

ILE 9 SEPSIS & SEPTIC SHOCK 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. What is the preferred first-line vasopressor?**
 - A. Norepinephrine
 - B. Epinephrine
 - C. Dopamine
 - D. Vasopressin
- 2. Which organs are common sites of ischemia due to vasopressors?**
 - A. Stomach, kidneys, and limbs
 - B. Heart and brain
 - C. Lungs
 - D. Skin and mucosa
- 3. What is a key consideration when stopping corticosteroids in septic shock?**
 - A. Stop abruptly when vasopressors are discontinued
 - B. Wean off when vasopressors no longer required
 - C. Increase dose before stopping
 - D. Stop never
- 4. Which scoring system is commonly used to identify sepsis in patients?**
 - A. Glasgow Coma Scale
 - B. SOFA score
 - C. APACHE II
 - D. Chronic Disease Score
- 5. In suspected sepsis, when should antibiotics generally be started after recognition?**
 - A. Within 1 hour
 - B. Within 3 hours
 - C. Within 6 hours
 - D. Within 24 hours

- 6. Which counseling point is recommended when using chlorhexidine skin products?**
- A. Start at the neck, shoulders, and chest and work downward
 - B. Finish at the face and move downward
 - C. Use soap under the jawline to enhance cleansing
 - D. Wipe off if skin feels sticky
- 7. Before starting antimicrobial therapy, what should be attempted?**
- A. Start therapy immediately and culture later
 - B. Only culture if patient deteriorates
 - C. Cultures are unnecessary
 - D. Obtain cultures before starting antimicrobial therapy
- 8. What is the maximum maintenance rate after hour 3 for angiotensin II?**
- A. 40 ng/kg/min
 - B. 80 ng/kg/min
 - C. 20 ng/kg/min
 - D. 60 ng/kg/min
- 9. Which statement about 'unlikely sepsis'?**
- A. High likelihood that sepsis is the diagnosis
 - B. Low suspicion for sepsis; clinical assessment not consistent with sepsis or alt diagnosis likely
 - C. Sepsis is proven by diagnostic testing
 - D. Sepsis is only possible in immunocompromised patients
- 10. Which stress ulcer prophylaxis agent must be given using granules for NG/OG administration and cannot be opened?**
- A. Pantoprazole
 - B. Esomeprazole
 - C. Lansoprazole
 - D. Famotidine

Answers

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

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Explanations

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1. What is the preferred first-line vasopressor?

- A. Norepinephrine**
- B. Epinephrine
- C. Dopamine
- D. Vasopressin

The aim is to raise mean arterial pressure safely to restore adequate organ perfusion in septic shock. Norepinephrine is the first-line vasopressor because it provides strong alpha-adrenergic vasoconstriction, increasing systemic vascular resistance and MAP with a favorable balance of effect and safety. It tends to produce less tachycardia and fewer arrhythmias than epinephrine, and it avoids the higher mortality risk seen with dopamine in septic shock. Vasopressin is useful as an adjunct to norepinephrine for refractory shock, and dopamine is generally avoided as initial therapy due to worse outcomes. So, norepinephrine best meets the goal of promptly restoring perfusion with the lowest risk of adverse cardiac effects.

2. Which organs are common sites of ischemia due to vasopressors?

- A. Stomach, kidneys, and limbs**
- B. Heart and brain
- C. Lungs
- D. Skin and mucosa

Vasopressors raise blood pressure by constricting small vessels, which helps push blood to essential organs when overall flow is threatened. But this vasoconstriction can reduce blood flow to organs that are more sensitive to decreased perfusion. The stomach (gastric mucosa), kidneys, and peripheral limbs are particularly vulnerable because they rely on adequate regional flow and have limited ability to maintain perfusion under strong vasoconstrictive stress. As a result, ischemia commonly affects these sites during vasopressor therapy. The heart and brain are often better preserved due to autoregulatory mechanisms that maintain their perfusion, and the lungs have a different perfusion pattern that makes ischemia from vasopressors less typical. Skin and mucosa can show reduced perfusion signs as well, but the combination of stomach, kidneys, and limbs best reflects the organs most commonly at risk in this scenario.

3. What is a key consideration when stopping corticosteroids in septic shock?

- A. Stop abruptly when vasopressors are discontinued
- B. Wean off when vasopressors no longer required**
- C. Increase dose before stopping
- D. Stop never

In septic shock, corticosteroids are used to help restore vascular tone and support blood pressure, especially when shock is difficult to wean off vasopressors. When stopping them, the goal is to minimize the risk of rebound hypotension from adrenal suppression and to match withdrawal with the patient's hemodynamic stability. Wean off when vasopressors are no longer required because that moment signals that the patient's circulation is stabilizing and able to maintain pressure without extra hormonal support. Abruptly stopping steroids while still on vasopressors can unmask adrenal insufficiency and lead to a drop in blood pressure. A gradual taper after vasopressors are discontinued helps the body's own cortisol production resume smoothly and reduces the risk of hemodynamic instability. Increasing the dose before stopping isn't helpful and prolongs exposure without improving outcomes. Stopping steroids never is not accurate in this context, since many patients benefit from a planned taper to avoid withdrawal effects.

