

FREE PRACTICE / SAVE IT. PRINT IT. WORK THROUGH IT.

Your free CNOR practice test.

20 questions. Space for your answers. Clear explanations when you are ready to check.

20 questions

No account needed

Answers at the end

Make a first attempt before you check.

Use the same question order as the online test. Choose one answer unless instructed otherwise. For select-all-that-apply items, select every correct option; for numeric items, write the number requested. The answer section starts after all 20 questions.

Your answer sheet

01 _____	02 _____	03 _____	04 _____
05 _____	06 _____	07 _____	08 _____
09 _____	10 _____	11 _____	12 _____
13 _____	14 _____	15 _____	16 _____
17 _____	18 _____	19 _____	20 _____

One point per question. Select-all-that-apply questions require the complete correct set; there is no partial credit. A 20-question score is sample accuracy, not an official result or a prediction of passing.

Prefer to answer online? <https://aipreptest.com/free-cnor-practice-test/>

This booklet contains the same free sample as the website. It is independent AceltPrep educational material, not an official exam or a substitute for required course materials. Clinical content is for study, not patient-specific instructions.

PART 1 / MAKE YOUR OWN ATTEMPT

Questions

Record your choices on the answer sheet. Check the key only after Question 20.

QUESTION 01 / Emergency Situations

Which finding is often one of the earliest and most concerning indicators of malignant hyperthermia during anesthesia?

- A. A gradual drop in room temperature
 - B. A rapid and unexplained rise in end-tidal carbon dioxide
 - C. A mild reduction in urine output late in the case
 - D. A slow decrease in pulse oximetry with otherwise stable ventilation
-

QUESTION 02 / Intraoperative Activities

During prep for a shoulder procedure, the circulating nurse sees alcohol-based antiseptic solution wick into the axillary hair and remain visibly wet. Draping is about to begin. What is the BEST action?

- A. Delay draping until the area is managed appropriately and the prep is dry, because retained moisture in hair-bearing or dependent areas can increase fire and skin injury risk.
 - B. Proceed because hair retains antiseptic and improves antimicrobial protection.
 - C. Cover the wet hair-bearing area with towels and proceed with draping to trap the vapors safely.
 - D. Activate suction near the site briefly, then drape once the surface looks less shiny.
-

QUESTION 03 / Intraoperative Activities

During a relief scrub handoff, the outgoing scrub reports that an additional pack of 10 sponges was opened but not added to the count board. The case is mid-procedure. What is the best action?

- A. Wait until closing count to account for the extra pack because it will be counted then.
 - B. Add 10 to the count board without verifying where the sponges are.
 - C. Remove the sponges from the field and discard them to avoid count confusion.
 - D. Pause when safe, reconcile the count by performing a count of sponges on the field and in receptacles, update the count board/record, and notify the surgeon of the correction.
-

QUESTION 04 / Intraoperative Activities

A patient is positioned in lithotomy for a prolonged pelvic procedure. The circulating nurse notes that one hip is more flexed and externally rotated than the other after the final table adjustment. Which action is BEST before incision?

- A. Proceed because the stirrups support both legs and minor asymmetry is expected.
 - B. Ask anesthesia to deepen relaxation so hip asymmetry is less likely to cause strain.
 - C. Pause and correct the asymmetric leg position so both hips and legs are aligned as intended, then reassess pressure points and stirrup contact bilaterally.
 - D. Lower the more flexed leg after the prep is completed to avoid contaminating the field.
-

QUESTION 05 / Intraoperative Activities

A patient is in reverse Trendelenburg for laparoscopic upper GI surgery. After tilt, the safety strap remains secure but now rests directly across the patient's IV tubing and urinary drainage tubing at the upper thighs. What is the BEST action?

- A. Proceed because the strap is correctly placed and the tubing can be checked again after draping.
 - B. Re-route the tubing so it is not trapped beneath the strap, then confirm that the restraint remains secure without compressing devices.
 - C. Loosen the strap slightly and continue if both tubes still appear visible.
 - D. Pad over the tubing under the strap and continue if there is no alarm from the infusion pump.
-

QUESTION 06 / Assessment & Diagnosis

In preop assessment, the patient states they ate a full breakfast 3 hours ago, but the chart lists the patient as NPO. The surgeon is asking to proceed. What is the perioperative RN's BEST next action?

