HENRY FORD HEALTH SYSTEM (HFHS) CRITICAL CARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://hfhscriticalcare.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 symptom is commonly associated with hypercalcemia?

A. Carpopedal spasms

B. Prolonged contraction of respiratory muscles

C. Stupor and coma

D. Hypertensive crisis

2. What is the normal range for the cardiac index?

A. 1.5-3 L/min/m2

B. 2.5-4 L/min/m2

C. 3.5-5 L/min/m2

D. 2-3.5 L/min/m2

3. What is considered a normal pulmonary artery mean pressure?

A. 5-10 mmHg

B. 9-18 mmHg

C. 15-25 mmHg

D. 10-20 mmHg

4. What is a contraindication for the use of Norepinephrine?

A. Ischemic heart disease

B. Hypotension due to low SVR

C. Postoperative cardiac surgery

D. Septic shock without hypertension

5. What is a key disadvantage of Intermittent Mandatory Ventilation (IMV)?

A. It requires constant monitoring of tidal volume

B. It can lead to "stacked breaths" risking barotrauma

C. It causes a decrease in airway resistance

D. It increases the risk of lung infection

6. What can result from autonomic dysreflexia?

A. A marked decrease in heart rate

B. A sudden marked rise in blood pressure

C. Severe lethargy

D. Increased heart contractility

SAMPLE

7. When is IMV commonly used?

A. During emergencies only

B. For patients expected to return to spontaneous breathing soon

C. In patients with established respiratory failure

D. For chronic conditions requiring lifelong support

8. Which symptom indicates metabolic acidosis associated with hyperchloremia?

A. Weakness and lethargy

B. Muscle cramps and twitching

C. Hypertensive crisis

D. Hyperactive reflexes

9. What is the primary effect of Dobutamine?

A. Increases heart rate significantly

B. Direct inotropic effect improving contractility

C. Causes profound vasodilation

D. Reduces systemic vascular resistance

10. What is a primary concern when using PEEP in patients with hypovolemia?

A. Increased risk for reduced cardiac output

B. Decreased work of breathing

C. Improved oxygenation

D. Increased airway resistance

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What symptom is commonly associated with hypercalcemia?

A. Carpopedal spasms

B. Prolonged contraction of respiratory muscles

C. Stupor and coma

D. Hypertensive crisis

Hypercalcemia is a condition characterized by elevated levels of calcium in the blood. One of the hallmark symptoms associated with hypercalcemia is changes in mental status, which can manifest as stupor and coma. This occurs because high levels of calcium can interfere with normal brain function, leading to neurological symptoms. In individuals with hypercalcemia, the excess calcium can depress the central nervous system, leading to lethargy and, in severe cases, stupor or coma. This is significant because it highlights the systemic effects of hypercalcemia, which can impact various bodily functions, particularly those involving the nervous system. While other symptoms associated with hypercalcemia can include abdominal pain, nausea, vomiting, and renal issues, the specific association with mental status changes such as stupor and coma underscores the severity of untreated hypercalcemia. Understanding this symptom is critical in the context of patient assessment and management in a critical care setting.

2. What is the normal range for the cardiac index?

A. 1.5-3 L/min/m2

B. 2.5-4 L/min/m2

C. 3.5-5 L/min/m2

D. 2-3.5 L/min/m2

The normal range for cardiac index is crucial for assessing cardiac function relative to body surface area. The correct range is typically considered to be 2.5-4 L/min/m². This index allows healthcare providers to evaluate how well the heart is pumping blood in relation to the size of the individual, providing a more accurate picture of cardiac performance than cardiac output alone. A cardiac index lower than 2.5 L/min/m² may indicate poor heart function or heart failure, while a cardiac index higher than 4 L/min/m² could suggest hyperdynamic circulation or conditions such as sepsis. Understanding this range is essential for monitoring patients in critical care settings as it influences management decisions and guides treatment strategies. Evaluating the cardiac index effectively helps clinicians make informed decisions about hemodynamic support and overall cardiac care.

