NMNC 4335 IV SKILLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 15

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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. Which statement about CVADs best describes their use?

A. Frequent, continuous, rapid, or intermittent administration of fluids and drugs.

B. Only for vesicant drugs.

C. Not used for blood products or parenteral nutrition.

D. They are used exclusively for short-term vascular access.

2. What is the first step when an occlusion is suspected in the IV line?

A. Stop infusion and inspect tubing and catheter; check patency; replace as needed.

B. Continue infusion to see if it clears.

C. Flush with large-volume saline without assessment.

D. Remove line immediately without assessment.

3. Which finding would most likely indicate an IV site complication such as infiltration?

A. Swelling around the IV site

B. Normal skin color around the site

C. Pain relieved with movement

D. Cool, dry skin distant from the site

4. What is the effect of metabolism on D5W after administration?

A. Becomes hypotonic after metabolism.

B. Cannot be used as IV fluid.

C. Remains isotonic indefinitely.

D. Becomes hypertonic after metabolism.

5. Which statement about PICCs is true?

A. They are implanted under the skin for long-term use

B. They are tunneled

C. They are inserted into a vein in the arm

D. They require surgical removal in the operating room

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6. Which statement is a typical indication for a central venous catheter instead of a peripheral IV?

A. Long-term therapy, vesicant drugs, high-osmolality or TPN, or need for central venous pressure monitoring

B. Short-term dehydration is best via peripheral IV

C. Peripheral IV is better for vesicant drugs

D. Central line is never used for TPN

7. Which method is commonly used to estimate maintenance IV fluids in pediatric patients?

A. Parkland formula

B. Holliday-Segar method

C. Weight-based ml/kg/day only

D. Fluid input from thirst

8. Where does the tip of a centrally inserted catheter typically rest?

A. Distal end of the inferior vena cava

B. Distal end of the superior vena cava

C. Right atrium

D. In the subclavian vein

9. What should be done to ensure the catheter tip is intact after removal?

A. Inspect catheter tip to determine that it is intact.

B. Rinse the catheter.

C. Cut the catheter.

D. Dispose of the catheter immediately.

10. Which statement correctly describes a PICC line?

A. It is a peripheral line inserted in the hand.

B. It is a central line inserted via the arm for long-term venous access.

C. It is a central line used only for chemotherapy.

D. It is the same as an implanted port.

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Answers

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

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Explanations

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1. Which statement about CVADs best describes their use?

A. Frequent, continuous, rapid, or intermittent administration of fluids and drugs.

B. Only for vesicant drugs.

C. Not used for blood products or parenteral nutrition.

D. They are used exclusively for short-term vascular access.

Central venous access devices are designed to provide reliable venous access for ongoing therapy, including frequent, rapid, or intermittent delivery of fluids and drugs over extended periods. This capability makes them ideal for patients who need repeated infusions, large volumes, or complex treatments like parenteral nutrition and blood products, while minimizing repeated needle sticks. That's why the statement describing frequent, continuous, rapid, or intermittent administration best captures their use. The other notions don't fit: CVADs aren't limited to vesicant drugs; they're commonly used for blood products and parenteral nutrition; and they're not restricted to short-term access—many CVADs serve long-term and ongoing therapy as well.

2. What is the first step when an occlusion is suspected in the IV line?

A. Stop infusion and inspect tubing and catheter; check patency; replace as needed.

B. Continue infusion to see if it clears.

C. Flush with large-volume saline without assessment.

D. Remove line immediately without assessment.

When an IV line is suspected to be occluded, the top priority is patient safety and preserving access. The first step is to stop the infusion to halt any more fluid or medication from being forced into a blocked line and to prevent potential extravasation or vein irritation. After stopping the flow, inspect the setup carefully. Look for simple mechanical causes like kinks in the tubing, a closed or clamped line, loose connections, or dislodgement. Also check the catheter site for signs of infiltration or phlebitis. Next, test patency with a gentle saline flush to see whether the line can be cleared. If the flush passes easily, you may be able to resume the infusion. If there is resistance or no patency, avoid forcing fluid and plan to replace the line or reposition the catheter as needed. Continuing the infusion to see if it clears or flushing with a large volume without assessment are not appropriate steps, and removing the line without assessment should be avoided because you might lose IV access unnecessarily.

