# INTENSIVE CARE MEDICINE (ICM) PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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# 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!

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# Questions

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1. **Intravenous drug administration:**
   A. Is performed only by the doctor
   B. Can be done by a nurse if told so by the doctor
   C. Must be confirmed by the head of the department
   D. Is often associated with hematomas

2. **What should be monitored after blood transfusion therapy?**
   A. Patient's caloric intake
   B. Presence of edema
   C. Signs of an allergic reaction
   D. Quality of sleep

3. **What is Ludwig's angina and its significance in the ICU?**
   A. A minor throat infection that resolves quickly
   B. A potentially life-threatening submandibular space infection
   C. A common cause of chest infections
   D. A routine surgical complication

4. **What aspect of the sexual history is NOT considered one of the 5 P's?**
   A. Practices
   B. Protection from STIs
   C. Partners
   D. Purulence of the discharge

5. **In which way does delirium impact ICU patient outcomes?**
   A. It has no effect on recovery
   B. It improves cognitive function
   C. It can lead to longer hospitalization
   D. It solely affects physical health

6. **On examination, your patient's blood count reveals eosinophilia. What condition could be indicated?**
   A. Legionnaire's disease
   B. Pontiac fever
   C. Mycoplasma pneumonia
   D. Coccidiomycosis

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**7. Which symptoms could indicate an infection in a post-operative patient?**

A. Fever and chills

B. Redness and swelling

C. Minor bruises only

D. Localized pain without swelling

**8. Which vein is the most suitable for drawing blood from a patient with a complete right-sided mastectomy?**

A. Vena mediana cubiti on right upper extremity

B. Vena mediana cubiti on the left upper extremity

C. Vena mediana cubiti on either side

D. Vena cephalica on right upper extremity

**9. Invasive examinations such as endoscopy require what from a patient?**

A. Can be denied by a patient

B. Needs a consent

C. Can be done without consent in a sick patient in detention

D. The doctor must consult at least one family member

**10. Your patient, a marathon runner from Arizona, presents with chronic fatigue and joint pain after a recent trip. What is the best diagnosis given their symptoms?**

A. Legionnaire's disease

B. Pontiac fever

C. Mycoplasma pneumonia

D. Coccidiomycosis

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# Answers

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

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# Explanations

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## 1. Intravenous drug administration:

A. Is performed only by the doctor

B. Can be done by a nurse if told so by the doctor

C. Must be confirmed by the head of the department

D. Is often associated with hematomas

*Intravenous drug administration can indeed be performed by a nurse when they receive the appropriate orders from a physician. This practice is common in many healthcare settings where nurses are trained and authorized to administer medications, including IV drugs, under established protocols. The nurse must follow the guidelines set by their institution, which typically include confirming the correct medication, dosage, and patient identification, as well as monitoring the patient for any adverse reactions during the administration. This level of responsibility allows for efficient patient care while ensuring safety through collaboration with healthcare providers. The other choices suggest limitations or misconceptions about the role of nurses in medication administration. While it is true that the physician is responsible for prescribing the medication, it is not accurate to state that IV administration is solely the responsibility of doctors or requires confirmation from the head of the department for every administration. Additionally, while hematomas can be a complication of IV drug administration, this is not a defining feature of the procedure itself; complications can arise from various factors such as technique, the condition of the patient's veins, or the medication used, rather than IV administration being commonly associated with hematomas.*

## 2. What should be monitored after blood transfusion therapy?

A. Patient's caloric intake

B. Presence of edema

C. Signs of an allergic reaction

D. Quality of sleep

*After blood transfusion therapy, it is crucial to monitor for signs of an allergic reaction. This is because transfusions can trigger various immune responses in the recipient, leading to symptoms such as hives, itching, fever, or more severe reactions like anaphylaxis. Monitoring for these reactions is essential for ensuring patient safety and providing prompt treatment if an adverse reaction occurs. While monitoring caloric intake, presence of edema, and quality of sleep can be important aspects of patient care, they are not specifically related to the immediate post-transfusion phase. The potential for allergic reactions requires vigilant observation as they can develop quickly after transfusion initiation and need timely management to prevent complications.*

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## 3. What is Ludwig's angina and its significance in the ICU?

