

BENCHMARK II MEDICAL-SURGICAL NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://benchmark2medsurg.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	16

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. Pernicious anemia following bariatric surgery is most often due to deficiency of which vitamin?**
 - A. Vitamin B12
 - B. Vitamin C
 - C. Vitamin D
 - D. Folate
- 2. For meningitis, what is the recommended head-of-bed position to reduce intracranial pressure?**
 - A. 0 degrees
 - B. 15 degrees
 - C. 30 degrees
 - D. 60 degrees
- 3. 7/11 client being discharged after 3-week COVID pneumonia admission. The case management nurse is participating in discharging home after a 3-week hospital stay secondary to COVID pneumonia. Which home health referrals are appropriate?**
 - A. Dietitian
 - B. Physical Therapist
 - C. Occupational Therapist
 - D. Social Worker
- 4. The case management nurse is participating in discharge planning after a prolonged hospitalization. Which home health professional would most directly coordinate community resources and referrals?**
 - A. Social Worker
 - B. Dietitian
 - C. Nurse
 - D. Physical Therapist
- 5. What is a best practice to prevent ventilator-associated pneumonia?**
 - A. Elevate head of bed 30-45 degrees and perform oral care with chlorhexidine.
 - B. Keep patient flat to reduce movement.
 - C. Avoid suctioning to maintain mucosa.
 - D. Use continuous deep sedation.

- 6. A caregiver of a client with dementia reports feeling stressed. Which statement demonstrates effective coping?**
- A. I ignore breaks and time-outs
 - B. I take breaks and time-outs, and they help
 - C. I never rest
 - D. I rely on professionals
- 7. When documenting a Stage III pressure injury, which tissue layer is involved?**
- A. Epidermis only
 - B. Dermis only
 - C. Subcutaneous tissue
 - D. Muscle and bone
- 8. A patient with a Stage 3 pressure injury to the coccyx is being discharged. Which home health provider would most directly address wound care and mobility?**
- A. Dietitian
 - B. Physical Therapist
 - C. Nurse
 - D. Occupational Therapist
- 9. Upon admission of a client with leukemia, which assessment findings would the nurse expect?**
- A. Bruising, fatigue, and bone pain
 - B. Cough, fever, weight loss
 - C. Jaundice, edema
 - D. Chest pain, tingling
- 10. Which symptom best suggests ulcerative colitis rather than Crohn's disease?**
- A. Fistulas in perianal area
 - B. Diarrhea with blood and mucus
 - C. Skip lesions throughout the GI tract
 - D. Granulomas on biopsy

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Pernicious anemia following bariatric surgery is most often due to deficiency of which vitamin?

A. Vitamin B12

B. Vitamin C

C. Vitamin D

D. Folate

Pernicious anemia after bariatric surgery is driven by a deficiency of vitamin B12 because its absorption depends on intrinsic factor produced in the stomach. Bariatric procedures can reduce stomach size and alter the stomach's acid environment, which lowers intrinsic factor production and disrupts the normal B12–intrinsic factor complex formation in the small intestine. Without this complex, B12 cannot be absorbed efficiently in the terminal ileum, leading to B12 deficiency and the characteristic megaloblastic anemia of pernicious anemia. Folate deficiency can also cause megaloblastic anemia, but the specific issue in pernicious anemia is the impaired B12 absorption linked to intrinsic factor, not folate. Vitamin C or vitamin D deficiencies produce different clinical problems (scurvy and bone disorders, respectively) and are not the typical cause of pernicious-type anemia after bariatric surgery.

2. For meningitis, what is the recommended head-of-bed position to reduce intracranial pressure?

A. 0 degrees

B. 15 degrees

C. 30 degrees

D. 60 degrees

Elevating the head of the bed helps reduce intracranial pressure by promoting venous drainage from the brain and improving CSF outflow. In meningitis, inflammatory edema can raise ICP, so positioning that aids drainage is beneficial. The goal is a moderate elevation that lowers ICP without compromising cerebral perfusion. If the head is flat, venous outflow is impeded and ICP stays high; if the head is raised too high, mean arterial pressure can drop and cerebral perfusion pressure may be reduced, risking inadequate brain oxygenation. So, a moderate head elevation is recommended to balance reducing pressure with maintaining enough blood flow to the brain.

