

# Adult Critical Care Specialty (ACCS) 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**

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- 1. What condition is characterized by an abnormal increase in urination in the critically ill?**
  - A. Diabetes insipidus**
  - B. Oliguria**
  - C. Anuria**
  - D. Acute kidney injury**
- 2. What clinical sign may indicate that a patient is experiencing shock?**
  - A. Bradycardia**
  - B. Hypotension**
  - C. Normal skin temperature**
  - D. Increased urine output**
- 3. What assessment finding is notable for OLIGURIA in the context of renal failure?**
  - A. Increased urine output**
  - B. Decreased urine output**
  - C. Colorless urine**
  - D. High specific gravity urine**
- 4. What Mallampati class would a specialist assign to a patient with a small mouth opening and visibility of the base of the vallecula?**
  - A. Class 1**
  - B. Class 2**
  - C. Class 3**
  - D. Class 4**
- 5. In ARDS, what happens to the alveoli during the exudative phase?**
  - A. Expansion due to surfactant production**
  - B. Collapse due to fluid accumulation**
  - C. Improvement in gas exchange**
  - D. Reduction in white blood cells**

**6. Which of the following is a common complication of prolonged mechanical ventilation?**

- A. Pulmonary embolism**
- B. Nosocomial pneumonia**
- C. Acute respiratory distress syndrome**
- D. Muscle atrophy**

**7. Which diagnosis should be considered for a patient with abdominal pain and signs of right heart failure?**

- A. Pulmonary hypertension**
- B. Congestive heart failure**
- C. Hypovolemic shock**
- D. Aortic dissection**

**8. What electrolyte abnormality is commonly associated with acute renal failure?**

- A. Hyponatremia**
- B. Hyperkalemia**
- C. Hypocalcemia**
- D. Hypercalcemia**

**9. Which parameter is crucial for monitoring the efficacy of anticoagulation therapy in a patient receiving warfarin?**

- A. Prothrombin time (PT)**
- B. Activated partial thromboplastin time (aPTT)**
- C. Thrombin time**
- D. International normalized ratio (INR)**

**10. Chest radiograph changes associated with congestive heart failure typically include which of the following?**

- A. Bilateral radiolucency**
- B. Increased pulmonary vasculature**
- C. Cardiomegaly**
- D. All of the above**

## **Answers**

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

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## **Explanations**

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**1. What condition is characterized by an abnormal increase in urination in the critically ill?**

- A. Diabetes insipidus**
- B. Oliguria**
- C. Anuria**
- D. Acute kidney injury**

The condition characterized by an abnormal increase in urination in the critically ill is diabetes insipidus. This condition results when the body cannot concentrate urine due to a deficiency of the antidiuretic hormone (ADH) or due to the kidneys' resistance to it. In critically ill patients, diabetes insipidus can arise from various causes, including central nervous system issues, certain medications, or underlying diseases. The hallmark of this condition is the production of large volumes of dilute urine, which can lead to significant fluid and electrolyte imbalances if not properly managed. In contrast, oliguria refers to a significantly reduced urine output, often indicating issues such as acute kidney injury or severe dehydration. Anuria represents an even more severe reduction in urine output, typically defined as less than 100 mL per day, also pointing towards kidney dysfunction. Acute kidney injury describes a rapid decline in kidney function, which can lead to problems like oliguria or anuria. Therefore, diabetes insipidus distinctly stands out among these options as the condition associated with excessive urination in critically ill patients.

**2. What clinical sign may indicate that a patient is experiencing shock?**

- A. Bradycardia**
- B. Hypotension**
- C. Normal skin temperature**
- D. Increased urine output**

Hypotension is a critical clinical sign that may indicate a patient is experiencing shock. In shock, the body's organs and systems are not receiving adequate blood flow, leading to a drop in blood pressure. This signifies that the heart is not pumping effectively or there is inadequate blood volume or vascular resistance to maintain normal blood pressure, which can result in tissue hypoperfusion and potential organ failure if not addressed quickly. Monitoring blood pressure is a key aspect of assessing a patient's stability and response to treatment. In contrast, other signs such as bradycardia may not necessarily indicate shock, as some shock states can lead to tachycardia instead. Normal skin temperature can also be misleading since some types of shock might initially present with warm skin due to vasodilation, and increased urine output is typically a sign of improved kidney perfusion rather than a sign of shock. Hence, hypotension is a crucial and clear indicator that warrants immediate medical evaluation and intervention.

