INTRAVENOUS (IV) THERAPY 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. In emergency situations, which IV solution is commonly utilized to restore blood pressure?

A. Ringer's solution

B. Normal saline (NS) or lactated Ringer's solution

C. Dextrose 5% in water

D. Colloids solutions

2. What is the use of a tourniquet during IV placement?

A. To stop blood flow completely

B. To engorge the veins for easier access

C. To maintain sterility of the IV site

D. To provide comfort to the patient

3. What is the method of administering a medication through IV injection referred to?

A. IV push or bolus

B. Volume-controlled infusion

C. Intermittent intravenous access

D. Continuous infusion

4. How often should IV tubing be changed to maintain sterility?

A. Every 12 to 24 hours

B. Every 24 to 48 hours

C. Every 72 to 96 hours

D. Every 1 to 2 weeks

5. Which type of catheter is primarily used for short-term therapy in emergency situations?

A. Tunneled central catheters

B. Midline peripheral catheters

C. Nontunneled percutaneous central catheters

D. PICC lines

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6. What is a common sign of a hematoma?

A. Increased blood flow

B. Decreased heart rate

C. Bruising and swelling

D. Reduced respiratory rate

7. What is a secondary IV administration set also known as?

A. Primary administration set

B. Syringe pump

C. Infusion pump

D. Piggyback set

8. What is the term for the leakage of IV fluid into surrounding tissue?

A. Extravasation

B. Infiltration

C. Phlebitis

D. Embolism

9. Which IV medication administration method typically requires an IV pump for safety?

A. IV push

B. Volume-controlled infusion

C. Direct bolus injection

D. Intermittent access

10. What is essential for maintaining aseptic technique during IV therapy?

A. Wearing gloves only

B. Cleansing IV supplies

C. Avoiding touching the IV site

D. Following standard precautions

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Answers

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

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Explanations

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1. In emergency situations, which IV solution is commonly utilized to restore blood pressure?

A. Ringer's solution

B. Normal saline (NS) or lactated Ringer's solution

C. Dextrose 5% in water

D. Colloids solutions

The use of Normal saline (NS) or lactated Ringer's solution in emergency situations is based on their effectiveness in expanding blood volume quickly, which is crucial for restoring blood pressure in cases of hypovolemia or shock. Normal saline is a balanced solution that closely resembles the body's plasma, making it an excellent choice for fluid resuscitation. It helps to increase the circulating volume and maintain blood pressure in acute situations. Lactated Ringer's solution contains electrolytes and lactate, which can also help buffer acidosis that may accompany shock or dehydration, further aiding in the restoration of hemodynamic stability. Both solutions are isotonic, meaning they have the same osmolarity as blood, facilitating rapid infusion without causing cells to shrink or swell, which is essential in an emergency context. In critical situations, restoring adequate blood pressure is vital for ensuring proper perfusion to vital organs, making these solutions standard practice in emergency care. While colloid solutions can also be used to expand plasma volume, they are not as commonly employed as Normal saline or Ringer's in initial emergency management due to factors like cost and availability. Dextrose solutions provide calories but do not effectively restore blood volume, making them less suitable for immediate blood pressure support

2. What is the use of a tourniquet during IV placement?

A. To stop blood flow completely

B. To engorge the veins for easier access

C. To maintain sterility of the IV site

D. To provide comfort to the patient

The use of a tourniquet during IV placement primarily serves to engorge the veins, making them more prominent and easier to access. By applying a tourniquet a few inches above the intended insertion site, venous return is impeded, which causes the veins to fill with blood and become distended. This engorgement enables the healthcare provider to clearly visualize the veins and facilitates easier and more successful cannulation, reducing the likelihood of multiple attempts and decreasing discomfort for the patient. Other options, while they may seem relevant to IV therapy, do not align with the primary purpose of the tourniquet. For instance, stopping blood flow completely is not the goal; instead, the aim is to temporarily limit venous return so the veins can be seen. Maintaining sterility of the IV site is more about proper technique and handling of the equipment rather than the role of the tourniquet. Lastly, while patient comfort is important, the tourniquet's main function is not to provide comfort but to improve venous access.

