RELIAS MEDICAL SURGICAL TELEMETRY 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. **Semi-Fowler's position is defined by head of bed elevation in what degree range?**

   A. 15 to 45 degrees

   B. 0 degrees

   C. 60 to 90 degrees

   D. 90 degrees

2. **What is the minimum mean arterial pressure (MAP) to ensure organ perfusion in most adults?**

   A. 90 mmHg

   B. 65 mmHg

   C. 45 mmHg

   D. 110 mmHg

3. **In metabolic acidosis with appropriate respiratory compensation, what would you expect to see on arterial blood gas?**

   A. Low pH, high HCO_3^-, low $PaCO_2$

   B. High pH, low HCO_3^-, low $PaCO_2$

   C. Low pH, low HCO_3^-, low $PaCO_2$

   D. Normal pH

4. **For an IV fluid order of D5W 1000 ml to be delivered over 6 hours, what hourly rate should be programmed?**

   A. 150 ml/hour

   B. 166 ml/hour

   C. 180 ml/hour

   D. 167 ml/hour

5. **During suctioning, which option correctly describes the technique?**

   A. Suction during insertion toward the trachea

   B. Suction in a circular motion while the catheter is being pulled out

   C. Apply suction continuously for 60 seconds

   D. Suction only after the catheter is removed

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6. Before a CT with IV contrast in a patient with diabetes, which medication should be checked in the medical record?

A. Insulin

B. Metformin

C. Glyburide

D. Lisinopril

7. The provider orders an IV infusion of D5W 1000 ml to infuse over the next 6 hours. How many ml per hour would the IV pump be set to?

A. 100

B. 150

C. 167

D. 200

8. A patient on telemetry develops tachycardia without immediate hemodynamic compromise. What is the first step in management?

A. Administer beta-blocker

B. Obtain echocardiogram

C. Start vasopressor

D. Identify and treat reversible causes (pain, hypoxia, anxiety, fever) and reassess

9. Which is a key nursing consideration when a patient is receiving diuretic therapy?

A. Monitor electrolytes (potassium and magnesium), blood pressure, and urine output.

B. Discontinue all fluids during diuretic therapy.

C. Limit electrolyte monitoring to once daily.

D. Only monitor urine output; electrolytes are not needed.

10. What is the time window for IV thrombolytic therapy in eligible ischemic stroke patients?

A. Within 24 hours

B. Within 12 hours

C. Within 6-8 hours

D. Within 3-4.5 hours

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Answers

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

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Explanations

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1. Semi-Fowler's position is defined by head of bed elevation in what degree range?

A. 15 to 45 degrees

B. 0 degrees

C. 60 to 90 degrees

D. 90 degrees

The key idea here is the level of head-of-bed elevation that defines different Fowler's positions. Semi-Fowler's is a partial elevation, typically around 15 to 45 degrees. This sits between lying flat (0 degrees) and high Fowler's (60–90 degrees). In practice, this angle range helps improve diaphragmatic movement and ventilation while still offering comfort and reducing aspiration risk during feeding or recovery. While some settings may use 30–45 degrees as the standard for semi-Fowler's, the common understanding is that 15–45 degrees best captures the semi-Fowler's range. Full upright at 90 degrees is high Fowler's, and 0 degrees is flat, not semi-Fowler's.

2. What is the minimum mean arterial pressure (MAP) to ensure organ perfusion in most adults?

A. 90 mmHg

B. 65 mmHg

C. 45 mmHg

D. 110 mmHg

Mean arterial pressure reflects the average pressure driving blood through the arteries and tissues during a cardiac cycle. For most adults, a MAP of about 65 mmHg provides enough pressure to maintain perfusion of vital organs like the brain, kidneys, and heart. If MAP drops below this level, the risk of end-organ ischemia increases, which is why 65 mmHg is used as a practical minimum target in many clinical settings. MAP can be estimated as diastolic pressure plus one third of the pulse pressure (pulse pressure = systolic minus diastolic). In practice, clinicians aim for at least 65 mmHg, with higher targets in certain unstable conditions. The other values are not the threshold for adequate perfusion: 90 mmHg is unnecessarily high as a minimum, 45 mmHg is too low to sustain perfusion, and 110 mmHg does not represent the minimum perfusion target.

3. In metabolic acidosis with appropriate respiratory compensation, what would you expect to see on arterial blood gas?

A. Low pH, high HCO3-, low PaCO2

B. High pH, low HCO3-, low PaCO2

C. Low pH, low HCO3-, low PaCO2

D. Normal pH

Metabolic acidosis lowers the bicarbonate (HCO3-) level. The body compensates by increasing ventilation to blow off CO2, which drives the reaction toward less acidity and lowers the PaCO2. When this respiratory compensation is appropriate, the arterial blood gas shows an acidic pH, a reduced HCO3-, and a reduced PaCO2. In numbers, pH would be below 7.35, HCO3- below 22 mEq/L, and PaCO2 below the normal range (often decreased to the 30s mmHg).

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4. For an IV fluid order of D5W 1000 ml to be delivered over 6 hours, what hourly rate should be programmed?

A. 150 ml/hour

B. 166 ml/hour

C. 180 ml/hour

D. 167 ml/hour

Rate = total volume ÷ time. 1000 mL over 6 hours equals 1000 ÷ 6 = 166.7 mL per hour. Infusion pumps typically use whole numbers, so round to the nearest whole mL: 167 mL/hour. This delivers about 1002 mL in 6 hours, very close to the prescribed 1000 mL (166 mL/hour would deliver 996 mL, a bit less).

