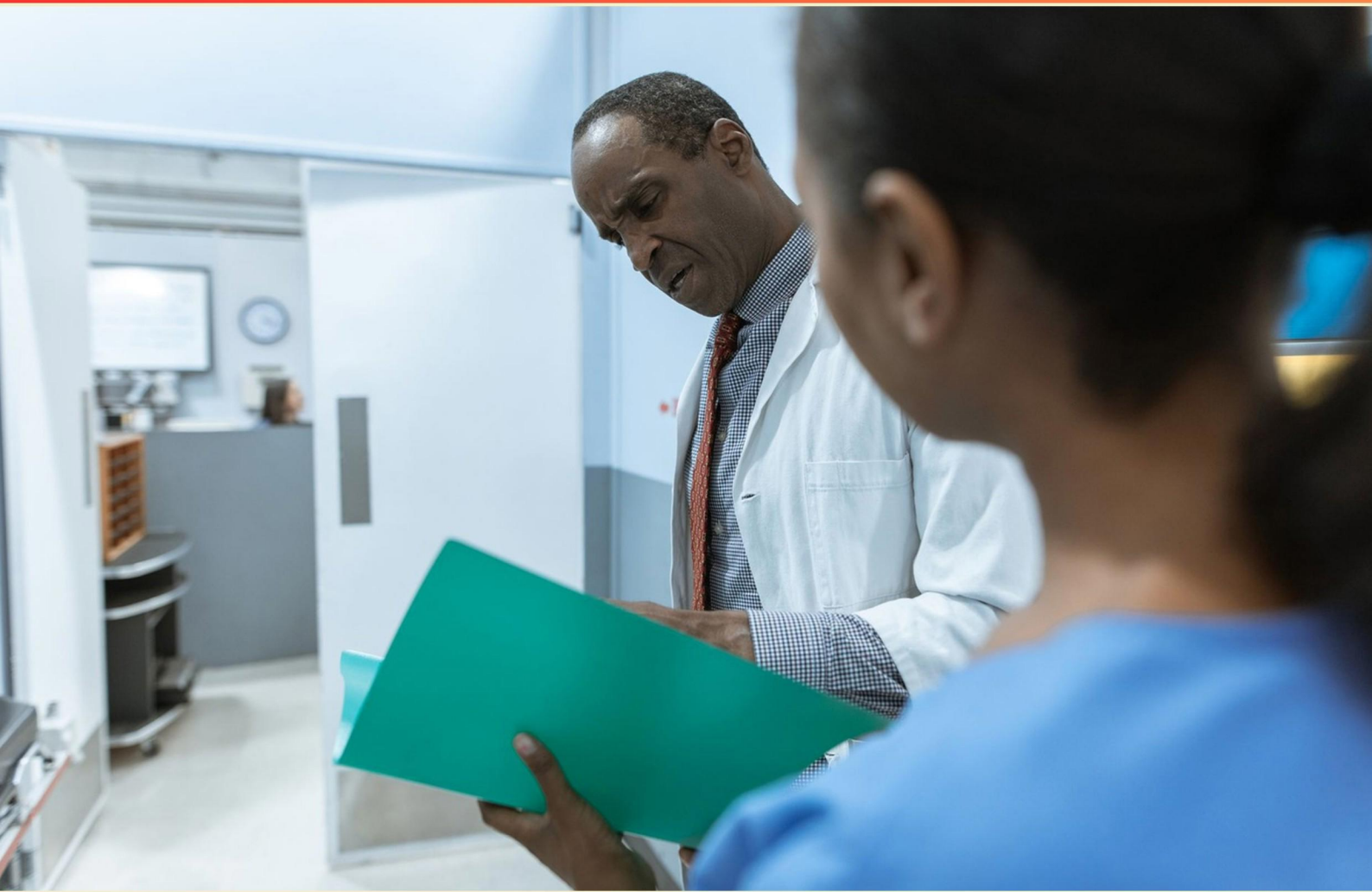


ADULT CRITICAL CARE SPECIALTY (ACCS) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. In the event of being unable to intubate a patient on the first attempt, what action should be taken next after unsuccessful intubation attempts?**
 - A. Apply cricoid pressure
 - B. Continue attempting intubation
 - C. Administer sedatives to the patient
 - D. Prepare for immediate surgical intervention

- 2. What therapeutic approach is commonly utilized for fluid overload in critically ill patients?**
 - A. Vasopressor administration
 - B. Diuretics
 - C. Fluid resuscitation
 - D. Hemodialysis

- 3. What is a common treatment option for managing acute pulmonary edema?**
 - A. Anticoagulants
 - B. Diuretics
 - C. Bronchodilators
 - D. Narcotics

