

E-6 BOARD SITUATIONAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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.

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!

Questions

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- 1. Normal pulmonary artery pressure is approximately which of the following?**
 - A. 5-10 / 0-2 mean 3
 - B. 20-40 / 10-20 mean 15
 - C. 10-20 / 0-4 mean 5-10
 - D. 25-40 / 15-25 mean 20
- 2. Which combination is used to manage hemodynamic compromise due to cardiogenic shock?**
 - A. Nipride with Dobutamine
 - B. Nitroglycerin with Furosemide
 - C. Milrinone with Beta blocker
 - D. Dopamine with ACE inhibitor
- 3. What is the initial drug treatment for sustained ventricular tachycardia when a pulse is present?**
 - A. Amiodarone 150 mg IV bolus over 10 minutes
 - B. Lidocaine 50 mg IV
 - C. Adenosine 6 mg IV
 - D. Magnesium sulfate 1 g IV
- 4. What are the four steps of a standard counseling session?**
 - A. Opening, discuss issue and impact, plan for improvement, closing and follow-up
 - B. Opening, plan for improvement, discuss issue and impact, closing
 - C. Opening, discussing impact, planning improvements, closing only
 - D. Opening, closing and follow-up, discussing issue, and impact
- 5. Which sequence correctly represents the recommended order when preparing a brief for command?**
 - A. State objective, present facts, outline options, assess risks, and recommend a course of action.
 - B. State objective, outline options, present facts, assess risks, recommend.
 - C. Outline options, present facts, state objective, assess risks, recommend.
 - D. Present facts, state objective, outline options, assess risks, recommend.

- 6. Which window is guideline-appropriate for thrombolysis in eligible stroke patients?**
- A. Within 4.5 hours
 - B. Within 8 hours
 - C. Within 24 hours
 - D. Never use thrombolysis
- 7. Explain the purpose of leave and liberty policies in the Navy.**
- A. Provide rest and time off.
 - B. Provide job security.
 - C. Provide training certificates.
 - D. Provide hazard pay.
- 8. What is the purpose of OPSEC analysis during operations?**
- A. To design new weapons.
 - B. To identify potential enemy exploitation and adjust tactics accordingly.
 - C. To track personnel rosters.
 - D. To schedule maintenance.
- 9. If a patient with an endotracheal tube can speak audibly, the most appropriate initial nursing action is to:**
- A. Check the cuff
 - B. Suction the airway
 - C. Reinsert the tube
 - D. Increase oxygen flow
- 10. Which would you NOT give to someone in a DKA coma?**
- A. Dextrose
 - B. Insulin
 - C. Normal saline
 - D. Potassium replacement

Answers

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

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Explanations

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1. Normal pulmonary artery pressure is approximately which of the following?

- A. 5-10 / 0-2 mean 3
- B. 20-40 / 10-20 mean 15
- C. 10-20 / 0-4 mean 5-10**
- D. 25-40 / 15-25 mean 20

Normal pulmonary artery pressures have a systolic range around 15–30 mmHg, a diastolic range around 4–12 mmHg, and a mean around 9–14 mmHg. Among the options, the set with systolic about 10–20, diastolic about 0–4, and mean about 5–10 best matches these typical values. The mean pressure is a weighted average of the systolic and diastolic pressures (roughly $mPAP \approx (SBP + 2 \times DBP) / 3$); choosing SBP around 15 and DBP around 2 gives a mean near 6, which fits the 5–10 range. The other options show values that are higher than normal, especially for mean or diastolic, making them less representative of normal pulmonary artery pressure.

