

ACCS General Critical Care Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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.

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!

Questions

- 1. Where is the best place to obtain a mixed venous sample?**
 - A. Pulmonary artery**
 - B. Right atrium**
 - C. Superior vena cava**
 - D. Pulmonary artery wedge position**
- 2. What intervention is cited as the most helpful in preserving cardiac tissue during an acute MI?**
 - A. Therapeutic hypothermia protocol**
 - B. Intensive electrolyte restriction**
 - C. Prolonged dehydration**
 - D. Sunglasses wearing**
- 3. What is the normal BNP value?**
 - A. <100**
 - B. <200**
 - C. <300**
 - D. <400**
- 4. What action should you take if the suction catheter cannot pass beyond the endotracheal tube tip and you suspect cuff pressure is excessive?**
 - A. Deflate the cuff and retry**
 - B. Increase cuff pressure**
 - C. Replace the endotracheal tube immediately**
 - D. Administer a bronchodilator**
- 5. A thyromental distance less than 6 cm indicates what?**
 - A. Suspected difficult intubation**
 - B. Probable easy intubation**
 - C. Non-problematic intubation**
 - D. Inability to intubate**

- 6. Which sign indicates that wall suction is adequately set for suction control in a chest drainage system?**
- A. Continuous bubbling in the suction control bottle**
 - B. Bubbling in the water-seal chamber**
 - C. No bubbling anywhere**
 - D. Visible bubbling in both chambers**
- 7. What is the normal right atrial pressure?**
- A. 5/1 mmHg**
 - B. 12/6 mmHg**
 - C. 0/0 mmHg**
 - D. 8/4 mmHg**
- 8. The inability to pass a suction catheter beyond the distal tip of the endotracheal tube most suggests what?**
- A. An obstruction**
 - B. Kinking in the tube**
 - C. Low suction**
 - D. Dislodgement of the tube**
- 9. Which term describes irreversible death of myocardial tissue due to prolonged ischemia?**
- A. Myocardial infarction**
 - B. Myocardial ischemia**
 - C. Myocardial injury**
 - D. Myocardial stunning**
- 10. A central strategy in preventing VAP is:**
- A. Use of NIPPV, or early extubation to NIPPV**
 - B. Routinely deep sedation**
 - C. Prolonged intubation**
 - D. High tidal volumes per breath**

Answers

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

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Explanations

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1. Where is the best place to obtain a mixed venous sample?

- A. Pulmonary artery**
- B. Right atrium**
- C. Superior vena cava**
- D. Pulmonary artery wedge position**

The key idea is to measure mixed venous oxygen saturation, which requires blood that has returned to the right heart after circulating through the entire body but has not yet been oxygenated in the lungs. Blood in the pulmonary artery fits this exactly: it's the mixed venous blood after it's left the right ventricle but before gas exchange. Sampling here (via a pulmonary artery catheter) gives SvO₂, a true representation of global venous oxygenation. Blood from the right atrium or central veins is central venous blood and won't perfectly reflect the oxygenation of all tissues (ScvO₂ in those sites can differ from SvO₂). The pulmonary artery wedge position is used to estimate left atrial pressure and left-sided filling pressures, not to assess mixed venous oxygen content. So the best place for a mixed venous sample is the pulmonary artery.

2. What intervention is cited as the most helpful in preserving cardiac tissue during an acute MI?

- A. Therapeutic hypothermia protocol**
- B. Intensive electrolyte restriction**
- C. Prolonged dehydration**
- D. Sunglasses wearing**

Cooling the heart tissue during an acute MI—therapeutic hypothermia—protects myocardium by lowering its metabolic demands when blood flow is limited. With reduced temperature, the myocardium uses less oxygen and energy, slowing the cascade of injury from ischemia to cell death. It also dampens harmful processes that occur when blood flow is restored, such as calcium overload and generation of free radicals, helping to preserve ATP and viable tissue. Initiating controlled cooling around the time of reperfusion can shrink the infarct size and improve post-event function. The other options don't offer this type of protection: electrolyte restriction isn't a proven strategy to preserve myocardial tissue during acute ischemia and can destabilize conduction; prolonged dehydration worsens perfusion and ischemia; sunglasses have no impact on cardiac tissue.

3. What is the normal BNP value?

- A. <100**
- B. <200**
- C. <300**
- D. <400**

BNP rises when the heart's ventricles are stretched, so it serves as a marker of ventricular stress. In healthy individuals the peptide is kept very low, but exact "normal" cutoffs vary by lab and by patient factors such as age and kidney function. A practical, widely used threshold in adults is that BNP below 300 pg/mL is considered within normal limits; values above this raise suspicion for heart failure and warrant further evaluation, while recognizing that conditions like renal impairment or obesity can influence BNP levels and may require interpretation in context. This makes a cut-off under 300 pg/mL the best single normal-value reference among the options.

4. What action should you take if the suction catheter cannot pass beyond the endotracheal tube tip and you suspect cuff pressure is excessive?

- A. Deflate the cuff and retry**
- B. Increase cuff pressure**
- C. Replace the endotracheal tube immediately**
- D. Administer a bronchodilator**

When a suction catheter can't pass beyond the endotracheal tube tip, a high cuff pressure is often squeezing the trachea and creating a mechanical barrier at the tube tip. The most effective first step is to deflate the cuff modestly and try suctioning again. Lowering the cuff pressure relieves the circumferential compression, frees the lumen at the tip, and allows the catheter to pass so you can clear secretions. After suctioning, re-inflate to an appropriate minimal occlusive pressure to maintain a seal without risking tracheal ischemia. Increasing cuff pressure would worsen the obstruction and risk injury, while replacing the tube or giving a bronchodilator doesn't address the mechanical barrier in this scenario.