3. 7/11 client being discharged after 3-week COVID pneumonia admission. The case management nurse is participating in discharging home after a 3-week hospital stay secondary to COVID pneumonia. Which home health referrals are appropriate?

- A. Dietitian
- B. Physical Therapist**
- C. Occupational Therapist
- D. Social Worker

When a patient is discharged after a prolonged hospitalization for pneumonia, the primary issue often is deconditioning from bed rest and the illness itself. Restoring mobility, strength, and endurance is essential for safe return home. Physical therapy is the most appropriate home health referral because it directly targets functional recovery: evaluating and improving gait and transfers, building leg and core strength, increasing tolerance for activity, and teaching energy-conserving strategies. A PT also helps assess fall risk, correct any gait abnormalities, and determine if assistive devices or home safety modifications are needed. They can incorporate breathing exercises to optimize ventilation and support gradual increases in activity, which are critical after a period of respiratory illness. Dietitian, occupational therapist, and social worker each play important roles in comprehensive discharge planning, but the immediate, most impactful focus for a 3-week COVID pneumonia recovery at home is rebuilding physical capacity and mobility, which makes physical therapy the best fit in this scenario.

4. The case management nurse is participating in discharge planning after a prolonged hospitalization. Which home health professional would most directly coordinate community resources and referrals?

- A. Social Worker**
- B. Dietitian
- C. Nurse
- D. Physical Therapist

Coordinating community resources and referrals is handled by the social worker in discharge planning. The social worker specializes in evaluating the patient's social, financial, and environmental needs, identifying barriers to safe discharge, and connecting the patient and family with appropriate community services. This includes arranging home health services, durable medical equipment, transportation, meal or caregiver supports, housing assistance, and financial aid programs, ensuring a smooth transition from hospital to home. While other professionals focus on medical stability, nutrition, or rehabilitation, the social worker serves as the liaison who links the patient to external resources and coordinates referrals to community agencies, making them the best fit for this task.

5. What is a best practice to prevent ventilator-associated pneumonia?

- A. Elevate head of bed 30-45 degrees and perform oral care with chlorhexidine.**
- B. Keep patient flat to reduce movement.
- C. Avoid suctioning to maintain mucosa.
- D. Use continuous deep sedation.

Reducing aspiration risk while keeping the oropharyngeal area clean is the most effective way to prevent ventilator-associated pneumonia. Elevating the head of the bed to about 30-45 degrees helps prevent microaspiration of gastric contents around the endotracheal tube, a common route for pathogens to reach the lungs. Regular oral care with chlorhexidine lowers oral bacterial colonization, so there are fewer organisms available to be aspirated if any secretions enter the airway. Together, these practices form a simple yet powerful preventive bundle for patients on mechanical ventilation. Keeping the patient flat increases the chance of aspiration and reflux reaching the lungs, which raises VAP risk. Avoiding suctioning to preserve mucosa can lead to mucus buildup and unnoticed secretions that harbor bacteria. Continuous deep sedation prolongs ventilation and can delay weaning, increasing exposure time for potential infection.

6. A caregiver of a client with dementia reports feeling stressed. Which statement demonstrates effective coping?

- A. I ignore breaks and time-outs
- B. I take breaks and time-outs, and they help**
- C. I never rest
- D. I rely on professionals

Taking breaks and time-outs, and they help, shows effective coping because it prioritizes rest and self-care to prevent caregiver burnout. Regular breaks give the caregiver a chance to reset emotionally, reduce stress, and maintain patience and good judgment, which supports safer, more compassionate care for someone with dementia. The other ideas—avoiding rest or relying only on professionals—signal less adaptive coping, as they neglect the caregiver's own need to recharge. Balancing support from professionals with personal breaks helps sustain well-being and caregiving quality over time.