2. Which combination is used to manage hemodynamic compromise due to cardiogenic shock?

- A. Nipride with Dobutamine**
- B. Nitroglycerin with Furosemide
- C. Milrinone with Beta blocker
- D. Dopamine with ACE inhibitor

In cardiogenic shock, the heart struggles to pump effectively while filling pressures are high. The most effective approach is to both improve the heart's pumping ability and reduce the afterload it has to work against. Nitroprusside lowers afterload by dilating vessels, which decreases systemic vascular resistance and helps the failing left ventricle eject blood more easily. Dobutamine increases contractility and cardiac output. Together, they reduce the heart's workload while boosting forward flow, improving perfusion and helping to relieve pulmonary congestion. This combination is used with careful monitoring because lowering blood pressure too much can be risky. Nitroglycerin with furosemide mainly reduces preload and diureses fluid, which can help with edema but doesn't directly enhance the heart's pumping or afterload in the acute shock state. Milrinone with a beta blocker would blunt the inotropic and vasodilatory benefits, reducing the desired hemodynamic improvement. Dopamine with an ACE inhibitor isn't a standard acute strategy for cardiogenic shock and can worsen hypotension or instability.

3. What is the initial drug treatment for sustained ventricular tachycardia when a pulse is present?

- A. Amiodarone 150 mg IV bolus over 10 minutes**
- B. Lidocaine 50 mg IV
- C. Adenosine 6 mg IV
- D. Magnesium sulfate 1 g IV

When sustained ventricular tachycardia presents with a pulse, the goal is to rapidly control the rhythm with an antiarrhythmic that is effective in VT and safe in a patient who is still beating. Intravenous amiodarone given as a bolus of 150 mg over about 10 minutes is the best first-line choice. Amiodarone works on multiple cardiac channels and receptors to terminate the tachycardia and reduce the chance of recurrence, and it is well tolerated in patients with a pulse. After the bolus, a maintenance infusion is usually used to sustain rhythm control. Lidocaine is a reasonable alternative if amiodarone isn't available or is contraindicated, but it's considered a secondary option in this scenario. Adenosine is not effective for ventricular tachycardia and can precipitate worsening rhythm or hemodynamic instability. Magnesium sulfate is reserved for torsades de pointes or QT-prolongation-related VT, not typical VT. If the patient shows signs of instability, synchronized cardioversion takes precedence over drug therapy.

4. What are the four steps of a standard counseling session?

- A. Opening, discuss issue and impact, plan for improvement, closing and follow-up
- B. Opening, plan for improvement, discuss issue and impact, closing
- C. Opening, discussing impact, planning improvements, closing only
- D. Opening, closing and follow-up, discussing issue, and impact

Starting with an opening sets the tone, builds rapport, and clarifies the session's purpose. Next, you discuss the issue and its impact to understand what the client is experiencing and how it's affecting them. Only after you've understood the situation do you move to planning for improvement, outlining concrete goals, actions, and resources. Finally, you close and arrange follow-up to summarize, ensure understanding, and schedule subsequent contact to monitor progress. Other sequences scramble this flow—planning before fully exploring the issue, or conflating closing with follow-up—which breaks the logical progression of understanding first, then acting, then reconvening.

5. Which sequence correctly represents the recommended order when preparing a brief for command?

- A. State objective, present facts, outline options, assess risks, and recommend a course of action.
- B. State objective, outline options, present facts, assess risks, recommend.
- C. Outline options, present facts, state objective, assess risks, recommend.
- D. Present facts, state objective, outline options, assess risks, recommend.

The main idea here is to structure a briefing so the decision-maker understands the goal, sees the available paths, and can judge them with solid information before a final recommendation. Starting with the objective makes the purpose crystal clear and anchors everything that follows to why you're briefing in the first place. Then outlining options before diving into the details keeps the decision space open. It shows there are alternatives to consider and avoids nudging the commander toward a single path too early, which helps with objective comparison and discussion. Presenting the facts next provides the concrete data, situational awareness, and evidence that illuminate each option. This grounds the discussion in verifiable information rather than opinion or assumptions. Assessing risks after the facts adds the critical analysis of potential downsides, likelihoods, and impacts for each path, enabling informed judgment about trade-offs and resilience. Finally, a clear recommendation ties the analysis together and offers a supported course of action. With the objective, options, facts, and risks laid out, the recommended course has credibility and is easier for the commander to accept or adjust based on the presented evidence.