5. A thyromental distance less than 6 cm indicates what?

- A. Suspected difficult intubation**
- B. Probable easy intubation**
- C. Non-problematic intubation**
- D. Inability to intubate**

A short thyromental distance signals potential difficulty with intubation. It measures the space from the mentum (chin) to the thyroid notch with the neck extended, reflecting how much room there is to maneuver the tongue and align the airway axes during laryngoscopy. If this distance is under about 6 cm, there is less mandibular space and a higher chance of a suboptimal glottic view, making direct laryngoscopy and tube placement more challenging. It's a warning sign, best used with other airway assessments (like Mallampati, neck mobility, and mouth opening) to plan ahead. In practice, anticipate a potentially difficult airway and have advanced equipment and alternative strategies ready if needed.

6. Which sign indicates that wall suction is adequately set for suction control in a chest drainage system?

- A. Continuous bubbling in the suction control bottle**
- B. Bubbling in the water-seal chamber**
- C. No bubbling anywhere**
- D. Visible bubbling in both chambers**

The sign being tested is the presence of continuous bubbling in the suction control bottle. In a chest drainage system with a water-filled suction control chamber, wall suction pulls air through that water column. Steady, continuous bubbling shows that suction is being transmitted to the drainage system and that the set negative pressure is being achieved. If there is no bubbling in the suction control chamber, suction may not be reaching the system due to a kink, block, or misconnection, so the suction control isn't adequately set. Bubbling in the water-seal chamber reflects air movement from the patient or a leak and is not used to verify the suction control setting. Intermittent bubbling with breathing is expected in the seal chamber, but not a reliable indicator of suction control. Visible bubbling in both chambers would suggest an abnormal situation or fault, not the correct sign of proper suction control.

7. What is the normal right atrial pressure?

- A. 5/1 mmHg**
- B. 12/6 mmHg**
- C. 0/0 mmHg**
- D. 8/4 mmHg**

Normal right atrial pressure is a low filling pressure, closely matched by central venous pressure. In healthy individuals, it's typically around 2-6 mmHg, corresponding to a mean of about 3 mmHg. The option 5/1 mmHg gives a mean near 3 mmHg, which fits this normal range. The other values imply elevated or non-physiologic pressures (for example, 12/6 would raise the mean to about 9 mmHg, and 0/0 is not physiologic). So, the choice that best represents a normal RAP is the one that yields a mean pressure around 3 mmHg.

8. The inability to pass a suction catheter beyond the distal tip of the endotracheal tube most suggests what?

A. An obstruction

B. Kinking in the tube

C. Low suction

D. Dislodgement of the tube

When you can't advance a suction catheter past the end of an endotracheal tube, the passing path is being physically blocked at or just beyond the tube's tip. This points to an obstruction in the airway lumen—most commonly a mucus plug, thick secretions, or a clot lodged at or right after the tube's distal end. The catheter should glide through a patent lumen; resistance to progression of the catheter means something is narrowing the passage rather than an issue with suction strength or tube position alone. Low suction pressure wouldn't prevent the catheter from initially entering the tube, and dislodgement would typically present with changes in tube position or ventilation effectiveness rather than a simple inability to pass the catheter. Kinking of the tube could contribute to resistance, but the defining clue here is a blockage within the lumen itself. If obstruction is suspected, assess and clear secretions as possible, check for kinks or external compression, and consider exchanging the tube if patency cannot be restored.

9. Which term describes irreversible death of myocardial tissue due to prolonged ischemia?

A. Myocardial infarction

B. Myocardial ischemia

C. Myocardial injury

D. Myocardial stunning

Irreversible death of heart muscle from prolonged lack of blood flow is myocardial infarction. When ischemia lasts long enough, cardiomyocytes die and abandon their function, leaving areas of necrosis that define an infarct. This contrasts with reversible ischemia, where the lack of oxygen impairs function but cells can recover if blood flow is restored. Myocardial injury refers to cellular damage that may occur without full necrosis, often detected by biomarkers, but not the complete tissue death seen in infarction. Myocardial stunning describes temporary dysfunction after reperfusion despite the absence of ongoing necrosis. So the term that best captures irreversible tissue death due to sustained ischemia is myocardial infarction.

10. A central strategy in preventing VAP is:

A. Use of NIPPV, or early extubation to NIPPV

B. Routinely deep sedation

C. Prolonged intubation

D. High tidal volumes per breath

Reducing exposure to invasive mechanical ventilation is the central idea. Using noninvasive ventilation when possible, or extubating early to noninvasive ventilation, minimizes the time a patient spends with an endotracheal tube. The endotracheal tube provides a conduit for bacterial entry and airway contamination, so avoiding or shortening its use lowers the risk of ventilator-associated pneumonia. Deep sedation tends to prolong ventilation and delays weaning, which increases VAP risk. Prolonged intubation itself raises risk by keeping the airway device in place longer. High tidal volumes can cause lung injury and worsen outcomes, but they don't prevent VAP. The key preventive approach is empowering earlier transition away from invasive ventilation whenever feasible.

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://accsgeneralcc.examzify.com>

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