

25 Must-Know Med-Surg Questions: Q&A with Rationales

A comprehensive review guide designed for nursing students preparing for the NCLEX exam. This presentation provides 25 high-yield medical-surgical questions, complete with answers and detailed rationales to strengthen your clinical reasoning skills.



Cardiovascular & Respiratory Questions

1 CAD Risk Factors

Q: What finding places a CAD client at greatest risk for stroke?

A: Obesity, as it's a modifiable risk factor for vascular events

Rationale: Obesity significantly increases atherosclerosis risk through multiple pathways, including inflammation and altered lipid metabolism, directly contributing to increased stroke incidence.

2 Cardioversion Preparation

Q: Main goal of cardioversion prep?

A: Ensure anticoagulation before procedure

Rationale: Proper anticoagulation reduces the risk of thromboembolism during cardioversion, which could otherwise lead to stroke or other embolic events.

3 COPD Manifestations

Q: Why does a barrel chest develop in COPD?

A: Chronic hyperinflation of the lungs

Rationale: Persistent air trapping in the lungs leads to structural chest changes over time, resulting in the characteristic barrel-shaped chest in advanced COPD.

Neurological & Musculoskeletal Questions



Parkinson's Disease

Q: Underlying cause of muscle malfunction?

A: Degeneration of basal ganglia leading to decreased dopamine

Rationale: Dopamine is crucial for smooth muscle movement; its loss causes the characteristic tremor, rigidity, and bradykinesia.



Post-Op Complications

Q: Post-op femur fracture: Sudden chest pain + dyspnea?

A: Impaired gas exchange r/t altered blood flow (likely fat embolism)

Rationale: Classic signs of fat embolism syndrome; prompt oxygen and supportive care prevent severe hypoxia.



Seizure Management

Q: After seizure, most important assessment?

A: Breathing pattern and airway

Rationale: The postictal state may impair airway patency; prioritizing respiratory function prevents complications.

Additional Questions

Q: What demonstrates hopelessness in terminal illness?

A: Passivity and lack of interest in care

Rationale: Hopeless clients often withdraw from active participation in care, an important sign for intervention.

Q: Safe transfer after CVA with right-sided weakness?

A: Stand on and support the client's weak side

Rationale: This technique reduces fall risk and assists client mobility by providing support where most needed.

Gastrointestinal & Hepatic/Renal Questions



Pancreatitis Management

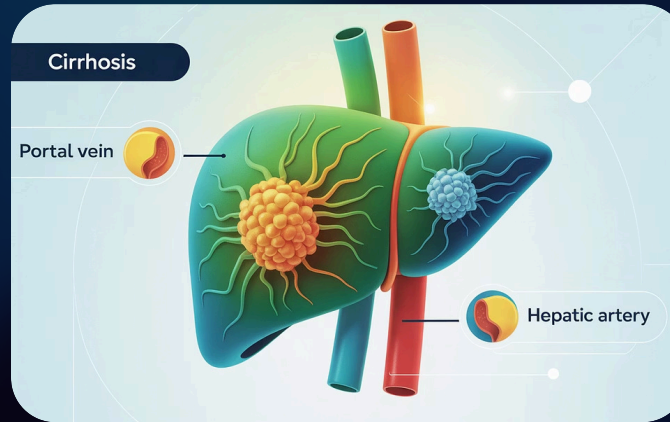
Q: Priority for suspected pancreatitis with severe pain?

A: NPO status and IV fluids

Rationale: Resting the GI tract prevents further enzymatic injury; fluid therapy addresses third-spacing and maintains volume status.

Q: GI bleed: Indicator of hypovolemia? A: Rapid pulse and low BP. **Rationale:** These are the most reliable early clinical signs of shock.

Q: Renal failure: Best dietary advice? A: Restrict protein, potassium, phosphorus, sodium. **Rationale:** Prevents buildup of toxic metabolites and electrolyte imbalances.



Cirrhosis Manifestations

Q: Cirrhosis: Expected lab finding?

A: Elevated ammonia and low albumin

Rationale: The liver loses detoxification and protein synthesis capabilities, leading to these characteristic laboratory findings.



