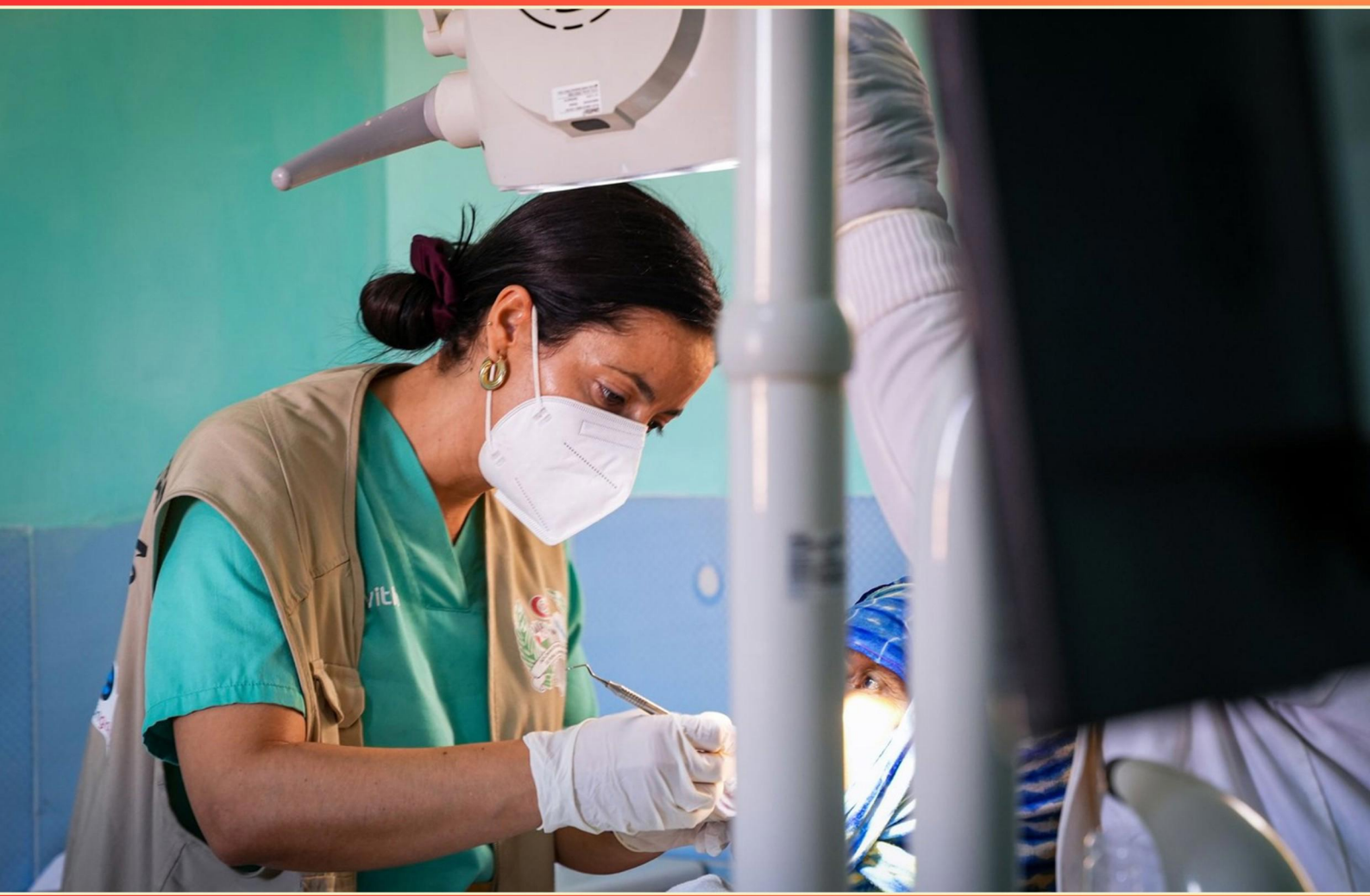
PROPHECY HEALTH MEDICAL SURGICAL RN A PRACTICE TEST (SAMPLE)

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. **What does a nurse assess for when monitoring a patient's fluid volume status?**

   A. Daily dietary intake

   B. Intake and output records and daily weights

   C. Signs of dehydration alone

   D. Patient's oral fluid preferences

2. **For which patient population is the pneumococcal vaccine PPSV23 indicated?**

