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Practice Questions

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**1. While assessing a patient in recovery from abdominal surgery, a perioperative nurse observes an alarming occurrence: blood flowing out of the incision site, followed by loops of intestine.

What immediate intervention is required in the case of an abdominal evisceration?**

- A. 1 Place sterile dressings moistened with saline over the intestines.
- B. 0 Put on sterile gloves and carefully push the loops of bowel back into the wound.
- C. 2 Notify the surgeon of the need for surgical intervention.
- D. 3 Both B and C

2. Oil, anesthesia machines, and petroleum products would be considered which of the following?

- A. 2 Sterilizing agents
- B. 0 Ignition sources
- C. 1 Flammable agents
- D. 3 All of the above

3. The statement which would not be considered correct regarding the transportation of a hazardous drug to the surgery suite would be considered?

- A. 1 The container that the drugs are in should be leak proof.
- B. 3 The drugs should have luer caps on them.
- C. 0 The container that the drugs are in should be labeled with a warning sign.
- D. 2 The container that the drugs are transported in must be yellow in color.

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4. The current annual average estimation of surgical fires in the United States is:

- A. 1 200 to 240
- B. 0 20 to 30
- C. 3 2000 to 2500
- D. 2 700 to 1000



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5. The perioperative nurse is caring for a patient with a chest tube when they notice an extensive amount of bubbling in the water seal chamber of the device. The patient has developed cyanosis and shallow breathing.

What is the nurse's next action?

- A. 3 Notify the physician.
- B. 1 Milk the tubing to dislodge any clots that may have developed.
- C. 2 Replace the chest tube.
- D. 0 Tell the patient to take a deep breath and cough.

6. When preparing to administer oxygen via a nasal cannula to a patient with low levels of oxygen in their blood, what is the correct sequence of connecting the various components starting from the oxygen source in the wall until reaching the patient?

- A. 3 Connector, flow meter, humidifier, tubing, patient
- B. 2 Humidifier, flow meter, connector, tubing, patient
- C. 1 Flow meter, connector, humidifier, tubing, patient
- D. 0 Flow meter, humidifier, tubing, connector, patient

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7. Which of the following scenarios would be reported as a sentinel event, as per the Joint Commission's guidelines?

- A. 1 A patient developing a stage II pressure wound during surgery
- B. 2 A patient who received an extra dose of antibiotic before surgery
- C. 0 A patient who received surgery on the wrong part of the body
- D. 3 A patient who developed a wound infection postoperatively

8. When a nurse fails to perform a standard of care that another reasonable and prudent nurse would perform, this is referred to as:

- A. 3 Breach of duty
- B. 2 Liability
- C. 0 Malpractice
- D. 1 Negligence

9. When preparing to assist a patient with walking for the first time after surgery, which of the following is not a factor to be considered when planning to provide help?

- A. 2 The amount of time needed
- B. 0 The size of the room
- C. 1 The weight of the patient
- D. 3 The availability of assistive devices



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10. A patient has been admitted to the prep center that speaks no English. Of the following options, which would be the best choice for an interpreter?

- A. The mother of the patient.
- B. A housekeeper that speaks the language.
- C. A nurse from the second floor.
- D. A trained interpreter.

11. Which of the following should talk with the patient and obtain the informed consent form prior to surgery?

- A. The licensed practical nurse
- B. The registered nurse
- C. The nurses aide
- D. The surgeon

12. Which of the following are considered nursing interventions for a patient with a diagnosis of impaired social interaction?

- A. Develop a group of other individuals who are also struggling and send the patient to sit in a group environment for therapy.
- B. Review nonverbal behaviors with the patient that may suggest hostility or aloofness.
- C. Help the patient develop assertiveness by reprimanding their family for not showing up on time.
- D. Consult with a psychologist or counselor who can help the patient identify feelings of inferiority.

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13. When documenting a sponge count during a surgical procedure, what specific aspects should be included?

