

AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) CERTIFICATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 characterizes a chylous effusion?**
 - A. Clear appearance with low protein count
 - B. Milky appearance with a high triglyceride count and mature lymphocytes
 - C. Red appearance due to blood presence
 - D. Cloudy appearance with low cellularity
- 2. What would a total score of less than 19 on the Tinetti Assessment Tool indicate?**
 - A. Low risk of falls
 - B. No risk of falls
 - C. High risk of falls
 - D. Moderate risk of falls
- 3. What is the normal range for white blood cells (WBCs) in a patient?**
 - A. $3.0-7.0 \times 10^3/\mu\text{L}$
 - B. $4.5-11 \times 10^3/\mu\text{L}$
 - C. $5.0-15.0 \times 10^3/\mu\text{L}$
 - D. $10-20 \times 10^3/\mu\text{L}$
- 4. How long should TMP-SMX (Bactrim) DS be taken for treating uncomplicated UTI?**
 - A. 1 day
 - B. 3 days
 - C. 5 days
 - D. 7 days
- 5. What is a key feature of muscular rigidity found in Parkinson's disease?**
 - A. Pseudoparkinsonism
 - B. Cogwheel rigidity
 - C. Spasticity
 - D. Muscle atrophy

- 6. When should half of the total fluid calculated by the Parkland formula be given?**
- A. In the first hour
 - B. In the first 8 hours
 - C. In the first 12 hours
 - D. In the first 16 hours
- 7. Which medication is commonly taken to manage acute gout attacks and familial Mediterranean fever (FMF)?**
- A. Allopurinol
 - B. Colchicine
 - C. Corticosteroids
 - D. Indomethacin
- 8. What is the normal systolic pressure range for the right ventricle?**
- A. 10-15 mm Hg
 - B. 15-30 mm Hg
 - C. 30-40 mm Hg
 - D. 40-50 mm Hg
- 9. Which pressure reflects the amount of blood returning to the heart?**
- A. Central Venous Pressure (CVP)
 - B. Pulmonary Capillary Wedge Pressure (PCWP)
 - C. Left Ventricular Pressure (LVP)
 - D. Right Ventricular Pressure (RVP)
- 10. What is a characteristic of Mobitz Type I (Wenckebach) heart block?**
- A. Progressive lengthening of the PR interval
 - B. Consistent PR interval
 - C. Non-conducted P waves
 - D. Fixed ventricular response

Answers

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

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Explanations

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1. What characterizes a chylous effusion?

- A. Clear appearance with low protein count
- B. Milky appearance with a high triglyceride count and mature lymphocytes**
- C. Red appearance due to blood presence
- D. Cloudy appearance with low cellularity

A chylous effusion is characterized by its distinctive milky appearance, which is primarily due to the presence of chyle, a fluid that contains lymph and emulsified fats. This type of effusion is rich in triglycerides, often exceeding 110 mg/dL, and it typically contains a high number of mature lymphocytes. The elevated triglyceride levels indicate that the effusion originates from the lymphatic system, often in contexts like thoracic duct obstruction or trauma. In contrast, other types of effusions present differently. A clear effusion with a low protein count would suggest a transudate, often seen in conditions like heart failure or cirrhosis. The presence of blood leading to a red appearance indicates a hemorrhagic effusion rather than chyle. A cloudy appearance with low cellularity does not align with the characteristics of chylous effusions, which do have notable cellular and lipid content. Therefore, the attributes of a chylous effusion align specifically with the increasing triglycerides and lymphocyte presence, defining it uniquely among other effusion types.

2. What would a total score of less than 19 on the Tinetti Assessment Tool indicate?

- A. Low risk of falls
- B. No risk of falls
- C. High risk of falls**
- D. Moderate risk of falls

A total score of less than 19 on the Tinetti Assessment Tool is indicative of a high risk of falls. The Tinetti Assessment Tool is specifically designed to evaluate an individual's gait and balance to predict fall risk in older adults. It consists of two sections: a balance assessment and a walking assessment, with a maximum score of 28 points. Scores are generally interpreted as follows: higher scores suggest better balance and a lower risk of falling, while lower scores indicate deteriorating balance and functional mobility. A score under 19 suggests significant instability and a higher likelihood of falls, thereby reflecting considerable risk factors associated with falls in this population. This scoring threshold is well-established in clinical practice and research as a reliable measure for determining individuals who may need more comprehensive fall prevention strategies or interventions to enhance their safety and mobility.

