ACCS GENERAL CRITICAL CARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

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.

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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. Leftward QRS axis deviation is most classically associated with which condition according to the material?

A. Congestive heart failure

B. Atrial fibrillation

C. Pulmonary embolism

D. Pericarditis

2. Which scales are used to assess sedation and delirium in ICU patients?

A. APACHE II for sedation; GCS for delirium.

B. SOFA score for sedation; RASS for delirium.

C. RASS for sedation; CAM-ICU for delirium.

D. CAM-ICU for sedation; RASS for delirium.

3. If an infection is suspected at a catheter insertion site, what is the safest immediate management?

A. Remove the catheter

B. Apply local antibiotics at the site

C. Re-site the catheter at a new site without removing others

D. Ignore signs if no fever

4. Which statement best describes fever management in ICU patients?

A. Aggressively cool all ICU patients to normothermia.

B. Investigate cause and treat infection when present; use acetaminophen; consider targeted temperature management in appropriate neuro cases; avoid unnecessary aggressive cooling.

C. Never use antipyretics in sedation cases.

D. Treat fever only after 72 hours and only with antibiotics.

5. What is the initial management step in shock according to the material?

A. Fluid administration

B. Vasopressor therapy

C. Blood transfusion

D. Observation

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6. One of the primary goals of targeted temperature management after ROSC?

A. Prevent fever after ROSC

B. Induce fever to boost immune response

C. Maintain fever around 38-39°C

D. No temperature management after ROSC

7. Which ABG pattern is commonly seen in critical illness and what is its primary driver?

A. Normal ABG irrespective of illness.

B. Respiratory alkalosis due to COPD hyperventilation.

C. Metabolic acidosis with an elevated anion gap driven by sepsis or kidney failure.

D. Metabolic alkalosis with low lactate due to diuretic use.

8. Which imaging modality is used to detect the functionality of organs?

A. PET scan

B. CT scan

C. MRI

D. Ultrasound

9. In burn critical care, which of the following is a priority in initial management?

A. Delay airway assessment until imaging results.

B. No nutrition until debridement.

C. Airway assessment and protection, aggressive fluid resuscitation, pain control, wound care, infection prevention, nutrition, and rehabilitation planning.

D. Immediate surgical closure of all burn wounds within hours.

10. Which imaging view is described as helpful for spotting internal issues such as masses, blebs, or lesions?

A. Oblique x-ray

B. AP x-ray

C. Lateral decubitus

D. Upright chest radiograph

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Answers

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

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Explanations

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1. Leftward QRS axis deviation is most classically associated with which condition according to the material?

A. Congestive heart failure

B. Atrial fibrillation

C. Pulmonary embolism

D. Pericarditis

Leftward QRS axis deviation means the overall ventricular depolarization vector points more to the left. This often happens when the left ventricle is enlarged or hypertrophied due to chronic overload. In congestive heart failure, the heart undergoes remodeling with left-sided deterioration and increased left ventricular mass, which shifts the depolarization vector leftward. So a leftward axis on the ECG is a classic clue pointing toward congestive heart failure. In contrast, right axis deviation is more associated with right heart strain (such as from pulmonary embolism), while atrial fibrillation or pericarditis do not classically produce a specific leftward axis shift.

2. Which scales are used to assess sedation and delirium in ICU patients?

A. APACHE II for sedation; GCS for delirium.

B. SOFA score for sedation; RASS for delirium.

C. RASS for sedation; CAM-ICU for delirium.

D. CAM-ICU for sedation; RASS for delirium.

Assessing sedation and delirium in the ICU requires two complementary tools: one to measure how sedated a patient is, and another to detect delirium. The Richmond Agitation-Sedation Scale (RASS) provides a simple, validated way to rate a patient's level of arousal from combative to unresponsive, with 0 indicating calm and alert. This helps guide sedative dosing and target a lighter level of sedation when appropriate, minimizing risks associated with deep sedation. For delirium, the CAM-ICU is designed to detect this cognitive disturbance in critically ill patients, including those who are nonverbal. It evaluates whether delirium is present by looking for acute changes or fluctuating mental status and inattention, plus either an altered level of consciousness or disorganized thinking. A positive CAM-ICU confirms delirium, which is important because delirium requires different management and has distinct prognostic implications from sedation depth. Other tools like APACHE II or SOFA measure overall illness severity, not sedation or delirium specifically. GCS gauges consciousness level but isn't a delirium screen and isn't sensitive enough to detect delirium as such. Using CAM-ICU to evaluate delirium and RASS to assess sedation provides the most accurate, practical approach for ICU patients.

