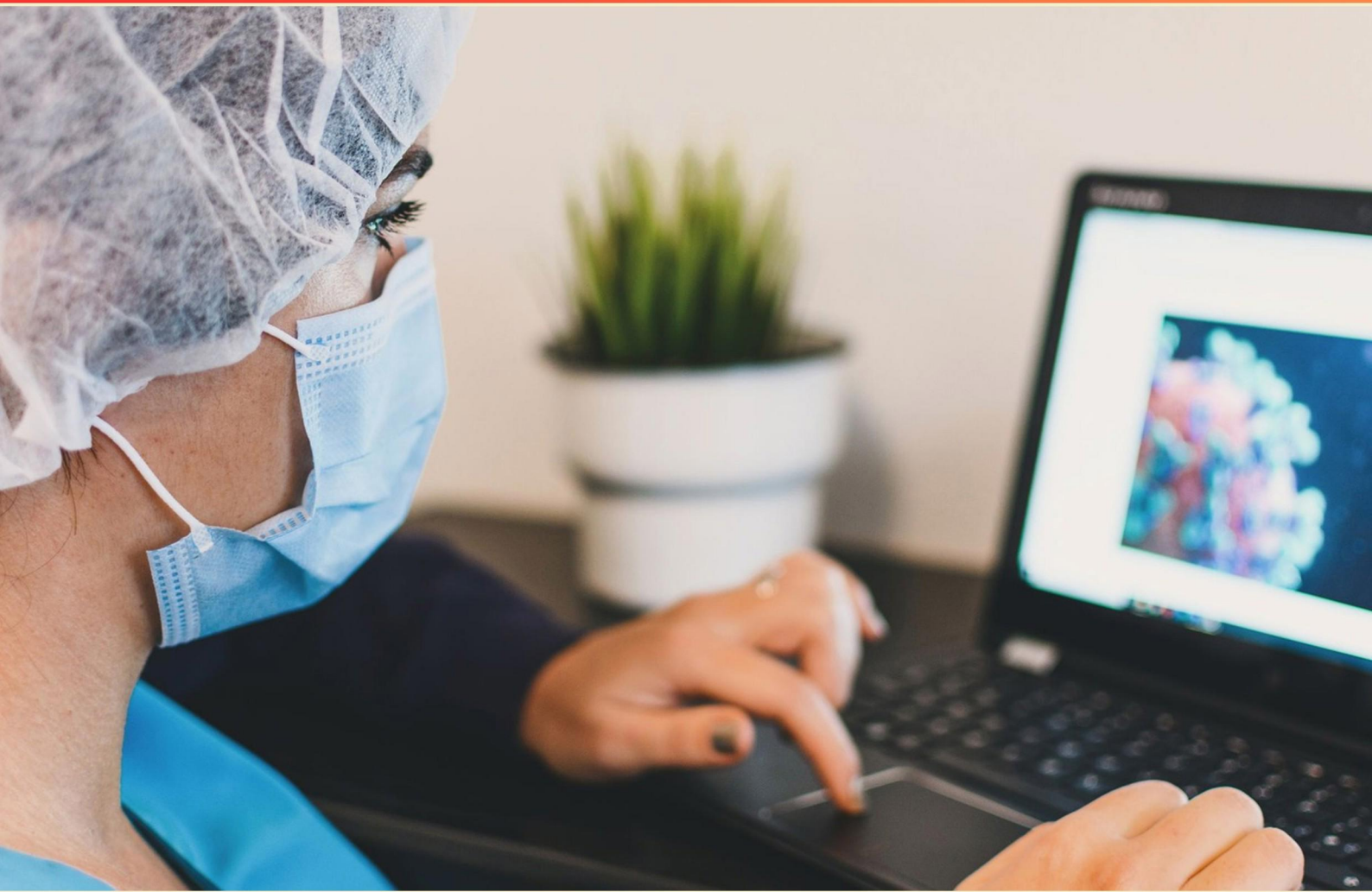


CARDIOVASCULAR DISORDERS AND TREATMENT PRACTICE TEST (SAMPLE)