- A. Who performed the count
- B. The results of the count
- C. Both A and C
- D. The types of sponges counted



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14. When skin prep is being done, which of the following might be considered contaminated areas?

- A. Traumatic wounds
- B. Umbilicus
- C. None of the above
- D. Both A and B

15. According to the National Patient Safety Goals (NPSG), which of the following statements would be considered correct regarding postoperative wound infections?

- A. No education would be needed for the discharge patient.
- B. The discharge education would only need to include the patient and not the family.
- C. Patient and family education would be considered very important for prevention of postoperative wound infections.
- D. The education of the patient/family would not need to include discharge education in order to help prevent postoperative wound infections.

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16. A patient is being admitted for surgery and during the initial assessment, the nurse notices that they barely respond to any questions directed toward them. They appear to hear the nurse's questions, but their voice is monotone and their facial expression does not change. What type of abnormality of affect is this patient displaying?

- A. Depressed
- B. Anxious
- C. Labile
- D. Flat

17. Metochlopramide is sometimes administered as a medication prior to surgery to:

- A. Relieve apprehension
- B. To control secretions
- C. Relieve discomfort
- D. Reduce risk of aspiration



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18. A nurse conducting a preoperative assessment observes that the patient exhibits stuttering and speaks in a soft voice when responding to questions.
The most probable nursing diagnosis for this patient would be:

- A. Impaired verbal communication related to fear of surgery
- B. Altered role performance related to an identity shift to becoming a patient
- C. Altered thermal regulation related to environmental temperature
- D. Anxiety related to the upcoming surgical procedure

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19. Which of the following should occur prior to making the surgical incision?

- A. There is no need for a time out in most surgical cases.
- B. Time out is not mandatory in most facilities.
- C. The entire team pauses for a time out.
- D. The team should take a 15 minute break.

20. During the interview at admission, the nurse questions the patient about any recent changes in sense of taste or smell.
What is the rationale for this type of question?

- A. To determine if the patient will have nausea following surgery.
- B. To determine if the patient is at risk for altered nutrition.
- C. To determine if the patient has had a recent head injury.
- D. To determine if the patient has food allergies.

21. Which of the following is a crucial step in the preoperative phase for a patient getting ready for a kidney transplant?

- A. Both A and B
- B. Performing hemodialysis a week before the surgery
- C. Ensuring the patient's pain is under control
- D. Assessing the patient's teeth for gingivitis and tooth decay

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22. The process of the body forming new blood cells is known as:

- A. Hemolysis
- B. Phagocytosis
- C. Hematopoiesis
- D. Agranulocytosis

23. When cleaning the surgical environment after a procedure, what is the appropriate method for the nurse to dispose of contaminated linen?

- A. Place linen in the hamper outside the door to avoid contaminating objects in the room.
- B. Fold linen and separate into grossly soiled and used, disposing of each into separate containers.
- C. Place linen in a bag before putting it in a proper receptacle within the room."
- D. Leave linen exactly where it is for the housekeeping staff to clean up.

24. The patient care plan should involve which of the following?

- A. Identifies the patient's anticipated physiological responses
- B. Ensures perioperative safety
- C. All of the above
- D. Helps to determine the infection prevention strategies

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25. According to Orem's nursing systems theory, which nurse actions are warranted while the patient is considered wholly compensatory?

- A. Keeping the patient covered and draped while under anesthesia in the operating suite.
- B. Providing educational materials about home health services after discharge.
- C. Assisting the patient with sitting up in bed four hours after the procedure.
- D. Instructing the patient about the best types of breathing exercises to promote lung expansion after the procedure.

26. Complications of positioning for patients during surgery would be considered more prevalent in which of the following patients?

- A. Both A and C
- B. 34 year old male patient in good health
- C. 70 year old female patient
- D. The patient with respiratory disorders



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27. Which of the following measures can the nurse take to ensure adequate respiratory status and proper ventilation for the patient during the surgical procedure?

