MEDICAL-SURGICAL II (MSII) NEURO 1 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.

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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 manifestation is a physical sign of acute pain in a client with severe dementia and a fractured femur?

A. Decreased pulse rate

B. Normal pulse rate

C. Increased pulse rate

D. Decreased respiratory rate

2. Lumbar puncture: which nursing observation would be of most concern?

A. Oozing fluid on the injection site.

B. Mild post-procedure headache.

C. Back discomfort.

D. Normal vital signs.

3. A client is 6 days post craniotomy for removal of an intracerebral aneurysm. Which sign would most indicate increasing intracranial pressure?

A. Hypertension

B. Hypotension

C. Tachypnea

D. Hyperglycemia

4. Which is a key eligibility criterion for IV thrombolysis in acute ischemic stroke?

A. Onset within 24 hours, any BP, presence of intracranial hemorrhage allowed

B. Onset within 4.5 hours, no intracranial bleed on CT, baseline BP controlled below 185/110, no recent major surgery or active bleeding risk

C. Onset within 6 hours, severe anemia

D. Onset within 2 hours, history of hemorrhagic stroke in the past year

5. During an initial assessment in a long-term care facility for a client with dementia, which observation should the nurse include in the mental status evaluation?

A. Grooming

B. Long-term memory

C. Affect

D. Appetite

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6. Which symptom after lumbar puncture would require immediate medical evaluation?

A. Mild back discomfort

B. Headache

C. Fever with neck stiffness

D. Nausea

7. A nurse is discharging a client with a minor head injury. Which discharge instruction demonstrates appropriate orientation monitoring?

A. Restrict visitors for 24 hours

B. Avoid all television for 2 days

C. Discharge with no safety instructions

D. Repeat orientation questions

8. Which adverse effect should the caregiver monitor with ginkgo biloba?

A. Headache

B. Bleeding gums

C. Dizziness

D. Nausea

9. Which statement accurately describes thymectomy considerations in myasthenia gravis?

A. Thymectomy is standard first-line therapy for all MG patients

B. Thymectomy is never considered in MG

C. Thymectomy is considered in thymoma-associated MG

D. Thymectomy cures MG regardless of thymoma presence

10. A client who has Parkinson's Disease is experiencing bradykinesia. Which finding should the nurse expect?

A. Tremors at rest

B. Slurred speech

C. Hyperactivity

D. Weight fluctuations

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Answers

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

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Explanations

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1. Which manifestation is a physical sign of acute pain in a client with severe dementia and a fractured femur?

A. Decreased pulse rate

B. Normal pulse rate

C. Increased pulse rate

D. Decreased respiratory rate

When acute pain is present, the body often triggers a sympathetic "fight-or-flight" response, which commonly raises heart rate. In a patient with severe dementia who may not be able to express pain verbally, this increase in pulse rate becomes an important nonverbal cue that pain could be occurring, such as from a fractured femur. The other possibilities don't fit as well. A decreased heart rate would be unusual in acute pain unless other factors are at play (medications, specific medical conditions). A normal pulse doesn't reflect the autonomic arousal that pain typically produces. A decreased respiratory rate contradicts the typical response to acute pain, where breathing often becomes faster and shallower (tachypnea) due to sympathetic activation and distress. So, an increased pulse rate best indicates acute pain in this scenario.

2. Lumbar puncture: which nursing observation would be of most concern?

A. Oozing fluid on the injection site.

B. Mild post-procedure headache.

C. Back discomfort.

D. Normal vital signs.

A CSF leak from the puncture site is the most concerning finding after a lumbar puncture. Oozing clear fluid at the injection site signals that CSF may be escaping, which can lower intracranial pressure and increase the risk of a persistent headache and, more importantly, meningitis if infection enters through the tract. This requires prompt assessment and intervention by the nurse and timely notification of the provider. By contrast, a mild post-procedure headache is common and usually self-limited, back discomfort is expected, and normal vital signs are reassuring. The key is recognizing the CSF leak sign and treating it as a potential complication.

3. A client is 6 days post craniotomy for removal of an intracerebral aneurysm. Which sign would most indicate increasing intracranial pressure?

A. Hypertension

B. Hypotension

C. Tachypnea

D. Hyperglycemia

Rising intracranial pressure triggers a compensatory response known as the Cushing reflex, where the body raises systemic blood pressure to keep cerebral perfusion adequate. This increase in blood pressure often comes with a slowing heart rate and irregular or slowed respirations. Among the options, hypertension is the sign most indicative of increasing ICP. Hypotension would worsen cerebral perfusion and isn't a feature of rising ICP, tachypnea is nonspecific, and hyperglycemia is a stress response, not a direct indicator of ICP status. If hypertension accompanies changes in heart rate or breathing in a post-craniotomy patient, it should prompt immediate assessment for possible elevated ICP and appropriate neuro-monitoring actions.

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4. Which is a key eligibility criterion for IV thrombolysis in acute ischemic stroke?

A. Onset within 24 hours, any BP, presence of intracranial hemorrhage allowed

B. Onset within 4.5 hours, no intracranial bleed on CT, baseline BP controlled below 185/110, no recent major surgery or active bleeding risk

C. Onset within 6 hours, severe anemia

D. Onset within 2 hours, history of hemorrhagic stroke in the past year

IV thrombolysis for acute ischemic stroke is given only to patients who are likely to benefit from clot dissolution without an unacceptable risk of bleeding. The most important eligibility criteria include a symptom onset within a limited time window, imaging that excludes hemorrhage, and physiological factors that minimize bleeding risk. Specifically, treatment is considered when symptoms began within 4.5 hours, a brain CT shows no intracranial bleed, baseline blood pressure can be controlled to below 185/110, and there is no recent major surgery or active bleeding risk. These conditions together reduce the chance of converting a ischemic stroke into a hemorrhagic one while allowing the drug to help restore blood flow. This is why the correct choice is the best: it accurately reflects the critical time frame, the need to rule out intracranial hemorrhage on imaging, and the key safety thresholds for blood pressure and recent procedures or bleeding risks. The other options misstate the time window or include contraindications that would make thrombolysis unsafe, such as a history of hemorrhagic stroke or allowing a hemorrhage on imaging.

