FCM CRITICAL CARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://fcmcriticalcare.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1
Table of Contents 2
Introduction 3
How to Use This Guide 4
Questions 5
Answers 8
Explanations 10
Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. What is the effect of IV 3% saline in the treatment of increased ICP?

A. Reduces blood pressure

B. Increases intracranial pressure

C. Makes the intravascular compartment hyperosmolar

D. Normalizes blood glucose levels

2. What is the primary purpose of mechanical ventilation in critical care?

A. To enhance renal filtration in patients

B. To maintain adequate gas exchange in patients

C. To provide nutritional support to patients

D. To stabilize blood pressure during a crisis

3. What does a 'do not resuscitate' (DNR) order signify?

A. Resuscitation should be performed in all circumstances

B. No resuscitative measures should be taken during cardiac arrest

C. Only advanced life support measures should be taken

D. Patients want all treatments except intubation

4. Which type of invasive support involves inserting a tube into the airway?

A. High flow nasal cannula

B. BiPAP

C. Intubation

D. Non-rebreather mask

5. Which of the following signs should raise suspicion for cardiac ischemia in critically ill patients?

A. Sudden improvement in heart rate

B. Unexplained hypotension

C. Stable blood pressure readings

D. Consistent high oxygen saturation

6. What is the purpose of a pulmonary artery catheter in critical care?

A. To administer medications directly into the heart

B. To measure cardiac output and pulmonary artery pressures

C. To provide oxygen directly to the pulmonary system

D. To monitor central nervous system functioning

SAMPLE

7. What is the recommended treatment for hypoglycemia in critically ill patients?

A. IV D5W 1 ampule

B. IV D50 1 ampule

C. 100 mL of glucose as a bolus

D. IV Insulin 10 units

8. What method is suggested for clinical examination to determine brain death?

A. Two exams conducted 12 hours apart

B. Single exam plus a neuroimaging study

C. Continuous monitoring over several days

D. If condition allows, patient self-reporting

9. In which condition is an intra-aortic balloon pump indicated?

A. Hypovolemic shock

B. Cardiogenic shock

C. Septic shock

D. Anaphylactic shock

10. Which medication is NOT effective as a single therapy for DVT prophylaxis in the ICU?

A. Heparin

B. Low molecular weight heparin

C. Aspirin

D. Fondaparinux

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the effect of IV 3% saline in the treatment of increased ICP?

A. Reduces blood pressure

B. Increases intracranial pressure

C. Makes the intravascular compartment hyperosmolar

D. Normalizes blood glucose levels

The administration of IV 3% saline is primarily used in the management of increased intracranial pressure (ICP) due to its hyperosmolar properties. When hypertonic saline is infused, it creates an osmotic gradient that effectively draws water out of the brain tissue and into the intravascular compartment. This shift of fluid helps to reduce cerebral edema and ultimately leads to a decrease in ICP. The use of hyperosmolar solutions like 3% saline helps achieve and maintain a hyperosmolar state in the intravascular compartment. This not only aids in reducing the volume of fluid in the brain but also enhances intracranial perfusion, which is crucial in critical care settings. The other options do not accurately describe the effects of 3% saline in this context: it does not reduce blood pressure as a primary action; it is intended to decrease, not increase, ICP; and it does not normalize blood glucose levels, as its main role is related to fluid management and osmolarity rather than glucose metabolism. Thus, the option that highlights the effect of making the intravascular compartment hyperosmolar is the correct choice.

2. What is the primary purpose of mechanical ventilation in critical care?

A. To enhance renal filtration in patients

B. To maintain adequate gas exchange in patients

C. To provide nutritional support to patients

D. To stabilize blood pressure during a crisis

The primary purpose of mechanical ventilation in critical care is to maintain adequate gas exchange in patients. This involves delivering oxygen to the lungs and removing carbon dioxide from the bloodstream, which is crucial for sustaining cellular metabolism and preventing respiratory failure. When patients are unable to effectively breathe on their own due to conditions such as acute respiratory distress syndrome (ARDS), chronic obstructive pulmonary disease (COPD), or severe pneumonia, mechanical ventilation provides the necessary support to ensure that oxygen levels remain stable and carbon dioxide levels do not rise to dangerous levels. In critical care settings, ensuring proper gas exchange is essential for patient stability, recovery, and overall outcomes. Proper ventilation helps to optimize oxygenation and ventilation, which are vital for maintaining organ function and preventing complications that can arise from hypoxia or hypercapnia. The other options provided focus on different aspects of patient care that are not directly related to the primary function of mechanical ventilation. For instance, enhancing renal filtration is more closely tied to kidney function and may involve different forms of support such as dialysis, while nutritional support is achieved through enteral or parenteral nutrition rather than ventilation. Stabilizing blood pressure is typically managed through fluid resuscitation, medications, or other interventions that directly influence cardiovascular status, not through ventilation.