- A. 2 Place the patient in the lateral recumbent position.
- B. 0 Place the patient's arms folded across their chest.
- C. 3 Both A and B
- D. 1 Ensure that straps across the chest are secure but not overly tight.

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28. Of the following, which would be considered one of the highest priorities of the postanesthesia care?

- A. 0 Waking the patient up.
- B. 3 None of the above
- C. 1 Pain control
- D. 2 Allowing the family to visit.

29. Which of the following solutions are utilized to effectively manage both gram-positive and gram-negative bacteria during the surgical skin preparation process?

- A. 0 Ethylene alcohol
- B. 3 Both A and B
- C. 2 Hydrogen peroxide
- D. 1 Chlorhexidine gluconate

30. The surgeon is in the process of performing a midline abdominal incision and has successfully made incisions through the skin and subcutaneous fat. Moving forward, which anatomical layer lies beneath the subcutaneous fat and will be the surgeon's next target for incision?

- A. 0 Muscle
- B. 3 Bone
- C. 1 Fascia
- D. 2 Dermis



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Answer Key & Explanations

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1. D — ■3■Both B and C

The correct answer is D) Both B and C. In the event of an abdominal evisceration, the nurse should promptly notify the surgeon about the need for surgical intervention and place sterile dressings moistened with saline over the exposed intestines. An abdominal evisceration is a critical complication that can occur due to postoperative wound dehiscence. To safeguard the intestines from harm and minimize the risk of infection, the nurse should cover the wound and await the arrival of the surgeon, rather than attempting to reposition the abdominal contents.

2. C — ■1■Flammable agents

Oil, anesthesia machines, and petroleum products are flammable agents. Cylinders of compressed gas, grease, any flammable antiseptic that contains alcohol or fat solvents, bowel gases, and others need to be safeguarded.

3. D — ■2■The container that the drugs are transported in must be yellow in color.

The following statements would be considered correct regarding the transportation of a hazardous drug to the surgery suite: The container that the drugs are in should be labeled with a warning sign. The container that the drugs are in should be leak proof. The drugs should have luer caps and needles on them. The container should be resistant to cracking or breaking.

4. A — ■1■200 to 240

Surgical fires are a serious safety concern in the healthcare field. The current annual average estimation of surgical fires in the United States is between 200 to 240 incidents. It is crucial for healthcare providers to be aware of this range and take the necessary precautions to minimize the occurrence of surgical fires through proper protocols, training, and adherence to safety guidelines.

5. A — ■3■Notify the physician.

The correct answer is D) Notify the physician. The nurse should notify the physician. If the water seal chamber starts bubbling excessively and there is not an outside leak, the patient could be retaining air within the pleural cavity. Based on the patient's response of cyanosis and shallow breathing, the chest tube is not working correctly and the physician needs to be notified.

6. C — ■1■Flow meter, connector, humidifier, tubing, patient

The correct answer is B) Flow meter, connector, humidifier, tubing, patient. The oxygen is connected to the patient in a sequential order, starting from the wall source and moving through the flow meter, connector, humidifier, and tubing. The flow meter, which is connected to the oxygen source, is responsible for regulating the amount of oxygen delivered to the patient. The oxygen then passes through the humidifier, where moisture is added to prevent drying. Finally, the oxygen is delivered to the patient through the tubing.

7. C — ■0■A patient who received surgery on the wrong part of the body

The correct answer is A) A patient who received surgery on the wrong part of the body. According to



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the Joint Commission guidelines, a patient undergoing surgery on the wrong body part or wrong patient is considered a sentinel event. This type of event is categorized as unexpected and involves the risk of death or severe, permanent physical injury.

8. D — ■1■Negligence

Negligence occurs when a nurse fails to perform a standard of care that another reasonable and prudent nurse would perform. Negligent behavior by nurses often makes up malpractice court claims. When a nurse is negligent in their behavior, they are acting without thinking, not paying attention to what they are doing, or they are being purposefully reckless.

