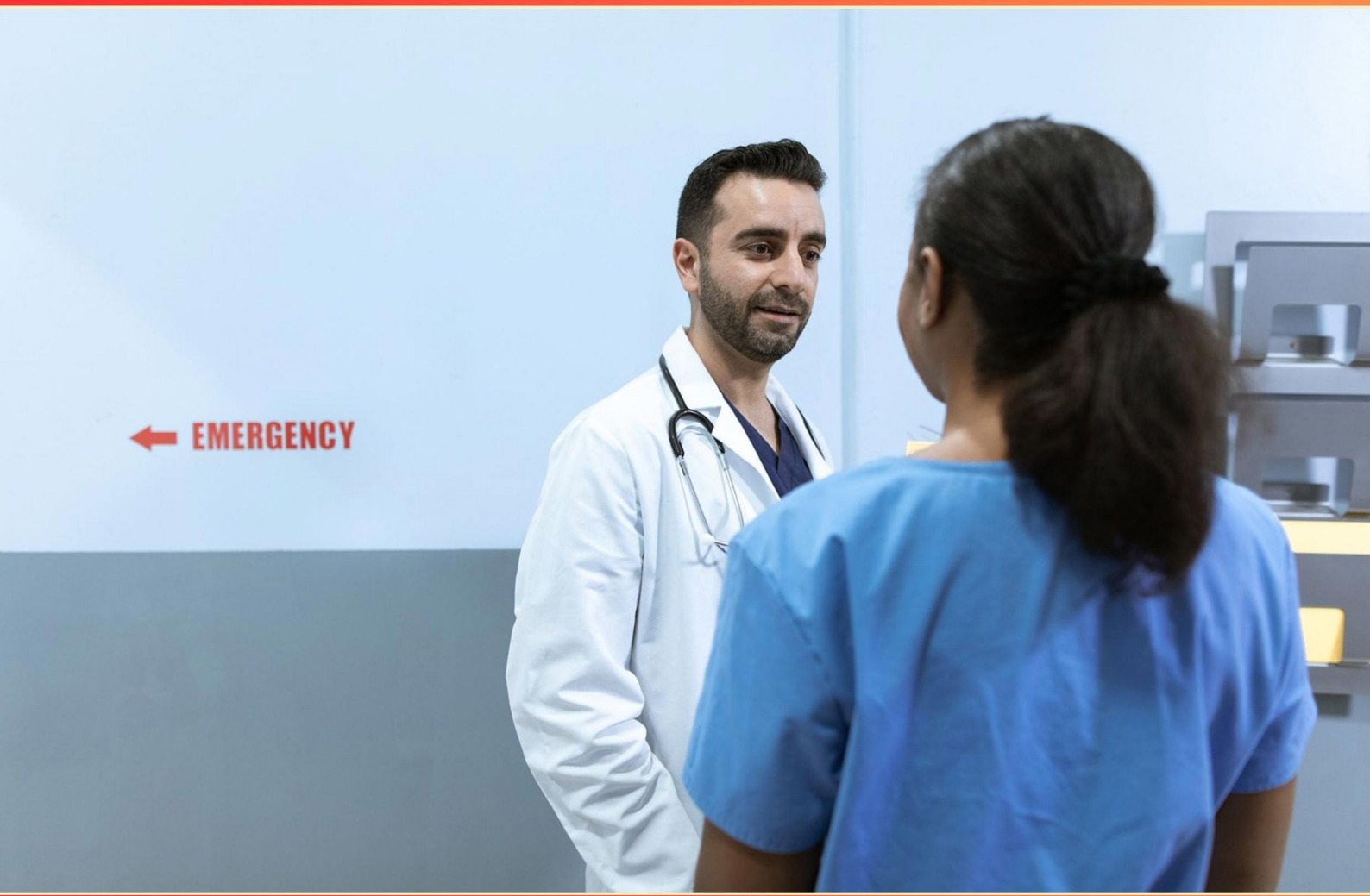
CERTIFIED MEDICAL-SURGICAL REGISTERED NURSE (CMSRN) PRACTICE EXAM (SAMPLE)

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. What heart sound marks the onset of diastole?

