

BENCHMARK I MEDICAL-SURGICAL NURSING 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 client with HIV and Pneumocystis pneumonia is being treated. Which intervention is appropriate?**
 - A. Administer intravenous trimethoprim-sulfamethoxazole
 - B. Administer oral acyclovir
 - C. Begin intravenous fluconazole
 - D. Administer intravenous gentamicin

- 2. A patient with gastroesophageal reflux disease who had open anti-reflux surgery should receive which essential nursing intervention?**
 - A. Coughing and deep breathing every 2 hours while awake
 - B. Bed rest with limited activity
 - C. Encouraging large meals to promote digestion
 - D. Restrict fluids to a very small amount

- 3. Which steps are essential in preoperative assessment and consent considerations?**
 - A. Only check blood pressure.
 - B. Verify informed consent, assess allergies, review meds and NPO status, perform baseline labs, and confirm patient understanding.
 - C. Schedule surgery and skip consent.
 - D. Only review imaging studies.

- 4. In planning care for an older adult at end of life, which action best supports the patient's psychosocial needs?**
 - A. Assess need for anti-Anxiety medications
 - B. Offer to contact a spiritual care service
 - C. Limit family contact to reduce emotional strain
 - D. Encourage the family to spend time with the client

- 5. How is hepatic encephalopathy diagnosed and managed in the hospital setting?**
 - A. Elevated bilirubin alone; treat with vitamin K.
 - B. Hepatic steatosis detected on ultrasound.
 - C. Renal failure with normal ammonia; manage accordingly.
 - D. Neuropsychiatric changes with elevated ammonia; treat with lactulose, rifaximin, monitor mental status and safety.

- 6. Which clinical finding is most important to monitor to assess intracranial pressure in a brain-injured patient?**
- A. Level of consciousness
 - B. Blood pressure
 - C. Urine output
 - D. Temperature
- 7. How do you differentiate type 1 from type 2 diabetes and what are key nursing considerations?**
- A. Type 1 typically presents in younger patients with autoimmune destruction requiring insulin; type 2 often presents later with insulin resistance; management includes diet, exercise, oral agents, and possibly insulin with surveillance for hypoglycemia.
 - B. Type 1 occurs in older adults; Type 2 in children; Type 1 managed with oral agents; Type 2 always requires insulin.
 - C. Type 1 is non-autoimmune; Type 2 autoimmune; Type 1 managed with diet only; Type 2 with insulin only.
 - D. Type 1 occurs with obesity; Type 2 with weight loss; Type 1 managed with diet; Type 2 with surgery.
- 8. In hepatic encephalopathy, which mechanism does lactulose primarily employ?**
- A. To trap ammonia in the gut and promote excretion.
 - B. To neutralize ammonia in the blood.
 - C. To reduce ammonia absorption by the colon, promoting excretion.
 - D. To increase hepatic ammonia production.
- 9. A Native American client in preoperative teaching says, 'I'm afraid the surgery will not go well unless my shaman is there to keep me well.' What is the nurse's best action?**
- A. Refuse the request
 - B. Explain that the hospital cannot accommodate religious practices
 - C. Encourage the patient to proceed without spiritual support
 - D. Involve the surgical team to determine if the shaman can be present

10. Which medication order would be appropriate to manage pain in a patient with an AND order?

- A. Ondansetron 4 mg IV q8h PRN
- B. Acetaminophen 650 mg PO q6h PRN
- C. Morphine sulfate 1-2 mg IV push every hour PRN
- D. Diazepam 2 mg IV PRN

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Answers

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

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Explanations

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1. A client with HIV and Pneumocystis pneumonia is being treated. Which intervention is appropriate?