- 4. Postoperatively, what therapy should be recommended for a patient with a left lower lobe infiltrate and fever?**
 - A. Anti-infective agent
 - B. Beta agonist aerosol
 - C. Sustained maximal inspiration
 - D. Oral expectorant

- 5. What test is recommended to confirm the diagnosis of pulmonary artery hypertension?**
 - A. Pulmonary function tests
 - B. High resolution CT scan
 - C. Right heart catheterization
 - D. Six minute walk test

6. Which medication should the ACCS recommend first for a 50 y.o. female patient presenting with a cough, fever, and significant lab abnormalities?
- A. Vasopressor
 - B. Fluids
 - C. Insulin
 - D. Antibiotics
7. What is the normal range for cerebral perfusion pressure?
- A. 30 - 50 mmHg
 - B. 50 - 70 mmHg
 - C. 60 - 100 mmHg
 - D. 120 - 140 mmHg
8. What is the deliberate limitation of ventilator support to avoid lung over-distension in ARDS patients called?
- A. Tracheal gas insufflation
 - B. High frequency ventilation
 - C. Permissive hypercapnia
 - D. Airway pressure release ventilation
9. What score on the Glasgow Coma Scale would a patient who is angry, combative, and withdraws to painful stimuli have?
- A. 6
 - B. 7
 - C. 8
 - D. 9
10. What airway adjunct should be recommended for a patient with COPD after an exploratory laparotomy?
- A. Tracheostomy
 - B. Hi-Lo Evac tube
 - C. Antibacterial coated endotracheal tube
 - D. Endobronchial tube

Answers

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

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Explanations

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1. In the event of being unable to intubate a patient on the first attempt, what action should be taken next after unsuccessful intubation attempts?

- A. Apply cricoid pressure**
- B. Continue attempting intubation
- C. Administer sedatives to the patient
- D. Prepare for immediate surgical intervention

Applying cricoid pressure is a key maneuver in emergency airway management, particularly when intubation attempts have been unsuccessful. This technique, also known as the Sellick maneuver, involves applying pressure to the cricoid cartilages to occlude the esophagus, thereby reducing the risk of aspiration. When facing difficulty in securing an airway, preventing aspiration is crucial, especially if the patient has not been adequately pre-oxygenated or is at high risk for aspiration due to altered consciousness or other factors. Maintaining airway control becomes critical after an unsuccessful intubation attempt. Cricoid pressure can help stabilize the airway environment and allow for potential reattempts to be more successful, as it mitigates the risk of stomach contents entering the trachea or lungs. Continuing to attempt intubation without an interim measure might increase the risk of complications or trauma to the airway. Administering sedatives at this point could further compromise the airway and respiratory drive, creating a more precarious situation. Preparing for immediate surgical intervention is typically considered after multiple failed attempts and if there are signs of complete airway obstruction, but in the initial step after a first failure, securing the airway using cricoid pressure is the most appropriate choice.

2. What therapeutic approach is commonly utilized for fluid overload in critically ill patients?

- A. Vasopressor administration
- B. Diuretics**
- C. Fluid resuscitation
- D. Hemodialysis

Diuretics are widely used as a therapeutic approach for managing fluid overload in critically ill patients. This class of medications works by promoting the excretion of sodium and water through the kidneys, thereby reducing excess fluid in the body. Fluid overload can lead to complications such as pulmonary edema and heart failure, making it crucial to address this condition effectively in critically ill populations. When diuretics are administered, they help to relieve symptoms associated with fluid retention, improve respiratory function, and normalize fluid balance. The careful monitoring of kidney function and electrolyte levels is necessary during this treatment to avoid potential side effects, such as dehydration or imbalances that can exacerbate the patient's condition. Other options, such as vasopressor administration, fluid resuscitation, and hemodialysis, serve different purposes in critically ill patients. Vasopressors are primarily used to manage hypotension and maintain blood pressure rather than directly addressing fluid overload. Fluid resuscitation is intended to expand intravascular volume usually in states of hypovolemia, while hemodialysis is typically reserved for severe renal impairment or when other methods are ineffective, rather than as a first-line treatment for fluid overload.

3. What is a common treatment option for managing acute pulmonary edema?

- A. Anticoagulants
- B. Diuretics**
- C. Bronchodilators
- D. Narcotics

Managing acute pulmonary edema typically focuses on reducing fluid overload and alleviating symptoms associated with congestion in the lungs. One of the primary treatments for this condition is the use of diuretics, which work by promoting the excretion of excess fluids and sodium through the urine. This helps to decrease pulmonary congestion and reduces the workload on the heart, making it easier for the patient to breathe. Diuretics are particularly effective in cases of heart failure, where fluid accumulation can lead to pulmonary edema. By reducing the volume of fluid in the body, diuretics assist in lessening the pressure in the pulmonary capillaries, alleviating the symptoms that patients experience, such as shortness of breath and decreased oxygenation. Other treatments like bronchodilators and narcotics may play a supportive role in symptomatic relief or management of associated anxiety but do not address the underlying fluid overload. Anticoagulants are typically not utilized in the management of pulmonary edema unless there is a concurrent condition, such as pulmonary embolism, that warrants their use.