3. What is the normal range for white blood cells (WBCs) in a patient?

- A. $3.0-7.0 \times 10^3/\mu\text{L}$
- B. $4.5-11 \times 10^3/\mu\text{L}$**
- C. $5.0-15.0 \times 10^3/\mu\text{L}$
- D. $10-20 \times 10^3/\mu\text{L}$

The normal range for white blood cell (WBC) counts in adults typically falls between 4.5 and 11×10^3 cells per microliter (μL). This range is critical for evaluating a patient's immune system function, as WBCs play an essential role in fighting infections and responding to inflammation. WBC counts outside this range can indicate various clinical conditions; for instance, a count below $4.5 \times 10^3/\mu\text{L}$ may suggest leukopenia, which can happen due to bone marrow disorders, certain viral infections, or the effects of medications, while a count above $11 \times 10^3/\mu\text{L}$ can suggest leukocytosis, commonly seen in response to infections, stress, or inflammation. Understanding this range is fundamental in clinical settings, as it provides insight into the patient's health status and can prompt further investigation or intervention when WBC counts deviate from normal parameters.

4. How long should TMP-SMX (Bactrim) DS be taken for treating uncomplicated UTI?

- A. 1 day
- B. 3 days**
- C. 5 days
- D. 7 days

The recommended duration for treating uncomplicated urinary tract infections (UTIs) with TMP-SMX (Bactrim) DS is typically three days. This treatment length is established based on clinical guidelines and studies indicating that a short course of antibiotics is effective in resolving symptoms and eradicating the infection in otherwise healthy individuals with uncomplicated UTIs. In contrast, longer treatment durations are often reserved for more complicated cases or specific patient populations, such as pregnant women or those with recurrent infections, where a longer course might be needed to ensure complete resolution and to prevent recurrences. Studies have shown that extending treatment beyond three days offers minimal additional benefit for uncomplicated cases, which is why guidelines favor this shorter duration. Therefore, opting for three days strikes a balance between effectiveness and minimizing antibiotic resistance concerns.

5. What is a key feature of muscular rigidity found in Parkinson's disease?

- A. Pseudoparkinsonism
- B. Cogwheel rigidity**
- C. Spasticity
- D. Muscle atrophy

Cogwheel rigidity is a characteristic feature of muscular rigidity in Parkinson's disease, where the resistance to passive movement has a distinct pattern reminiscent of a ratchet or cogwheel. This type of rigidity involves a combination of muscle stiffness and intermittent relaxation, leading to a "catching" sensation during movement. It is commonly associated with the basal ganglia dysfunction typical of Parkinson's disease. In contrast, pseudoparkinsonism refers to symptoms that mimic Parkinson's but arise from other causes, spasticity involves a velocity-dependent increase in muscle tone typically associated with upper motor neuron lesions, and muscle atrophy indicates a reduction in muscle mass rather than rigidity. These distinctions clarify why cogwheel rigidity is recognized as a key feature specific to the rigidity encountered in Parkinson's disease.

6. When should half of the total fluid calculated by the Parkland formula be given?

- A. In the first hour
- B. In the first 8 hours**
- C. In the first 12 hours
- D. In the first 16 hours

The Parkland formula is used to estimate the fluid resuscitation needs of patients with severe burns. According to the formula, the total fluid requirement in the first 24 hours is calculated based on the patient's weight in kilograms and the percentage of burn injury. The critical detail is that half of the total calculated fluid volume should be administered in the first 8 hours after the burn injury occurs. This timing is crucial for effective resuscitation. Immediate and adequate fluid replacement helps to maintain tissue perfusion, prevent shock, and reduce the risk of complications associated with burn injuries. Monitoring and adjusting the fluid administration based on the patient's response is also essential during this initial period. Since the total amount is given over 24 hours, administering half in the first 8 hours reflects the urgency of addressing the fluid loss due to burns, as well as the body's significant deficit during this initial phase of resuscitation.

