

ADULT CCRN PRACTICE EXAM (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.

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

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- 1. What is the role of vasopressors in acute coronary syndrome?**
 - A. They constrict blood vessels to increase blood pressure
 - B. They dilate coronary arteries to improve perfusion
 - C. They directly decrease heart rate
 - D. They anticoagulate the blood
- 2. What is a major complication of esophageal varices?**
 - A. Rupture and bleeding due to distention of submucosal veins.
 - B. Esophageal spasm without bleeding.
 - C. Esophageal perforation from instrumentation.
 - D. Heartburn due to acid reflux.
- 3. Which statement best describes the initial management route for severe dehydration in adults?**
 - A. Oral rehydration therapy only
 - B. Intravenous fluids is the primary route
 - C. Subcutaneous saline only
 - D. Intraosseous fluids only
- 4. What does mixed venous oxygen saturation (SVO₂) reflect?**
 - A. It directly measures tissue oxygen consumption.
 - B. It reflects the balance between oxygen delivery and consumption.
 - C. Normal range is 60%-80%, indicating the balance between oxygen delivery and consumption.
 - D. It measures systemic arterial oxygen saturation.
- 5. Which of the following is a risk factor for Clostridium difficile infection?**
 - A. Antibiotic use
 - B. Long-term hospitalization, nursing home stays, and antibiotic use
 - C. Regular exercise
 - D. Vaccination

- 6. Impaired CSF reabsorption leads to which condition?**
- A. Hydrocephalus
 - B. Meningitis
 - C. Encephalitis
 - D. Subarachnoid hemorrhage
- 7. Which tests can help identify the cause of diabetes insipidus?**
- A. Fluid deprivation test alone
 - B. Serum osmolality measurement
 - C. Urine osmolality assessment
 - D. Fluid deprivation test and/or administering synthetic desmopressin (Noctiva)
- 8. What is Frank Starling's Law of the Heart?**
- A. Stroke volume is independent of venous return.
 - B. Stroke volume increases in response to an increase in the end-diastolic volume.
 - C. Heart rate always decreases with increased preload.
 - D. Contractility is unaffected by preload.
- 9. Which management step is recommended first for suspected intra-abdominal infection regardless of suspected etiology?**
- A. Empiric antibiotics
 - B. CT imaging
 - C. ABCs (Airway, Breathing, Circulation)
 - D. NPO with IV fluids
- 10. Which statement reflects disease-modifying therapy for multiple sclerosis?**
- A. Steroids for chronic management
 - B. Plasmapheresis as the only therapy
 - C. Interferons or glatiramer acetate
 - D. Cryoprecipitate as maintenance therapy

Answers

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

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Explanations

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1. What is the role of vasopressors in acute coronary syndrome?

- A. They constrict blood vessels to increase blood pressure**
- B. They dilate coronary arteries to improve perfusion
- C. They directly decrease heart rate
- D. They anticoagulate the blood

In ACS, the goal is to keep enough perfusion pressure so the ischemic myocardium still receives oxygen. Vasopressors achieve this by causing vasoconstriction through alpha-adrenergic stimulation, which raises systemic vascular resistance and mean arterial pressure. This helps improve coronary perfusion pressure, especially when blood pressure is critically low, and supports organ and myocardial perfusion during a dangerous state. They don't primarily open or dilate the coronary arteries—that would be done with nitrates or other vasodilators. They also don't directly slow the heart; in fact, they often increase heart rate and contractility, which can raise myocardial oxygen demand. And they are not anticoagulants; those medications target clot formation or blood viscosity. Use must be carefully titrated because excessive vasoconstriction can raise afterload and worsen ischemia. Monitor blood pressure, heart rate, urine output, and perfusion indicators to balance benefits with potential risks.

2. What is a major complication of esophageal varices?

- A. Rupture and bleeding due to distention of submucosal veins.**
- B. Esophageal spasm without bleeding.
- C. Esophageal perforation from instrumentation.
- D. Heartburn due to acid reflux.