- A. Notify anesthesia and the surgeon and stop progression until aspiration risk is assessed and the plan is adjusted based on NPO status.
 - B. Proceed because aspiration risk is minimal if the patient has no history of reflux.
 - C. Ask the patient to sign an acknowledgment of eating and proceed as scheduled.
 - D. Administer an antacid and proceed because medications eliminate aspiration risk.
-

QUESTION 07 / Assessment & Diagnosis

A patient with limited English proficiency is awake under minimal sedation immediately before incision. When asked to state the planned procedure, the patient describes a different procedure than what is scheduled and on the consent. The preop consent was obtained with a family member translating. What is the priority next action?

- A. Proceed because the consent is signed and the site is marked.
 - B. Ask the family member to interpret from the waiting area so the case can start.
 - C. Have an uncredentialed bilingual staff member translate briefly while continuing preparation.
 - D. Stop progression to incision and obtain a qualified medical interpreter so the provider can verify understanding and re-establish valid informed consent before proceeding.
-

QUESTION 08 / Assessment & Diagnosis

A patient is being discharged after cataract surgery. Which instruction is MOST important to prevent complications?

- A. Expect severe eye pain for 48 hours and avoid calling the provider.
 - B. Remove the protective shield as soon as you get home to let the eye breathe.
 - C. Avoid rubbing the operative eye and use the prescribed drops as directed, reporting severe pain or sudden vision changes.
 - D. Stop all medications if you notice mild tearing.
-

QUESTION 09 / Plan of Care

A perioperative RN is planning care for a patient with a history of severe opioid-induced respiratory depression. Which intervention best supports the outcome of safe analgesia?

- A. Withhold all postoperative analgesics to avoid respiratory depression.
 - B. Communicate the history to anesthesia and the surgical team and support a multimodal pain plan with appropriate monitoring and reassessment postoperatively.
 - C. Give the usual opioid dose but keep the patient awake by talking to them frequently.
 - D. Plan to discharge the patient early to reduce exposure to opioids in the facility.
-

QUESTION 10 / Plan of Care

During perioperative care, the RN identifies that a planned intervention is not achieving the desired outcome. What is the best next action to evaluate and update the plan of care?

- A. Reassess the patient and the intervention, communicate findings to the appropriate provider/team, implement ordered or protocol-based adjustments, and document the updated plan and response.
 - B. Continue the same plan without reassessment because changes can be addressed later.
 - C. Change the plan independently without orders or protocols to save time.
 - D. Delay communication until after transfer because the next unit can adjust the plan.
-

QUESTION 11 / Communication & Documentation

During setup for a left wrist ORIF, the nurse discovers the charted laterality field says 'right' even though the consent, mark, and team verification are correct for the left side. The field is corrected before incision. Which documentation approach is best?

- A. Add a note that the team knew the correct side and leave the wrong field unchanged.
 - B. Delete the wrong entry completely so there is no visible sign of the discrepancy.
 - C. Omit mention of the issue because the team caught it before incision.
 - D. Correct the inaccurate laterality entry through the approved process so the record matches the verified procedure.
-

QUESTION 12 / Communication & Documentation

A patient is transferred after a case in which an intraoperative equipment malfunction was corrected using backup equipment. Which handoff omission is most concerning?

- A. Failing to mention who opened the backup equipment
 - B. Failing to mention whether the vendor was in the room
 - C. Failing to mention that backup equipment is currently in use and that the original malfunction occurred
 - D. Failing to mention how long setup took before anesthesia start
-

QUESTION 13 / Infection Prevention & Control

During a trauma laparotomy, the surgeon requests an additional sponge pack urgently. The circulator opens the pack correctly, but one sponge slides off the edge of the back table and hangs suspended partly below table level while still attached to the rest of the pack. What is the best action?

- A. Use the sponges that remained above table level and discard only the hanging sponge.
 - B. Remove the affected sponge pack from sterile use and replace it with a new one.
 - C. Pull the hanging sponge back onto the field and continue because it never touched the floor.
 - D. Use the pack if the scrub person confirms the connected sponges stayed together.
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QUESTION 14 / Infection Prevention & Control

Which scenario best represents appropriate point-of-use management of contaminated instruments?

- A. Gross soil is managed according to policy, devices are prepared per IFU, sharps are contained safely, and the set is transported in a closed or controlled manner.
 - B. Instruments are quickly rinsed until they look clean and then hand-carried openly to SPD.
 - C. Used items are left exactly as they are so SPD can see the original condition of the set.
 - D. Only the visibly bloody instruments are contained, while the rest are carried separately with clean case supplies.
-

QUESTION 15 / Infection Prevention & Control

Which principle best guides PPE selection in the OR?