**3. What assessment finding is notable for OLIGURIA in the context of renal failure?**

- A. Increased urine output**
- B. Decreased urine output**
- C. Colorless urine**
- D. High specific gravity urine**

Notable for oliguria in the context of renal failure, the assessment finding of decreased urine output indicates a significant change in kidney function. Oliguria is typically defined as a urine output of less than 400 milliliters per day, which suggests that the kidneys are not filtering and excreting waste products effectively. In renal failure, this diminished output can be attributed to factors such as reduced glomerular filtration rate, obstruction in the urinary tract, or intrinsic kidney damage, leading to an accumulation of waste products and a potential onset of complications. The other assessment findings, such as increased urine output or colorless urine, would not be aligned with oliguria; rather, they may suggest different physiological states. Similarly, high specific gravity urine tends to indicate concentrated urine, which can be seen in conditions where the kidneys are trying to retain water due to dehydration or other factors, but this is inconsistent with the definition of oliguria. Thus, decreased urine output serves as a critical indicator in monitoring and assessing renal function and potential failure situations.

**4. What Mallampati class would a specialist assign to a patient with a small mouth opening and visibility of the base of the vallecula?**

- A. Class 1**
- B. Class 2**
- C. Class 3**
- D. Class 4**

A Mallampati class is a classification used to predict the ease of intubation based on the visibility of structures in the oral cavity when a patient opens their mouth. The classes range from one to four, with each class providing an indication of the potential difficulty in airway management. In the scenario described, the visibility of the base of the vallecula suggests that the patient's oral cavity allows for limited visualization of anatomical structures, which is characteristic of a higher Mallampati classification. Specifically, Class 3 indicates that the faacial pillars and the base of the uvula are visible, but not the soft palate. If the base of the vallecula is visible, it implies that the structures are lower in the oral cavity and that there may be some obstruction or limitation due to a small mouth opening. This aligns with the characteristics of Class 3, where there is sufficient visibility to see structures below the occlusal plane but with limitations, indicating a potential challenge for airway management. Recognition of such anatomical visibility helps clinicians anticipate complications related to intubation and the overall management of the airway in critical situations. Therefore, the assignment of the Mallampati class as 3 is appropriate in this context.

**5. In ARDS, what happens to the alveoli during the exudative phase?**

- A. Expansion due to surfactant production**
- B. Collapse due to fluid accumulation**
- C. Improvement in gas exchange**
- D. Reduction in white blood cells**

During the exudative phase of Acute Respiratory Distress Syndrome (ARDS), the primary issue is the accumulation of fluid in the alveoli. This fluid, which is a result of increased permeability of the alveolar-capillary membrane due to various insults such as infection, trauma, or inflammation, leads to the collapse of the alveoli. As fluid fills the alveolar spaces, it disrupts the normal function of the alveoli, impeding gas exchange and thereby leading to hypoxemia. This phase is characterized by significant changes in lung function as well as inflammatory responses, which contribute to the pathophysiology of ARDS. The presence of fluid not only hampers the ability of the alveoli to expand properly, but it can also lead to atelectasis, where the alveoli cannot maintain their structure and collapse. Thus, the correct answer highlights the consequences of fluid accumulation on alveolar structure and function during this critical phase of ARDS.

**6. Which of the following is a common complication of prolonged mechanical ventilation?**

- A. Pulmonary embolism**
- B. Nosocomial pneumonia**
- C. Acute respiratory distress syndrome**
- D. Muscle atrophy**

Prolonged mechanical ventilation is associated with several potential complications, and among them, nosocomial pneumonia stands out as a common concern. When a patient is on mechanical ventilation, the endotracheal tube or tracheostomy can serve as a conduit for pathogens to enter the lower respiratory tract. This increases the risk of infection, leading to pneumonia that is acquired in a hospital setting, referred to as nosocomial pneumonia. Factors such as impaired cough reflex, weakened respiratory musculature, and potential colonization of oropharyngeal bacteria all contribute to the increased risk of this type of pneumonia in patients receiving mechanical ventilation. Consequently, the invasive nature of mechanical ventilation along with the patient's condition often predisposes them to develop nosocomial pneumonia, making it a relevant complication. While muscle atrophy, pulmonary embolism, and acute respiratory distress syndrome (ARDS) may also occur, they are not as direct a consequence of mechanical ventilation as nosocomial pneumonia. Muscle atrophy is primarily related to immobility rather than the mechanical ventilation itself, pulmonary embolism can arise from other issues such as prolonged immobilization or underlying comorbidities, and ARDS is a separate condition that can sometimes develop due to factors unrelated to the duration of ventilation

**7. Which diagnosis should be considered for a patient with abdominal pain and signs of right heart failure?**

- A. Pulmonary hypertension**
- B. Congestive heart failure**
- C. Hypovolemic shock**
- D. Aortic dissection**