- A. Administer intravenous trimethoprim-sulfamethoxazole
- B. Administer oral acyclovir
- C. Begin intravenous fluconazole
- D. Administer intravenous gentamicin

Treating Pneumocystis pneumonia in an HIV-infected patient relies on a drug that specifically targets Pneumocystis jirovecii: high-dose trimethoprim-sulfamethoxazole, given intravenously when the patient is acutely ill or cannot take oral medications. This regimen is the standard therapy because it effectively treats the organism and improves outcomes. The other options do not address Pneumocystis: acyclovir treats herpesviruses, fluconazole treats Candida infections, and gentamicin is not active against Pneumocystis. In some cases, adjunctive corticosteroids are used if hypoxemia is present, but the medication that directly treats the Pneumocystis infection is the intravenous trimethoprim-sulfamethoxazole.

2. A patient with gastroesophageal reflux disease who had open anti-reflux surgery should receive which essential nursing intervention?

- A. Coughing and deep breathing every 2 hours while awake
- B. Bed rest with limited activity
- C. Encouraging large meals to promote digestion
- D. Restrict fluids to a very small amount

Pulmonary hygiene after open anti-reflux (fundoplication) surgery is essential to prevent respiratory complications. Regular coughing and deep breathing every couple of hours while awake helps expand the lungs, keeps airways open, and mobilizes secretions despite incision pain. This practice reduces the risk of atelectasis and pneumonia and supports safer recovery. Splinting the abdomen with a pillow or your hands during coughing can lessen pain and make deep breaths more comfortable, encouraging compliance. Other approaches aren't aligned with safe postoperative recovery. Bed rest or limited activity isn't needed and can slow healing and increase complications. Encouraging large meals too soon could raise abdominal pressure and strain the surgical site, hindering healing and potentially worsening reflux symptoms. Restricting fluids to a very small amount isn't appropriate unless specifically ordered; adequate hydration supports overall health and helps with airway clearance.

3. Which steps are essential in preoperative assessment and consent considerations?

- A. Only check blood pressure.
- B. Verify informed consent, assess allergies, review meds and NPO status, perform baseline labs, and confirm patient understanding.**
- C. Schedule surgery and skip consent.
- D. Only review imaging studies.

Preoperative assessment and consent revolve around safety, autonomy, and readiness for anesthesia and surgery. The essential steps include making sure that informed consent is truly informed and documented, which means the patient understands the procedure, alternatives, risks, and benefits and can ask questions; this also includes confirming capacity and language needs so the patient can participate in the decision. Assessing for allergies is crucial to prevent allergic reactions or anaphylaxis to medications, latex, or other materials used during the procedure. A thorough allergy check guides choices of anesthetic agents and perioperative meds. Reviewing medications and the patient's NPO status helps prevent intraoperative complications. Some drugs must be held or adjusted before anesthesia (such as anticoagulants, antiplatelets, certain diabetes or antihypertensive meds), and knowing the medication list informs perioperative plans. Confirming NPO status reduces the risk of aspiration during induction of anesthesia. Baseline labs provide a snapshot of the patient's health and help identify issues that could affect anesthesia or recovery, such as anemia, electrolyte disturbances, renal function, or coagulation abnormalities. Having up-to-date results allows the team to plan safely and address problems before surgery. Finally, confirming patient understanding ensures ongoing, informed participation and that consent remains valid. If misunderstandings arise or new information emerges, re-evaluation and re-consent may be necessary. Other options fall short because they address only a single aspect of care (like just vital signs or just imaging) or bypass essential ethical and safety steps, which are not acceptable in a responsible preoperative process.

4. In planning care for an older adult at end of life, which action best supports the patient's psychosocial needs?

- A. Assess need for anti-Anxiety medications
- B. Offer to contact a spiritual care service
- C. Limit family contact to reduce emotional strain
- D. Encourage the family to spend time with the client**

Facilitating meaningful connection with loved ones is essential for an end-of-life patient's psychosocial well-being. Encouraging the family to spend time with the client supports emotional comfort, sense of belonging, and identity, which are central to psychosocial care. When family members are present, the patient can share memories, express fears or needs, receive reassurance, and arrange closure, all of which reduce isolation and promote dignity in the final stages of life. This approach also helps families cope and participate in the patient's care, reinforcing a supportive environment around the patient. Pharmacologic treatment for anxiety might address symptoms temporarily, but it doesn't provide the ongoing social connection and meaningful interaction the patient needs. Spiritual care can support existential concerns, yet it doesn't substitute for the daily emotional and relational support that family presence provides. Limiting family contact would likely increase loneliness and distress for both patient and family, undermining psychosocial well-being.