Esophageal varices form when portal hypertension causes the submucosal veins in the distal esophagus to dilate and become fragile. The major complication is rupture of these dilated veins, leading to massive upper gastrointestinal bleeding. This rupture can cause rapid blood loss, vision of hematemesis, melena, and shock if not promptly treated. The other scenarios—esophageal spasm without bleeding, perforation from instrumentation, or heartburn from acid reflux—are not the typical or defining complications of varices. The risk of bleeding is what makes variceal disease particularly dangerous and the focus of urgent management and preventive strategies.

3. Which statement best describes the initial management route for severe dehydration in adults?

- A. Oral rehydration therapy only
- B. Intravenous fluids is the primary route**
- C. Subcutaneous saline only
- D. Intraosseous fluids only

Rapid restoration of intravascular volume with intravenous fluids is the initial management for severe dehydration in adults. When dehydration is severe, circulating blood volume is depleted, leading to reduced perfusion and potential shock, so IV fluids are started promptly to quickly restore perfusion. Oral rehydration cannot reliably address this level of fluid loss and may be poorly tolerated or too slow in severe cases. Subcutaneous saline delivers fluid more slowly and is not suitable for rapid resuscitation of hypovolemia. Intraosseous access and fluids are valuable if IV access cannot be obtained quickly, but IV fluids remain the preferred initial route when IV access is available. The typical approach uses an isotonic crystalloid given as a rapid IV bolus (for example, about 20 mL/kg), with reassessment and repeated boluses as needed until perfusion improves.

4. What does mixed venous oxygen saturation (SVO₂) reflect?

- A. It directly measures tissue oxygen consumption.
- B. It reflects the balance between oxygen delivery and consumption.
- C. Normal range is 60%-80%, indicating the balance between oxygen delivery and consumption.**
- D. It measures systemic arterial oxygen saturation.

SVO₂ shows the balance between oxygen delivery to the tissues and oxygen they are consuming. It's measured from mixed venous blood in the pulmonary artery, so it reflects global tissue oxygen extraction rather than a single organ. Normally it sits roughly in the 60–80% range, which indicates that delivery is adequate for the body's metabolic needs. If the value falls below this range, tissues are pulling more oxygen than is being delivered, signaling inadequate DO₂ or increased VO₂. If it rises above the range, it can mean reduced oxygen extraction or an excess of delivery, such as in sepsis with impaired cellular utilization or very high flow states. It is not a direct measure of tissue oxygen consumption, nor does it indicate arterial oxygen saturation.

5. Which of the following is a risk factor for *Clostridium difficile* infection?

- A. Antibiotic use
- B. Long-term hospitalization, nursing home stays, and antibiotic use**
- C. Regular exercise
- D. Vaccination

Risk for *Clostridioides difficile* infection rises when antibiotics disrupt the normal gut microbiome and a patient is exposed to healthcare environments where *C. difficile* spores are common. Antibiotics reduce colonization resistance, allowing *C. difficile* to overgrow and produce toxins that cause illness. Being in long-term hospitalization or nursing home care increases contact with contaminated environments and other infected individuals, raising exposure to spores. Together, these factors create the strongest risk profile, which is why the statement that includes both antibiotic use and healthcare facility exposure is the best choice. Regular exercise or vaccination do not increase the risk.

6. Impaired CSF reabsorption leads to which condition?

- A. Hydrocephalus**
- B. Meningitis
- C. Encephalitis
- D. Subarachnoid hemorrhage

CSF is produced in the choroid plexus and normally reabsorbed into the venous system via arachnoid granulations. When this reabsorption is impaired, CSF accumulates in the ventricles, causing ventriculomegaly and increased intracranial pressure—hydrocephalus. This is typically a communicating form of hydrocephalus, where the problem is reabsorption rather than a physical blockage, though various insults like inflammation or hemorrhage can contribute to impaired absorption over time. Clinically, hydrocephalus presents with symptoms of raised ICP such as headaches, nausea, or cognitive changes, and in infants with rapid head enlargement. In critical care, the focus is on reducing ICP and addressing the underlying cause, often with external ventricular drainage or a shunt.