9. A — ■2■The amount of time needed

When preparing to help a patient walk, the amount of time needed is not necessarily a factor to be considered when planning to provide help. The nurse should exercise patience with the person who is getting up for the first time, as being too eager or trying to move too quickly can result in falls or injuries. The size of the room is important to determine if the patient has enough room to move around chairs or obstacles; the weight of the patient and use of assistive devices are necessary to determine how many people are needed for help.

10. D — ■2■A trained interpreter.

The other 3 options are not the ideal person to interpret. The appropriate choice would be a trained interpreter.

11. D — ■1■The surgeon

The surgeon is the person that needs to talk with the patient, explaining the surgical procedure and the risks involved. They should also discuss the benefits of the surgery and the alternatives to the surgery. After discussing these with the patient, the physician should then document the process and have the patient sign the consent form.

12. B — ■3■Review nonverbal behaviors with the patient that may suggest hostility or aloofness.

The nurse can review nonverbal behaviors with the patient that may suggest hostility or aloofness. Often, people may be unaware of their own presence or how their nonverbal behaviors appear to others. Through their teaching, the nurse can discuss what behaviors the patient exhibits that may alienate others and help them to understand how to replace these with positive nonverbal behaviors.

13. C — ■3■Both A and C

When documenting a sponge count in a surgical procedure, it is essential for the nurse to record both the person responsible for the count and the count results. The frequency of sponge counts during a procedure is determined by the hospital's policy. By accurately counting sponges and recording the counts, as well as documenting any necessary actions taken in case of incorrect counts, the surgical staff demonstrates their commitment to minimizing the risk of leaving a sponge inside a patient's body.

14. D — ■2■Both A and B

Some of the contaminated areas might include: Traumatic wounds
Umbilicus
Stomas
Skin ulcers
Vagina
Anus
Any foreign substances
Areas prepped for grafts.

15. C — ■3■Patient and family education would be considered very important for prevention of postoperative wound infections.



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Patient and family education would be considered very important for prevention of postoperative wound infections. The NPSG discusses the importance of helping to prevent infections that are hospital associated and include that the education must be documented in the medical record of the patient.

16. D — 0 Flat

The patient who rarely responds to questions, speaks in a monotone voice and does not change facial expressions is displaying a flat affect. This type of abnormality is further characterized by a lack of demonstration of any feelings. A flat affect may be related to other, underlying psychological conditions that are part of the patient's history.

17. D — 1 Reduce risk of aspiration

Metoclopramide is a medication that is sometimes administered prior to surgery to reduce the risk of aspiration. Aspiration occurs when stomach contents, including gastric acid and bacteria, enter the lungs. This can lead to pneumonia or other respiratory complications. Metoclopramide works by increasing the movement of the muscles in the digestive tract, which helps to empty the stomach and reduce the likelihood of regurgitation and aspiration during surgery.

18. A — 3 Impaired verbal communication related to fear of surgery

During the assessment of a patient admitted for surgery, if the patient is exhibiting symptoms such as stuttering and speaking softly, it is probable that they would be diagnosed with impaired verbal communication due to fear of the surgery. Stuttering and speaking softly are indications that the patient is experiencing challenges in effectively communicating, possibly due to shyness, nervousness, or a speech impediment. In response, the nurse should assess the underlying reasons for these communication difficulties and determine if the patient requires additional support in expressing their needs.

19. C — 0 The entire team pauses for a time out.

The entire team pauses for a time out. During this time out, the surgical site on the consent form is read aloud and all steps of the surgery such as if the correct implants or special equipment that will be needed is there and correct. All of the processes of the time out should be well documented on the patients chart.