   A. Children under 2 years old

   B. Adults aged 65 years and older

   C. Adults aged 30-50 years

   D. Pregnant women

3. **What is the most appropriate action when a patient expresses a desire not to be resuscitated but is listed as a full code?**

   A. Ignore the patient's statement

   B. Discuss code status with the patient and follow up with the provider

   C. Inform the nursing supervisor immediately

   D. Document the statement in the chart only

4. **What would be a typical finding on a patient with heart failure during a physical assessment?**

   A. Bradycardia

   B. Wheezing

   C. Jaundice

   D. Positive Homan's sign

5. **A patient with diabetes who is receiving peritoneal dialysis is at risk for which of the following complications?**

   A. Hypoglycemia

   B. Hyperkalemia

   C. Dehydration

   D. Hyperglycemia

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6. Your patient takes regular insulin and NPH twice a day for glucose control. When should they be taught to be alert for signs of hypoglycemia?

A. Late morning and early evening

B. Late afternoon and early morning

C. Midday and bedtime

D. Early afternoon and overnight

7. What are the most common causes of acute onset pancreatitis?

A. Diabetes and obesity

B. Alcoholism and gallstones

C. Viral infections and high-fat diet

D. Trauma and surgery

8. What type of personal protective equipment is needed for a patient with C. diff?

A. Mask and gloves

B. Gown and gloves

C. Face shield and gown

D. Gloves only

9. When assessing a surgical patient's wound, what is a sign of an evisceration?

A. Presence of color change in the incision

B. Redness and swelling around the sutures

C. The appearance of abdominal organs through the incision site

D. Discharge of clear fluid from the incision

10. What lab values are expected in a patient with end stage renal disease on hemodialysis?

A. BUN 10, Creatinine 1.2

B. BUN 32, Creatinine 8.32

C. BUN 20, Creatinine 5.0

D. BUN 30, Creatinine 2.5

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Answers

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

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Explanations

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1. What does a nurse assess for when monitoring a patient's fluid volume status?

A. Daily dietary intake

B. Intake and output records and daily weights

C. Signs of dehydration alone

D. Patient's oral fluid preferences

When monitoring a patient's fluid volume status, assessing intake and output records along with daily weights is crucial. This approach provides a comprehensive picture of the patient's fluid balance. Tracking intake and output allows the nurse to measure the exact amounts of fluids the patient consumes and excretes, which is essential for determining whether the patient is maintaining a stable fluid balance, is in fluid overload, or is experiencing dehydration. Any significant discrepancies between the amount of fluid taken in versus the amount lost can provide early indications of potential fluid-related complications. Daily weights are equally important as they reflect changes in the body's fluid volume. A change in weight of more than 1-2 pounds in a day can indicate a notable shift in fluid status. Weight gain can suggest fluid retention, while weight loss may indicate dehydration or fluid deficits. This multifaceted approach helps the nurse make informed clinical decisions regarding the patient's management, interventions, and overall care plan. Other options, while potentially relevant, do not provide the same level of accurate and quantitative assessment needed for effective fluid volume monitoring.

2. For which patient population is the pneumococcal vaccine PPSV23 indicated?

A. Children under 2 years old

B. Adults aged 65 years and older

C. Adults aged 30-50 years

D. Pregnant women

The pneumococcal vaccine PPSV23 is specifically indicated for adults aged 65 years and older due to their increased risk of pneumococcal diseases, which can lead to serious complications such as pneumonia, meningitis, and sepsis. This age group typically has a weakened immune response and higher incidence of chronic diseases, making them more vulnerable to infections. The vaccine helps provide protection against various strains of Streptococcus pneumoniae, reinforcing the immune system's ability to combat these pathogens. While children under 2 years old, adults aged 30-50 years, and pregnant women may also receive vaccinations or have specific recommendations, PPSV23 does not target these populations in the same manner as it does for those aged 65 and over. For instance, younger children typically receive a different formulation of the pneumococcal vaccine (PCV13), and various recommendations exist for pregnant women that may differ based on individual risk factors. Therefore, the primary focus of PPSV23 is on older adults who are most susceptible to the severe outcomes of pneumococcal infections.

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3. What is the most appropriate action when a patient expresses a desire not to be resuscitated but is listed as a full code?

