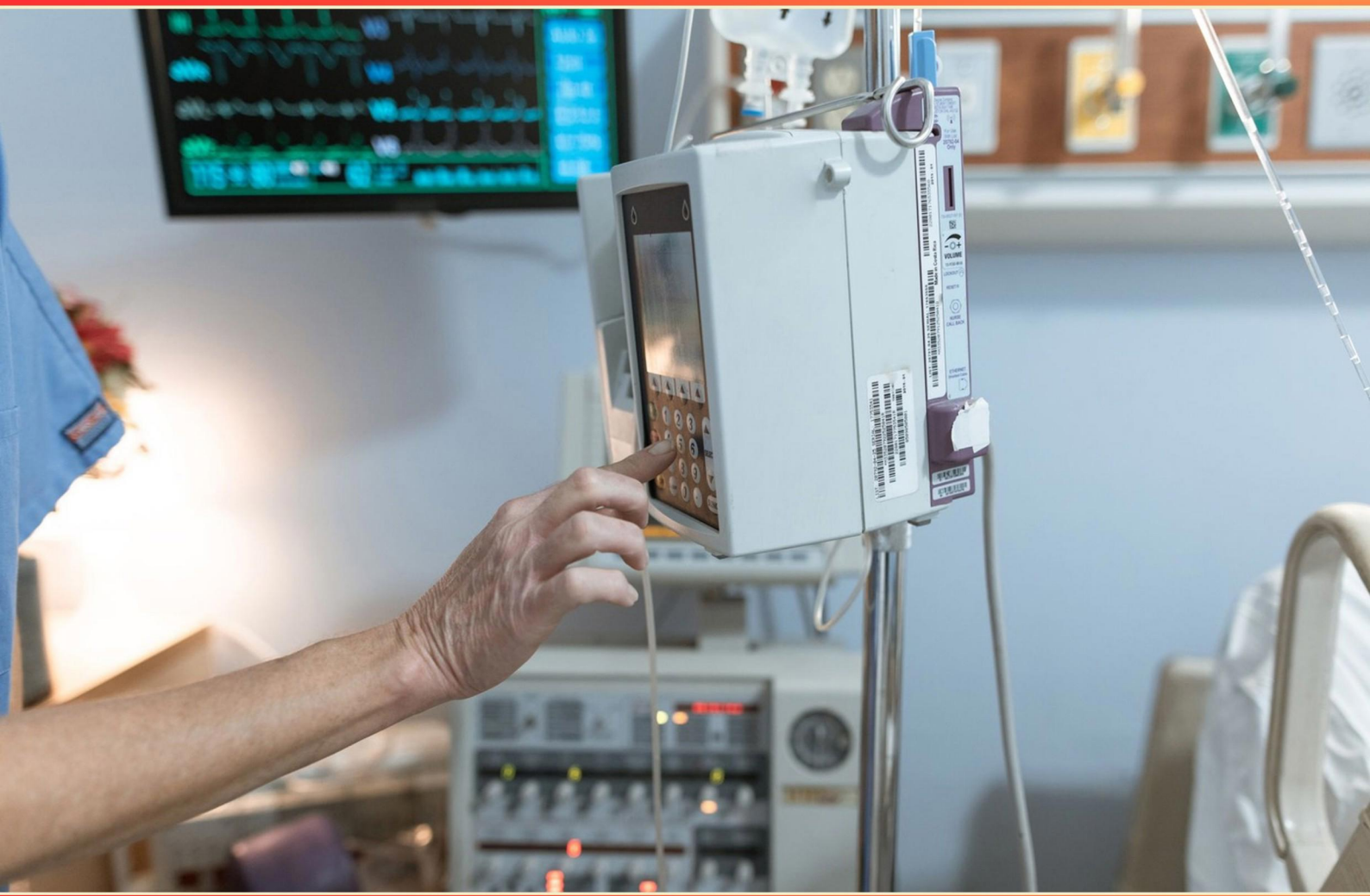
PROGRESSIVE CARE NURSING CERTIFICATION (PCCN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://pccn.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. What is one potential complication after a bedside thoracentesis?