- A. Use the same PPE for every procedure to simplify workflow.
 - B. Choose PPE mainly by surgeon preference.
 - C. Wait to add PPE until exposure actually occurs.
 - D. Choose PPE based on the anticipated type and degree of exposure risk during the procedure.
-

QUESTION 16 / Infection Prevention & Control

A staff member says transmission-based precautions do not matter in surgery because everyone is already masked and gloved. What is the best response?

- A. That is correct because OR PPE already covers all possible transmission routes.
 - B. That is correct unless the patient is pediatric.
 - C. Transmission-based precautions may require specific added controls beyond routine OR attire and gloves, depending on the organism and route of spread.
 - D. That is correct if the procedure is short.
-

QUESTION 17 / Emergency Situations

When malignant hyperthermia is suspected, which nursing action is most important regarding emergency resources?

- A. Send the circulator to central supply for routine cooling blankets first.
 - B. Bring the malignant hyperthermia cart and support immediate access to emergency medications and supplies.
 - C. Wait for laboratory confirmation before mobilizing the emergency cart.
 - D. Close the room and limit entry to avoid distracting the surgeon from the procedure.
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QUESTION 18 / Professional Accountability

During a complex case, a surgeon asks the perioperative nurse to perform a task that is outside the nurse's authorized role in that setting because 'there's no time to wait.' What is the best response?

- A. Decline the task and respond within legal, professional, and institutional scope while escalating the need appropriately.
 - B. Perform the task once because the surgeon accepts responsibility for the outcome.
 - C. Perform the task if another staff member says they have seen it done before.
 - D. Delay the decision until the end of the case and then document the concern.
-

QUESTION 19 / Professional Accountability

A perioperative nurse notices that a required verification step was missed, but the team corrected it before the patient was harmed. A coworker says there is no reason to report it now. What is the best response?

- A. Reporting is unnecessary because the patient outcome was unaffected.
 - B. Only the surgeon needs to decide whether a near miss matters.
 - C. The issue should be discussed informally only, to avoid creating a record.
 - D. The event should still be reported because near misses reveal safety vulnerabilities even when harm is prevented.
-

QUESTION 20 / Professional Accountability

A team proposes a new turnover workflow because another hospital reported better room efficiency with it. Which question best reflects evidence-based judgment before adopting it?

- A. Will the change make the OR look more modern to visitors?
 - B. Can the team adopt it immediately without staff education to save time?
 - C. Is the change supported by credible evidence and appropriate for this patient population, setting, workflow, and safety goals?
 - D. Did a respected surgeon elsewhere say it worked for them once?
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PART 2 / CHECK THE REASONING

Answer key & explanations

Match each number to your answer sheet. Then read the explanation, including for any answer you guessed correctly.

Question	Answer	Question	Answer
1	B	11	D
2	A	12	C
3	D	13	B
4	C	14	A
5	B	15	D
6	A	16	C
7	D	17	B
8	C	18	A
9	B	19	D
10	A	20	C

For numeric questions, the table shows the number only. The full answer below includes the requested unit.

REVIEW / UNDERSTAND THE DECIDING CLUE

Why the answers fit.

1. Recognizing early malignant hyperthermia

Correct answer: B. A rapid and unexplained rise in end-tidal carbon dioxide

A rapid unexplained increase in EtCO₂ is a classic early warning sign of MH and should prompt immediate concern and action.

2. Alcohol-based prep drying and fire prevention

Correct answer: A. Delay draping until the area is managed appropriately and the prep is dry, because retained moisture in hair-bearing or dependent areas can increase fire and skin injury risk.

Hair and dependent contours can retain prep solution longer than flat skin surfaces. The nurse should not allow draping over visibly wet solution because trapped moisture and vapors can contribute to fire and chemical injury risk.

3. Reconciling an unrecorded sponge addition

Correct answer: D. Pause when safe, reconcile the count by performing a count of sponges on the field and in receptacles, update the count board/record, and notify the surgeon of the correction.

Unrecorded sponge additions create discrepancy risk. The team should reconcile counts with visual verification and update documentation so the baseline is accurate for closing. Surgeon awareness supports team situational control and correct response if later discrepancies occur.

4. Rechecking lithotomy alignment

Correct answer: C. Pause and correct the asymmetric leg position so both hips and legs are aligned as intended, then reassess pressure points and stirrup contact bilaterally.

Asymmetric hip flexion and rotation can increase strain on the pelvis, back, and lower extremity nerves. The nurse should correct the position before incision and reassess the entire lower-extremity support setup bilaterally.

5. Preventing tubing compression after tilt

Correct answer: B. Re-route the tubing so it is not trapped beneath the strap, then confirm that the restraint remains secure without compressing devices.

