centralizes quality and fairness, ensuring everyone is evaluated by the same criteria. The other options would fragment the process, focus on ethics rather than measurement, or remove the exam altogether, which would weaken a consistent baseline for professional readiness.

6. In what year were the ASA bylaws restricting physician education of nurse anesthetists repealed?

- A. 1954
- B. 1956
- C. 1962
- D. 1964

This question asks you to know a historical change in ASA bylaws about how nurse anesthetists are educated. In 1964, the ASA repealed the bylaws that had restricted physicians from participating in the education of nurse anesthetists. This repeal reflected a shift toward more collaborative, standardized training of nurse anesthetists within anesthesia departments, aligning education practices with evolving professional roles and oversight. Earlier years listed did not feature that repeal, so they do not mark the end of those restrictions.

7. What claim did physicians make about nurse anesthetists in the Chalmers-Francis v. Nelson case?

- A. They violated 'property rights' and committed an 'economic crime' against physician anesthetists.**
- B. They were fully capable and should be licensed to practice medicine.
- C. They supported the medical practice acts and were banned.
- D. They improved patient safety by standardizing anesthesia.

Physicians argued that anesthesia was a medical service that should be kept under physicians' exclusive control, and that nurse anesthetists were encroaching on those rights. They claimed that by providing anesthesia without physician authorization, nurse anesthetists violated property rights—treating the professional domain as something physicians own or control—and that this amounted to an economic crime against physician anesthetists who rely on that practice for income. This stance reflects how doctors historically defended their monopoly over medical services against non-physician practitioners. The other options describe nurse anesthetists as capable and licensed, aligned with existing medical acts, or as improving safety, which do not fit the physicians' claim in this case.

8. In the 1972 ASA-AANA joint statement, how were CRNAs regarded?

- A. CRNAs are not an appropriate provider.
- B. CRNAs must work only with anesthesiologists.
- C. CRNAs are an appropriate provider.**
- D. CRNAs should be restricted to education.

CRNAs were recognized as legitimate, appropriate providers of anesthesia care. The 1972 ASA-AANA joint statement affirmed that certified registered nurse anesthetists are an appropriate provider of anesthesia, reflecting their competence and essential role in delivering safe anesthesia as part of the care team. This recognizes their ability to participate in anesthesia delivery under appropriate supervision and collaboration, depending on the practice setting and regulations. The statement does not imply they are inappropriate or limited to education, which is why this option best matches the historical stance.

9. What did Fife push for and implement?

- A. State By State Registry
- B. Regional Coalitions
- C. Individual Hospital Credentials
- D. National Standardization**

National standardization focuses on creating uniform guidelines and requirements that apply across the entire country. Fife pushed for this because uniform standards reduce variation in practice, boost patient safety, and make it easier to compare performance across facilities. He moved toward nationwide policies, collaborated with accrediting bodies, and integrated these standards into training and certification programs, establishing a consistent baseline that all facilities could meet. Local or fragmented approaches like state registries, regional coalitions, or hospital-specific credentials don't achieve the same nationwide consistency, which is why national standardization is the best fit.

10. What should be addressed in nutrition and hydration in watchful care?

A. Prescribe intravenous nutrition without assessment

B. Assess intake and hydration status

C. Focus only on calories

D. Avoid hydration unless severe

Regularly assessing what a person eats and drinks and their hydration status is essential in watchful care. This approach lets you detect early signs of undernutrition or dehydration and respond before problems escalate. By tracking intake, measuring outputs, monitoring weight, and observing physical signs (such as skin turgor, mucous membranes, thirst, urine color and volume), you build an accurate picture of nutritional status and fluid balance. This information guides practical steps—adjusting meals for appetite or texture, offering preferred fluids, providing assistance with feeding, and determining whether additional support (like a dietitian referral or oral nutritional supplements) is needed. It also helps prevent complications linked to poor nutrition or hydration, such as fatigue, malnutrition, or dehydration-related delirium, and informs when more advanced interventions might be necessary. Interventions should always follow a thorough assessment rather than being assumed or delayed. For example, prescribing intravenous nutrition without first evaluating intake, hydration, and overall needs bypasses critical information. Focusing only on calories ignores hydration, which is equally important for function and safety. And avoiding hydration until it's severe misses the chance to prevent complications.

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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