A. Ignore the patient's statement

B. Discuss code status with the patient and follow up with the provider

C. Inform the nursing supervisor immediately

D. Document the statement in the chart only

When a patient expresses a desire not to be resuscitated while being designated as a full code, it is essential to address the patient's preferences regarding their care. Discussing code status with the patient and then following up with the provider is the most appropriate action. This allows for a respectful conversation that honors the patient's wishes, ensuring they understand what being a full code entails and empowering them to make informed decisions about their treatment options. Furthermore, initiating this conversation provides an opportunity to clarify any misconceptions the patient may have about resuscitation and allows the healthcare team to address any concerns. Following up with the provider is crucial because any change in the patient's code status needs to be formally documented and communicated within the healthcare team to ensure that everyone involved in the patient's care is aware of and respects their wishes. While documenting the patient's statement is important, it does not substitute for having a dialogue about their preferences and following the proper channels to update their code status. Ignoring the patient's statement could lead to distress and a violation of their autonomy, and informing the nursing supervisor without discussing the matter with the patient first does not appropriately prioritize the patient's rights and wishes.

4. What would be a typical finding on a patient with heart failure during a physical assessment?

A. Bradycardia

B. Wheezing

C. Jaundice

D. Positive Homan's sign

Wheezing is a typical finding in patients with heart failure due to the accumulation of fluid in the lungs, leading to pulmonary congestion. This fluid can cause bronchial irritation and narrowing, which may manifest as wheezing during a physical assessment. Patients in heart failure often experience difficulty breathing, especially during exertion or when lying flat (orthopnea), and may present with crackles or rales upon auscultation. The presence of wheezing indicates that the heart is unable to effectively pump blood, resulting in fluid buildup and respiratory complications. The other options do not commonly present in heart failure. Bradycardia, or a slow heart rate, is not typical for heart failure, which often may be associated with tachycardia instead. Jaundice is more indicative of liver dysfunction rather than heart failure. A positive Homan's sign, which suggests the presence of deep vein thrombosis, is not a direct finding associated with heart failure. Therefore, the presence of wheezing in a patient with heart failure is a significant indicator of the disease's impact on respiratory function.

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5. A patient with diabetes who is receiving peritoneal dialysis is at risk for which of the following complications?

A. Hypoglycemia

B. Hyperkalemia

C. Dehydration

D. Hyperglycemia

In patients with diabetes undergoing peritoneal dialysis, the correct answer is hyperglycemia. This complication arises primarily due to the glucose content of the dialysate solution used in peritoneal dialysis. Most commercial dialysate solutions contain significant amounts of glucose, which can be absorbed into the bloodstream during the dialysis process. For a patient with diabetes, especially those who may have impaired insulin secretion or action, this additional glucose load can lead to elevated blood sugar levels, resulting in hyperglycemia. Additionally, managing blood sugar levels can be challenging for diabetic patients undergoing this treatment, as fluctuations in glucose can occur due to the absorption of glucose from the dialysis fluid. As a result, careful monitoring and management of blood glucose levels are essential in this patient population to avoid complications associated with prolonged hyperglycemia, such as increased risk of infections, cardiovascular stress, and damage to other organ systems. In contrast, the other complications listed are less directly related to the mechanisms of peritoneal dialysis and the glucose it introduces into the body.

6. Your patient takes regular insulin and NPH twice a day for glucose control. When should they be taught to be alert for signs of hypoglycemia?

A. Late morning and early evening

B. Late afternoon and early morning

C. Midday and bedtime

D. Early afternoon and overnight

The correct time for the patient to be alert for signs of hypoglycemia is late afternoon and early morning due to the pharmacokinetics of the insulins being used. Regular insulin has a rapid onset and is designed to cover glucose levels during meal times, typically peaking around 2 to 4 hours after administration. NPH (Neutral Protamine Hagedorn) insulin, being an intermediate-acting insulin, has a delayed onset with a peak effect around 4 to 6 hours after injection. The combination of these two types of insulin, especially when taken twice a day, increases the risk of hypoglycemia during the periods following their peak action. In the context of the dosing schedule likely used with twice-daily injections, the late afternoon would be a time when levels of NPH insulin begin to decrease, but if there's been unexpected activity or insufficient carbohydrate intake, hypoglycemia could occur. Early morning is another critical time as NPH may still be present in circulation, potentially lowering glucose levels before breakfast if the patient did not consume enough food or if there was an unaccounted factor like increased physical activity. In contrast, the other options do not align as well with this pattern of action for the insulins involved.

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7. What are the most common causes of acute onset pancreatitis?