A. A minor throat infection that resolves quickly

B. A potentially life-threatening submandibular space infection

C. A common cause of chest infections

D. A routine surgical complication

*Ludwig's angina is a serious condition characterized by a rapidly progressing, potentially life-threatening infection of the submandibular space, which often results from a dental infection or trauma. This type of angina leads to bilateral swelling of the submandibular area, which can compromise the airway due to anatomical changes and edema. The significance of Ludwig's angina in the Intensive Care Unit (ICU) primarily revolves around the risk of airway obstruction, which necessitates close monitoring and potentially emergent interventions to secure the airway. Patients with this condition may present with signs such as swelling of the neck, difficulty breathing, and dysphagia, requiring immediate evaluation and management. In the ICU setting, the ability to promptly recognize and address the risk of airway compromise is critical, often warranting advanced airway management techniques. Additionally, aggressive intravenous antibiotics and possibly surgical intervention (such as drainage) are vital components of the treatment, underscoring the condition's serious nature and clinical implications.*

## 4. What aspect of the sexual history is NOT considered one of the 5 P's?

A. Practices

B. Protection from STIs

C. Partners

D. Purulence of the discharge

*The 5 P's of sexual history-taking are vital components in assessing sexual health and risk for sexually transmitted infections (STIs). The 5 P's include: - Partners: Understanding who the patient is engaging with sexually is crucial in assessing risk. - Practices: This refers to the types of sexual activities the patient engages in, which can inform potential exposure to STIs. - Protection from STIs: This explores whether the patient uses condoms or other protective measures during sexual activity. - Prevention of pregnancy: Questions around contraceptive use can help identify risks associated with unintended pregnancies. - Past history of STIs: This aspect covers any occurrence of sexually transmitted infections in the patient's history and can guide future management. In this context, purulence of the discharge does not fit into the framework established by the 5 P's. While purulent discharge could indicate an infection and is relevant in clinical assessments of symptoms, it does not align with the specific categories used to obtain a concise sexual history for risk assessment and education concerning STIs. Thus, it stands apart from the more strategic approach provided by the 5 P's.*

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## 5. In which way does delirium impact ICU patient outcomes?

A. It has no effect on recovery

B. It improves cognitive function

C. It can lead to longer hospitalization

D. It solely affects physical health

*Delirium significantly impacts ICU patient outcomes, particularly by contributing to longer hospitalization. When a patient experiences delirium, it can lead to increased complications such as longer ventilator dependence, extended time in the intensive care environment, and an overall increase in healthcare resource utilization. The presence of delirium has been associated with cognitive decline, elevated stress, and larger burdens on family members and caregivers. It complicates the treatment plan, as managing delirium often requires additional interventions and monitoring. Overall, the presence of delirium is a predictor of worse outcomes in critically ill patients, including prolonged length of stay in the ICU and hospital. Understanding these implications is crucial for healthcare providers, as recognizing and mitigating delirium can improve overall patient care and lead to better outcomes in the intensive care setting.*

## 6. On examination, your patient's blood count reveals eosinophilia. What condition could be indicated?

A. Legionnaire's disease

B. Pontiac fever

C. Mycoplasma pneumonia

D. Coccidiomycosis

*Eosinophilia refers to an elevated level of eosinophils, a type of white blood cell often associated with allergic reactions, parasitic infections, and certain autoimmune conditions. In the context of the options provided, the presence of eosinophilia can often indicate a hypersensitivity or allergic response as well as infections that stimulate an eosinophilic response. Coccidiomycosis, which is caused by the Coccidioides fungus, is known to sometimes elicit an eosinophilic response in patients. This condition can manifest with symptoms ranging from respiratory distress to systemic illness, and the immune response in some individuals may involve an elevation of eosinophils, particularly in those who develop a hypersensitivity reaction or chronic infection. In contrast, Legionnaire's disease and Pontiac fever are associated with exposure to Legionella bacteria, which typically do not provoke an eosinophilic response. Mycoplasma pneumonia is also linked to a different type of immune response, primarily characterized by antibodies rather than eosinophilia. Therefore, the association of eosinophilia with coccidiomycosis makes it the most pertinent option in this scenario, reflecting the immune system's response to fungal infection.*

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## 7. Which symptoms could indicate an infection in a post-operative patient?