A. Acute bleeding from the puncture site

B. Pneumothorax

C. Hemothorax

D. All of the above

2. Which treatment is indicated for a patient diagnosed with an ischemic stroke within two hours of admission?

A. Clopidogrel (Plavix)

B. Heparin

C. Argatroban (Acova)

D. TPA (activase)

3. Who is ultimately responsible for patient outcomes when a task is delegated to an unlicensed assistant?

A. The unlicensed person who completes the task

B. Both the team leader and the unlicensed person who completes the task

C. The team leader who delegates the task

D. The administrative staff

4. Signs of venous peripheral vascular disease in the legs typically include:

A. brown pigmentation at the ankles, warm legs, open area over the lateral malleolus

B. normal color, severe pain, open sore at the end of the great toe

C. shiny skin with no hair, pale extremities, pain with ambulation

D. pitting edema, absent pulses, cyanotic feet when dependent

5. Which condition can cause an elevation in Blood Urea Nitrogen (BUN)?

A. Hydration

B. Hypotension

C. Excess protein intake

D. All of the above

SAMPLE

6. Which of the following assessment findings would suggest a patient is experiencing bowel ischemia?

A. Increased serum lactate levels

B. Acute onset abdominal pain

C. Urgent bowel movements, sometimes bloody

D. All of the above

7. When monitoring a patient on cyclosporine modified (Gengraf), which lab value should the nurse monitor closely?

A. Blood glucose

B. Serum creatinine

C. Serum amylase

D. Serum magnesium

8. In a patient with inferior wall myocardial infarction, which 12-lead ECG finding is expected?

A. T wave inversion in leads I and aVL

B. Q wave formation and ST segment elevation in leads II, III, and aVF

C. QRS duration greater than 0.01 in all leads

D. R wave taller in V6

9. Which factor must be present in adequate levels for effective clot formation?

A. Vitamin K

B. Calcium

C. Factor V

D. Factor VII

10. A newly admitted patient sustained a stroke and is now receiving enteral feedings. What should the nurse anticipate based on gastric residual volumes?

A. Dilution of the enteral feeds by 50% with water

B. Administration of a prokinetic agent

C. Decreasing the rate of enteral feedings by 50%

D. Initiation of parenteral nutrition

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is one potential complication after a bedside thoracentesis?

A. Acute bleeding from the puncture site

B. Pneumothorax

C. Hemothorax

D. All of the above

After performing a bedside thoracentesis, one potential complication that can arise is pneumothorax. This occurs when air is introduced into the pleural space, leading to lung collapse. The procedure involves inserting a needle into the pleural cavity to remove fluid, and if the needle inadvertently punctures the lung, it can create a pathway for air to enter the pleural space. Additionally, acute bleeding from the puncture site can occur as a result of trauma to blood vessels during the procedure. This complication can lead to the formation of a hematoma at the site of the needle insertion. Hemothorax is another complication related to thoracentesis, resulting from blood accumulation in the pleural space, which can happen if a blood vessel is punctured during the procedure. Since all of these complications—acute bleeding, pneumothorax, and hemothorax—are potential risks following thoracentesis, it is important to monitor the patient closely for any signs of these issues post-procedure. Recognizing the risk factors and being prepared to manage these complications is a critical aspect of nursing care in this context.

2. Which treatment is indicated for a patient diagnosed with an ischemic stroke within two hours of admission?

A. Clopidogrel (Plavix)

B. Heparin

C. Argatroban (Acova)

D. TPA (activase)

For a patient diagnosed with an ischemic stroke within two hours of admission, the administration of TPA (tissue plasminogen activator) is the most appropriate treatment option. TPA is a thrombolytic agent that works by dissolving the blood clot causing the stroke, thereby restoring blood flow to the affected part of the brain. The critical aspect of TPA therapy is that it must be administered within a strict time window—specifically, within 3 to 4.5 hours of the onset of stroke symptoms. Since the patient is admitted within the two-hour mark, they are an ideal candidate for this life-saving intervention. While clopidogrel, heparin, and argatroban have roles in the management of other conditions relating to thrombosis or stroke prevention, they are not indicated for the acute treatment of an ischemic stroke. Clopidogrel is an antiplatelet medication used for secondary prevention of stroke rather than acute intervention. Heparin and argatroban are anticoagulants that are typically not used for the immediate treatment of ischemic strokes, as they do not dissolve existing clots and can potentially complicate the clinical picture if administered without careful consideration of the timing and nature of the stroke.

SAMPLE

3. Who is ultimately responsible for patient outcomes when a task is delegated to an unlicensed assistant?

A. The unlicensed person who completes the task

B. Both the team leader and the unlicensed person who completes the task

C. The team leader who delegates the task

D. The administrative staff

The ultimate responsibility for patient outcomes rests with the team leader who delegates the task. When a task is assigned to an unlicensed assistant, the licensed healthcare professional retains accountability for ensuring that the task is performed correctly and safely. This means that the team leader must provide proper supervision, clear instructions, and ensure that the unlicensed assistant is adequately trained for the specific task at hand. By maintaining this supervisory role, the team leader ensures that standards of care are upheld and that the patient's safety and well-being are prioritized. This accountability is critical in fostering a responsible environment where all team members understand the importance of their roles in patient care, reinforcing the concept that even when duties are delegated, the overarching responsibility for patient outcomes remains with those who have the appropriate licensure and training.