7. Which tests can help identify the cause of diabetes insipidus?

- A. Fluid deprivation test alone
- B. Serum osmolality measurement
- C. Urine osmolality assessment
- D. Fluid deprivation test and/or administering synthetic desmopressin (Noctiva)**

Understanding how the kidneys respond to ADH helps pinpoint the cause of diabetes insipidus. A fluid deprivation (water deprivation) test is used to see whether the kidneys can concentrate urine when fluid intake is restricted. In true DI, urine remains dilute even as serum osmolality rises, confirming DI but not its type. To identify the cause, you then use a desmopressin challenge. Desmopressin is a synthetic ADH. In central DI, where there's a deficiency of ADH production, administering desmopressin causes a marked rise in urine osmolality and a drop in urine volume as the kidneys concentrate urine. In nephrogenic DI, where the kidneys don't respond to ADH, there's little to no change after desmopressin. Serum osmolality and urine osmolality readings on their own can support the presence of DI and show trends, but they don't distinguish the cause. The combination of a controlled fluid deprivation test and/or a desmopressin (DDAVP) challenge provides the information needed to determine whether DI is due to ADH deficiency versus kidney insensitivity, guiding appropriate treatment. Safety considerations are important, as the dehydration test must be performed in a monitored setting to prevent dangerous electrolyte disturbances.

8. What is Frank Starling's Law of the Heart?

- A. Stroke volume is independent of venous return.
- B. Stroke volume increases in response to an increase in the end-diastolic volume.**
- C. Heart rate always decreases with increased preload.
- D. Contractility is unaffected by preload.

Frank-Starling's law describes how the heart adjusts its pumping strength based on how much it is filled. When venous return increases, the end-diastolic volume (the preload) rises, so the ventricular muscle fibers are stretched closer to their optimal length. This stretch enables a stronger contraction, leading to a greater stroke volume. In other words, stroke volume rises as end-diastolic volume increases, up to a point, matching the amount of blood returning to the heart and helping balance output between the two sides. This isn't about heart rate or about preload having no effect on contractility. Heart rate is influenced by autonomic factors and other mechanisms, not fixed to preload. And while contractility is an intrinsic property of the myocardium, the core idea here is how preload (through end-diastolic volume) directly increases the force of contraction and thus stroke volume.

9. Which management step is recommended first for suspected intra-abdominal infection regardless of suspected etiology?

- A. Empiric antibiotics
- B. CT imaging
- C. ABCs (Airway, Breathing, Circulation)**
- D. NPO with IV fluids

Securing the airway and ensuring adequate breathing and circulation is the first step because life-sustaining functions must be stabilized before pursuing tests or therapies. If the airway is compromised or breathing is inadequate, oxygen delivery and ventilation are unsafe or impossible, which jeopardizes the patient's survival and can prevent effective treatment of the infection. Once the airway and ventilation are stabilized, you address circulation with rapid IV access and fluids (and vasopressors if needed) to restore perfusion, especially if septic shock is present. After ABCs are secured, you can proceed to imaging to localize the infection and to antibiotics and source control. Empiric antibiotics are critical but should follow stabilization, since you need a patient who can safely receive meds and tolerate treatment. CT imaging is valuable for planning management but isn't prioritized over ensuring the patient can be safely evaluated. NPO with IV fluids is important supportive care, but it does not address the immediate life-threatening needs of airway, breathing, and circulation.

10. Which statement reflects disease-modifying therapy for multiple sclerosis?

- A. Steroids for chronic management
- B. Plasmapheresis as the only therapy
- C. Interferons or glatiramer acetate**
- D. Cryoprecipitate as maintenance therapy

Disease-modifying therapy for multiple sclerosis aims to alter the disease course by dampening the immune system's attack on the central nervous system, which lowers relapse rates and slows disability progression. Interferon beta preparations and glatiramer acetate are classic examples because they modulate immune activity and reduce inflammatory processes in the CNS, leading to fewer clinical relapses and slower accumulation of MRI-detected lesions. These agents are used chronically to modify ongoing disease activity rather than to treat a single flare. Steroids are reserved for acute relapses to hasten recovery but don't change the long-term trajectory. Plasmapheresis may be used in severe, steroid-refractory relapses in some cases, but it's not a standard disease-modifying therapy. Cryoprecipitate has no role in MS treatment. Thus, interferons or glatiramer acetate best represent disease-modifying therapy.

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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