5. How is hepatic encephalopathy diagnosed and managed in the hospital setting?

- A. Elevated bilirubin alone; treat with vitamin K.
- B. Hepatic steatosis detected on ultrasound.
- C. Renal failure with normal ammonia; manage accordingly.
- D. Neuropsychiatric changes with elevated ammonia; treat with lactulose, rifaximin, monitor mental status and safety.**

Hepatic encephalopathy happens when the liver can't detoxify toxins, especially ammonia, leading to brain dysfunction and neuropsychiatric changes. In the hospital, diagnosis rests on observing changes in mental status or behavior and supporting evidence of liver dysfunction with elevated ammonia levels, while actively ruling out other causes of altered mental status. The goal of management is to reduce ammonia production and absorption in the gut, treat any precipitating factors, and keep the patient safe. The best approach described combines neuropsychiatric changes with elevated ammonia and appropriate treatment: lactulose is given to acidify the colon, convert ammonia to ammonium, and promote its excretion—dosage is adjusted to achieve about 2–3 soft stools per day, with close monitoring of bowel habits and mental status. Rifaximin is added to further decrease ammonia-producing gut bacteria. Ongoing assessment of mental status and implementing safety measures—such as fall precautions and a calm, orientation-friendly environment—are essential as the patient improves. Addressing precipitating factors (constipation, infection, dehydration, electrolyte imbalances) is also a key part of care. Why the other options don't fit: elevated bilirubin alone signals liver dysfunction but doesn't diagnose hepatic encephalopathy or address its specific management. Hepatic steatosis on ultrasound shows a fatty liver pattern, not HE. Renal failure with normal ammonia doesn't explain the neuropsychiatric changes of HE, and management would focus on renal issues unless ammonia is elevated. The combination of neuropsychiatric changes with elevated ammonia and targeted treatment for lowering ammonia levels best captures how HE is diagnosed and managed in the hospital.

6. Which clinical finding is most important to monitor to assess intracranial pressure in a brain-injured patient?

- A. Level of consciousness**
- B. Blood pressure
- C. Urine output
- D. Temperature

Monitoring intracranial pressure hinges on brain function, and level of consciousness reflects global brain activity most directly. As intracranial pressure rises, the first and most sensitive change often is a decline in responsiveness or alertness—patients may become confused, drowsy, or unresponsive, with a lower Glasgow Coma Scale score. That makes LOC the best early indicator that ICP is increasing and needs attention or intervention. Blood pressure can change in response to rising ICP (the Cushing reflex), but this is typically a later sign and not as reliable for early detection. Urine output and temperature are influenced by many other factors and do not specifically indicate intracranial pressure changes. So, closely monitoring how awake, oriented, and responsive the patient is provides the most immediate and actionable information about ICP.

7. How do you differentiate type 1 from type 2 diabetes and what are key nursing considerations?

- A. Type 1 typically presents in younger patients with autoimmune destruction requiring insulin; type 2 often presents later with insulin resistance; management includes diet, exercise, oral agents, and possibly insulin with surveillance for hypoglycemia.**
- B. Type 1 occurs in older adults; Type 2 in children; Type 1 managed with oral agents; Type 2 always requires insulin.
- C. Type 1 is non-autoimmune; Type 2 autoimmune; Type 1 managed with diet only; Type 2 with insulin only.
- D. Type 1 occurs with obesity; Type 2 with weight loss; Type 1 managed with diet; Type 2 with surgery.

