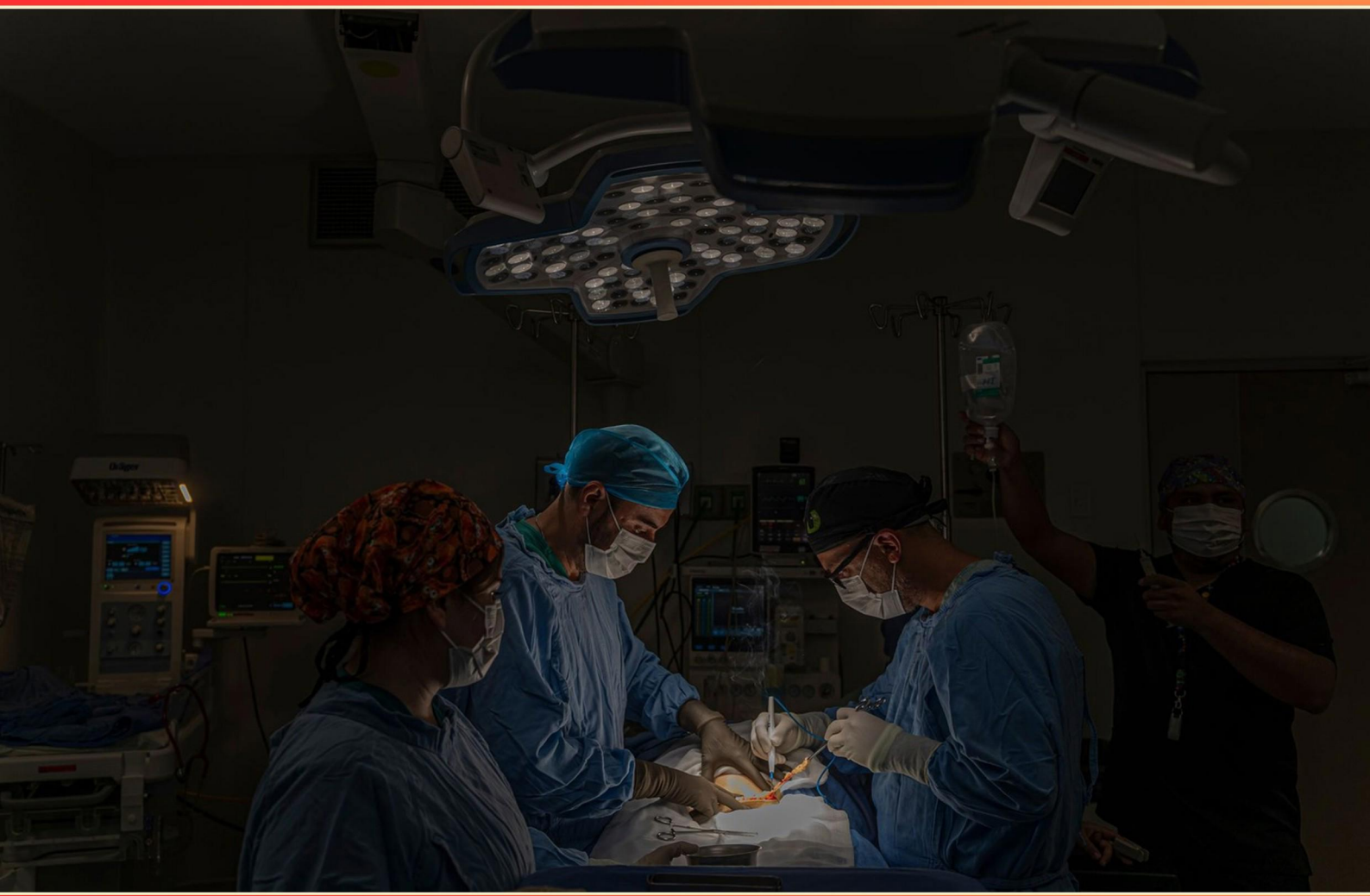
CCI CERTIFIED PERIOPERATIVE NURSE (CNOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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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.

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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!

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Questions

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1. Which item is explicitly part of the surgical checklist?

A. Last meal time

B. Whether any special equipment, devices or implants will be needed

C. Whom the surgeon should talk to after surgery

D. What pharmacy the patient uses

2. What is the NPO fasting time for Breast Milk?

A. Up to 8 hours

B. Up to 6 hours

C. Up to 4 hours

D. Up to 2 hours

3. Which infection is commonly managed with contact precautions in healthcare settings?

A. HIV

B. HEP B

C. HEP C

D. Staph aureus

4. What are the three elements of the fire triangle?

A. fuel, ignition, oxidizers

B. air, fuel, oxygen

C. heat, pressure, time

D. vapor, condensation, radiation

5. To prevent wrong-site surgery, which action is recommended?

A. Site marking before anesthesia with patient present

B. Mark after incision

C. Do not mark

D. Mark only by surgeon without patient present

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6. The use of checklists in the perioperative environment primarily aims to improve what outcomes?

