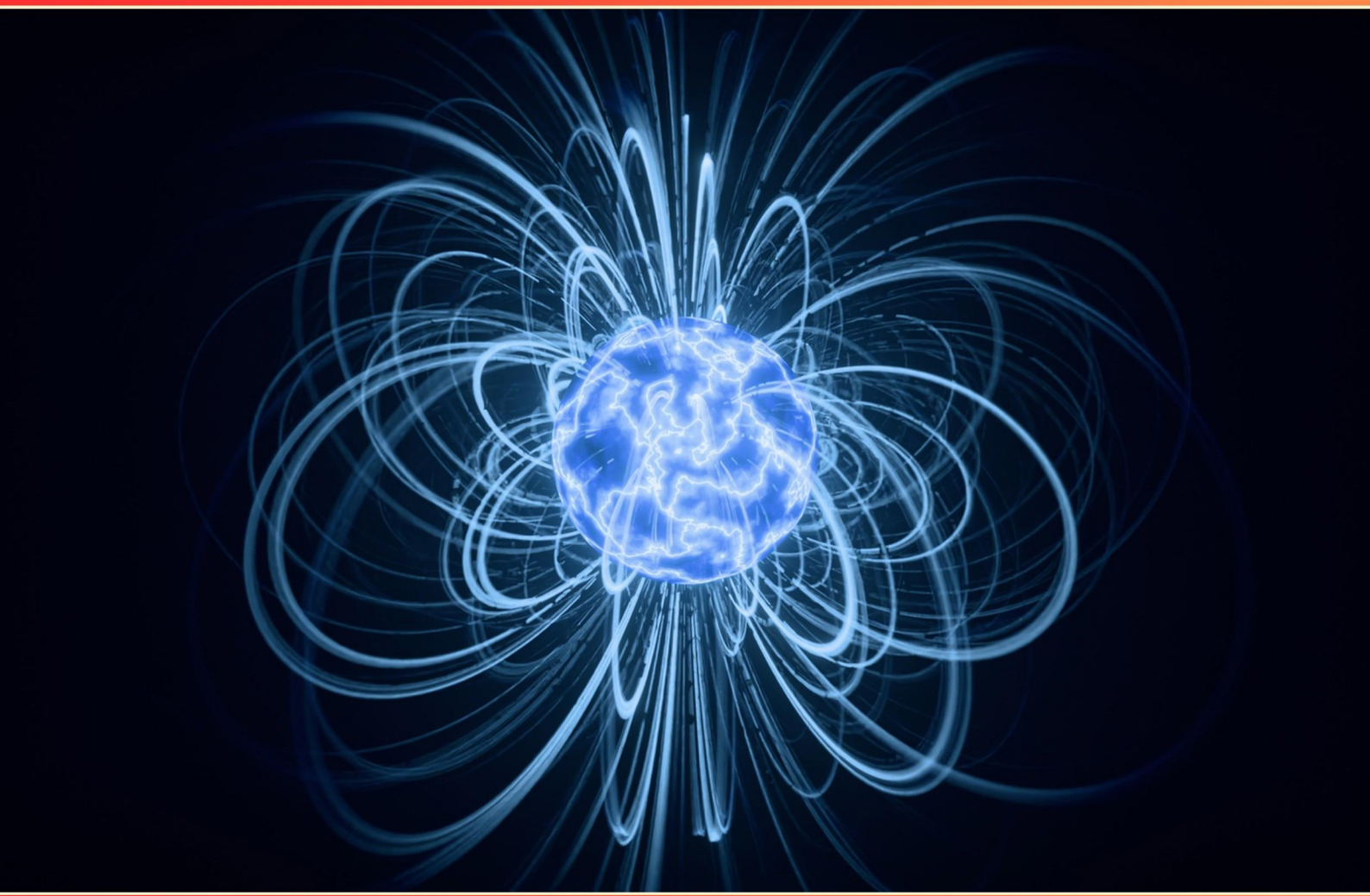
# SAUNDERS NEUROLOGICAL PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE**

https://saundersneuro.examzify.com

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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 mechanism is listed as a cause of hydrocephalus in the material?**