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 are symptoms of endocarditis?**
 - A. Heart valve problems, new or changed heart murmurs, and fluid retention.
 - B. Shortness of breath only.
 - C. Chest pain on exertion only.
 - D. Irregular heartbeat alone.
- 2. Which term describes shocking the heart to restart it or reset an abnormal rhythm?**
 - A. Shocking the heart to restart it or reset an abnormal rhythm
 - B. Abnormal rhythm of the heart
 - C. A stationary clump of platelets
 - D. Difficulty breathing while lying down
- 3. BNP levels rise in response to what condition?**
 - A. Decreased heart rate
 - B. Increased ventricular filling pressures
 - C. Liver congestion
 - D. Renal failure
- 4. What is the role of nitroglycerin in treating heart failure?**
 - A. To suppress the immune system
 - B. To increase heart rate
 - C. To relieve chest pain and improve blood flow
 - D. To promote diuresis
- 5. BNP is a marker secreted when there is too much pressure in which organ?**
 - A. Liver
 - B. Heart
 - C. Lungs
 - D. Kidneys
- 6. A potential complication of shallow breathing after CABG?**
 - A. Atelectasis and pneumonia
 - B. Pulmonary embolism
 - C. Asthma attack
 - D. Bronchitis

- 7. Which term refers to difficulty breathing while lying down?**
- A. Abnormal rhythm of the heart
 - B. Difficulty breathing while lying down
 - C. Chest pain due to hypoxemia of the heart
 - D. A moving clump of platelets
- 8. Which statement about pacemakers is NOT true?**
- A. They stimulate the heart to beat normally.
 - B. They help manage bradycardia.
 - C. They require monitoring of heart rate and rhythm.
 - D. They deliver shocks during dangerous rhythms.
- 9. What should be done if a patient has chest pain and is unable to drive?**
- A. Call for an ambulance or arrange transport to the hospital.
 - B. Drive them to the hospital yourself.
 - C. Have them rest and avoid activity.
 - D. Monitor at home and call later.
- 10. What is the normal range of potassium in the body?**
- A. 1.5 to 3.0 mEq/L
 - B. 3.5 to 5.0 mEq/L
 - C. 5.5 to 7.0 mEq/L
 - D. 0.5 to 2.0 mEq/L

Answers

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

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Explanations

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1. What are symptoms of endocarditis?

- A. Heart valve problems, new or changed heart murmurs, and fluid retention.
- B. Shortness of breath only.
- C. Chest pain on exertion only.**
- D. Irregular heartbeat alone.

Endocarditis is an infection that involves the inner lining of the heart and often the valves. The most telling signs come from how the valves are affected: a new or changed heart murmur reflects valve involvement, and if the valve dysfunction progresses, it can lead to fluid retention and symptoms of heart failure. Fever and general malaise are also common, but the key cardiac clues are the valve problems with a murmur and signs of fluid overload. The option describing heart valve problems, a new or changed heart murmur, and fluid retention best fits the typical presentation of endocarditis. Shortness of breath alone, chest pain on exertion alone, or an irregular heartbeat by themselves don't capture the valve-related and heart-failure aspects that endocarditis commonly causes.

2. Which term describes shocking the heart to restart it or reset an abnormal rhythm?

- A. Shocking the heart to restart it or reset an abnormal rhythm**
- B. Abnormal rhythm of the heart
- C. A stationary clump of platelets
- D. Difficulty breathing while lying down

Defibrillation is the electric shock delivered to the heart to reset its rhythm and restart a heartbeat when a life threatening arrhythmia occurs. By depolarizing a large portion of the heart muscle at once, it briefly halts chaotic electrical activity, allowing the heart's natural pacemaker to reestablish a normal rhythm. This is done with an AED or defibrillator in emergencies when there is ventricular fibrillation or pulseless ventricular tachycardia. The other descriptions refer to the rhythm itself, a clot, or breathing trouble, none of which describe the act of delivering an electrical shock to restore normal heart rhythm.