A. Time efficiency

B. Imaging quality

C. Team communication and error prevention

D. Medication costs

7. Which statement best describes the general approach to documenting transfer of care in the perioperative setting?

A. A standardized documentation format is used

B. Only the primary surgeon documents

C. Documentation is optional

D. Free-text narrative only

8. During a delayed case where the scheduled procedure is postponed by at least one hour, what is the recommended method to maintain sterility?

A. Tape the door closed

B. Cover the sterile field with a sterile drape and leave the room

C. Cover the sterile field with a sterile drape and remain in the room

D. Wait and tear down the field

9. What type of research involves evaluating the link among pt characteristics, nursing care delivery, and the results of that care

A. Process

B. Implementation

C. Outcomes

D. Results

10. Discharge education should include adverse effects of opioid pain medications, including constipation, vomiting, and which other adverse effect?

A. respiratory depression

B. hypotension

C. hypertension

D. diarrhea

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Answers

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

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Explanations

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1. Which item is explicitly part of the surgical checklist?

A. Last meal time

B. Whether any special equipment, devices or implants will be needed

C. Whom the surgeon should talk to after surgery

D. What pharmacy the patient uses

The focus here is ensuring preparedness for the procedure by confirming all necessary hardware before anesthesia and incision. Explicitly noting whether any special equipment, devices, or implants will be needed makes sure these items are available, compatible with the patient, and properly tracked in the chart and inventory. This preop verification helps prevent delays, miscommunications, or the need to scramble for a device mid-case, which can compromise safety and workflow. Last meal time affects anesthesia risk and is typically addressed in the preoperative assessment and fasting instructions, not as an explicit item on the surgical safety checklist. Knowing who the surgeon will talk to after surgery or which pharmacy the patient uses aren't standard checklist items, whereas confirming implants or equipment is a direct safety and readiness step.

2. What is the NPO fasting time for Breast Milk?

A. Up to 8 hours

B. Up to 6 hours

C. Up to 4 hours

D. Up to 2 hours

Gastric emptying rates and aspiration risk drive NPO times. For healthy infants, breast milk is digested and cleared from the stomach faster than formula but slower than clear liquids, so the recommended fasting window before anesthesia is up to 4 hours. This balances reducing aspiration risk with not unnecessarily prolonging hunger or dehydration in a young child. In contrast, clear liquids are allowed up to 2 hours, formula typically requires about 6 hours, and solid foods 6–8 hours. Therefore, the best choice is up to 4 hours.

3. Which infection is commonly managed with contact precautions in healthcare settings?

A. HIV

B. HEP B

C. HEP C

D. Staph aureus

Infection control relies on how a pathogen spreads. Staphylococcus aureus is commonly transmitted by direct contact with infected skin lesions or with hands and surfaces that have been contaminated, so contact precautions are routinely used to prevent its spread. This means donning a gown and gloves for patient care, using dedicated equipment, placing the patient in a private room or cohort, and performing strict hand hygiene and environmental cleaning. HIV, hepatitis B, and hepatitis C are mainly transmitted through blood and certain body fluids. For these, standard precautions cover most transmission risks (gloves, safe handling of sharps, proper hand hygiene, and precautions for bodily fluids), rather than routine contact precautions aimed at organisms spread primarily by contact. Thus, the infection most commonly managed with contact precautions in healthcare settings is Staphylococcus aureus.

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4. What are the three elements of the fire triangle?

A. fuel, ignition, oxidizers

B. air, fuel, oxygen

C. heat, pressure, time

D. vapor, condensation, radiation

Fire requires three elements: fuel, a source of heat to bring the fuel to ignition, and an oxidizer to sustain the reaction. Here, ignition represents the energy input or heat source that starts combustion, while oxidizers refer to the chemical agent (oxygen) that supports the flame. That combination—fuel, ignition (heat), and oxidizer—is why this choice fits the fire triangle. The other options don't match the three necessary elements. Air isn't the triad—oxygen is the oxidizer, and air is just a mixture that may contain oxygen. The pair of heat with pressure and time isn't the standard trio for combustion. Finally, vapor, condensation, and radiation describe heat transfer modes, not the components that allow a fire to occur.

