

# Cardiac-Vascular Nursing (CVRN) 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. During a preoperative discussion, a spouse expresses concern about a patient's potential risk for stroke. What should the cardiac-vascular nurse do next?**
  - A. Offer the patient emotional support and reinforce the benefits of the procedure**
  - B. Assure the spouse that the risk of stroke is minimal**
  - C. Perform a neurologic assessment to establish a baseline**
  - D. Assess the patient's level of understanding of risks, benefits, and alternatives**
- 2. Which group is specifically noted for a higher incidence of hypertension?**
  - A. Children**
  - B. Young adults**
  - C. African Americans**
  - D. Elderly men only**
- 3. What is a common teaching focus for patients with a risk of venous thromboembolism?**
  - A. Importance of maintaining hydration**
  - B. Need for bed rest during recovery**
  - C. Use of antibiotics to prevent infection**
  - D. Avoiding all physical activity**
- 4. When is the optimal time to begin ambulating a stable, post cardiac surgery patient?**
  - A. 3rd-5th postoperative day**
  - B. 1st-2nd postoperative day**
  - C. Immediately following extubation**
  - D. 6th-7th postoperative day**
- 5. What is the purpose of using aspirin in cardiovascular disease management?**
  - A. To lower cholesterol levels**
  - B. To prevent blood clot formation by inhibiting platelet aggregation**
  - C. To improve heart rate variability**
  - D. To enhance cardiac muscle strength**

**6. How does a myocardial infarction (MI) usually present in women?**

- A. Chest pain and shortness of breath**
- B. More atypical symptoms such as fatigue, nausea, and back pain**
- C. Radiating pain in the left arm**
- D. Heart palpitations and sweating**

**7. Which lifestyle factor is most directly associated with increased cholesterol levels?**

- A. A diet low in saturated fats**
- B. A diet high in fruits and vegetables**
- C. A diet high in saturated fats and trans fats**
- D. Regular physical activity**

**8. Which of the following lifestyle modifications can benefit heart health?**

- A. Increased alcohol consumption**
- B. Quitting smoking**
- C. Overeating on high-caloric snacks**
- D. Decreasing hydration intake**

**9. What should the cardiac-vascular nurse do first for a patient experiencing numbness and pain in the right hand after cardiac catheterization?**

- A. Call the physician**
- B. Perform Allen's test**
- C. Reduce the pressure on the puncture site**
- D. Use the Doppler to assess for pulse signals**

**10. For a patient experiencing intermittent claudication, what advice should the cardiac-vascular nurse provide?**

- A. Apply graduated compression stockings before getting out of bed**
- B. Elevate the legs when sitting**
- C. Refrain from exercise**
- D. Walk as tolerated**

## **Answers**

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

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## **Explanations**

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- 1. During a preoperative discussion, a spouse expresses concern about a patient's potential risk for stroke. What should the cardiac-vascular nurse do next?**
  - A. Offer the patient emotional support and reinforce the benefits of the procedure**
  - B. Assure the spouse that the risk of stroke is minimal**
  - C. Perform a neurologic assessment to establish a baseline**
  - D. Assess the patient's level of understanding of risks, benefits, and alternatives**

Focusing on the patient's level of understanding of risks, benefits, and alternatives is crucial in addressing the spouse's concerns about the potential risk for stroke. By assessing this understanding, the cardiac-vascular nurse can tailor information to the patient's and spouse's specific needs, ensuring they grasp the implications of the upcoming procedure. This approach fosters informed decision-making and alleviates anxiety by clarifying any misconceptions or uncertainties they may have regarding the surgery and its risks. Addressing the educational needs of both the patient and the spouse empowers them, allowing for open discussions about the procedure's risks, including stroke, while also providing the opportunity to explain preventive measures and management strategies that reduce this risk. Engaging in this informative dialogue can also enhance compliance and satisfaction with the care process. In contrast, merely offering emotional support or reassuring the spouse that the risk is minimal may overlook their need for detailed information, while conducting a neurologic assessment at this stage may not directly address the expressed concern about understanding the procedure's implications.

- 2. Which group is specifically noted for a higher incidence of hypertension?**
  - A. Children**
  - B. Young adults**
  - C. African Americans**
  - D. Elderly men only**

The group noted for a higher incidence of hypertension is African Americans. Research has consistently shown that African Americans are at a greater risk for developing hypertension compared to other racial and ethnic groups. Several factors contribute to this increased risk, including genetic predispositions, lifestyle factors, dietary habits, and socio-economic influences. The prevalence of hypertension in African Americans tends to begin at an earlier age and is often more severe, leading to higher rates of complications such as heart disease and stroke. This elevated incidence highlights the importance of targeted awareness, prevention, and treatment strategies within this population to effectively manage and mitigate the risks associated with high blood pressure. Children and young adults typically exhibit lower rates of hypertension, as it is more commonly a condition that develops later in life due to various risk factors that accumulate over time. While elderly individuals can have high rates of hypertension, the specificity of this question regarding a particular group makes African Americans the notable choice, and elderly men only does not encompass the broader demographic of individuals affected by hypertension in this context.