3. Which finding would most likely indicate an IV site complication such as infiltration?

A. Swelling around the IV site

B. Normal skin color around the site

C. Pain relieved with movement

D. Cool, dry skin distant from the site

Infiltration happens when IV fluid leaks into the surrounding tissue, causing edema around the catheter. The clearest sign is swelling around the IV site, which reflects the fluid that has escaped into the tissue. Normal skin color around the site would suggest the IV is still in place and not infiltrated. Pain that is relieved with movement doesn't fit infiltration and could point to another issue like musculoskeletal strain. Cool, dry skin distant from the site isn't the typical pattern for IV infiltration, which presents with swelling and often pallor or coolness right at and around the catheter. If infiltration is suspected, stop the infusion, remove the catheter, and manage the area as appropriate.

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4. What is the effect of metabolism on D5W after administration?

A. Becomes hypotonic after metabolism.

B. Cannot be used as IV fluid.

C. Remains isotonic indefinitely.

D. Becomes hypertonic after metabolism.

D5W starts out isotonic with body fluids because the 5% dextrose provides osmoles comparable to plasma. But once the dextrose is rapidly metabolized by cells (to CO2 and water), there are few or no remaining osmoles in the solution. What's left is essentially free water, so the solution becomes hypotonic relative to the body's fluids. Water then shifts into cells to balance the osmotic gradient, which is why D5W is considered hypotonic after metabolism. This is why the statement that it becomes hypotonic after metabolism is the best description. The other options don't fit because D5W can be used safely as IV fluid in many contexts, it does not stay isotonic indefinitely, and it does not become hypertonic after metabolism.

5. Which statement about PICCs is true?

A. They are implanted under the skin for long-term use

B. They are tunneled

C. They are inserted into a vein in the arm

D. They require surgical removal in the operating room

PICCs are inserted through a peripheral vein in the arm and advanced so the tip sits in the central venous system, typically the superior vena cava near the cavoatrial junction. This means the device is not implanted under the skin and not tunneled; the entry point is in the arm, and the catheter travels centrally rather than being placed entirely beneath the skin. Because of this placement, PICCs can stay in place for extended periods and are usually removed at the bedside rather than in the operating room. Removal in the OR is not typically required.

6. Which statement is a typical indication for a central venous catheter instead of a peripheral IV?

A. Long-term therapy, vesicant drugs, high-osmolality or TPN, or need for central venous pressure monitoring

B. Short-term dehydration is best via peripheral IV

C. Peripheral IV is better for vesicant drugs

D. Central line is never used for TPN

The main idea is when central venous access is chosen to manage drugs and therapy that either require safer administration or long-term access. A central venous catheter is typically indicated when you expect to need ongoing or frequent therapy, or when the medicines or solutions are not suitable for peripheral veins. Vesicant drugs, which can cause tissue damage if they leak out of a vein, are better delivered through a central line. This reduces the risk of severe injury from extravasation because central veins allow better dilution and safer administration compared with peripheral veins. Likewise, high-osmolality or hypertonic solutions like total parenteral nutrition (TPN) are better given through a central line. Peripheral veins can become irritated or damaged by these substances over time, so central access minimizes those problems. Central lines also enable central venous pressure monitoring when that information is needed. Peripheral IVs are appropriate for short-term, uncomplicated therapy with non-irritating medications. The statement that a peripheral IV is better for vesicant drugs isn't accurate because the risk of tissue injury is greater with peripheral administration. And central lines are commonly used for TPN, not never used for it.

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7. Which method is commonly used to estimate maintenance IV fluids in pediatric patients?