A. S1

B. S2

C. S3

D. S4

2. Which type of heart failure is indicated by signs such as JVD, dependent edema, hepatomegaly, and abdominal distention?

A. Right ventricular heart failure

B. Left ventricular heart failure

C. Systolic heart failure

D. Cardiac dysrhythmia

3. AKI resulting from nephrotoxicity due to drugs is classified as?

A. Prerenal

B. Infrarenal

C. Postrenal

D. Acute tubular injury

4. Which insulin is characterized by an onset of 10-20 minutes and a peak effect of 1-3 hours?

A. Lantus

B. NPH

C. Novolog

D. Regular

5. What symptom is associated with an acute infection characterized by pain around the belly button and in the right lower quadrant, along with rebound tenderness?

A. Cholecystitis

B. Appendicitis

C. Diverticulitis

D. Pancreatitis

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6. What is the minimum desired urine output (UOP) for a patient with HHS?

A. 20 cc/hr

B. 30 cc/hr

C. 40 cc/hr

D. 50 cc/hr

7. What is indicated by a positive Murphy's sign during physical examination?

A. Pancreatitis

B. Diverticulitis

C. Cholecystitis

D. Appendicitis

8. Which medication class is indicated by the suffix -pine?

A. Beta blockers

B. Calcium channel blockers

C. ACE inhibitors

D. Diuretics

9. Which vascular disease is characterized by a lack of oxygen to tissues resulting in symptoms such as hair loss and cool/pale extremities?

A. Peripheral vascular disease (PVD)

B. Coronary artery disease (CAD)

C. Peripheral artery disease (PAD)

D. Venous insufficiency

10. After treatment for DKA, what should be monitored closely due to potential rapid fluctuations?

A. Blood glucose levels

B. Urine output

C. Blood pressure

D. Temperature

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Answers

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

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Explanations

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1. What heart sound marks the onset of diastole?

A. S1

B. S2

C. S3

D. S4

The heart sound that marks the onset of diastole is S2. This sound is produced by the closure of the aortic and pulmonary valves at the end of ventricular systole, signaling the transition to the filling phase of the heart when the ventricles relax and blood flows from the atria into the ventricles. During diastole, the heart chambers fill with blood, and this process is vital for ensuring adequate output during the next contraction. Understanding the timing of these heart sounds is essential because S2 serves as an important marker for assessing the cardiac cycle's transition, particularly in evaluating heart function in clinical settings. Sounds such as S1 mark the beginning of systole, while S3 and S4 are additional sounds that can occur during diastole but do not denote the initiation of that phase. S3 can suggest volume overload or heart failure, while S4 may indicate decreased ventricular compliance, making S2 the distinctive sound representative of the end of systole and the start of diastole.

2. Which type of heart failure is indicated by signs such as JVD, dependent edema, hepatomegaly, and abdominal distention?

A. Right ventricular heart failure

B. Left ventricular heart failure

C. Systolic heart failure

D. Cardiac dysrhythmia

The signs indicated in the question—jugular venous distention (JVD), dependent edema, hepatomegaly, and abdominal distention—are characteristic of right ventricular heart failure. Right ventricular heart failure often leads to a backup of blood into the venous system due to the inability of the right ventricle to effectively pump blood to the lungs for oxygenation. As blood volume increases in the systemic circulation, it can cause various manifestations. JVD occurs due to increased pressure in the right atrium, which causes distension of the jugular veins. Dependent edema results from fluid accumulation in the lower extremities and can be exacerbated by prolonged sitting or standing. Hepatomegaly, or liver enlargement, occurs as blood backs up into the liver, potentially causing congestion and dysfunction. Abdominal distention can arise from fluid accumulation in the abdominal cavity, known as ascites, which is often associated with hepatic congestion and venous pressure. The other options do not align with the specific signs and symptoms outlined in the question. Left ventricular heart failure often features symptoms related to pulmonary congestion, such as shortness of breath and cough due to fluid backing up into the lungs. Systolic heart failure refers to the reduced ability of

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3. AKI resulting from nephrotoxicity due to drugs is classified as?