4. Which scoring system is commonly used to identify sepsis in patients?

- A. Glasgow Coma Scale
- B. SOFA score**
- C. APACHE II
- D. Chronic Disease Score

Sepsis identification hinges on detecting organ dysfunction caused by infection, and the SOFA score provides a structured way to measure that dysfunction across multiple organ systems. It assesses respiratory function (PaO₂/FiO₂), coagulation (platelets), liver function (bilirubin), cardiovascular status (blood pressure and vasopressor use), central nervous system function (Glasgow Coma Scale), and kidney function (creatinine and urine output). In the Sepsis-3 framework, sepsis is suspected infection plus an increase in the SOFA score by two or more points, signaling organ failure. That makes SOFA the standard tool for identifying sepsis in clinical practice. The other options aren't used primarily for identifying sepsis: Glasgow Coma Scale measures consciousness, not overall organ dysfunction; APACHE II is a general ICU severity/mortality score; Chronic Disease Score tracks chronic comorbidity, not acute organ dysfunction. For quick bedside screening, a simplified quick SOFA version exists, but the full SOFA score remains the main method to identify sepsis via organ dysfunction.

5. In suspected sepsis, when should antibiotics generally be started after recognition?

- A. Within 1 hour**
- B. Within 3 hours
- C. Within 6 hours
- D. Within 24 hours

The main idea is that timing of antibiotic therapy in suspected sepsis is critical because delays allow the infection to progress and organ dysfunction to worsen. Administering broad-spectrum antibiotics within the first hour after recognizing sepsis or septic shock is strongly associated with better survival, so the fastest possible treatment is the best approach. Acting quickly matters: every hour of delay in starting effective antibiotics has been linked to higher mortality, especially when shock is present. Therefore, once sepsis is recognized, the goal is to start antibiotics within one hour. This doesn't mean rushing therapy without any checks—cultures can be obtained if feasible, but do not let obtaining cultures unnecessarily delay antibiotic administration. Compared with the other time frames, waiting several hours (three, six, or twenty-four hours) is associated with worse outcomes in septic patients, which is why the one-hour target is emphasized in guidelines and exams.

6. Which counseling point is recommended when using chlorhexidine skin products?

- A. Start at the neck, shoulders, and chest and work downward**
- B. Finish at the face and move downward
- C. Use soap under the jawline to enhance cleansing
- D. Wipe off if skin feels sticky

Starting at the neck, shoulders, and chest and working downward follows a top-to-bottom, clean-to-dirty approach that helps minimize cross-contamination when using chlorhexidine. Cleaning from the upper body down makes sure any rinse water or debris flows away from areas already cleaned (like the face and chest) rather than back onto them, reducing the chance of recontaminating skin that's supposed to be clean. Other options don't fit this practice. Finishing at the face would risk dragging contaminants onto cleaned areas, and using soap under the jawline isn't necessary with chlorhexidine cleansing. Also, CHG should be allowed to dry on the skin rather than wiped off, so wiping if the skin feels sticky isn't advised.

7. Before starting antimicrobial therapy, what should be attempted?

- A. Start therapy immediately and culture later
- B. Only culture if patient deteriorates
- C. Cultures are unnecessary
- D. Obtain cultures before starting antimicrobial therapy**

Collecting diagnostic cultures before giving antimicrobials whenever possible is essential. Obtaining blood cultures (typically from two separate sites) and other relevant specimens (such as urine, sputum, wound, CSF, or other suspected infection sites) before starting antibiotics maximizes the chance of identifying the exact pathogen. This information guides targeted therapy, supports antimicrobial stewardship, and allows de-escalation once results are available. If the patient is critically ill and delaying treatment could be dangerous, start broad-spectrum antibiotics promptly, but still obtain cultures as soon as feasible and do not delay therapy solely to wait for culture results.

8. What is the maximum maintenance rate after hour 3 for angiotensin II?

- A. 40 ng/kg/min**
- B. 80 ng/kg/min
- C. 20 ng/kg/min
- D. 60 ng/kg/min

Angiotensin II is used as a vasopressor to raise MAP in septic shock when catecholamines aren't enough. Dosing starts at 20 ng/kg/min and is titrated upward in small steps to reach the target MAP, with a ceiling of 80 ng/kg/min. After about three hours, once the patient is stabilized, the infusion is typically set at a maintenance rate of 40 ng/kg/min to keep MAP while minimizing exposure to higher doses that carry more risk. Higher doses (60–80 ng/kg/min) are reserved for escalation if needed, whereas the initial dose (20 ng/kg/min) is for the titration phase, not maintenance. So the maintenance rate after hour 3 is 40 ng/kg/min.

9. Which statement about 'unlikely sepsis'?

- A. High likelihood that sepsis is the diagnosis
- B. Low suspicion for sepsis; clinical assessment not consistent with sepsis or alt diagnosis likely**
- C. Sepsis is proven by diagnostic testing
- D. Sepsis is only possible in immunocompromised patients

The idea being tested is how clinicians judge the likelihood of sepsis. When sepsis is unlikely, the patient's presentation does not fit sepsis and there's a more plausible alternative diagnosis, with no strong evidence of infection causing organ dysfunction. This means the clinical assessment shows low suspicion for sepsis and hints that another diagnosis may be more likely, rather than pursuing sepsis-specific treatment up front. That's why the statement describing low suspicion for sepsis, with the clinical picture not supporting sepsis or pointing to another likely diagnosis, is the best choice. Sepsis isn't proven by a single test, and it can occur in anyone with infection and an abnormal host response, not just in immunocompromised patients.

10. Which stress ulcer prophylaxis agent must be given using granules for NG/OG administration and cannot be opened?

- A. Pantoprazole
- B. Esomeprazole
- C. Lansoprazole
- D. Famotidine

The key idea is matching the drug form to NG/OG tube delivery. Pantoprazole is available as granules specifically intended for administration through an enteral tube. These granules are used in their intact form (not crushed or opened) when given via NG/OG, which is why this propels it as the correct choice for a tube-fed patient. The other options are typically provided in tablet or capsule forms (or belong to a different drug class) that don't meet the "granules for NG/OG administration that must not be opened" requirement, so they aren't the best fit here.

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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://ile9sepsissepticshock.examzify.com>

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

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