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3. If an infection is suspected at a catheter insertion site, what is the safest immediate management?

A. Remove the catheter

B. Apply local antibiotics at the site

C. Re-site the catheter at a new site without removing others

D. Ignore signs if no fever

When a catheter insertion site shows signs of infection, the source is most often the catheter itself and any biofilm forming on it. Removing the catheter promptly is the safest immediate step because it eliminates the nidus of bacteria and markedly lowers the risk of progression to catheter-related bloodstream infection or sepsis. After removal, confirm and treat as needed: obtain cultures (catheter tip culture if removed and peripheral blood cultures) and start empiric antibiotics if there are systemic signs of infection. If another line is required, place it at a different site with strict asepsis. Local antibiotics at the site won't reliably eradicate catheter-associated infection, since the biofilm within the catheter is a common reservoir. Re-siting a catheter at a new site without removing the infected one risks ongoing infection. Ignoring the signs is unsafe because infection can progress, and bacteremia can occur even without fever.

4. Which statement best describes fever management in ICU patients?

A. Aggressively cool all ICU patients to normothermia.

B. Investigate cause and treat infection when present; use acetaminophen; consider targeted temperature management in appropriate neuro cases; avoid unnecessary aggressive cooling.

C. Never use antipyretics in sedation cases.

D. Treat fever only after 72 hours and only with antibiotics.

Fever management in the ICU is about identifying and addressing the underlying cause while using fever-reducing strategies judiciously. The best approach is to investigate possible infection and treat it when present, rather than assuming all fevers require aggressive cooling. Acetaminophen is commonly used to bring down fever and ease discomfort. In certain neurological scenarios, targeted temperature management can be considered because it may benefit brain protection or recovery, but outside those appropriate cases, routine aggressive cooling is avoided due to risks like shivering, increased metabolic demand, and other complications. Fever should not be waited on for a fixed period or treated only with antibiotics; antibiotics are indicated only when infection is suspected or proven. The key is a thoughtful, cause-directed plan rather than blanket cooling for all ICU fevers.

5. What is the initial management step in shock according to the material?

A. Fluid administration

B. Vasopressor therapy

C. Blood transfusion

D. Observation

Restoring circulating volume with intravenous fluids is the first step in shock management. Shock leads to inadequate tissue perfusion, and the quickest way to improve perfusion is to increase the intravascular volume so the heart can pump more effectively. Start with isotonic crystalloids (such as normal saline or lactated Ringer's), giving a bolus and reassessing response. A typical initial approach is about 20–30 mL/kg, repeated as needed, guided by blood pressure, urine output, mental status, and signs of perfusion. If perfusion remains uncertain after adequate fluid administration, vasopressors are added to maintain target blood pressure while continuing fluid resuscitation. Blood transfusion is not the initial step unless there is ongoing hemorrhage or severe anemia. Observation alone would not address the urgent perfusion deficit in shock.

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6. One of the primary goals of targeted temperature management after ROSC?

A. Prevent fever after ROSC

B. Induce fever to boost immune response

C. Maintain fever around 38-39°C

D. No temperature management after ROSC

After ROSC, the brain has already suffered injury from the arrest and reperfusion. Fever after resuscitation worsens neuronal damage by increasing cerebral metabolic demand, promoting inflammatory responses, and raising oxygen consumption. Targeted temperature management aims to blunt these secondary injuries by preventing fever and maintaining normothermia or controlled cooling, which helps reduce brain metabolic stress and potential damage. Inducing or maintaining fever would counteract this protective effect, and doing no temperature management would miss a key strategy to limit brain injury. Hence, preventing fever after ROSC is a primary goal.