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3. What is the method of administering a medication through IV injection referred to?

A. IV push or bolus

B. Volume-controlled infusion

C. Intermittent intravenous access

D. Continuous infusion

The method of administering a medication through IV injection referred to as an IV push or bolus is characterized by the direct injection of a concentrated dose of medication into the bloodstream via the intravenous line. This technique allows for rapid delivery of drugs, leading to immediate therapeutic effects, which is crucial in emergency situations or when quick onset of action is required. This method is different from volume-controlled infusion, which involves administering a larger volume of fluid over a set period, potentially with the addition of medications but not usually in concentrated bursts. Intermittent intravenous access refers to the practice of accessing an IV line at specific intervals for medication administration, rather than a direct injection of a bolus. Continuous infusion entails delivering a steady rate of medication or fluids over an extended period, which contrasts with the rapid administration of an IV push. Hence, the definition and application of an IV push clearly define it as the correct answer for this question regarding the method of IV medication administration.

4. How often should IV tubing be changed to maintain sterility?

A. Every 12 to 24 hours

B. Every 24 to 48 hours

C. Every 72 to 96 hours

D. Every 1 to 2 weeks

The frequency with which IV tubing should be changed is crucial for maintaining sterility and preventing infections. Choosing a change every 72 to 96 hours aligns with current best practices in IV therapy. This timeframe helps ensure that the tubing does not accumulate contaminants or become a breeding ground for bacteria, thereby reducing the risk of infection for the patient. Shorter intervals, such as every 12 to 24 hours or 24 to 48 hours, could introduce unnecessary discomfort for patients and increase costs related to the frequent handling and changing of the equipment without providing significant additional protection. On the other hand, changing the tubing every 1 to 2 weeks is too infrequent, as it significantly raises the risk of infection due to prolonged exposure to potential contaminants. Therefore, the standard recommendation falls within the 72 to 96-hour range, balancing the need for sterility and patient comfort while adhering to safety protocols. This practice is supported by guidelines from organizations focused on infection control and patient safety.

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5. Which type of catheter is primarily used for short-term therapy in emergency situations?

A. Tunneled central catheters

B. Midline peripheral catheters

C. Nontunneled percutaneous central catheters

D. PICC lines

Nontunneled percutaneous central catheters are specifically designed for short-term usage, particularly in emergency settings. These catheters can be quickly inserted directly into a large central vein, allowing immediate access to the venous system for the administration of intravenous fluids, medications, or for blood draws. Their ability to be placed rapidly in acute situations makes them ideal for emergency care where time is critical, such as during trauma or severe medical conditions requiring urgent intervention. In contrast, tunneled central catheters are more suited for long-term use as they are surgically implanted and have a longer duration of use due to their design, which minimizes infection risk over time. Midline peripheral catheters, while used for short-term therapy, are typically suited for a duration of up to four weeks and do not provide the same level of access as central lines in emergency circumstances. Peripherally inserted central catheters (PICC lines) are intended for longer-term use as well, often lasting weeks to months, and they require a more complex insertion procedure that does not lend itself to immediate placement in an emergency scenario. This delineation of intended use underlines the appropriateness of nontunneled percutaneous central catheters for acute care situations.

6. What is a common sign of a hematoma?

A. Increased blood flow

B. Decreased heart rate

C. Bruising and swelling

D. Reduced respiratory rate

A common sign of a hematoma is bruising and swelling. A hematoma occurs when blood collects outside of blood vessels, often due to trauma or injury. This accumulation of blood creates pressure in the surrounding tissues, leading to localized swelling. The blood that seeps into the tissues can cause discoloration, commonly recognized as bruising. This visual change in color is due to the breakdown of hemoglobin in the trapped blood, which typically changes from red to purple, blue, or even yellow as it heals. Bruising and swelling are direct manifestations of the underlying issue of blood pooling, making it a reliable indicator of the presence of a hematoma.