**3. What is a common teaching focus for patients with a risk of venous thromboembolism?**

- A. Importance of maintaining hydration**
- B. Need for bed rest during recovery**
- C. Use of antibiotics to prevent infection**
- D. Avoiding all physical activity**

The emphasis on maintaining hydration for patients at risk of venous thromboembolism (VTE) is crucial because adequate hydration helps in promoting good blood flow and reducing blood viscosity. Dehydration can lead to thicker blood, which increases the likelihood of clot formation. Hence, teaching patients about the importance of staying hydrated can serve as a preventive measure against VTE. When patients maintain good hydration, it assists in ensuring the blood is not overly concentrated, which can exacerbate the risk of clots in veins. It is essential for patients to understand how proper fluid intake can aid their overall vascular health and reduce the risk of developing blood clots during both acute care and recovery stages. While the other options address different aspects of patient care, they do not directly relate to the specific prevention of venous thromboembolism in the same way. For instance, bed rest can be contraindicated as prolonged immobility is a known risk factor for VTE. The use of antibiotics is related more to infection prevention rather than VTE, and avoiding all physical activity can promote immobility, which is detrimental in this scenario. In contrast, hydration serves as a practical and direct approach to mitigating the risk of venous thromboembolism.

**4. When is the optimal time to begin ambulating a stable, post cardiac surgery patient?**

- A. 3rd-5th postoperative day**
- B. 1st-2nd postoperative day**
- C. Immediately following extubation**
- D. 6th-7th postoperative day**

Beginning ambulation on the 1st-2nd postoperative day for a stable post-cardiac surgery patient is considered optimal as it plays a crucial role in promoting recovery. Early ambulation helps to prevent complications such as deep vein thrombosis (DVT), pulmonary complications, and loss of muscle strength. When patients are encouraged to ambulate soon after their surgery, they benefit from improvements in circulation and respiratory function, which can help in the clearance of secretions and enhance lung capacity. Early movement can also stimulate bowel function, reducing the risk of gastrointestinal complications, which are common after surgery. In addition, early mobilization can positively affect the patient's mental well-being by providing a sense of normalcy and encouraging participation in their own recovery process. The choice of starting ambulation on the 1st-2nd postoperative day aligns with current evidence-based practices that advocate for early post-operative rehabilitation in cardiovascular surgery patients, promoting better overall outcomes.

## 5. What is the purpose of using aspirin in cardiovascular disease management?

- A. To lower cholesterol levels
- B. To prevent blood clot formation by inhibiting platelet aggregation**
- C. To improve heart rate variability
- D. To enhance cardiac muscle strength

Aspirin is employed in cardiovascular disease management primarily for its antiplatelet effects, specifically to prevent blood clot formation by inhibiting platelet aggregation. In the context of cardiovascular diseases, the formation of blood clots can lead to critical events such as heart attacks and strokes. By preventing platelets from sticking together and forming clots, aspirin reduces the likelihood of these events occurring, which is essential for patients at risk of such complications. The other options provided do not align with the primary purpose of aspirin in this context. Lowering cholesterol levels is typically achieved through other medications, such as statins. Improving heart rate variability involves different therapeutic approaches and is not a direct effect of aspirin. Similarly, enhancing cardiac muscle strength relates to medications and interventions aimed at improving cardiac function, rather than the antiplatelet role of aspirin. Therefore, the choice that reflects the key role of aspirin in managing cardiovascular disease is its ability to inhibit platelet aggregation, thereby preventing blood clot formation.

## 6. How does a myocardial infarction (MI) usually present in women?

- A. Chest pain and shortness of breath
- B. More atypical symptoms such as fatigue, nausea, and back pain**
- C. Radiating pain in the left arm
- D. Heart palpitations and sweating

Myocardial infarction in women often presents with more atypical symptoms compared to men. While classic signs such as chest pain are often reported, women are more likely to experience variations that may not be immediately recognized as indicators of a heart attack. Fatigue, nausea, and back pain are among the common atypical symptoms that women might report during an MI. These symptoms can be vague and sometimes misattributed to other conditions, leading to delays in seeking treatment. For example, unexplained fatigue can be mistaken for stress or other illnesses, and back pain may be disregarded as a musculoskeletal issue rather than a sign of heart distress. This atypical presentation underscores the importance of recognizing that women may not always exhibit the classic symptoms of an MI, which can lead to underdiagnosis or misdiagnosis. In contrast, the other options listed represent symptoms that are more typically observed in men or may not capture the broader spectrum of symptoms that women experience during an MI. Recognizing this gender difference in symptom presentation is crucial for timely intervention and treatment in women.