SAMPLE

3. What does a 'do not resuscitate' (DNR) order signify?

A. Resuscitation should be performed in all circumstances

B. No resuscitative measures should be taken during cardiac arrest

C. Only advanced life support measures should be taken

D. Patients want all treatments except intubation

A 'do not resuscitate' (DNR) order signifies that no resuscitative measures should be taken during a cardiac arrest. This means that if a patient stops breathing or their heart stops beating, medical personnel are instructed not to perform CPR or any other interventions aimed at reviving the patient. This decision is typically made by the patient, often in consultation with healthcare providers, and reflects the individual's wishes regarding end-of-life care. The DNR order is an important aspect of respecting patient autonomy and ensuring that treatment aligns with a patient's desires. In cases where a DNR order is in place, the focus of care may shift from resuscitative efforts to palliative care, emphasizing comfort rather than prolonging life through aggressive interventions.

4. Which type of invasive support involves inserting a tube into the airway?

A. High flow nasal cannula

B. BiPAP

C. Intubation

D. Non-rebreather mask

The correct answer involves intubation, which is a procedure that entails inserting a tube into the airway. This method is used to secure the airway in patients who may be unable to breathe adequately on their own due to respiratory failure, loss of consciousness, or during surgical procedures requiring general anesthesia. Intubation allows for direct access to the trachea, facilitating mechanical ventilation and ensuring oxygen delivery to the lungs. Other options presented, while related to respiratory support, do not involve inserting a tube into the airway. High flow nasal cannula is a non-invasive method that delivers oxygen via nasal prongs but does not require intubation. BiPAP, or Bilevel Positive Airway Pressure, is also a non-invasive form of ventilation that uses a mask to deliver pressurized air, assisting in breathing without the need for airway intervention. Similarly, a non-rebreather mask provides high-flow oxygen but, again, does not involve inserting any tube into the airway. Each of these alternatives serves important roles in respiratory care but does not provide the secure airway access afforded by intubation.

SAMPLE

5. Which of the following signs should raise suspicion for cardiac ischemia in critically ill patients?

A. Sudden improvement in heart rate

B. Unexplained hypotension

C. Stable blood pressure readings

D. Consistent high oxygen saturation

Unexplained hypotension is a significant indicator that may suggest underlying cardiac ischemia, particularly in critically ill patients. This condition implies that the heart is not receiving adequate oxygenation, potentially due to reduced blood flow or coronary artery blockage. When blood pressure drops without an identifiable cause, it can lead to inadequate perfusion of vital organs, which is often associated with ischemic events. In critically ill patients, the body may not have compensatory mechanisms that help maintain blood flow, making hypotension an urgent sign that warrants further investigation for possible cardiac issues. In contrast, sudden improvements in heart rate, stable blood pressure readings, and consistently high oxygen saturation do not indicate a risk for cardiac ischemia. Improvements in heart rate can occur for various reasons, including better fluid resuscitation or increased metabolic demand, without signaling ischemia. Stable blood pressure might imply adequate perfusion and normal cardiac function, while high oxygen saturation generally reflects good respiratory function rather than cardiac health. Thus, the presence of unexplained hypotension is a crucial warning sign of potential cardiac ischemia in these patients.

6. What is the purpose of a pulmonary artery catheter in critical care?

A. To administer medications directly into the heart

B. To measure cardiac output and pulmonary artery pressures

C. To provide oxygen directly to the pulmonary system

D. To monitor central nervous system functioning

The purpose of a pulmonary artery catheter in critical care is primarily to measure cardiac output and pulmonary artery pressures. This specialized catheter, often referred to as a Swan-Ganz catheter, is inserted through a large vein and advanced to the pulmonary artery, allowing healthcare providers to obtain critical hemodynamic data. By measuring pressures within the right atrium, right ventricle, pulmonary artery, and the pulmonary capillary wedge pressure, clinicians can assess the fluid status and cardiac function of a patient. This information is vital for diagnosing various cardiovascular conditions, guiding treatment decisions, and monitoring the response to interventions. It helps in evaluating heart function and identifying issues such as heart failure, shock, and pulmonary hypertension. The other options do not align with the primary function of the pulmonary artery catheter. It is not designed to administer medications directly into the heart or provide oxygen to the pulmonary system. While monitoring central nervous system functioning is important in critical care, it is not within the scope of what a pulmonary artery catheter does. This tool is specifically aimed at gaining insight into the cardiovascular status of patients, making it indispensable in critical care settings.