5. During an initial assessment in a long-term care facility for a client with dementia, which observation should the nurse include in the mental status evaluation?

A. Grooming

B. Long-term memory

C. Affect

D. Appetite

Grooming is a key part of the mental status assessment because it reflects the client's ability to perform self-care and maintain personal hygiene, which depend on cognitive function and executive skills often affected by dementia. Noting whether the person's grooming is appropriate and consistent provides baseline information about functional status and potential progression of cognitive decline. While memory, mood (affect), and appetite are important components of overall assessment, they are evaluated through specific questions and tests rather than a single bedside observation of appearance. Observing grooming offers immediate insight into daily functioning, which is essential in an initial mental status evaluation in dementia.

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6. Which symptom after lumbar puncture would require immediate medical evaluation?

A. Mild back discomfort

B. Headache

C. Fever with neck stiffness

D. Nausea

Fever with neck stiffness after a lumbar puncture is a red flag that signals possible meningitis or another CNS infection. The LP breaches the protective barriers around the brain and spinal cord, so new fever coupled with meningeal signs suggests an infection rather than a benign post-procedure symptom. This combination warrants urgent evaluation to confirm the diagnosis and start treatment promptly, because bacterial meningitis can progress rapidly and become life-threatening. Mild back discomfort or a post-lumbar puncture headache and nausea can occur commonly after the procedure and are usually self-limiting or manageable. They don't typically indicate a serious infection. The presence of fever with neck stiffness, however, shifts the concern toward meningitis and requires immediate medical attention and workup.

7. A nurse is discharging a client with a minor head injury. Which discharge instruction demonstrates appropriate orientation monitoring?

A. Restrict visitors for 24 hours

B. Avoid all television for 2 days

C. Discharge with no safety instructions

D. Repeat orientation questions

Monitoring cognitive status after a head injury is essential because even a minor concussion can cause subtle changes in awareness or orientation that signal a worsening condition. Repeating orientation questions helps establish a baseline and track any shifts in awareness of who they are, where they are, the current time, and the situation. If orientation begins to deteriorate, it can indicate problems such as increased intracranial pressure or ongoing concussion effects, requiring prompt medical evaluation. Therefore, a discharge instruction that emphasizes continuing to check orientation demonstrates appropriate care. The other options don't address ongoing cognitive monitoring. Restricting visitors, avoiding television, or discharging with no safety instructions don't provide a mechanism to detect early neuro changes or guide the patient and family on when to seek care if symptoms worsen.

8. Which adverse effect should the caregiver monitor with ginkgo biloba?

A. Headache

B. Bleeding gums

C. Dizziness

D. Nausea

Ginkgo biloba can affect bleeding risk because it has antiplatelet effects that inhibit platelet aggregation. This means it can prolong bleeding and increase the chance of spontaneous or easy bleeding, especially if the person is also taking other anticoagulants or antiplatelet meds. Therefore the caregiver should monitor for signs of bleeding, with bleeding gums being a noticeable and easily observed indication that warrants attention. While headaches, dizziness, and nausea can occur with ginkgo, they do not reflect a bleeding risk as directly as gum bleeding. If bleeding is observed, consult the clinician and review medications, and consider stopping ginkgo, particularly before any surgical procedures.

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9. Which statement accurately describes thymectomy considerations in myasthenia gravis?

A. Thymectomy is standard first-line therapy for all MG patients

B. Thymectomy is never considered in MG

C. Thymectomy is considered in thymoma-associated MG

D. Thymectomy cures MG regardless of thymoma presence

Thymus involvement in MG is central to how the disease is managed when a thymic tumor is present. A thymoma can drive the autoimmune process that attacks the acetylcholine receptors, so removing the thymus tumor is an oncologic necessity and often helps the MG as well. Therefore, thymectomy is considered in thymoma-associated MG because it addresses the tumor burden and can reduce the immune drive behind MG, with potential improvement in symptoms. This isn't a universal first-line therapy for every MG patient, and it doesn't guarantee a cure. Many MG patients start with symptomatic treatment or immunosuppression, and thymectomy may be added based on factors like age, MG subtype, and antibody status. In those without thymoma, thymectomy can still be considered for select patients, but the benefit is not guaranteed and varies by individual.

10. A client who has Parkinson's Disease is experiencing bradykinesia. Which finding should the nurse expect?

A. Tremors at rest

B. Slurred speech

C. Hyperactivity

D. Weight fluctuations

Bradykinesia means slowed initiation and execution of movements, a hallmark of Parkinson's. This motor slowing often comes with a resting tremor—the classic pill-rolling tremor that occurs when the muscles are at rest and may lessen with purposeful movement. So, alongside bradykinesia, a nurse would commonly observe tremors at rest as a characteristic finding. Hyperactivity doesn't fit Parkinson's motor picture, which is defined by slowed and reduced movement. Weight fluctuations can occur for various reasons but are not direct features of bradykinesia. Slurred speech can occur due to reduced coordination of facial and speech muscles (hypokinetic dysarthria), but the most typical accompanying sign to bradykinesia is a resting tremor.

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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://ms2neuro1.examzify.com

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

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