A. Closure of cranial sutures

B. Small aqueduct of Sylvius

C. Enlarged foramen of Monro

D. Increased arachnoid villi

**2. Which nerve mediates parasympathetic input to the heart, slowing heart rate in the context described?**

A. Vagus (CN X)

B. Glossopharyngeal (CN IX)

C. Hypoglossal (CN XII)

D. Spinal accessory (CN XI)

**3. Which action most directly reduces aspiration risk in a patient with a spinal cord injury?**

A. Incentive spirometry to improve airway clearance

B. High-flow oxygen via mask

C. Rapid ambulation to increase mobility

D. Increased humidity alone

**4. Which suggestion is NOT appropriate to minimize aspiration during meals for a client with myasthenia gravis?**

A. Sit straight up in the chair while eating

B. Chew thoroughly

C. Cut food into very small pieces

D. Lift the head while swallowing liquids

**5. After transsphenoidal resection of the pituitary gland, the nurse notes CSF leakage on the nasal dressing. What action is most appropriate?**

A. Document the findings

B. Reinforce the dressing

C. Notify the health care provider (HCP)

D. Mark the area of drainage and monitor further drainage

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**6. Which environmental management measure is recommended to help reduce ICP in neurocritical care?**

A. Reduce environmental noise

B. Allow visitors unrestricted

C. Wake patient frequently for status checks

D. Cluster activities to minimize interruptions

**7. Which practice is essential to reduce infection risk when handling an ICP monitoring system?**

A. Use strict aseptic technique when touching the monitoring system

B. Change drainage tubing every 24 hours

C. Position the client in Sims' position

D. Discontinue monitoring after 24 hours

**8. An unconscious patient has persistent hyperthermia with no signs of infection. Which brain structure's dysfunction is most consistent with this presentation?**

A. Cerebrum

B. Cerebellum

C. Hippocampus

D. Hypothalamus

**9. Which communication strategy is most appropriate for a client with global aphasia?**

A. Use simple yes/no questions

B. Speak in long, complex sentences

C. Use gestures exclusively

D. Rely on written notes

**10. Which ABG pair is appropriate for maintaining normal ICP in a brain-injured patient on ventilation?**

A. $PaO_2$ 60 to 100 mm Hg, $PaCO_2$ 25 to 30 mm Hg

B. $PaO_2$ 60 to 100 mm Hg, $PaCO_2$ 30 to 35 mm Hg

C. $PaO_2$ 80 to 100 mm Hg, $PaCO_2$ 25 to 30 mm Hg

D. $PaO_2$ 80 to 100 mm Hg, $PaCO_2$ 35 to 38 mm Hg

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# Answers

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

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# Explanations

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## 1. Which mechanism is listed as a cause of hydrocephalus in the material?

A. Closure of cranial sutures

B. Small aqueduct of Sylvius

C. Enlarged foramen of Monro

D. Increased arachnoid villi

*Premature fusion of the cranial sutures restricts skull growth. When the sutures close early, the skull cannot expand to accommodate the increasing brain and CSF volume in infancy. This limited capacity raises intracranial pressure and forces the ventricles to dilate, leading to hydrocephalus. The material identifies this mechanism as a cause. The other options describe true pathways of hydrocephalus—obstruction of CSF flow within the ventricular system (narrowing of the aqueduct of Sylvius or blockage at the foramen of Monro) or impaired CSF absorption at the arachnoid villi leading to communicating hydrocephalus—but the listed mechanism in this context is closure of cranial sutures.*

## 2. Which nerve mediates parasympathetic input to the heart, slowing heart rate in the context described?

A. Vagus (CN X)

B. Glossopharyngeal (CN IX)

C. Hypoglossal (CN XII)

D. Spinal accessory (CN XI)

*Parasympathetic control of the heart is carried by the vagus nerve. The vagus carries preganglionic parasympathetic fibers that reach the cardiac plexus and release acetylcholine onto M2 receptors in the SA and AV nodes. This action slows the heart rate (negative chronotropy) and reduces conduction through the AV node (negative dromotropy), producing the slowing described. The other nerves listed do not mediate cardiac parasympathetic input: the glossopharyngeal nerve mainly supplies parasympathetic fibers to the parotid gland; the hypoglossal nerve controls tongue muscles; the spinal accessory nerve supplies neck and shoulder muscles. Therefore, the nerve responsible for slowing heart rate via parasympathetic input is the vagus nerve.*