A. Prerenal

B. Infrarenal

C. Postrenal

D. Acute tubular injury

The classification of acute kidney injury (AKI) resulting from nephrotoxicity due to drugs is correctly identified as infrarenal. Infrarenal AKI refers to injury occurring within the kidney itself and is often associated with conditions that damage the renal parenchyma, such as exposure to nephrotoxic substances. In this case, the nephrotoxic drugs directly impair the renal tubules and interstitium, leading to dysfunction and a subsequent decrease in renal function. Understanding the mechanisms behind infrarenal AKI is crucial, as it often involves conditions such as acute tubular necrosis (ATN), which can result from various toxins, including medications. This classification is essential for determining the underlying cause of renal dysfunction and guiding subsequent management and treatment.

4. Which insulin is characterized by an onset of 10-20 minutes and a peak effect of 1-3 hours?

A. Lantus

B. NPH

C. Novolog

D. Regular

The insulin characterized by an onset of 10-20 minutes and a peak effect of 1-3 hours is Novolog, which is a rapid-acting insulin. This type of insulin is designed to start working quickly to help manage blood glucose levels, especially in relation to meals. The rapid onset is particularly beneficial for controlling postprandial (after meal) blood sugar spikes, making it a critical component of diabetes management. In contrast, Lantus is a long-acting insulin with no pronounced peak, primarily providing baseline insulin coverage over a 24-hour period. NPH is an intermediate-acting insulin with a longer onset and peak time compared to rapid-acting insulins like Novolog. Regular insulin has an onset of approximately 30 minutes to 1 hour and a peak effect of 2-4 hours, which is slower than the rapid-acting insulins. This specificity of Novolog's action makes it suitable for immediate blood sugar control following meals, distinguishing it from the other types of insulin mentioned.

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5. What symptom is associated with an acute infection characterized by pain around the belly button and in the right lower quadrant, along with rebound tenderness?

A. Cholecystitis

B. Appendicitis

C. Diverticulitis

D. Pancreatitis

The symptom described in the question is particularly indicative of appendicitis. In appendicitis, patients commonly experience pain that begins around the umbilical area and then shifts to the right lower quadrant as the condition progresses. This migration of pain is a classic sign associated with acute appendicitis. Rebound tenderness, which occurs when pressure applied to the abdomen is suddenly released, suggests peritoneal irritation and is a hallmark physical exam finding in cases of appendicitis. It indicates that the inflammation present is affecting the surrounding peritoneum, which aligns with the pathophysiology of appendicitis as the inflamed appendix irritates the parietal peritoneum. The other options do not typically present with these specific features. For example, cholecystitis usually presents with pain in the right upper quadrant and may radiate to the right shoulder, while diverticulitis is often associated with left lower quadrant pain. Pancreatitis presents with severe abdominal pain that is often centered in the upper abdomen, and rebound tenderness is not as prevalent in its assessment as it is with appendicitis. Thus, the symptom profile and examination findings strongly suggest appendicitis as the correct answer.

6. What is the minimum desired urine output (UOP) for a patient with HHS?

A. 20 cc/hr

B. 30 cc/hr

C. 40 cc/hr

D. 50 cc/hr

The minimum desired urine output for a patient with Hyperglycemic Hyperosmolar State (HHS) is widely recognized as 30 cc/hr. This figure is significant because maintaining adequate urine output is crucial for ensuring proper kidney function and preventing acute kidney injury, especially during conditions like HHS which can overload the kidneys due to the high levels of glucose and osmolarity in the blood. A urine output of 30 cc/hr is generally considered a reasonable benchmark reflective of adequate renal perfusion and function. It indicates that the kidneys are filtering blood effectively and excreting waste properly. If urine output falls below this level, it could signal potential complications, including renal failure or severe dehydration, which are critical concerns in patients experiencing HHS. Therefore, in managing a patient with HHS, closely monitoring urine output helps assess the patient's hydration status and renal function, guiding further interventions as necessary to elevate urine production if it decreases.

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7. What is indicated by a positive Murphy's sign during physical examination?