The main idea here is differentiating diabetes types by how they cause high blood sugar and what treatments they typically require, so nursing care can be matched to the underlying problem. Type 1 diabetes is an autoimmune process that destroys pancreatic beta cells, leaving little to no insulin production. Because of this, most patients with type 1 need lifelong insulin therapy and must learn how to monitor glucose, adjust doses, and watch for hypoglycemia and signs of diabetic ketoacidosis. Nursing care emphasizes insulin administration, safe injection techniques, dose titration with meals and activity, regular glucose checks, hydration, sick-day management, and education about recognizing DKA early. Type 2 diabetes involves insulin resistance plus a gradual decline in insulin production, usually occurring in adults and often linked with obesity and metabolic syndrome. Management typically starts with lifestyle changes and oral medications, with insulin may be added later if control worsens. Nursing considerations focus on promoting weight management, monitoring blood glucose and A1C, teaching how to take oral agents, recognizing and responding to hypoglycemia or hyperglycemia, and addressing long-term needs such as cardiovascular risk reduction, foot care, and routine screening for diabetes complications. The option described aligns with these distinctions: younger patients needing insulin versus later-onset disease with potential for oral agents and lifestyle modification, with insulin used in some type 2 cases and hypoglycemia monitoring as a consideration. Other choices misplace age of onset, autoimmune nature, or typical treatments, which would lead to incorrect nursing focus.

8. In hepatic encephalopathy, which mechanism does lactulose primarily employ?

- A. To trap ammonia in the gut and promote excretion.
- B. To neutralize ammonia in the blood.
- C. To reduce ammonia absorption by the colon, promoting excretion.**
- D. To increase hepatic ammonia production.

In hepatic encephalopathy, reducing the amount of ammonia that enters the bloodstream from the gut is key. Lactulose works in the colon by being fermented into organic acids, which acidify the colonic contents. This makes ammonia (NH₃) convert to ammonium (NH₄⁺), a form that cannot be readily absorbed through the colonic mucosa. As a result, less ammonia is absorbed and more is expelled in stool, lowering systemic ammonia levels and improving neuropsychiatric symptoms. It does not neutralize ammonia in the blood or increase hepatic ammonia production.

9. A Native American client in preoperative teaching says, 'I'm afraid the surgery will not go well unless my shaman is there to keep me well.' What is the nurse's best action?

- A. Refuse the request
- B. Explain that the hospital cannot accommodate religious practices
- C. Encourage the patient to proceed without spiritual support**
- D. Involve the surgical team to determine if the shaman can be present

The main idea here is balancing respect for the patient's cultural/spiritual beliefs with the need to proceed with safe, timely perioperative care. Acknowledge the patient's concern and reassure them that you will support them while also keeping the surgical plan on track. The best action is to encourage the patient to proceed with the surgery without delaying to accommodate the shaman's presence in the operating setting. This keeps care safe and timely, since the sterile environment and surgical workflow cannot be interrupted. At the same time, you can offer to arrange spiritual support in a feasible way outside the sterile area, such as contact with a chaplain or a trusted spiritual advisor before or after the procedure. If possible, discuss with the surgical team and hospital policies to identify any acceptable accommodations that don't compromise safety, but the priority is not to delay the procedure.

10. Which medication order would be appropriate to manage pain in a patient with an AND order?

- A. Ondansetron 4 mg IV q8h PRN
- B. Acetaminophen 650 mg PO q6h PRN
- C. Morphine sulfate 1-2 mg IV push every hour PRN**
- D. Diazepam 2 mg IV PRN

When managing pain, choose an analgesic that provides timely, controllable relief with a route that delivers it quickly to the patient. An opioid given IV offers rapid onset and is easily titrated to the patient's pain level, which makes it appropriate for acute or moderate-to-severe pain that needs prompt relief. The plan to administer morphine IV push every hour as needed allows the caregiver to adjust dosing based on how the patient's pain responds, while monitoring for potential side effects such as respiratory depression, sedation, or nausea. In contrast, an antiemetic alone does not address pain, a nonopioid oral analgesic (acetaminophen) can be useful for mild to moderate pain but may not be sufficient for more intense pain or situations requiring faster relief, and a benzodiazepine is not an analgesic and does not treat pain. Therefore, the opioid IV option best aligns with providing effective, controllable pain relief in this context.

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.

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

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