7. Which medication is commonly taken to manage acute gout attacks and familial Mediterranean fever (FMF)?

- A. Allopurinol
- B. Colchicine**
- C. Corticosteroids
- D. Indomethacin

Colchicine is the medication commonly used to manage acute gout attacks and familial Mediterranean fever (FMF). It works by decreasing inflammation and pain associated with gout flare-ups through its action on the immune response and by inhibiting the migration of white blood cells to the site of inflammation. This medication can be particularly effective in reducing the intensity and duration of acute attacks. While allopurinol is used for long-term management of uric acid levels in chronic gout rather than acute attacks, corticosteroids are often reserved for cases where patients cannot tolerate or do not respond to other treatments. Indomethacin is a nonsteroidal anti-inflammatory drug (NSAID) that may be used for the treatment of pain and inflammation in gout but does not address the underlying inflammatory process in the same targeted manner as colchicine.

8. What is the normal systolic pressure range for the right ventricle?

- A. 10-15 mm Hg
- B. 15-30 mm Hg**
- C. 30-40 mm Hg
- D. 40-50 mm Hg

The correct answer reflects that the normal systolic pressure range for the right ventricle is 15-30 mm Hg. The right ventricle's primary role is to pump deoxygenated blood into the pulmonary artery, which then carries blood to the lungs for oxygenation. The pressures in the right ventricle are generally lower than those found in the left ventricle, due to the differences in the distance and resistance each ventricle has to overcome. Understanding the normal systolic pressure range is crucial for evaluating cardiac function and identifying potential issues such as right heart dysfunction or pulmonary hypertension. Pressures that fall significantly outside this normal range can suggest underlying health issues, guiding further investigation and management. In the context of the other pressure ranges provided, they exceed the normal physiological parameters for the right ventricle, making them less applicable.

9. Which pressure reflects the amount of blood returning to the heart?

- A. Central Venous Pressure (CVP)**
- B. Pulmonary Capillary Wedge Pressure (PCWP)
- C. Left Ventricular Pressure (LVP)
- D. Right Ventricular Pressure (RVP)

Central Venous Pressure (CVP) is a measurement that indicates the amount of blood returning to the heart, specifically to the right atrium. This pressure reflects the volume of blood filling the heart and is an important parameter in assessing right heart function, fluid status, and circulatory dynamics. CVP is typically measured via a central venous catheter placed in a large vein, such as the internal jugular or subclavian, and it provides insight into the effectiveness of the heart's ability to receive and manage blood volume returning from the systemic circulation. When CVP is elevated, it may suggest fluid overload or increased right atrial pressure, while low CVP values may indicate hypovolemia or inadequate venous return. Pulmonary Capillary Wedge Pressure (PCWP), Left Ventricular Pressure (LVP), and Right Ventricular Pressure (RVP), while helpful in assessing different aspects of cardiac function, do not directly measure the blood returning to the heart. PCWP assesses left atrial pressure and indirectly measures left ventricular filling, LVP relates to the pressure within the left ventricle during diastole, and RVP pertains to the pressure within the right ventricle. Therefore, CVP is the specific metric

10. What is a characteristic of Mobitz Type I (Wenckebach) heart block?

A. Progressive lengthening of the PR interval

B. Consistent PR interval

C. Non-conducted P waves

D. Fixed ventricular response

In Mobitz Type I heart block, also known as Wenckebach phenomenon, a defining characteristic is the progressive lengthening of the PR interval with each successive heartbeat until a QRS complex is dropped. This pattern creates a characteristic grouping where the PR interval gradually increases until a P wave is not followed by a QRS complex. This differs from other types of heart blocks, where the PR interval remains consistent or where P waves are consistently conducted or blocked without any identifiable pattern of prolongation. Therefore, the progressive lengthening of the PR interval is crucial in identifying Mobitz Type I heart block and indicates a specific type of electrical conduction issue within the heart's conduction system.

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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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