A. Pancreatitis

B. Diverticulitis

C. Cholecystitis

D. Appendicitis

A positive Murphy's sign is an indication of inflammation of the gallbladder, which is most commonly seen in cholecystitis. This sign is elicited during a physical examination when the patient is asked to take a deep breath while the examiner palpates the right upper quadrant of the abdomen. If the patient experiences pain and involuntarily stops inhaling, it suggests that the inflamed gallbladder is causing discomfort, confirming the presence of cholecystitis. Cholecystitis typically presents with symptoms such as right upper quadrant pain, nausea, and vomiting, often after eating fatty meals. The positive Murphy's sign is a specific clinical finding that supports the diagnosis of gallbladder inflammation as opposed to other abdominal conditions, which do not usually present with this particular sign.

8. Which medication class is indicated by the suffix -pine?

A. Beta blockers

B. Calcium channel blockers

C. ACE inhibitors

D. Diuretics

The suffix -pine is commonly associated with calcium channel blockers, a class of medications used primarily to manage hypertension and certain types of angina. Calcium channel blockers function by inhibiting the influx of calcium ions through voltage-gated calcium channels in cardiac and smooth muscle cells. By doing so, they contribute to the relaxation of vascular smooth muscle, leading to vasodilation, which lowers blood pressure and reduces the workload on the heart. Examples of medications that fall under this category include amlodipine, nifedipine, and felodipine. Understanding the pharmacological implications of this suffix can help healthcare professionals accurately identify medications and their clinical uses, ensuring safe and effective patient care.

9. Which vascular disease is characterized by a lack of oxygen to tissues resulting in symptoms such as hair loss and cool/pale extremities?

A. Peripheral vascular disease (PVD)

B. Coronary artery disease (CAD)

C. Peripheral artery disease (PAD)

D. Venous insufficiency

The choice of peripheral artery disease (PAD) is correct because it specifically pertains to the narrowing or blockage of arteries that reduces blood flow, leading to insufficient oxygen supply to the tissues. This deficiency in oxygenation can cause symptoms like hair loss and cool or pale extremities, which are indicative of inadequate blood flow. PAD typically affects the arteries in the legs, resulting in symptoms that reflect the impaired circulation in those areas. The reduced blood flow contributes to tissue ischemia, which can manifest as coldness in the limbs, changes in skin color, and loss of hair on the affected extremities due to insufficient nutrient and oxygen delivery. In contrast, other conditions like peripheral vascular disease (PVD) encompass a broader range of vascular issues but do not specifically highlight the oxygen deficiency in tissue. Coronary artery disease (CAD) primarily affects the blood supply to the heart muscle, and while it can cause chest pain or discomfort, it doesn't directly relate to the symptoms of hair loss and cool, pale extremities. Venous insufficiency involves problems with blood returning from the extremities, leading to symptoms like swelling and varicose veins, rather than the lack of oxygen associated with PAD. Therefore, recognizing the specific symptoms and the underlying pathophysiology

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10. After treatment for DKA, what should be monitored closely due to potential rapid fluctuations?

A. Blood glucose levels

B. Urine output

C. Blood pressure

D. Temperature

Monitoring blood glucose levels after treatment for diabetic ketoacidosis (DKA) is crucial because rapid fluctuations can occur due to the adjustments in insulin administration and the body's response to treatment. As insulin is given to correct the hyperglycemia and acidosis, blood glucose levels can decline sharply, leading to a risk of hypoglycemia if not closely monitored. It's important to ensure that the transition from hyperglycemia to normoglycemia is carefully managed to avoid complications that can arise from swift changes in blood sugar levels. While urine output, blood pressure, and temperature are all important to monitor in a patient recovering from DKA, they do not fluctuate as rapidly or critically in response to treatment for DKA as blood glucose levels do. For instance, urine output may be influenced by fluid administration but is not generally subject to the same immediate fluctuations as glucose levels. Blood pressure can provide insights into the patient's volume status and response to treatment but also does not vary in an acute manner directly related to DKA treatment. Temperature monitoring is essential for identifying infections or other complications but is less variable in the context of managing acute metabolic imbalances like DKA. Therefore, prioritizing blood glucose level monitoring is key to safe and effective recovery from this condition.

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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://cmsrn.examzify.com

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

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