A. Fever and chills

B. Redness and swelling

C. Minor bruises only

D. Localized pain without swelling

*A post-operative patient exhibiting symptoms of infection could prominently show redness and swelling at the surgical site. These symptoms are indicative of inflammation, which is a common response to infection as the body's immune system activates to address pathogens. When tissue becomes infected, the inflammatory process increased blood flow can lead to redness, and the accumulation of fluid can result in swelling. In contrast, while fever and chills are also associated with infections, they are systemic symptoms and do not specifically indicate localized infections, which are critical in assessing post-operative complications. Minor bruises are typically a normal part of recovery and do not correlate with infections. Localized pain without swelling might suggest an issue, but it is less specific for infection compared to the presence of redness and swelling. Therefore, redness and swelling are more direct indicators of a potential surgical site infection, making this choice the most appropriate.*

## 8. Which vein is the most suitable for drawing blood from a patient with a complete right-sided mastectomy?

A. Vena mediana cubiti on right upper extremity

B. Vena mediana cubiti on the left upper extremity

C. Vena mediana cubiti on either side

D. Vena cephalica on right upper extremity

*The choice of the median cubital vein on the left upper extremity is the most appropriate option for drawing blood from a patient with a complete right-sided mastectomy. This consideration arises from the need to avoid complications that can arise from accessing the right arm. Following a mastectomy, especially when lymph nodes are removed, there is a risk of lymphedema in the corresponding arm. Blood draws from the affected arm can increase the likelihood of complications such as infections or fluid retention in the tissue. Therefore, utilizing the left upper extremity, particularly the median cubital vein, minimizes these risks while still allowing for an effective and safe method of venipuncture. Drawing blood from the right upper extremity—whether from the median cubital vein or the cephalic vein—would not be advisable due to the potential for lymphedema and other complications post-mastectomy, highlighting the importance of understanding the implications of surgical history on venous access.*

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**9. Invasive examinations such as endoscopy require what from a patient?**

A. Can be denied by a patient

B. Needs a consent

C. Can be done without consent in a sick patient in detention

D. The doctor must consult at least one family member

*The requirement for a patient's consent for invasive examinations, such as endoscopy, is grounded in the principles of medical ethics and patient autonomy. Consent ensures that patients are informed about the procedure, including its risks and benefits, and that they voluntarily agree to proceed. This is especially critical for invasive procedures that involve significant risks, discomfort, or implications for the patient's ongoing care. Informed consent is a crucial aspect of the physician-patient relationship. It enables patients to make educated decisions about their healthcare based on their personal values and preferences. For most medical procedures, especially those that are invasive, obtaining explicit consent is not just a legal obligation but also an ethical one, reinforcing the respect for the autonomy of the patient. While there are certain exceptional situations, such as in emergencies or specific legal contexts, where consent might not be required, the standard practice is to obtain consent. Therefore, emphasizing the need for consent is vital in the context of performing invasive procedures safely and ethically.*

**10. Your patient, a marathon runner from Arizona, presents with chronic fatigue and joint pain after a recent trip. What is the best diagnosis given their symptoms?**

A. Legionnaire's disease

B. Pontiac fever

C. Mycoplasma pneumonia

D. Coccidiomycosis

*Coccidiomycosis is the most appropriate diagnosis in this case due to the patient's background as a marathon runner from Arizona, which is an endemic region for the fungus Coccidioides immitis. This fungus is commonly found in the southwestern United States and can lead to respiratory illness upon inhalation of its spores. The symptoms of chronic fatigue and joint pain align with the atypical manifestations of the disease, which can occur in some individuals after they have been exposed to the fungus. Acute pulmonary symptoms are typically present as well, but in some cases, it can lead to chronic complications and systemic infection, resulting in symptoms that include fatigue and arthralgias. The other options, while they can be serious infections, are less consistent with the geographical and symptomatic context provided. Legionnaire's disease and Mycoplasma pneumonia are more associated with respiratory illness and do not typically cause chronic joint pain. Pontiac fever is a milder illness caused by Legionella bacteria without the severe outcomes seen in Legionnaire's disease, and it typically does not lead to chronic symptoms. Therefore, Coccidiomycosis stands out as the diagnosis that best accounts for the patient's recent travel history and cluster of symptoms.*

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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://icm.examzify.com

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

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