ORMC PROGRESSIVE CARE UNIT (PCU) PRACTICE TEST (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 prerenal AKI, GFR typically

A. It increases due to autoregulation

B. It decreases because less blood is getting filtered

C. It stays the same

D. It fluctuates

2. Which nonpharmacologic strategy is effective in preventing delirium in hospitalized PCU patients?

A. Use physical restraints to prevent agitation

B. Maintain sleep-wake cycles, hydration, mobility

C. Keep patient isolated to avoid overstimulation

D. Administer routine benzodiazepines prophylactically

3. Oliguria in prerenal AKI is best described as?

A. Oliguria results from decreased GFR due to reduced perfusion

B. Oliguria results from urinary obstruction

C. Oliguria is not related to GFR

D. Oliguria indicates intrinsic renal damage

4. Isolation precautions required for a patient with MRSA on a PCU unit?

A. Standard precautions only

B. Droplet precautions

C. Airborne precautions

D. Contact precautions; dedicated equipment, strict hand hygiene, and isolate if possible

5. Which pain assessment tools are used for both verbal and nonverbal PCU patients, and what actions follow pain assessment?

A. Visual analog scale for verbal patients; reassess after analgesia

B. Numeric rating scale or verbal scale for verbal patients; FLACC for nonverbal; reassess after analgesia and adjust plan

C. Faces scale for nonverbal; reassess after analgesia

D. Numeric scale for verbal; no reassessment

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6. What can cause pacemaker oversensing?

A. Lead fracture

B. Myopotentials or external electrical interference

C. Battery depletion

D. Coronary artery disease

7. Which of the following is NOT listed as a sign or symptom of pulmonary embolism?

A. Dyspnea

B. Pleuritic chest pain

C. Tachycardia

D. Bradycardia

8. Which is a metabolic cause of muscle breakdown leading to rhabdomyolysis?

A. Direct muscle damage

B. ATP depletion during seizures

C. Crush injury

D. Ischemia

9. What is the best indicator of a patient's current fluid status?

A. Blood pressure

B. Heart rate

C. Weight gain or loss

D. Respiratory rate

10. Which of the following is a sign or symptom of diabetic ketoacidosis?

A. Shortness of breath

B. Rash

C. Fruity breath smell

D. Wheezing

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Answers

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

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Explanations

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1. In prerenal AKI, GFR typically

A. It increases due to autoregulation

B. It decreases because less blood is getting filtered

C. It stays the same

D. It fluctuates

Prerenal AKI happens when the kidneys receive less blood flow, so the pressure driving filtration in the glomeruli drops. GFR is set by this filtration pressure, and with reduced renal perfusion, less filtrate is formed per minute. The kidneys do try to compensate through autoregulatory mechanisms, like constricting the efferent arteriole to preserve filtration pressure, but when blood flow remains low, the overall amount filtered falls. So the typical pattern is a decreased GFR because less blood is getting filtered.

2. Which nonpharmacologic strategy is effective in preventing delirium in hospitalized PCU patients?

A. Use physical restraints to prevent agitation

B. Maintain sleep-wake cycles, hydration, mobility

C. Keep patient isolated to avoid overstimulation

D. Administer routine benzodiazepines prophylactically

Delirium prevention in hospitalized PCU patients relies on supporting the brain's environment with nondrug strategies that address modifiable factors. Maintaining regular sleep-wake cycles helps preserve the circadian rhythm and reduces confusion caused by hospitals' round-the-clock interruptions. Ensuring adequate hydration supports electrolyte balance and cerebral perfusion, both important for cognitive clarity. Promoting mobility and early physical activity improves circulation, oxygen delivery, and sensory engagement, all of which lower delirium risk. Conversely, restraints and isolation can heighten confusion and harm, and prophylactic routine benzodiazepines tend to worsen delirium. So the combination of stable sleep patterns, careful hydration, and encouraged mobility is the most effective nonpharmacologic approach.

3. Oliguria in prerenal AKI is best described as?

A. Oliguria results from decreased GFR due to reduced perfusion

B. Oliguria results from urinary obstruction

C. Oliguria is not related to GFR

D. Oliguria indicates intrinsic renal damage

Oliguria in prerenal AKI happens because kidney blood flow is reduced, which lowers the filtration rate. When perfusion to the kidneys drops, the pressure driving filtration at the glomerulus falls, so GFR decreases and urine output decreases accordingly. This is a problem before the kidneys (pre-renal), and the body's goal is to maintain GFR by adjusting renal arteriolar tone, but if the hypoperfusion continues, the filtration rate—and thus urine production—remains low. If the underlying perfusion improves, GFR and urine output typically recover. Obstruction would cause postrenal AKI, not a pre-renal pattern, and wouldn't reflect reduced perfusion driving a lower GFR. Oliguria that arises from intrinsic renal damage points to intrarenal injury (like ATN or nephritis), rather than a problem of blood flow to the kidneys.

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4. Isolation precautions required for a patient with MRSA on a PCU unit?

A. Standard precautions only

B. Droplet precautions

C. Airborne precautions

D. Contact precautions; dedicated equipment, strict hand hygiene, and isolate if possible

MRSA spreads primarily through contact, especially via hands and contaminated equipment. To prevent transmission on a PCU unit, implement contact precautions in addition to standard precautions. This means donning gloves and a gown for all patient contact and using dedicated or disposable equipment for the patient to avoid sharing devices with others. Emphasize strict hand hygiene before and after touching the patient or their environment. If possible, place the patient in a private room or cohort MRSA patients to minimize cross-contamination. Airborne or droplet precautions aren't routinely required for MRSA unless a separate infection or procedure warrants them, and standard precautions alone wouldn't be enough because MRSA can spread through contact with contaminated surfaces or items. In short, the correct approach focuses on stopping contact transmission with barriers, proper equipment handling, and diligent hand hygiene.