SAMPLE

7. What is the recommended treatment for hypoglycemia in critically ill patients?

A. IV D5W 1 ampule

B. IV D50 1 ampule

C. 100 mL of glucose as a bolus

D. IV Insulin 10 units

The recommended treatment for hypoglycemia in critically ill patients is to administer intravenous dextrose, specifically D50 (50% dextrose solution). D50 is an effective and rapid way to increase blood glucose levels in patients experiencing severe hypoglycemia. In critically ill patients, swift correction of low blood sugar is crucial to prevent complications such as neurological damage or worsening of their overall clinical condition. The administration of a D50 ampule provides a concentrated source of glucose that can quickly restore normal glucose levels in the bloodstream. It is particularly useful in a critical care setting where immediate action is often necessary. Other forms of glucose can be less effective or slower to administer. For instance, using D5W (a solution with 5% dextrose) may not provide the rapid response required in emergency situations, as it delivers a lower concentration of glucose. Additionally, administering a glucose bolus without specifying the concentration also lacks the immediate effectiveness that D50 provides. Lastly, administering insulin would be contraindicated in the context of hypoglycemia, as it would further decrease blood glucose levels rather than correct them. Therefore, intravenous D50 is a well-established and appropriate treatment for addressing hypoglycemia in critically ill patients.

8. What method is suggested for clinical examination to determine brain death?

A. Two exams conducted 12 hours apart

B. Single exam plus a neuroimaging study

C. Continuous monitoring over several days

D. If condition allows, patient self-reporting

The method of conducting a single exam plus a neuroimaging study is recognized in clinical practice as a reliable approach to determine brain death. This is because the clinical examination assesses neurological function and response, which is crucial in identifying the absence of brain activity. A comprehensive clinical examination involves evaluating reflexes, responsiveness, and various neurological signs that indicate brain stem function. In conjunction with this clinical assessment, neuroimaging studies—such as a CT scan or an MRI—serve to provide additional evidence of irreversible loss of brain function. These imaging techniques can visualize structural changes in the brain that are consistent with irreversible cessation of all brain activity, lending further support to the diagnosis of brain death. Utilizing a single exam with neuroimaging offers a balance between thorough evaluation and timely decision-making, without the delay associated with repeating examinations after a specified interval, which may not be necessary given modern imaging capabilities. In contrast, two exams conducted 12 hours apart, continuous monitoring over several days, or relying on patient self-reporting do not align with the established criteria and protocols for diagnosing brain death, which emphasize the need for immediate and definitive assessments rather than prolonged or subjective evaluation methods.

SAMPLE

9. In which condition is an intra-aortic balloon pump indicated?

A. Hypovolemic shock

B. Cardiogenic shock

C. Septic shock

D. Anaphylactic shock

An intra-aortic balloon pump (IABP) is primarily indicated in cases of cardiogenic shock. This condition occurs when the heart is unable to pump blood effectively, leading to inadequate tissue perfusion. The IABP works by inflating and deflating a balloon in the aorta, which helps to improve coronary blood flow and reduce the workload on the heart. During diastole, the balloon inflates, increasing blood flow to the coronary arteries, and during systole, it deflates, decreasing afterload and allowing the heart to pump more effectively. In cardiogenic shock, the heart's diminished capacity to circulate blood can lead to severe complications, and the IABP can provide significant hemodynamic support. By optimizing cardiac output and improving myocardial oxygen delivery, the IABP can be a critical tool in managing patients experiencing this life-threatening condition. Other conditions listed, such as hypovolemic shock, septic shock, and anaphylactic shock, usually require different management strategies that focus on volume resuscitation, infection control, or treatment of the allergic response rather than mechanical circulatory support. Thus, the IABP is specifically indicated for cardiogenic shock where it can aid in stabilizing the patient's condition.

10. Which medication is NOT effective as a single therapy for DVT prophylaxis in the ICU?

A. Heparin

B. Low molecular weight heparin

C. Aspirin

D. Fondaparinux

Aspirin is not effective as a single therapy for deep vein thrombosis (DVT) prophylaxis in the ICU setting due to its insufficient anticoagulant properties. While aspirin has antiplatelet effects, which can be beneficial in preventing arterial thromboembolism, it does not provide the level of venous thromboembolism prevention that is essential for patients at high risk in an ICU environment. In ICU settings, patients often have multiple risk factors for DVT, including immobility, underlying medical conditions, and surgical interventions. As a result, stronger anticoagulants are typically required to achieve effective DVT prophylaxis. Medications like heparin, low molecular weight heparin, and fondaparinux provide more comprehensive coverage and are proven to reduce the incidence of DVT effectively. These anticoagulant therapies help prevent clot formation through various mechanisms that significantly reduce the risk of venous thrombosis, making them more suitable than aspirin for this particular indication in critically ill patients.

SAMPLE

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://fcmcriticalcare.examzify.com

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

SAMPLE