A properly placed strap can become unsafe if tubing shifts beneath it after tilt. The nurse should reroute the devices and verify that restraint and tubing function remain safe together.

6. Escalating an NPO discrepancy

Correct answer: A. Notify anesthesia and the surgeon and stop progression until aspiration risk is assessed and the plan is adjusted based on NPO status.

Recent oral intake increases aspiration risk under anesthesia. The RN should escalate immediately so anesthesia can evaluate and determine delay or alternative airway strategy. Proceeding without reassessment undermines patient safety.

7. Resolving consent and communication concerns

Correct answer: D. Stop progression to incision and obtain a qualified medical interpreter so the provider can verify understanding and re-establish valid informed consent before proceeding.

If the patient verbalizes a different procedure, consent validity is in doubt. The nurse must stop and obtain qualified interpretation so the provider can clarify the plan and obtain valid consent before incision.

8. Teaching cataract-surgery precautions

Correct answer: C. Avoid rubbing the operative eye and use the prescribed drops as directed, reporting severe pain or sudden vision changes.

Key priorities include protecting the eye, correct medication use, and recognizing urgent symptoms such as severe pain or sudden vision loss. These reduce risk of injury and identify complications early.

9. Planning safer postoperative analgesia

Correct answer: B. Communicate the history to anesthesia and the surgical team and support a multimodal pain plan with appropriate monitoring and reassessment postoperatively.

Safe analgesia requires team communication and individualized planning, often including multimodal strategies and enhanced monitoring. Reassessment supports early detection of adverse effects.

10. Updating an ineffective care plan

Correct answer: A. Reassess the patient and the intervention, communicate findings to the appropriate provider/team, implement ordered or protocol-based adjustments, and document the updated plan and response.

When outcomes are not met, the RN should reassess, collaborate with the team, adjust care within orders/protocols, and document both the change and the patient response to support safe continuity.

11. Correcting an inaccurate laterality entry

Correct answer: D. Correct the inaccurate laterality entry through the approved process so the record matches the verified procedure.

The record should be corrected so it accurately reflects the verified procedure, using the approved correction process rather than concealment or omission.

12. Handoff of significant equipment events

Correct answer: C. Failing to mention that backup equipment is currently in use and that the original malfunction occurred

If backup equipment remains relevant to the patient's current care context or postoperative understanding, that information should be handed off clearly.

13. Maintaining the sterile boundary

Correct answer: B. Remove the affected sponge pack from sterile use and replace it with a new one.

Once part of the sponge pack extends below the controlled sterile boundary, the pack should be treated as contaminated and replaced.

14. Point-of-use instrument management

Correct answer: A. Gross soil is managed according to policy, devices are prepared per IFU, sharps are contained safely, and the set is transported in a closed or controlled manner.

Appropriate point-of-use care combines point-of-use gross soil management, IFU-based device preparation, sharps safety, and proper contaminated transport.

15. Selecting exposure-appropriate PPE

Correct answer: D. Choose PPE based on the anticipated type and degree of exposure risk during the procedure.

PPE should be selected based on expected exposure, including splash, spray, contact, or airborne concerns where applicable.

16. Transmission-based precautions in the OR

Correct answer: C. Transmission-based precautions may require specific added controls beyond routine OR attire and gloves, depending on the organism and route of spread.

Additional route-specific precautions may still be necessary even in the OR, depending on the transmission risk.

17. Mobilizing emergency anesthesia resources

Correct answer: B. Bring the malignant hyperthermia cart and support immediate access to emergency medications and supplies.

When MH is suspected, the nurse should rapidly mobilize the MH cart and emergency supplies without waiting for definitive confirmation.

18. Responding to an out-of-scope request

Correct answer: A. Decline the task and respond within legal, professional, and institutional scope while escalating the need appropriately.

Professional accountability requires the nurse to practice within authorized scope, standards, and policy even during urgent situations. The correct response is to refuse out-of-scope action and escalate appropriately.

19. Reporting near misses

Correct answer: D. The event should still be reported because near misses reveal safety vulnerabilities even when harm is prevented.

Near misses are valuable learning opportunities because they show where the system was vulnerable before harm occurred.

20. Evaluating evidence before changing practice

Correct answer: C. Is the change supported by credible evidence and appropriate for this patient population, setting, workflow, and safety goals?

Evidence-based implementation requires considering not only outside success, but also the quality of evidence and fit for the local setting and safety needs.

Review one missed concept, then check it with a fresh question. Full CNOR preparation:
<https://aipreptest.com/exams/cnor/>