20. B — 2 To determine if the patient is at risk for altered nutrition.

When the nurse asks questions of the patient about any recent changes in sense of taste or smell, they are trying to determine if the patient is at risk for altered nutrition. Recent sensory changes such as these may affect the patient's eating habits prior to admission for surgery. Because surgery may involve a period of time when the patient will not be allowed to eat, the patient with changes in the senses associated with eating may be at further risk of altered nutritional status.

21. D — 2 Assessing the patient's teeth for gingivitis and tooth decay

As part of the preoperative process for a patient undergoing a kidney transplant, it is crucial to evaluate the patient's oral health for signs of gingivitis and tooth decay. Due to the increased risk of infection, patients receiving a kidney transplant are particularly vulnerable. Infections can originate from various sources, including the surgical procedure, and even minor infections can contribute to sepsis. Patients with gum disease or tooth decay have oral infections that could potentially spread in an immunocompromised patient.

22. C — 2 Hematopoiesis

The correct answer is C) Hematopoiesis. The process of the body forming new blood cells is known



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as hematopoiesis. Blood tests are often performed prior to surgery to determine if the patient has adequate amounts of red and white blood cells. Adequate levels of these cells indicate that the patient will have adequate oxygenation and the ability to fight infection.

23. C — ■2■Place linen in a bag before putting it in a proper receptacle within the room."

When cleaning a room after a surgical procedure, it is important for the nurse to place linen in a bag before placing the bag in an appropriate receptacle within the room. By bagging the linen beforehand, exposure is minimized during transportation to the receptacle. Utilizing collection sites that are in close proximity to the room is preferable as it reduces the risk of microorganism transmission compared to carrying the linen over a distance, such as along a hallway.

24. C — ■3■All of the above

The patient care plan should involve: Ensures perioperative safety Helps to determine the infection prevention strategies Identifies the patient's anticipated physiological responses Helps to recognize the behavioral responses of the patient Manage the patient's medications.

25. A — ■2■Keeping the patient covered and draped while under anesthesia in the operating suite.

According to Orem's nursing systems theory, one way that the nurse can provide care for the patient in a wholly compensatory state is by keeping the patient covered and draped while under anesthesia in the operating suite. When a patient is classified as wholly compensatory, they are completely dependent on the nurse for their safety and support, a state that often occurs while they are unconscious during surgery. Because they cannot care for themselves during this time, the patient relies on the nurse to provide care and protection.

26. A — ■3■Both A and C

Complications of positioning for patients during surgery would be considered more prevalent in: Pediatric patients-might need select aids according to their size and weight. Elderly patients-have thin skin and an increase in arteriosclerosis causing them to be more prone to skin breakdown. Patients with respiratory disorders- more prone to skin breakdown from the pressure during surgery.

27. D — ■1■Ensure that straps across the chest are secure but not overly tight.

The nurse can ensure adequate respiratory status and proper ventilation for the patient by ensuring the straps across the chest are secure but not overly tight. Some patients need to be secured to the operating table by using chest straps; however, straps that are too tight may not allow for proper chest expansion. Placing the patient's hands across the chest may also restrict chest movement.

28. C — ■1■Pain control

Waking the patient up and allowing the family to visit are important, but in this case pain control would be considered the highest priority. at this time. The patient's pain level should be assessed on admission to the PACU unit and at regular, frequent intervals afterwards. Remember pain is a subjective thing.

29. D — ■1■Chlorhexidine gluconate

Chlorhexidine gluconate, a solution employed in surgical skin preparation, effectively targets both gram-positive and gram-negative bacteria. This solution exhibits a gentle nature towards the skin and acts rapidly. Not only does it diminish the presence of bacteria on the skin during the prep, but it also impedes the subsequent regrowth of bacteria in the area.



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30. C — ■1■Fascia

The fascia, located beneath the subcutaneous fat in the abdomen, is an integral layer involved in making a midline incision. This connective tissue layer serves as a protective barrier for the muscles and nerves within the abdomen, and it may possess fibrous characteristics.



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