## 3. Which action most directly reduces aspiration risk in a patient with a spinal cord injury?

A. Incentive spirometry to improve airway clearance

B. High-flow oxygen via mask

C. Rapid ambulation to increase mobility

D. Increased humidity alone

*In spinal cord injury, the risk of aspiration is driven largely by impaired airway clearance from weakened respiratory muscles and a less effective cough. The most direct way to reduce that risk is to improve lung expansion and clearance of secretions. Incentive spirometry encourages the patient to take slow, deep, sustained breaths, which expands the lungs, opens up collapsed airways, and promotes mobilization of secretions. By keeping the airways clearer and secretions flowing, there's less material that can be aspirated or accumulate to cause pneumonia. It also supports a more effective cough when needed, further reducing aspiration risk. Supplemental oxygen improves oxygenation but doesn't enhance airway clearance. Rapid ambulation isn't specifically about clearing secretions and can stress someone with a compromised respiratory status. Humidity alone doesn't move secretions or improve clearance.*

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**4. Which suggestion is NOT appropriate to minimize aspiration during meals for a client with myasthenia gravis?**

A. Sit straight up in the chair while eating

B. Chew thoroughly

C. Cut food into very small pieces

D. Lift the head while swallowing liquids

*In myasthenia gravis, weakness of the muscles used for swallowing increases the risk of food or liquid entering the airway. Keeping the airway protected and the bolus under control is essential during meals. Sitting upright supports a safer swallow because gravity helps move the bolus toward the esophagus and keeps the airway better aligned. Chewing thoroughly breaks the food into smaller, more manageable pieces, reducing the workload on fatigued swallowing muscles and lowering the chance of residue that could be aspirated. Cutting food into very small pieces similarly decreases the effort required to swallow and helps control the bolus shape and flow. Lifting the head while swallowing liquids is not appropriate because it can disrupt the airway protection and alter swallow mechanics, increasing the risk that liquid will enter the trachea. A more protective approach is to maintain an upright or slightly chin-down position during swallowing to help safeguard the airway.*

**5. After transsphenoidal resection of the pituitary gland, the nurse notes CSF leakage on the nasal dressing. What action is most appropriate?**

A. Document the findings

B. Reinforce the dressing

C. Notify the health care provider (HCP)

D. Mark the area of drainage and monitor further drainage

*Postoperative CSF leak after a transsphenoidal pituitary procedure signals a skull base breach and carries a real risk of meningitis and other complications. The most important step is to escalate care by notifying the health care provider promptly so they can confirm whether the drainage is CSF and order the appropriate management, which may include imaging, surgical repair, or measures to reduce CSF pressure. Documenting the finding or simply reinforcing the nasal dressing or marking the drainage are appropriate routine tasks, but they do not substitute for immediate medical assessment. Prompt HCP involvement allows timely diagnosis and intervention to prevent serious outcomes.*

**6. Which environmental management measure is recommended to help reduce ICP in neurocritical care?**

A. Reduce environmental noise

B. Allow visitors unrestricted

C. Wake patient frequently for status checks

D. Cluster activities to minimize interruptions

*Quiet, non-stimulating surroundings help stabilize brain physiology in neurocritical care. Environmental noise acts as a persistent stressor that can provoke arousal and a surge in stress hormones, leading to increases in blood pressure and cerebral blood flow. That rise in cerebral blood volume can push intracranial pressure higher, especially when the brain is injured or vulnerable. By reducing noise, you promote deeper, more continuous sleep and a calmer autonomic state, which helps keep ICP more stable and reduces the likelihood of pressure spikes. Unrestricted visitors and waking the patient for status checks increase sensory input and disrupt sleep, which tends to raise ICP rather than lower it. Clustering care to minimize interruptions supports sleep and reduces delirium risk, and while helpful for overall neurorecovery, the most direct environmental measure for lowering ICP is reducing noise.*