3. What is considered a normal pulmonary artery mean pressure?

A. 5-10 mmHg

B. 9-18 mmHg

C. 15-25 mmHg

D. 10-20 mmHg

The normal range for pulmonary artery mean pressure is 9-18 mmHg. This value reflects the average pressure within the pulmonary artery during the cardiac cycle and is an important parameter in assessing right heart function and pulmonary circulation. When measuring pulmonary artery pressures, values within this range indicate adequate function and are critical for ensuring proper blood flow from the right side of the heart to the lungs for oxygenation. When pressures fall outside this range, it could be indicative of various clinical conditions, such as pulmonary hypertension or heart failure, necessitating further evaluation and management. This understanding is crucial in critical care settings, where monitoring hemodynamic values can guide treatment strategies and improve patient outcomes.

SAMPLE

4. What is a contraindication for the use of Norepinephrine?

A. Ischemic heart disease

B. Hypotension due to low SVR

C. Postoperative cardiac surgery

D. Septic shock without hypertension

Norepinephrine is a potent vasopressor commonly used to manage hypotension in critical care settings, especially in cases like septic shock. However, its use is contraindicated in patients with ischemic heart disease due to the potential for increased myocardial oxygen demand and the risk of exacerbating ischemic events. When norepinephrine increases systemic vascular resistance (SVR) to improve blood pressure, it can also elevate cardiac workload, posing a significant risk to patients with compromised coronary artery circulation. Choosing not to use norepinephrine in this context is rooted in the recognition that the balance between improving systemic blood pressure and maintaining sufficient myocardial oxygenation is crucial. The drug's action can lead to detrimental effects on the heart, particularly in individuals whose coronary arteries are already compromised by disease, thus putting them at an increased risk of cardiac complications, such as myocardial infarction or severe angina. This cautious approach illustrates a broader principle in critical care—prioritizing patient safety by carefully considering underlying health conditions when administering potent medications.

5. What is a key disadvantage of Intermittent Mandatory Ventilation (IMV)?

A. It requires constant monitoring of tidal volume

B. It can lead to "stacked breaths" risking barotrauma

C. It causes a decrease in airway resistance

D. It increases the risk of lung infection

Intermittent Mandatory Ventilation (IMV) indeed has a significant concern regarding "stacked breaths," which can lead to barotrauma. In IMV, the ventilator provides breaths at set intervals but allows the patient to trigger additional breaths in between those mandatory breaths. If the patient initiates a breath just before a mandatory breath is delivered, it can result in multiple breaths occurring in a short period, known as stacked breaths. This stacking can increase intrathoracic pressure as the ventilator delivers air while the patient is also trying to inhale, potentially compromising lung compliance and leading to overdistension. This overdistension can result in barotrauma, which is damage to lung tissue caused by increased pressure. This aspect of IMV emphasizes the importance of careful monitoring and adjustment of ventilatory settings to avoid complications, particularly in delicate or critically ill patients. Understanding this risk helps caregivers anticipate potential complications and manage ventilation strategies effectively.

SAMPLE

6. What can result from autonomic dysreflexia?

A. A marked decrease in heart rate

B. A sudden marked rise in blood pressure

C. Severe lethargy

D. Increased heart contractility

Autonomic dysreflexia is a condition that occurs most commonly in individuals with a spinal cord injury, particularly those with injuries at or above the T6 level. It is characterized by an overactive autonomic nervous system response to stimuli, such as a full bladder or bowel, that normally would not provoke such a strong reaction in individuals without such injuries. The hallmark feature of autonomic dysreflexia is a sudden marked rise in blood pressure, which occurs due to the uninhibited sympathetic nervous system response below the level of injury, while the parasympathetic nervous system fails to counteract this response effectively above the level of injury. This extreme increase in blood pressure can lead to serious complications, including potential strokes, if not addressed promptly. The condition is often accompanied by other symptoms, such as a pounding headache, flushing of the skin above the injury, sweating, and bradycardia (although the bradycardia response is less pronounced compared to the drastic increase in blood pressure). Understanding the implications of autonomic dysreflexia is crucial for healthcare providers, especially in critical care settings, where timely recognition and intervention are necessary to prevent severe outcomes. Prompt treatment typically involves removing the offending stimulus, such as relieving a distended bladder or impacted bowel.