**7. Which lifestyle factor is most directly associated with increased cholesterol levels?**

- A. A diet low in saturated fats**
- B. A diet high in fruits and vegetables**
- C. A diet high in saturated fats and trans fats**
- D. Regular physical activity**

The association between a diet high in saturated fats and trans fats and increased cholesterol levels is well established. Saturated fats, commonly found in fatty cuts of meat, full-fat dairy products, and certain oils, can raise levels of low-density lipoprotein (LDL) cholesterol in the bloodstream. Similarly, trans fats, often found in processed foods, margarine, and baked goods, also contribute to raising cholesterol levels while lowering high-density lipoprotein (HDL) cholesterol, which is beneficial for heart health. When individuals consume a diet rich in these unhealthy fats, they are more likely to experience elevated cholesterol levels, leading to potential cardiovascular issues such as atherosclerosis, heart disease, and stroke. This dietary pattern contrasts with more heart-healthy choices, such as those low in saturated fats, which do not contribute to increased cholesterol levels, and regular physical activity, which can help to improve cholesterol profiles. Overall, a diet high in saturated and trans fats is directly correlated with higher cholesterol levels, making it the most significant lifestyle factor in this context.

**8. Which of the following lifestyle modifications can benefit heart health?**

- A. Increased alcohol consumption**
- B. Quitting smoking**
- C. Overeating on high-caloric snacks**
- D. Decreasing hydration intake**

Quitting smoking is a significant lifestyle modification that can benefit heart health. Smoking is a major risk factor for cardiovascular diseases as it damages blood vessels, reduces oxygen in the blood, and contributes to the development of atherosclerosis (the buildup of plaque in the arteries). When an individual quits smoking, their cardiovascular system begins to recover, leading to improved circulation, lower heart rates, and a decrease in the risk of heart attacks and strokes over time. In contrast, the other options either contribute to poor heart health or have no beneficial effect. Increased alcohol consumption can lead to various cardiovascular issues, including high blood pressure and an increased risk of heart disease. Overeating on high-caloric snacks can result in obesity, which is a significant risk factor for heart disease due to its impact on metabolic health. Decreasing hydration intake is detrimental as dehydration can strain the heart, leading to further complications. Therefore, quitting smoking stands out as a lifestyle change that directly promotes better heart health.

**9. What should the cardiac-vascular nurse do first for a patient experiencing numbness and pain in the right hand after cardiac catheterization?**

- A. Call the physician**
- B. Perform Allen's test**
- C. Reduce the pressure on the puncture site**
- D. Use the Doppler to assess for pulse signals**

In the scenario presented, the primary concern is ensuring adequate blood flow to the extremity following a cardiac catheterization. When a patient experiences numbness and pain after the procedure, it can indicate potential complications, such as compromised circulation to the limb due to pressure or hematoma formation at the puncture site. By reducing the pressure on the puncture site, the cardiac-vascular nurse can help alleviate any restrictions in blood flow. This action is critical as it may relieve any immediate tension that is affecting circulation and reduce the risk of serious complications, such as limb ischemia. Ensuring proper perfusion is essential, and addressing pressure issues can be a key step in protecting the patient's hand. While options such as performing Allen's test or using Doppler to assess pulse signals are important in assessing circulation, these measures typically follow the immediate action of alleviating pressure if that is deemed to be the source of the problem. Calling the physician may also be necessary, but it is prudent to first address the immediate concern by reducing pressure to assess whether the symptoms improve. This prioritization of immediate intervention reflects sound nursing judgment in addressing potential circulatory issues that may affect limb viability.

**10. For a patient experiencing intermittent claudication, what advice should the cardiac-vascular nurse provide?**

- A. Apply graduated compression stockings before getting out of bed**
- B. Elevate the legs when sitting**
- C. Refrain from exercise**
- D. Walk as tolerated**

For a patient experiencing intermittent claudication, advising them to "walk as tolerated" is sound guidance rooted in the understanding of the condition. Intermittent claudication is characterized by muscle pain or cramping in the legs, typically triggered by physical activity and relieved by rest. Encouraging the patient to walk can help improve their overall circulation and muscle tolerance, promoting better blood flow and potentially lessening symptoms over time. Engaging in regular, supervised exercise programs is often recommended, as it can enhance walking distance and improve vascular health. The emphasis on walking as tolerated ensures that the activity level is appropriate for the individual, allowing for periods of rest when needed while still encouraging mobility. In contrast to this advice, other options such as applying graduated compression stockings before getting out of bed, elevating the legs while sitting, or refraining from exercise can be counterproductive. Compression stockings are more commonly indicated for venous insufficiency rather than claudication, and elevation can exacerbate symptoms as it may impair venous return. Discontinuing exercise would generally lead to further deconditioning and worsening of claudication symptoms, as physical activity is essential to maintain and improve vascular health.

# 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://cvrn.examzify.com>**

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

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