5. To prevent wrong-site surgery, which action is recommended?

A. Site marking before anesthesia with patient present

B. Mark after incision

C. Do not mark

D. Mark only by surgeon without patient present

Preventing wrong-site surgery relies on a clear, verifiable plan for the correct location, authenticated with the patient before any anesthesia or incision. Marking the exact surgical site while the patient is awake and able to confirm it ensures the team and patient agree on the correct location, side, and procedure. This mark stays visible after draping and isn't undermined by anesthesia or later changes, so everyone knows exactly where the operation will occur. If marking were done after incision, or only by the surgeon without the patient present, there would be no opportunity for the patient to confirm the site or for the team to catch a potential mismatch before cutting. Incorporating a time-out just before incision—as part of the safety protocol—further verifies patient identity, procedure, and site.

6. The use of checklists in the perioperative environment primarily aims to improve what outcomes?

A. Time efficiency

B. Imaging quality

C. Team communication and error prevention

D. Medication costs

Checklists in the perioperative environment are designed to improve patient safety by enhancing team communication and preventing errors. They create a shared, standardized process for verifying critical information and readiness at key moments—before anesthesia begins and before the incision. By confirming details such as patient identity, the planned procedure and site, allergies, implants, antibiotic timing, and the availability of necessary equipment, the team has a structured opportunity to speak up and address gaps. This coordinated approach reduces miscommunication and the chance that essential steps are missed, leading to fewer preventable harms. While checklists can influence workflow efficiency and may have broader cost implications in some settings, their primary goal is safer outcomes through better communication and error prevention, not imaging quality or medication costs.

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7. Which statement best describes the general approach to documenting transfer of care in the perioperative setting?

A. A standardized documentation format is used

B. Only the primary surgeon documents

C. Documentation is optional

D. Free-text narrative only

Transferring care in the perioperative environment relies on clear, consistent communication of what happened and what comes next. A standardized documentation format ensures a complete, uniform handoff by prompting the team to record essential elements—patient identification, procedure and anesthesia details, intraoperative events, medications and implants, allergies, current status, and the postoperative plan. This consistency reduces the risk of missing critical information during shift changes, supports accountability and legal defensibility, and aligns with electronic record-keeping and quality-improvement efforts. Non-standardized approaches—relying on a single clinician, making documentation optional, or using only free-text narrative—increase the chance that important data are overlooked and hinder continuity of care.

8. During a delayed case where the scheduled procedure is postponed by at least one hour, what is the recommended method to maintain sterility?

A. Tape the door closed

B. Cover the sterile field with a sterile drape and leave the room

C. Cover the sterile field with a sterile drape and remain in the room

D. Wait and tear down the field

Maintaining a sterile field during delays means protecting it from contamination and not allowing it to be exposed to the nonsterile environment. The best approach is to cover the sterile field with a sterile drape and remain in the room. The drape adds a barrier against dust, moisture, and stray flora, and staying in the room allows immediate oversight of the field to prevent breaches and to resume quickly when the case is ready. Leaving the room or tearing down the field would increase contamination risk or require re-prepping, which defeats the purpose of keeping the field sterile. Taping doors closed isn't the solution to sterility and can interfere with safe access if needed.

9. What type of research involves evaluating the link among pt characteristics, nursing care delivery, and the results of that care

A. Process

B. Implementation

C. Outcomes

D. Results

Outcomes research examines how patient characteristics and the way nursing care is delivered relate to the results of that care. It asks how factors like age, comorbidities, and illness severity influence the effectiveness of interventions and what outcomes—such as recovery, complications, length of stay, or patient satisfaction—actually occur. This type of study helps determine which nursing approaches work best for different patient groups and where care delivery can be improved to enhance results. Process research focuses on the activities and steps of care itself, not on how those activities relate to outcomes. Implementation research looks at how to adopt and integrate evidence-based practices into real-world settings. The term "results" isn't used as a distinct research category in this framework, making outcomes the most precise choice here.

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10. Discharge education should include adverse effects of opioid pain medications, including constipation, vomiting, and which other adverse effect?

A. respiratory depression

B. hypotension

C. hypertension

D. diarrhea

Opioid pain medications slow the respiratory center in the brain, which can lead to dangerous breathing problems. This is the adverse effect that must be emphasized in discharge education because it can progress rapidly and become life-threatening if not recognized and addressed promptly. Patients and caregivers should be taught to monitor for signs such as slowed, shallow, or difficult breathing, excessive sedation, or inability to stay awake. They should understand when to seek urgent help and to avoid taking other sedatives, alcohol, or higher-than-prescribed doses that can worsen respiratory depression. Constipation and vomiting are common opioid side effects and important to address for comfort and adherence, but they do not pose the immediate life-threatening risk that respiratory depression does. Diarrhea is not a typical opioid effect, and blood pressure changes (hypotension or hypertension) are less central to the safety message compared with respiratory effects.

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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://ccicnor.examzify.com

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

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