7. Which ABG pattern is commonly seen in critical illness and what is its primary driver?

A. Normal ABG irrespective of illness.

B. Respiratory alkalosis due to COPD hyperventilation.

C. Metabolic acidosis with an elevated anion gap driven by sepsis or kidney failure.

D. Metabolic alkalosis with low lactate due to diuretic use.

In critical illness, the ABG pattern you're most likely to see is metabolic acidosis with an elevated anion gap. The main driver is lactic acid accumulating from tissue hypoperfusion and anaerobic metabolism, as seen in sepsis or shock, plus reduced acid excretion and bicarbonate generation in kidney dysfunction. The elevated anion gap reflects excess unmeasured anions (like lactate and other organic acids) in the blood. The body compensates by blowing off CO2 to some extent, so you'll see a lower PaCO2 relative to the metabolic acidosis. While other patterns (like respiratory alkalosis or metabolic alkalosis from diuretics) can occur in specific scenarios, the most characteristic and common pattern in critical illness is elevated anion gap metabolic acidosis driven by lactic acidosis and impaired renal acid handling.

8. Which imaging modality is used to detect the functionality of organs?

A. PET scan

B. CT scan

C. MRI

D. Ultrasound

Functional imaging focuses on how tissues work, not just how they look. PET scanning provides that direct reading of organ activity by using radiotracers, typically a glucose analog like FDG, that cells take up during metabolism. The level of tracer uptake reflects metabolic activity, so you can gauge how alive or viable an organ is and how it's functioning in real time—such as myocardial viability or regional brain activity. In contrast, CT, MRI, and ultrasound are mainly anatomical or structural assessments. CT and MRI give detailed pictures of anatomy and tissue characteristics, while ultrasound shows structure and motion and can assess some flow with Doppler, but it doesn't measure cellular metabolism or real-time organ function in the same way PET does. That metabolic readout is what makes PET the best choice for detecting organ functionality.

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9. In burn critical care, which of the following is a priority in initial management?

A. Delay airway assessment until imaging results.

B. No nutrition until debridement.

C. Airway assessment and protection, aggressive fluid resuscitation, pain control, wound care, infection prevention, nutrition, and rehabilitation planning.

D. Immediate surgical closure of all burn wounds within hours.

In burn care, stabilizing the patient right away with a focus on airway, breathing, and circulation sets the foundation for all other care. The most important initial priorities are airway assessment and protection, aggressive fluid resuscitation, pain control, wound care, infection prevention, nutrition, and rehabilitation planning. Airway status must be evaluated and secured early because inhalation injury or facial/neck edema can rapidly compromise the airway. Delaying airway assessment or intubation until later can be life-threatening, since imaging won't tell you how swollen the airway will become. Burns cause massive fluid shifts and edema, so timely fluid resuscitation is essential to maintain tissue perfusion and prevent shock. This is guided by monitoring urine output and hemodynamics, with the goal of avoiding both under-resuscitation and fluid overload. Pain control is critical for patient comfort, reduces the stress response, and helps with cooperation for procedures and assessments. Wound care and infection prevention help minimize contamination and sepsis risk, which drive morbidity and mortality in burns. Nutrition is started early because burns create a hypermetabolic state with high caloric and protein needs, supporting wound healing and immune function. Rehabilitation planning should begin early to prevent contractures and preserve function as the wounds heal and mobility is restored. Immediate closure of all burn wounds within hours isn't appropriate for most injuries; many burns require staged debridement and grafting based on wound depth, perfusion, and infection risk. Delaying airway assessment, withholding nutrition, or pursuing universal immediate closure would not align with best-practice stabilization.

10. Which imaging view is described as helpful for spotting internal issues such as masses, blebs, or lesions?

A. Oblique x-ray

B. AP x-ray

C. Lateral decubitus

D. Upright chest radiograph

Changing the projection to an oblique view reduces overlap of structures in the chest, so shadows from the lungs, mediastinum, and chest wall are separated enough to reveal abnormalities that might be hidden on a straight frontal view. This angled perspective makes small or subpleural lesions, such as masses or blebs, stand out more clearly because their edges are less obscured by overlying ribs or vascular shadows. In practice, other common views have specific roles—upright chest radiographs show overall lung inflation and help detect pneumothorax and larger effusions, while a lateral decubitus view is particularly good for small pleural effusions and layering of air and fluid, and a standard AP/PA view is a general, broad survey. The oblique projection adds a valuable perspective that enhances detection of internal issues by changing the way tissues are superimposed, making it especially useful when there is suspicion of a lesion that isn't easily seen on the standard views.

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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:

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

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