A. Diabetes and obesity

B. Alcoholism and gallstones

C. Viral infections and high-fat diet

D. Trauma and surgery

The most common causes of acute onset pancreatitis are alcoholism and gallstones. This is primarily because both of these factors are directly linked to the disruption of normal pancreatic function. Alcoholism can lead to acute pancreatitis through several mechanisms. Ethanol consumption stimulates the pancreas to secrete a greater volume of digestive enzymes. Additionally, alcohol can cause spasms of the sphincter of Oddi— the muscle that controls the flow of digestive juices from the pancreas and gallbladder into the small intestine. These spasms can lead to increased pressure within the pancreatic duct, promoting pancreatic injury and inflammation. Over time, excessive alcohol consumption can also promote fat deposits in the pancreas, worsening inflammation. Gallstones contribute to acute pancreatitis by obstructing the pancreatic duct. When a gallstone gets lodged in the duct, it prevents the normal flow of pancreatic secretions, leading to increased intra-ductal pressure. This pressure can result in the backup of enzymes, causing the pancreas to auto-digest itself, leading to inflammation and pancreatitis. While other factors like diabetes, obesity, trauma, and surgery can play roles in pancreatic health, they are not the predominant causes of acute pancreatitis. The specific involvement of alcoholism and gallstones makes them the most significant factors in

8. What type of personal protective equipment is needed for a patient with C. diff?

A. Mask and gloves

B. Gown and gloves

C. Face shield and gown

D. Gloves only

For a patient with Clostridium difficile (C. diff), the use of a gown and gloves is essential for preventing the spread of this infection. C. diff is transmitted primarily through the fecal-oral route, often through contaminated surfaces or hands. When caring for a patient diagnosed with C. diff, healthcare providers must wear gloves to protect themselves from coming into contact with the bacteria, particularly during activities such as changing linens, providing hygiene care, or administering medications. The gown serves as a physical barrier to protect the healthcare worker's clothing and skin from potential contamination. This is particularly important since C. diff spores can persist on surfaces and materials, making contamination possible. The combination of gloves and gowns creates a robust approach to infection control, ensuring that healthcare workers minimize the risk of transmission to themselves and to other patients within the healthcare environment. Using just gloves, or a mask and gloves, would not provide sufficient protection in this context, as the clothing could still become contaminated. Similarly, while a face shield and gown provide good protection in other contexts, they are not specifically necessary for C. diff transmission, where the primary concern is contact with contaminated surfaces and bodily fluids. Thus, the combination of gown and gloves is the most effective protective strategy against

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9. When assessing a surgical patient's wound, what is a sign of an evisceration?

A. Presence of color change in the incision

B. Redness and swelling around the sutures

C. The appearance of abdominal organs through the incision site

D. Discharge of clear fluid from the incision

The presence of abdominal organs through the incision site is a definitive sign of an evisceration. Evisceration occurs when the internal organs protrude through a wound or incision, typically due to a failure in the surgical closure. This is a medical emergency that requires immediate attention, as it exposes the organs to potential infection and other complications. It is important for healthcare providers to recognize this sign promptly to initiate appropriate treatment, which may involve covering the exposed organs with sterile dressings and preparing the patient for possible surgical intervention to repair the wound and reposition the organs safely. The other signs, such as color change in the incision, redness and swelling around the sutures, and discharge of clear fluid, can indicate other complications, like infection or normal healing processes, but they do not indicate evisceration.

10. What lab values are expected in a patient with end stage renal disease on hemodialysis?

A. BUN 10, Creatinine 1.2

B. BUN 32, Creatinine 8.32

C. BUN 20, Creatinine 5.0

D. BUN 30, Creatinine 2.5

In end-stage renal disease (ESRD), particularly in patients undergoing hemodialysis, lab values such as blood urea nitrogen (BUN) and creatinine levels typically reflect significantly impaired kidney function. The kidneys are responsible for filtering waste products, including urea and creatinine, from the blood. In patients with ESRD on hemodialysis, BUN and creatinine levels are often markedly elevated due to the accumulation of these waste products when the kidneys can no longer perform their filtration functions effectively. The expected lab values in such patients are significantly higher than those seen in individuals with normal kidney function. The chosen answer reflects elevated BUN and creatinine levels that are consistent with the state of ESRD. Specifically, a BUN of 32 and a creatinine level of 8.32 indicate that the patient's kidney function is severely compromised, and they are likely retaining high levels of these waste products in the bloodstream. In contrast, other options present values that do not align with the severity associated with end-stage renal disease. For instance, values such as a BUN of 10 or a creatinine of 1.2 suggest normal kidney function, while lower levels of BUN and creatinine imply that the kidneys are still filtering

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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:

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

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