A. Parkland formula

B. Holliday-Segar method

C. Weight-based ml/kg/day only

D. Fluid input from thirst

Pediatric maintenance IV fluids are estimated using the Holliday-Segar method, which links daily fluid needs to weight in a tiered way. This approach acknowledges that younger, lighter children have different baseline needs than heavier children, and it provides a simple, standardized way to calculate maintenance. The method uses three weight bands: - For the first 10 kg: 100 mL per kg per day - For the next 10 kg (up to 20 kg): 50 mL per kg per day - For any weight above 20 kg: 20 mL per kg per day Add these up to get the total mL per day, then divide by 24 to convert to an hourly IV rate. Example: a child weighing 12 kg - First 10 kg: 10 × 100 = 1000 mL/day - Next 2 kg: 2 × 50 = 100 mL/day - Total: 1100 mL/day about 46 mL/hour Example: a child weighing 25 kg - First 10 kg: 1000 mL/day - Next 10 kg: 500 mL/day - Remaining 5 kg: 5 × 20 = 100 mL/day - Total: 1600 mL/day about 66.7 mL/hour Why this method is preferred: it provides a reliable, weight-based maintenance rate that reflects metabolic needs across a range of pediatric ages and sizes, ensuring proper baseline hydration and electrolyte balance. Parkland formula is for burn resuscitation and not used for routine maintenance in children, and simply using a flat weight-based ml/kg/day without the tiered structure misses how daily needs scale with weight. Relying on thirst for IV maintenance is inappropriate because IV maintenance aims to meet ongoing requirements regardless of voluntary intake.

8. Where does the tip of a centrally inserted catheter typically rest?

A. Distal end of the inferior vena cava

B. Distal end of the superior vena cava

C. Right atrium

D. In the subclavian vein

Placing the tip of a centrally inserted catheter in the lower part of the superior vena cava, near where it enters the right atrium, provides central venous access while minimizing risks. This location ensures rapid distribution of infused medications, reliable central venous pressure readings, and reduces the chances of causing arrhythmias or vessel injury that can occur if the tip sits inside the right atrium. The inferior vena cava is too low for central venous monitoring, and the subclavian vein is more peripheral, not the ideal central position. Placing the tip in the right atrium is generally avoided due to higher risk of arrhythmias and perforation.

9. What should be done to ensure the catheter tip is intact after removal?

A. Inspect catheter tip to determine that it is intact.

B. Rinse the catheter.

C. Cut the catheter.

D. Dispose of the catheter immediately.

After removing a catheter, the essential step is to visually inspect the catheter tip to confirm it is intact. This check ensures there isn't a fragment left inside the patient and that the device wasn't damaged during use, which could lead to complications such as irritation, obstruction, or infection. Rinsing the catheter won't reveal missing or damaged parts, and cutting or disposing of it immediately prevents you from verifying its integrity. If the tip appears damaged or incomplete, follow your facility's protocol and report it to the appropriate supervisor for further assessment.

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10. Which statement correctly describes a PICC line?

A. It is a peripheral line inserted in the hand.

B. It is a central line inserted via the arm for long-term venous access.

C. It is a central line used only for chemotherapy.

D. It is the same as an implanted port.

A PICC line is a central venous access device placed through a peripheral vein in the arm, with the catheter tip resting in a central vein (usually near the superior vena cava). This arrangement allows reliable, long-term IV access for a variety of therapies and frequent blood draws without needing multiple peripheral sticks. It's considered a central line because the tip sits in the central circulation, not in a peripheral vein. It's not a simple peripheral IV inserted in the hand, since its purpose and endpoint are central rather than just peripheral. It's not limited to chemotherapy; a PICC line is used for many long term IV therapies, including antibiotics, nutrition, or frequent labs. And it's not the same as an implanted port, which is fully under the skin with a subcutaneous reservoir; a PICC line remains an external catheter that exits the arm and is accessed through the hub. So the description central line inserted via the arm for long-term venous access matches how a PICC line is placed and used.

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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://nmnc4335ivskills.examzify.com

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

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