4. Postoperatively, what therapy should be recommended for a patient with a left lower lobe infiltrate and fever?

- A. Anti-infective agent**
- B. Beta agonist aerosol
- C. Sustained maximal inspiration
- D. Oral expectorant

For a patient who presents with a left lower lobe infiltrate and fever postoperatively, the recommended therapy is an anti-infective agent. The presence of an infiltrate, combined with fever, suggests a possible infectious process, such as pneumonia, which is common in postoperative patients due to factors like impaired lung function, decreased mobility, and potential aspiration events. Utilizing anti-infective agents (antibiotics) is essential in addressing any potential bacterial infection that may be indicated by the infiltrate on imaging. Timely administration of these medications can prevent the progression of a respiratory infection, improve the patient's overall recovery, and reduce the risk of complications, such as sepsis. Other therapies, while beneficial in various contexts, do not directly address the underlying infection indicated by the findings. Beta agonist aerosols may be useful for bronchospasm or wheezing but are not first-line for resolving an infection. Sustained maximal inspiration techniques are beneficial for promoting lung expansion and preventing atelectasis but do not directly treat infection. Oral expectorants can assist in clearing mucus but are not sufficient on their own if an infection is present. Therefore, starting an anti-infective agent is the most appropriate course of action in this scenario.

5. What test is recommended to confirm the diagnosis of pulmonary artery hypertension?

- A. Pulmonary function tests
- B. High resolution CT scan
- C. Right heart catheterization**
- D. Six minute walk test

Right heart catheterization is considered the gold standard for confirming the diagnosis of pulmonary artery hypertension (PAH). This invasive procedure directly measures the pressures in the pulmonary arteries and the right heart chambers. By assessing the mean pulmonary artery pressure, the presence and severity of PAH can be accurately determined, distinguishing it from other potential cardiac or pulmonary conditions. The other options serve different purposes in the evaluation of pulmonary function but do not provide the definitive diagnosis needed for PAH. Pulmonary function tests typically assess the mechanics of breathing and the gas exchange function of the lungs rather than directly measuring pulmonary artery pressures. High-resolution CT scans may help visualize lung structure and assess for other conditions that could mimic PAH, but they do not measure pressure changes within the pulmonary artery. The six-minute walk test can help evaluate exercise capacity and functional status in patients but does not provide pressure measurements necessary for confirming PAH. Thus, right heart catheterization is essential for an accurate and definitive diagnosis.

6. Which medication should the ACCS recommend first for a 50 y.o. female patient presenting with a cough, fever, and significant lab abnormalities?

- A. Vasopressor
- B. Fluids
- C. Insulin
- D. Antibiotics**

In the context of a patient presenting with a cough, fever, and significant lab abnormalities, initiating treatment with antibiotics is the most appropriate choice. This is particularly relevant if there is a suspicion of an infection, such as pneumonia or sepsis, given the symptoms and the lab findings that suggest an underlying infectious process. Antibiotics are critical in managing infections effectively, especially in a potentially unstable patient. Timely administration can be vital for improving outcomes and preventing further complications, such as septic shock or organ dysfunction. In a critical care setting, early recognition and treatment of infection with appropriate antibiotics can be life-saving. Other options, while they might be relevant in specific scenarios, are not the primary concern based on the patient's presentation. Vasopressors are typically used in cases of septic shock or severe hypotension but are not indicated without evidence of volume depletion or shock. Fluids may be supportive if dehydration or hypovolemia is suspected, but in the context of a likely infection, antibiotics should be prioritized. Insulin management is usually reserved for patients with hyperglycemia, such as those with diabetes, and would not be first-line in this case without further evidence of an endocrine problem. Overall, starting antibiotics addresses the probable cause of the patient