5. During suctioning, which option correctly describes the technique?

A. Suction during insertion toward the trachea

B. Suction in a circular motion while the catheter is being pulled out

C. Apply suction continuously for 60 seconds

D. Suction only after the catheter is removed

Suctioning is done as you withdraw the catheter, not while you insert it. This limits airway trauma and prevents pushing secretions deeper as the catheter is advanced. As you pull the catheter back, apply suction in short bursts and rotate gently to help bring secretions into the catheter. Keep each suction pass brief—about 10 to 15 seconds—and reassess the patient's oxygenation between attempts. Continuous suction for a long duration (such as 60 seconds) increases risks of hypoxemia and mucosal injury, and suctioning after the catheter has been removed won't clear the airway. So, the best technique is to apply suction during withdrawal, with brief, intermittent passes and careful monitoring.

6. Before a CT with IV contrast in a patient with diabetes, which medication should be checked in the medical record?

A. Insulin

B. Metformin

C. Glyburide

D. Lisinopril

The main idea is preventing a potential metabolic complication from IV contrast in a patient with diabetes. Iodinated contrast can transiently affect kidney function, and if the kidneys aren't clearing well, metformin can accumulate and increase the risk of lactic acidosis. That's why the medication list should be checked for metformin before the scan. The usual plan is to hold metformin on the day of the procedure and for 24 to 48 hours afterward, then restart once kidney function is confirmed to be stable (creatinine/eGFR in an acceptable range). Insulin and other diabetes meds may require their own glucose management considerations, but metformin specifically poses the lactic acidosis risk with contrast.

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7. The provider orders an IV infusion of D5W 1000 ml to infuse over the next 6 hours. How many ml per hour would the IV pump be set to?

A. 100

B. 150

C. 167

D. 200

Calculating the infusion rate means dividing the total volume by the time over which it should be delivered. Here, 1000 mL over 6 hours equals 1000 ÷ 6 = 166.666… mL per hour. In practice, you set the IV pump to about 167 mL/hour (or 166.7 mL/hour if the pump allows decimals). Why this is the best setting: it delivers the full 1000 mL evenly over the 6-hour period, matching the order. If you used 100 mL/hour, the infusion would take 10 hours to deliver 1000 mL. At 150 mL/hour, it would take about 6.67 hours to deliver 1000 mL (not exactly 6 hours). At 200 mL/hour, it would finish in 5 hours.

8. A patient on telemetry develops tachycardia without immediate hemodynamic compromise. What is the first step in management?

A. Administer beta-blocker

B. Obtain echocardiogram

C. Start vasopressor

D. Identify and treat reversible causes (pain, hypoxia, anxiety, fever) and reassess

In a patient with telemetry-detected tachycardia who is not showing immediate hemodynamic compromise, the priority is to find and fix reversible factors driving the fast heart rate. Pain, hypoxia, anxiety, and fever are common triggers that raise sympathetic activity and push the heart rate up. Start by ensuring adequate oxygenation and breathing, assess for pain and treat it appropriately, manage fever with antipyretics if present, and provide reassurance or anxiolysis if anxiety is contributing. Also check volume status and correct any dehydration, and look for other reversible causes such as caffeine intake, stimulant use, anemia, or infection. After addressing these factors, reassess the patient's heart rate and stability. Only if tachycardia persists or the patient becomes unstable would further interventions (like rate control medications, vasopressors for hypotension, or diagnostic tests) be considered. This approach targets the most common and correctable causes first and avoids unnecessary treatment.

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9. Which is a key nursing consideration when a patient is receiving diuretic therapy?

A. Monitor electrolytes (potassium and magnesium), blood pressure, and urine output.

B. Discontinue all fluids during diuretic therapy.

C. Limit electrolyte monitoring to once daily.

D. Only monitor urine output; electrolytes are not needed.

Monitoring fluid and electrolyte balance is essential when a patient is on diuretic therapy. These drugs remove excess fluid but can disturb electrolytes and blood pressure, so watching electrolytes—especially potassium and magnesium—helps detect imbalances that can lead to serious issues like arrhythmias or neuromuscular symptoms. Tracking potassium and magnesium is especially important because most diuretics cause potassium loss, while potassium-sparing options can raise potassium levels; knowing these values guides adjustments and safety precautions. Regular blood pressure checks and urine output measurements show both how well the diuretic is working and whether there is overdiuresis or hypotension. Together, electrolyte levels, blood pressure, and urine output give a complete picture of safety and effectiveness. Conversely, stopping all fluids, limiting electrolyte monitoring to once daily, or monitoring only urine output would miss key risks and fail to protect the patient.

10. What is the time window for IV thrombolytic therapy in eligible ischemic stroke patients?

A. Within 24 hours

B. Within 12 hours

C. Within 6-8 hours

D. Within 3-4.5 hours

The key idea is that IV thrombolytic therapy for ischemic stroke is time-sensitive: treating as soon as possible improves outcomes, but the risk of bleeding rises with delay. The accepted window for giving IV alteplase (tPA) to eligible adults is up to 4.5 hours after stroke onset. This extended window comes from trials like ECASS III, which showed benefit within 3 to 4.5 hours in selected patients, while earlier data demonstrated clear benefit within 3 hours. In practice, clinicians aim to treat as early as possible and complete rapid assessment to determine eligibility, with a target door-to-needle time of about 60 minutes. So the option reflecting treatment within the 3–4.5 hour span corresponds to the extended, guideline-backed window for IV thrombolysis in eligible patients.

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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://reliasmedsurgtelemetryrna.examzify.com

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

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