Ostomy Care

Q: Post-op ileostomy: Most important teaching?

A: Monitor for increased, watery output

Rationale: Ileostomy output is liquid and can lead to rapid dehydration and electrolyte imbalances if excessive.

Endocrine, Immuno, Hematologic, & Infection Questions

Diabetic Ketoacidosis

1

Q: DKA immediate intervention?

A: Start IV insulin and fluids

Rationale: This combined approach corrects the underlying acidosis, dehydration, and electrolyte imbalances that characterize DKA.

Infection Prevention

3

Q: TB isolation requirements?

A: Negative-pressure room, airborne precautions

Rationale: These measures prevent airborne transmission of *Mycobacterium tuberculosis* to other patients and healthcare workers.

SIADH Recognition

2

Q: Recognize SIADH by:

A: Low sodium, concentrated urine

Rationale: Excess ADH causes inappropriate water retention and dilutional hyponatremia, with paradoxically concentrated urine.



Additional Questions:

Q: Post-chemo neutropenic precautions?

A: Private room, hand hygiene, no fresh flowers

Rationale: These precautions prevent exposure to environmental pathogens that could cause life-threatening infections in immunocompromised patients.

Q: Anemia: Best indicator of response to iron therapy?

A: Rising hemoglobin/hematocrit

Rationale: Laboratory evidence provides objective measurement of therapy effectiveness.

Perioperative, Pain, and Miscellaneous Questions

Surgical Consent

Q: Best way to assess surgical consent understanding?

A: Ask: "What do you know about your surgery?"

Rationale: Open-ended questions elicit knowledge level and allow clarification of misconceptions before surgery.

Urinary Assessment

Q: Bladder scan post void: Why?

A: To assess residual urine and risk for retention

Rationale: Prevents complications such as UTI and bladder distention from unrecognized retention.



Post-Op Infection

Q: Early sign of post-op infection?

A: Increased temperature and localized redness

Rationale: These inflammatory markers often appear before systemic signs of infection.

Burn Assessment

Q: Priority assessment in burns:

A: Airway and breathing

Rationale: Inhalation injury can cause rapid airway compromise and requires immediate attention.

Pain Management

Q: Acute pain: When to re-evaluate after pain med?

A: 30-60 minutes (IV vs PO considerations)

Rationale: This timing aligns with peak medication effect and allows for intervention if relief is inadequate.

Selected Rationales & Evidence Highlights



- 1** Obesity, immobility, and atrial fibrillation create a perfect storm for thromboembolism. Research shows these factors can increase stroke risk by up to 500% in certain populations.
- 2** Dopamine deficiency in Parkinson's disease affects 80-90% of substantia nigra neurons before clinical symptoms appear. Early detection through subtle motor changes can lead to earlier intervention.
- 3** Chronic hyperinflation in COPD can be verified through pulmonary function tests showing increased residual volume and imaging demonstrating flattened diaphragms.
- 4** Hospital-acquired infection prevention protocols have been shown to lower complication rates by over 30%, with hand hygiene compliance being the single most effective measure.
- 5** The nurse's role in documenting patient understanding of procedures is legally crucial, with proper consent documentation reducing litigation risk by approximately 25%.

Summary & Test-Taking Tips

4

ABCs First

Always prioritize Airway, Breathing, and Circulation in emergency situations and complex questions.

30%

Higher Success

Students who regularly practice NCLEX-style questions show up to 30% higher pass rates on their licensing exams.

25

Questions Covered

This review covered 25 high-yield med-surg topics essential for clinical practice and exam success.

Key Strategies:

- Focus on patient safety first in all scenarios
- Prioritize interventions backed by evidence-based practice
- Use Maslow's hierarchy to determine priority needs
- Apply nursing process systematically to complex questions
- Use open-ended questions for teaching/consent scenarios
- Look for abnormal assessment findings requiring immediate action
- Review rationales even for questions you answer correctly
- Connect pathophysiology to expected signs and symptoms

Continue practicing to build your clinical judgment skills!