4. Signs of venous peripheral vascular disease in the legs typically include:

A. brown pigmentation at the ankles, warm legs, open area over the lateral malleolus

B. normal color, severe pain, open sore at the end of the great toe

C. shiny skin with no hair, pale extremities, pain with ambulation

D. pitting edema, absent pulses, cyanotic feet when dependent

The signs associated with venous peripheral vascular disease in the legs typically include brown pigmentation at the ankles, warm legs, and the presence of ulcers, particularly in areas such as around the lateral malleolus. This condition is often characterized by changes in skin coloration and texture due to chronic venous insufficiency, leading to conditions such as stasis dermatitis and venous ulcers. The brown pigmentation occurs as a result of hemosiderin deposition from red blood cell breakdown in the tissues, indicating chronic venous stasis. In contrast, venous disease typically results in warm legs due to the pooling of blood in the veins, as opposed to peripheral arterial disease, where legs may be cold and pale. The presence of an open area over the lateral malleolus indicates a common site for venous ulcers, which often occur due to increased pressure from the pooled blood. Other options include symptoms that are more indicative of arterial disease, such as shiny skin, hair loss, and pale extremities, which signal inadequate blood supply. Similarly, signs like pitting edema and absent pulses are linked to a more severe impairment in arterial flow rather than venous issues. Understanding these differences helps in accurately assessing and managing patients with vascular diseases.

SAMPLE

5. Which condition can cause an elevation in Blood Urea Nitrogen (BUN)?

A. Hydration

B. Hypotension

C. Excess protein intake

D. All of the above

An elevation in Blood Urea Nitrogen (BUN) can be influenced by several factors, including hydration, hypotension, and excess protein intake. Each of these factors can contribute to an increase in BUN levels. When individuals are dehydrated, kidney perfusion can decrease, leading to reduced renal clearance of urea. This causes an accumulation of urea in the bloodstream, resulting in elevated BUN levels. Hypotension also affects kidney function. Reduced blood pressure may lead to poor perfusion of the kidneys, diminishing their ability to filter waste products, including urea, thus raising BUN levels. Excess protein intake can similarly elevate BUN levels. The metabolism of protein produces urea as a byproduct, and an increase in protein consumption leads to increased urea production, which can elevate BUN levels. Given that all the stated conditions can potentially lead to an elevation in BUN, the most comprehensive answer would acknowledge that all options contribute to this effect.

6. Which of the following assessment findings would suggest a patient is experiencing bowel ischemia?

A. Increased serum lactate levels

B. Acute onset abdominal pain

C. Urgent bowel movements, sometimes bloody

D. All of the above

The assessment findings indicating bowel ischemia encompass various physiological changes and symptoms that arise due to insufficient blood flow to the intestines. Increased serum lactate levels are a significant indicator because they often reflect tissue hypoxia and anaerobic metabolism, which can occur when the bowel is not adequately perfused. Elevated lactate levels can signify a systemic response to ischemia, making it a critical measurement in assessing gut blood flow. Acute onset abdominal pain is another hallmark symptom associated with bowel ischemia. This type of pain is typically severe and may be disproportionate to physical examination findings. The sudden nature often relates to the rapid development of ischemic conditions, which require prompt medical evaluation and intervention. Urgent and sometimes bloody bowel movements can also suggest bowel ischemia. This symptom may indicate mucosal sloughing or even necrosis due to the lack of blood supply, leading to gastrointestinal bleeding. The presence of blood in stool, especially in conjunction with other symptoms, can further corroborate the suspicion of ischemic changes within the bowel. The relationship between these findings underscores the multifaceted nature of bowel ischemia. Increased serum lactate, acute abdominal pain, and abnormal bowel movements collectively highlight the urgent medical conditions that necessitate further investigation and prompt clinical attention. Therefore,

SAMPLE

7. When monitoring a patient on cyclosporine modified (Gengraf), which lab value should the nurse monitor closely?

A. Blood glucose

B. Serum creatinine

C. Serum amylase

D. Serum magnesium

Monitoring serum creatinine is crucial when a patient is receiving cyclosporine modified (Gengraf) because this medication can have nephrotoxic effects, which may lead to acute kidney injury. Cyclosporine is primarily metabolized in the liver and excreted by the kidneys. As such, maintaining awareness of renal function is essential to prevent complications associated with renal impairment. Elevated serum creatinine levels indicate that the kidneys are not effectively clearing waste, which can result from the nephrotoxic potential of cyclosporine. Early detection of renal dysfunction is vital because it can prompt timely interventions to adjust the medication dosage or consider alternative therapies, ensuring patient safety and optimal therapeutic outcomes. Other lab values, such as blood glucose, serum amylase, and serum magnesium, can be important for various reasons, but in the context of cyclosporine therapy, monitoring serum creatinine is the most directly linked to the effects of the medication on kidney function.