5. Which pain assessment tools are used for both verbal and nonverbal PCU patients, and what actions follow pain assessment?

A. Visual analog scale for verbal patients; reassess after analgesia

B. Numeric rating scale or verbal scale for verbal patients; FLACC for nonverbal; reassess after analgesia and adjust plan

C. Faces scale for nonverbal; reassess after analgesia

D. Numeric scale for verbal; no reassessment

The main idea is to match the pain assessment method to how the patient communicates, and then act on what you find after giving analgesia. For patients who can verbalize their pain, use a self-report tool like the numeric rating scale (0–10) or a verbal descriptor scale. For those who cannot communicate, rely on an observational tool such as FLACC (Face, Legs, Activity, Cry, Consolability) to gauge pain based on behavior and distress. After you administer analgesia, reassess to see if pain relief was achieved and, if needed, adjust the plan (change the dose, route, or type of analgesic, or add nonpharmacologic measures). Reassessment is essential to ensure effective relief and to guide ongoing management.

6. What can cause pacemaker oversensing?

A. Lead fracture

B. Myopotentials or external electrical interference

C. Battery depletion

D. Coronary artery disease

Over-sensing happens when the pacemaker's sensing circuit picks up electrical signals that are not actual heartbeats, causing it to misinterpret intrinsic activity as already paced activity and inhibit pacing or mis-timed firing. The classic source of this misinterpretation is noncardiac electrical activity, such as myopotentials from chest muscles during movement or external electrical interference from nearby equipment. When these muscle or environmental signals are detected as cardiac events, the device may inappropriately withhold pacing or deliver pacing at the wrong times, leading to pauses or bradycardia. Lead problems like fracture can also introduce noise that the device may mistake for cardiac signals, but the scenario most commonly tested is oversensing due to myopotentials or EMI. To manage, clinicians may adjust the device's sensitivity, reprogram the settings, verify lead integrity, and minimize exposure to sources of interference.

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7. Which of the following is NOT listed as a sign or symptom of pulmonary embolism?

A. Dyspnea

B. Pleuritic chest pain

C. Tachycardia

D. Bradycardia

Pulmonary embolism usually causes a rapid heart rate, breathing difficulty, and sharp chest pain with each breath. The clot blocks blood flow in the lungs, leading to ventilation–perfusion mismatch and reduced oxygen levels. The body responds with tachycardia to try to maintain oxygen delivery, and the irritation of the lung lining leads to pleuritic chest pain that worsens with deep breaths. Bradycardia, a slow heartbeat, does not fit this typical pattern. It's not a common reaction to PE's acute hypoxia and stress response. If a slow pulse occurs, it suggests other causes or factors (such as medications or different cardiac conditions) rather than PE itself. Therefore bradycardia is not listed as a sign or symptom of pulmonary embolism.

8. Which is a metabolic cause of muscle breakdown leading to rhabdomyolysis?

A. Direct muscle damage

B. ATP depletion during seizures

C. Crush injury

D. Ischemia

When muscle energy production falters, the cells can't maintain their ion balances, leading to injury and breakdown. During a seizure, the muscles undergo sustained, intense contractions that rapidly exhaust ATP stores. With ATP depleted, the Na+/K+ ATPase and Ca2+ pumps fail to keep ions out of the cells, Ca2+ accumulates inside, and the cell's calcio-regulated enzymes become overactive. This activates proteases, lipases, and phospholipases that damage the muscle cell membranes and internal structures, causing myocyte necrosis and leakage of intracellular contents into the blood—rhabdomyolysis. Other options describe injuries from outside forces or reduced blood supply. Direct muscle damage and crush injury involve physical disruption of tissue, while ischemia deprives tissue of oxygen, leading to energy failure as well, but the specific metabolic trigger in this scenario is ATP depletion from continuous seizure activity.

9. What is the best indicator of a patient's current fluid status?

A. Blood pressure

B. Heart rate

C. Weight gain or loss

D. Respiratory rate

Changes in body weight over time are the most direct way to gauge fluid status. Net fluid gain or loss shows up on the scale because roughly 1 liter of fluid adds about 1 kilogram to body weight. By weighing the patient daily at the same time, with the same scale and similar clothing, you get an objective trend that reflects how fluid balance is shifting, which helps guide fluid management decisions. Vital signs like blood pressure, heart rate, and respiratory rate can be affected by many other factors (pain, fever, medications, anxiety, electrolyte changes) and don't measure net fluid status as precisely. So a rising or falling weight provides a clear signal about fluid accumulation or loss, and should be interpreted alongside intake/output and physical findings like edema or lung sounds.

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10. Which of the following is a sign or symptom of diabetic ketoacidosis?

A. Shortness of breath

B. Rash

C. Fruity breath smell

D. Wheezing

Fruity breath smell is a classic clue for diabetic ketoacidosis because it reflects acetone, one of the ketone bodies produced when the body doesn't have enough insulin to use glucose and starts breaking down fat for energy. This process creates a buildup of ketones, leading to metabolic acidosis, and acetone is volatile enough to be exhaled, giving that distinctive fruity odor. In DKA, other signs you might see include dehydration from polyuria and vomiting, rapid heart rate, and abdominal pain or nausea, with deep, rapid breathing (Kussmaul respiration) as the body tries to compensate for the acidosis. Rash isn't associated with DKA, and wheezing is more typical of airway conditions like asthma or an allergic reaction, not the metabolic picture of DKA.

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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://ormcpcu.examzify.com

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

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