6. Which window is guideline-appropriate for thrombolysis in eligible stroke patients?

A. Within 4.5 hours

B. Within 8 hours

C. Within 24 hours

D. Never use thrombolysis

Timely reperfusion is the key. For eligible acute ischemic stroke patients, intravenous thrombolysis with alteplase is guideline-appropriate when given within four and a half hours of symptom onset. This window comes from studies showing better functional outcomes with acceptable safety within that period, provided there are no major contraindications and the patient's blood pressure and coagulation status are appropriate. Beyond that window, the risks of hemorrhagic transformation rise and benefits don't outweigh harms, so IV thrombolysis isn't recommended in routine cases. The other timeframes listed don't fit guideline guidance for IV thrombolysis in eligible patients, and "never use" isn't correct for someone who presents within the approved window and meets criteria. If a patient has a large vessel occlusion, mechanical thrombectomy is a separate therapy that can be considered and may have a different extended window, but that's a different treatment than thrombolysis.

7. Explain the purpose of leave and liberty policies in the Navy.

A. Provide rest and time off.

B. Provide job security.

C. Provide training certificates.

D. Provide hazard pay.

The main idea behind leave and liberty is to give sailors time away from duty to rest and take care of personal matters. This rest restores energy, reduces burnout, and keeps morale high, which helps every sailor come back ready to perform effectively. While these policies may involve continued pay or allowances, the core purpose is providing time off for recuperation and personal needs. The other options don't capture that focus—job security, training certificates, and hazard pay aren't the reasons these policies exist.

8. What is the purpose of OPSEC analysis during operations?

A. To design new weapons.

B. To identify potential enemy exploitation and adjust tactics accordingly.

C. To track personnel rosters.

D. To schedule maintenance.

OPSEC analysis during operations focuses on spotting ways an adversary could exploit information about our actions and then changing how we operate to reduce that risk. It looks at exposed details—what we communicate, when and where we act, and how we coordinate—so we can protect sensitive data, hide plans, and adjust timing or sequencing to degrade the enemy's ability to anticipate or counter us. This is why it's the best answer: the goal is to prevent enemy exploitation and keep operations secure and effective. It isn't about designing weapons, tracking personnel rosters, or scheduling maintenance, which are separate tasks not tied to information security during operations.

9. If a patient with an endotracheal tube can speak audibly, the most appropriate initial nursing action is to:

- A. Check the cuff**
- B. Suction the airway
- C. Reinsert the tube
- D. Increase oxygen flow

When a patient with an endotracheal tube can speak, air is leaking around the tube because the tracheal cuff isn't sealing properly. The first thing to do is check and adjust the cuff pressure to seal the airway. Use a cuff pressure manometer and inflate the cuff to about 20–25 cm H₂O, then reassess the ability to speak and the adequacy of ventilation. After adjusting, monitor the patient's oxygenation and comfort and verify that the tube remains properly positioned. Suctioning the airway wouldn't fix a cuff leak and could waste time or cause unnecessary disruption. Replacing the tube is more invasive and not the initial step unless the tube is clearly displaced or other problems persist. Simply increasing oxygen without addressing the cuff seal also misses the underlying issue.

10. Which would you NOT give to someone in a DKA coma?

- A. Dextrose**
- B. Insulin
- C. Normal saline
- D. Potassium replacement

In DKA, the priority is to restore volume, correct electrolyte disturbances, and halt ketone production with insulin. Dextrose-containing fluids aren't started right away because the patient is severely hyperglycemic and ketosis is ongoing; insulin therapy is used to resolve the ketoacidosis, and once blood glucose falls to about 200 mg/dL, dextrose is added to the IV fluids to allow continued insulin without risking hypoglycemia. Meanwhile, you begin with normal saline to rehydrate, start insulin to suppress ketogenesis, and aggressively monitor and replace potassium because total body potassium is depleted even if serum levels may appear normal or high at first. Once insulin is being given and glucose approaches 200 mg/dL, you switch to fluids containing dextrose to keep insulin therapy going safely.

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://e6boardsituational.examzify.com>

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

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