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**7. Which practice is essential to reduce infection risk when handling an ICP monitoring system?**

A. Use strict aseptic technique when touching the monitoring system

B. Change drainage tubing every 24 hours

C. Position the client in Sims' position

D. Discontinue monitoring after 24 hours

*Preventing infection with an ICP monitoring system relies on maintaining strict aseptic technique whenever you touch the system. These invasive devices create a direct pathway to the central nervous system, so even small breaches in sterility can introduce bacteria and lead to serious infections like ventriculitis or meningitis. By performing hand hygiene, using sterile gloves and sterile equipment, and keeping all connections closed and handled in a sterile manner during any adjustment or sampling, you minimize the risk of contaminating the system and the CSF. Other practices don't address the infection risk as effectively. Changing drainage tubing on a fixed schedule without a sterile process can disrupt the sterile field and increase risk. Positioning the patient in a certain way does not influence infection risk for the monitoring apparatus. Discontinuing monitoring after a set time doesn't reduce infection risk and could compromise patient care. The essential concept is clear: maintain stringent sterility every time you interact with the ICP monitoring system.*

**8. An unconscious patient has persistent hyperthermia with no signs of infection. Which brain structure's dysfunction is most consistent with this presentation?**

A. Cerebrum

B. Cerebellum

C. Hippocampus

D. Hypothalamus

*Thermoregulation is governed by the hypothalamus, which acts as the brain's thermostat. It senses core temperature and coordinates cooling through sweating and cutaneous vasodilation or heating through shivering and metabolic heat production. When the hypothalamus is damaged or not functioning properly, the normal heat-dissipation or heat-production responses can fail. Injury to the anterior/preoptic area disrupts cooling, leading to persistent hyperthermia that isn't driven by infection. In an unconscious patient with fever and no signs of infection, this central fever pattern points to hypothalamic dysfunction. The other brain regions listed don't control temperature regulation, so their dysfunction wouldn't typically explain this presentation.*

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## 9. Which communication strategy is most appropriate for a client with global aphasia?

A. Use simple yes/no questions

B. Speak in long, complex sentences

C. Use gestures exclusively

D. Rely on written notes

*Global aphasia severely limits both understanding and producing language, so communication should minimize language demands while still allowing accurate feedback. Using simple yes/no questions gives the client a easy, low-effort way to respond and confirms whether they understand what's being asked. This approach reduces frustration and helps you gauge comprehension without requiring fluent speech or complex sentence construction. Pairing such questions with clear, one-step directions and visual cues can further support understanding. Longer, complex sentences overwhelm the impaired language system, and relying on gestures alone or on written notes isn't reliable when reading or producing language is also affected. So, the most effective strategy is to use simple yes/no questions.*

## 10. Which ABG pair is appropriate for maintaining normal ICP in a brain-injured patient on ventilation?

A. PaO2 60 to 100 mm Hg, PaCO2 25 to 30 mm Hg

B. PaO2 60 to 100 mm Hg, PaCO2 30 to 35 mm Hg

C. PaO2 80 to 100 mm Hg, PaCO2 25 to 30 mm Hg

D. PaO2 80 to 100 mm Hg, PaCO2 35 to 38 mm Hg

*Controlling cerebral blood flow through carbon dioxide levels is key to keeping ICP stable in a brain-injured patient on ventilation. PaCO2 directly affects cerebral vessel tone: too high a CO2 level dilates vessels and increases intracranial blood volume, raising ICP; too low a CO2 level causes vasoconstriction but can compromise blood flow and brain oxygen delivery, risking ischemia. So the goal is to keep CO2 in the normal range while ensuring adequate oxygenation. The best ABG pair does just that: a normal PaO2 around 80–100 mm Hg to prevent hypoxemia, and a normal PaCO2 around 35–38 mm Hg to avoid both vasodilation and ischemia from mismatch. This combination helps maintain stable cerebral blood flow and ICP. Other options either lower PaCO2 into hypocapnic ranges, which can reduce cerebral blood flow too much, or present oxygen partial pressure at the lower end of adequacy, both of which are less favorable for maintaining normal ICP over time.*

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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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