8. In a patient with inferior wall myocardial infarction, which 12-lead ECG finding is expected?

A. T wave inversion in leads I and aVL

B. Q wave formation and ST segment elevation in leads II, III, and aVF

C. QRS duration greater than 0.01 in all leads

D. R wave taller in V6

In a patient experiencing an inferior wall myocardial infarction, the expected 12-lead ECG findings include Q wave formation and ST segment elevation in leads II, III, and aVF. This is due to the location of the inferior wall of the heart, which is primarily supplied by the right coronary artery in right-dominant coronary circulation. During an inferior myocardial infarction, ischemia and necrosis affect the myocardium in this region, reflected on the ECG as abnormal Q waves, which indicate myocardial damage, and ST segment elevation, a hallmark sign of acute myocardial injury. The presence of these findings in leads II, III, and aVF correlates with damage to the inferior aspect of the heart. The other options do not align with the typical findings associated with inferior wall myocardial infarctions. For example, T wave inversion in leads I and aVL relates more to lateral wall myocardial involvement. A QRS duration exceeding 0.01 is not specific to myocardial infarction and could indicate other conduction issues. Lastly, an unusually tall R wave in V6 could suggest lateral wall changes or left ventricular hypertrophy rather than an inferior wall MI. Thus, the correct expected finding for an inferior wall MI is indeed Q wave formation and ST segment elevation

SAMPLE

9. Which factor must be present in adequate levels for effective clot formation?

A. Vitamin K

B. Calcium

C. Factor V

D. Factor VII

Calcium plays a critical role in the clotting process as it is an essential cofactor in several steps of the coagulation cascade. It is required for the activation of certain clotting factors, specifically those in the intrinsic and extrinsic pathways of hemostasis. Calcium facilitates the binding of clotting factors to phospholipid surfaces that are exposed by activated platelets, thereby promoting the conversion of prothrombin to thrombin and the subsequent conversion of fibrinogen to fibrin, the protein that forms the meshwork structure of a blood clot. Without adequate levels of calcium, the entire clotting process would be impaired, leading to deficits in effective hemostasis and increased risk for bleeding complications. This is why maintaining appropriate calcium levels is crucial for the formation of stable and effective blood clots in the body. Other factors listed, such as Vitamin K, Factor V, and Factor VII, while important for clotting, are not directly responsible for the essential role calcium plays in activating and facilitating the interactions necessary for clot formation. Therefore, the necessity of calcium for effective clot formation is paramount.

10. A newly admitted patient sustained a stroke and is now receiving enteral feedings. What should the nurse anticipate based on gastric residual volumes?

A. Dilution of the enteral feeds by 50% with water

B. Administration of a prokinetic agent

C. Decreasing the rate of enteral feedings by 50%

D. Initiation of parenteral nutrition

The anticipation of administering a prokinetic agent is based on the management of gastric residual volumes, particularly in patients who have sustained a stroke and may have impaired gastric motility. In such cases, decreased gastric emptying can lead to increased residual volumes, which can not only hinder effective nutrition but also elevate the risk for complications, including aspiration. A prokinetic agent promotes gastric motility, facilitating the movement of contents through the stomach into the small intestine. This is particularly important in patients with neurologic deficits who might experience slower gastric emptying due to altered gastrointestinal function. By enhancing gastric motility, the nurse can help ensure that the enteral feeding is utilized effectively, nutritional therapy is optimized, and the risk for associated complications is minimized. Addressing the other options: Dilution of enteral feeds or decreasing the rate may not address the underlying problem of delayed gastric emptying effectively. Initiating parenteral nutrition would typically be reserved for cases of prolonged enteral feeding intolerance or where enteral feeding cannot be achieved, rather than as a first-line response to increased residual volumes. Thus, the use of a prokinetic agent is the most appropriate and proactive approach in this scenario.

SAMPLE

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://pccn.examzify.com

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

SAMPLE