7. When documenting a Stage III pressure injury, which tissue layer is involved?

- A. Epidermis only
- B. Dermis only
- C. Subcutaneous tissue**
- D. Muscle and bone

Stage III injuries involve full-thickness skin loss with damage to or exposure of the subcutaneous tissue. The wound extends through the epidermis and dermis into the subcutaneous layer, and you may see fat in the wound bed, but muscle, tendon, or bone are not exposed. If only epidermis or dermis were involved, it would be a partial-thickness injury (Stage II); if muscle or bone were exposed, it would be Stage IV. So noting subcutaneous tissue involvement best fits Stage III.

8. A patient with a Stage 3 pressure injury to the coccyx is being discharged. Which home health provider would most directly address wound care and mobility?

- A. Dietitian
- B. Physical Therapist
- C. Nurse**
- D. Occupational Therapist

The main idea is that home-based wound management plus preventing further pressure relies on a professional who can both care for the wound and guide safe movement to relieve pressure. A nurse is trained to perform wound cleansing, dressing changes, and ongoing assessment of healing (watching for infection, drainage, odor, color changes, and pain). At the same time, they educate and supervise turning schedules, pressure-relieving positioning, and safe mobility techniques—everything needed to prevent the wound from worsening as the patient moves around at home. The nurse can also coordinate with other professionals if needed (for example, referring to physical therapy for targeted mobility training) while staying responsible for the wound-care plan itself. While other providers have important roles, they don't directly cover both areas to the same extent. A dietitian focuses on nutrition to support healing but doesn't perform wound dressings. An occupational therapist helps with daily activities and adaptive equipment, and a physical therapist specializes in mobility and functional movement, but neither typically handles routine wound care. That combination makes the nurse the best choice for directly addressing both wound care and mobility in this scenario.

9. Upon admission of a client with leukemia, which assessment findings would the nurse expect?

- A. Bruising, fatigue, and bone pain**
- B. Cough, fever, weight loss
- C. Jaundice, edema
- D. Chest pain, tingling

Leukemia causes bone marrow to be crowded with malignant cells, which suppresses normal hematopoiesis. This leads to anemia (low red cells) and thrombocytopenia (low platelets), producing fatigue from reduced oxygen delivery and easy bruising or bleeding. Bone pain occurs because the marrow is expanded and infiltrated by malignant cells, stretching the periosteum and causing pain in long bones and joints. These findings—fatigue, bruising, and bone pain—are characteristic of the marrow suppression and infiltration seen with leukemia, making them the most expected assessment findings on admission. Symptoms like cough, fever with weight loss, jaundice with edema, or chest tingling are less directly tied to the marrow suppression pattern seen in acute leukemia and thus are less likely to be the predominant initial findings.

10. Which symptom best suggests ulcerative colitis rather than Crohn's disease?

- A. Fistulas in perianal area
- B. Diarrhea with blood and mucus**
- C. Skip lesions throughout the GI tract
- D. Granulomas on biopsy

Focus on how ulcerative colitis and Crohn's disease usually affect the gut. Ulcerative colitis involves continuous inflammation of the colon and rectum, primarily affecting the mucosa and submucosa, which commonly produces blood and mucus in the stool from superficial mucosal bleeding. This bloody, mucus-filled diarrhea is a hallmark clue pointing to ulcerative colitis. In contrast, Crohn's disease often shows transmural involvement with features such as fistulas (abnormal connections, especially perianal), skip lesions (patchy areas of involvement separated by normal bowel), and sometimes granulomas on biopsy. These patterns reflect deeper, full-thickness inflammation and discontinuous disease that are less typical of ulcerative colitis. So the symptom that best suggests ulcerative colitis is diarrhea with blood and mucus, because it reflects the colon-lining mucosal inflammation characteristic of UC.

SAMPLE

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://benchmark2medsurg.examzify.com>

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

SAMPLE