7. What is the normal range for cerebral perfusion pressure?

- A. 30 - 50 mmHg
- B. 50 - 70 mmHg
- C. 60 - 100 mmHg**
- D. 120 - 140 mmHg

Cerebral perfusion pressure (CPP) is a critical measure in assessing the adequacy of blood flow to the brain. It is defined as the difference between the mean arterial pressure (MAP) and the intracranial pressure (ICP). A CPP within the normal range is essential to maintain cerebral metabolism and to prevent cerebral ischemia. The normal range for CPP is generally considered to be between 60 and 100 mmHg. This range ensures that there is sufficient pressure to drive blood flow into the brain, satisfying its metabolic needs. Maintaining CPP within this range helps to prevent complications such as brain tissue hypoxia and potential neurological deficits. Values below 60 mmHg can indicate insufficient blood flow, leading to potential ischemic injury, while values above 100 mmHg, especially if significantly elevated, can increase the risk of cerebral edema or hemorrhage due to high pressure within the cranial cavity. In the context of this question, identifying the normal range for CPP is crucial for healthcare providers in critical care settings, who must monitor and manage patients at risk for conditions affecting intracranial pressure and cerebral blood flow.

8. What is the deliberate limitation of ventilator support to avoid lung over-distension in ARDS patients called?

- A. Tracheal gas insufflation
- B. High frequency ventilation
- C. Permissive hypercapnia
- D. Airway pressure release ventilation**

The practice of deliberately limiting ventilator support to prevent lung over-distension in patients with Acute Respiratory Distress Syndrome (ARDS) is referred to as Airway Pressure Release Ventilation (APRV). APRV is a mode of mechanical ventilation that allows for spontaneous breathing at higher airway pressures while providing limited time at lower pressures. This approach helps to maintain open alveoli (recruitment) and ensures adequate oxygenation without causing barotrauma, which can occur with aggressive positive pressure ventilation. In APRV, the lung is kept in a state of recruitment by providing longer periods of elevated airway pressure, which enhances oxygenation and minimizes the risk of over-distension. This is crucial for ARDS patients who have stiff, non-compliant lungs, as it reduces the risk of ventilator-induced lung injury, a significant concern in this population. While other modes of ventilation like high frequency ventilation or strategies like permissive hypercapnia aim to protect the lungs, they do not specifically focus on the limitation of overall ventilator support in the same way that APRV does. High frequency ventilation emphasizes rapid breaths to minimize tidal volumes, while permissive hypercapnia allows for higher levels of carbon dioxide to achieve lung protective ventilation, yet both maintain a level of traditional

9. What score on the Glasgow Coma Scale would a patient who is angry, combative, and withdraws to painful stimuli have?

- A. 6
- B. 7
- C. 8**
- D. 9

To determine the Glasgow Coma Scale (GCS) score for a patient who is angry, combative, and withdraws to painful stimuli, it's important to break down the components of the GCS, which assesses three parameters: eye-opening response, verbal response, and motor response. 1. ****Eye Opening Response****: The maximum score for eye-opening is 4 (spontaneous), but if the patient is only responding to painful stimuli (not spontaneously opening eyes), they would typically score 1 (none) or 2 (to pain). In this context, we will assume the patient isn't responding spontaneously and is not scoring the maximum. 2. ****Verbal Response****: An angry, combative patient would likely be scoring in the range of 3 to 4 for verbal response. If they are making incomprehensible sounds or are unable to have an appropriate conversation, they might score as low as 2. In this case, they may score around 3 if they can vocalize in an angry tone. 3. ****Motor Response****: A patient who withdraws to painful stimuli typically scores 4 in this domain. This indicates a purposeful movement to avoid pain, which suggests a higher level of consciousness than would be seen

10. What airway adjunct should be recommended for a patient with COPD after an exploratory laparotomy?

- A. Tracheostomy
- B. Hi-Lo Evac tube**
- C. Antibacterial coated endotracheal tube
- D. Endobronchial tube

For a patient with COPD following an exploratory laparotomy, the recommendation of a Hi-Lo Evac tube is particularly relevant due to its design, which allows for effective management of secretions and improved ventilation. In patients with chronic obstructive pulmonary disease, there is often a risk of retaining secretions due to decreased airway clearance. The Hi-Lo Evac tube features a suctioning capability, which can help facilitate the removal of secretions and prevent complications such as atelectasis or pneumonia, which are significant concerns in this patient population. Additionally, the Hi-Lo Evac tube is suitable for patients who may need mechanical ventilation and assistance with airway management while also providing the necessary protection against aspiration. Considering the surgical context of an exploratory laparotomy, where respiratory function might be compromised due to anesthesia or postoperative status, this adjunct becomes even more critical for maintaining airway patency and respiratory hygiene. Other airway adjuncts, while applicable in specific scenarios, may not address the unique care needs of a COPD patient after surgery as effectively. For example, a tracheostomy is a more invasive intervention generally reserved for long-term airway management and would not typically be the first-line option immediately following surgery unless there are specific criteria indicating the need for permanent airway access. An antibacterial coated end

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://adultcriticalcarespecialty.examzify.com>

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

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