7. What is a secondary IV administration set also known as?

A. Primary administration set

B. Syringe pump

C. Infusion pump

D. Piggyback set

The secondary IV administration set is commonly referred to as a piggyback set. This terminology arises from the method in which the secondary set is attached to the primary IV line, effectively "piggybacking" onto it. When using a piggyback set, a secondary bag of fluid or medication is infused intermittently alongside the primary infusion, allowing for the delivery of medication without interrupting the primary fluid flow. The piggyback set typically has a higher position in relation to the primary bag, enabling gravity to assist with flow and ensuring that the secondary infusion occurs when required. This method is particularly useful for administering medications that are needed sporadically—not continuously—allowing for efficient and effective management of patient care. In contrast, the other options refer to different IV administration setups or devices that do not specifically describe the secondary administration method.

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8. What is the term for the leakage of IV fluid into surrounding tissue?

A. Extravasation

B. Infiltration

C. Phlebitis

D. Embolism

The term for the leakage of IV fluid into the surrounding tissue is infiltration. Infiltration occurs when the IV catheter becomes dislodged or the vein is not punctured correctly, allowing the infusion fluid to escape from the vascular system into the surrounding tissues. This can lead to swelling, discomfort, and potentially damage to the surrounding tissues. Understanding infiltration is key for effective IV therapy, as it can be a common complication that needs to be recognized promptly to prevent further issues. It is important for healthcare providers to monitor the IV site for signs of infiltration, such as swelling or changes in temperature and skin color. In contrast, extravasation refers specifically to the leakage of medication that can cause irritation or damage to tissue, which is a more severe situation than simple infiltration. Phlebitis refers to inflammation of the vein, usually due to irritation from the catheter or the infused fluid, and embolism indicates a blockage within a blood vessel, which is unrelated to fluid leakage. These distinctions highlight the importance of identifying infiltration accurately in IV therapy practice.

9. Which IV medication administration method typically requires an IV pump for safety?

A. IV push

B. Volume-controlled infusion

C. Direct bolus injection

D. Intermittent access

The choice of volume-controlled infusion as the method that typically requires an IV pump for safety is based on its nature and purpose in clinical settings. This method is used to administer medication or fluids in a controlled manner, allowing for precise regulation of the volume and the rate of infusion. When using an IV pump, healthcare providers can set specific parameters for delivery, which is crucial for medications that require consistent blood levels or where patient safety is paramount, such as in the case of critical medications like antibiotics, chemotherapeutics, or fluids. The pump helps prevent accidental over-infusion or under-infusion and can provide alarms and alerts to ensure that the administration is proceeding as expected. In contrast, other methods like IV push, direct bolus injection, and intermittent access do not necessarily require the use of a pump, as they can be administered rapidly or through manual regulation. These methods typically deliver a single dose of medication or fluid without the ongoing monitoring capabilities provided by an IV pump. Therefore, the use of a pump for volume-controlled infusion enhances patient safety by allowing for more accurate and monitored medication delivery.

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10. What is essential for maintaining aseptic technique during IV therapy?

A. Wearing gloves only

B. Cleansing IV supplies

C. Avoiding touching the IV site

D. Following standard precautions

Maintaining aseptic technique during IV therapy is crucial for preventing infections and ensuring patient safety. Following standard precautions encompasses a comprehensive approach that integrates several practices designed to minimize exposure to pathogens. This includes proper hand hygiene, the use of personal protective equipment (PPE), safe handling and disposal of sharps, as well as appropriate practices in the preparation and administration of IV medications. By adhering to these standard precautions, healthcare providers create a controlled environment that reduces the risk of contamination and infection. While wearing gloves, cleansing IV supplies, and avoiding touching the IV site are important components of aseptic technique, they are subsets of the broader framework established by standard precautions. Thus, following standard precautions is essential because it encompasses all necessary actions to maintain aseptic conditions throughout the process of IV therapy.

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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://ivtherapy.examzify.com

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

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