7. When is IMV commonly used?

A. During emergencies only

B. For patients expected to return to spontaneous breathing soon

C. In patients with established respiratory failure

D. For chronic conditions requiring lifelong support

IMV, or Intermittent Mandatory Ventilation, is commonly used for patients who are expected to return to spontaneous breathing soon. This mode of mechanical ventilation allows for a combination of mandatory breaths provided by the ventilator and spontaneous breaths taken by the patient. This approach supports patients during the weaning process from mechanical ventilation, promoting the gradual transition back to independent breathing. The rationale for using IMV in this context is that it helps strengthen the patient's respiratory muscles while ensuring adequate ventilation and oxygenation. It is particularly beneficial when clinicians anticipate that the patient's respiratory condition is improving, enabling careful monitoring and adjustment as the patient transitions toward full recovery or more independent breathing capabilities. Other scenarios, such as emergencies, established respiratory failure, or chronic conditions requiring lifelong support typically involve different ventilatory strategies or modes more suited to those specific needs.

SAMPLE

8. Which symptom indicates metabolic acidosis associated with hyperchloremia?

A. Weakness and lethargy

B. Muscle cramps and twitching

C. Hypertensive crisis

D. Hyperactive reflexes

Metabolic acidosis associated with hyperchloremia is characterized by an imbalance in the body's acid-base equilibrium, often resulting from various disturbances, including excessive chloride intake or renal dysfunction. Weakness and lethargy are common symptoms that can arise from this condition due to the body's inability to efficiently manage acid-base balance, leading to overall fatigue and a general feeling of unwellness. In metabolic acidosis, the accumulation of hydrogen ions contributes to lowered blood pH, which can interfere with cellular metabolism and homeostasis. This metabolic derangement often manifests as weakness and lethargy, as the body's physiological systems begin to struggle against the acidic environment. Other options, while they might present in different contexts of electrolyte imbalance or other metabolic disturbances, are not specifically indicative of hyperchloremic metabolic acidosis. Understanding the context and symptoms associated with different types of acid-base imbalances is crucial for accurate diagnosis and treatment in critical care settings.

9. What is the primary effect of Dobutamine?

A. Increases heart rate significantly

B. Direct inotropic effect improving contractility

C. Causes profound vasodilation

D. Reduces systemic vascular resistance

Dobutamine primarily functions as a positive inotropic agent, which means it directly enhances the contractility of the heart muscle. This increased contractility leads to a more forceful contraction of the heart, which is particularly beneficial in conditions such as heart failure where the heart's pumping ability is compromised. While it may also have some mild effects on heart rate, its main therapeutic purpose is related to improving the stroke volume and cardiac output through its action on beta-1 adrenergic receptors. This enhances the heart's performance without significantly increasing heart rate, which is often a critical consideration in patients with compromised cardiac function. The other effects listed in different choices, such as vasodilation and reducing systemic vascular resistance, are not the primary actions associated with Dobutamine. Instead, its primary role in the management of acute heart failure and cardiogenic shock is to increase the heart's contractile strength while maintaining a balanced approach to heart rate and vascular resistance. This makes it a valuable tool in critical care settings where cardiac function needs immediate support.

SAMPLE

10. What is a primary concern when using PEEP in patients with hypovolemia?

A. Increased risk for reduced cardiac output

B. Decreased work of breathing

C. Improved oxygenation

D. Increased airway resistance

Using Positive End-Expiratory Pressure (PEEP) in patients with hypovolemia raises significant concerns primarily because it can lead to an increased risk for reduced cardiac output. When PEEP is applied, it creates a pressure that keeps the alveoli open at the end of expiration. While this technique can enhance oxygenation and improve lung mechanics, it also has a hemodynamic impact. In hypovolemic patients, who have compromised fluid status and possibly low blood volume, the addition of PEEP may impede venous return by increasing intrathoracic pressure. This elevated pressure can decrease the amount of blood returning to the heart (preload), which in turn can reduce stroke volume and cardiac output. Given that adequate perfusion and oxygen delivery to vital organs is crucial in critical care settings, maintaining cardiac output is vital, especially in patients already at risk due to hypovolemia. While PEEP can provide benefits such as improved oxygenation and decreased work of breathing in well-compensated patients, in those with reduced intravascular volume, these advantages might be overshadowed by the detrimental effects on hemodynamics. Therefore, the primary concern with PEEP in hypovolemic patients centers around its potential to significantly decrease cardiac output

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://hfhscriticalcare.examzify.com

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

SAMPLE