When evaluating a patient who presents with abdominal pain and signs of right heart failure, pulmonary hypertension emerges as a key diagnosis to consider. In this condition, the right ventricle has an increased workload due to elevated pressures in the pulmonary arteries, which can lead to right-sided heart failure. This type of heart failure may manifest with symptoms such as peripheral edema, jugular venous distention, and hepatic congestion—all of which can contribute to abdominal pain as the liver becomes engorged. Pulmonary hypertension can be caused by various factors, including chronic lung disease, left heart disease, or pulmonary vascular disease, and its recognition is crucial, particularly when the patient exhibits signs of right heart strain. Abdominal pain might occur as a consequence of venous congestion in the portal circulation due to the increased right heart pressure. While other conditions like congestive heart failure, hypovolemic shock, and aortic dissection may also present with certain aspects of heart failure or abdominal symptoms, they don't specifically align with the constellation of right heart failure symptoms in the context of pulmonary vascular resistance as prominently as pulmonary hypertension does. Therefore, it's essential to prioritize pulmonary hypertension in this clinical scenario.

**8. What electrolyte abnormality is commonly associated with acute renal failure?**

- A. Hyponatremia**
- B. Hyperkalemia**
- C. Hypocalcemia**
- D. Hypercalcemia**

Hyperkalemia is commonly associated with acute renal failure due to the kidneys' decreased ability to excrete potassium. In normal physiological conditions, the kidneys play a crucial role in regulating potassium levels by filtering and excreting excess potassium from the bloodstream. However, when renal function declines, this excretion process is impaired, leading to an accumulation of potassium in the blood. This condition can be particularly dangerous, as elevated potassium levels may result in life-threatening cardiac arrhythmias. Therefore, monitoring potassium levels and managing hyperkalemia is a critical component of care for patients experiencing acute renal failure. Other electrolyte abnormalities may also occur in the context of acute renal failure, but they are not as commonly associated as hyperkalemia. For example, while hyponatremia can occur, it is often linked to a different set of pathophysiological processes. Similarly, hypocalcemia and hypercalcemia can arise, but they are less directly related to the impaired renal function characteristic of acute renal failure.

**9. Which parameter is crucial for monitoring the efficacy of anticoagulation therapy in a patient receiving warfarin?**

- A. Prothrombin time (PT)**
- B. Activated partial thromboplastin time (aPTT)**
- C. Thrombin time**
- D. International normalized ratio (INR)**

Monitoring the efficacy of anticoagulation therapy in patients receiving warfarin is primarily done through the International Normalized Ratio (INR). Warfarin works by inhibiting vitamin K-dependent clotting factors, and its effectiveness is gauged by the INR, which standardizes prothrombin time across different laboratories. The INR provides a reliable measure of how long it takes blood to clot compared to a normal range, allowing healthcare providers to adjust warfarin dosages to maintain the desired level of anticoagulation. The INR is critical because it accounts for variations in testing methods and allows for consistent communication of results among different healthcare providers. Maintaining an appropriate INR range is essential to ensure therapeutic efficacy while minimizing the risk of bleeding complications. Thus, when monitoring a patient receiving warfarin, the INR becomes the primary parameter to guide treatment decisions and ensure safe and effective anticoagulation therapy.

**10. Chest radiograph changes associated with congestive heart failure typically include which of the following?**

- A. Bilateral radiolucency**
- B. Increased pulmonary vasculature**
- C. Cardiomegaly**
- D. All of the above**

In congestive heart failure, the chest radiograph often shows specific changes that indicate the presence of fluid overload and heart enlargement. Increased pulmonary vasculature is one of the hallmark features. This occurs due to increased blood volume in the pulmonary circulation as the heart struggles to pump effectively, causing both pulmonary congestion and potential development of pulmonary edema. The radiograph may reveal prominent pulmonary vessels due to this increased pressure and volume in the vascular system, indicating the body's compensatory mechanisms in response to heart failure. Consequently, when assessing a chest x-ray for signs of congestive heart failure, increased pulmonary vasculature stands out as a significant radiographic finding. While cardiomegaly, or enlargement of the heart, is also a characteristic of congestive heart failure, it's important to distinguish this change from the vascular changes seen on the x-ray. Option D, which implies that all listed changes are potential indicators, may create confusion regarding which changes are directly indicative of the congestive heart failure state. Therefore, recognizing increased pulmonary vasculature specifically is essential in the evaluation of a chest radiograph in this context.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://adultcriticalcarespecialty.examzify.com>**

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

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