3. BNP levels rise in response to what condition?

- A. Decreased heart rate
- B. Increased ventricular filling pressures**
- C. Liver congestion
- D. Renal failure

BNP is released by ventricular myocytes in response to increased stretch of the ventricular walls, which happens with elevated filling pressures and volume overload. This stretch stimulates BNP release, and the peptide then acts to reduce preload and afterload by promoting natriuresis, diuresis, and vasodilation. That's why BNP levels rise with increased ventricular filling pressures. Decreased heart rate doesn't directly trigger BNP release; liver congestion and renal failure can be associated with high BNP for different reasons (consequence or clearance), but the primary stimulus for BNP rise is the ventricular stretch from elevated filling pressures.

4. What is the role of nitroglycerin in treating heart failure?

- A. To suppress the immune system
- B. To increase heart rate
- C. To relieve chest pain and improve blood flow**
- D. To promote diuresis

Nitroglycerin works primarily as a vasodilator that lowers the heart's workload by reducing preload. By dilating veins, it decreases venous return to the left ventricle, which lowers left ventricular filling pressures and wall stress. This reduction in myocardial oxygen demand helps relieve chest pain due to ischemia and can improve blood flow to the heart muscle. In heart failure with congestion, the preload reduction also eases pulmonary edema and dyspnea, making it easier for the heart to circulate blood. It does not suppress the immune system, it isn't used to deliberately raise heart rate, and it doesn't promote diuresis (that's the role of diuretics).

5. BNP is a marker secreted when there is too much pressure in which organ?

- A. Liver
- B. Heart**
- C. Lungs
- D. Kidneys

BNP is produced mainly by the ventricular myocardium in response to increased wall stress from volume or pressure overload. When the heart, especially the left ventricle, is under strain due to heart failure or elevated filling pressures, it releases BNP into the bloodstream. This makes BNP a useful biomarker for cardiac dysfunction, reflecting how hard the heart has to work to pump blood. The other organs listed don't generate BNP in response to heart-wall stretch—the hormone is tied to cardiac pressure/volume overload, whereas the liver, lungs, and kidneys have different regulatory roles and do not release BNP as a signal of ventricular pressure.

6. A potential complication of shallow breathing after CABG?

- A. Atelectasis and pneumonia**
- B. Pulmonary embolism
- C. Asthma attack
- D. Bronchitis

Shallow breathing after CABG reduces how much air reaches the deeper parts of the lungs, so parts of the lungs don't fully expand. This causes atelectasis, where small airways collapse and alveoli collapse, especially in the bases. With less ventilation and impaired clearance of mucus, secretions accumulate and become a breeding ground for bacteria, increasing the risk of infection. The combination of alveolar collapse and retained secretions sets up pneumonia as a common postoperative pulmonary complication. Pulmonary embolism isn't a direct consequence of shallow breathing; it stems from venous thrombus formation and stasis, which gives different symptoms and timing. An asthma attack and bronchitis aren't typical immediate postoperative complications tied to the shallow-breathing mechanism described here. Preventive measures like incentive spirometry, deep breathing, effective pain control, and early mobilization help re-expand the lungs and reduce the risk of atelectasis and pneumonia.

7. Which term refers to difficulty breathing while lying down?

- A. Abnormal rhythm of the heart
- B. Difficulty breathing while lying down**
- C. Chest pain due to hypoxemia of the heart
- D. A moving clump of platelets

Orthopnea is the term for difficulty breathing when lying down. The reason it occurs is that lying flat increases venous return to the heart, raising preload. In left-sided heart failure or fluid overload, this extra return raises pressures in the pulmonary veins, leading to pulmonary congestion and shortness of breath. Sitting up or propping the head reduces venous return and pulmonary congestion, easing breathing. Many patients with orthopnea also experience paroxysmal nocturnal dyspnea, waking at night with breathlessness. This symptom is a clue to heart failure or volume overload. The other descriptions point to different issues (an abnormal heart rhythm, chest pain from ischemia, or a moving platelet clump) and do not capture the specific breathing difficulty that occurs when lying down.

8. Which statement about pacemakers is NOT true?

- A. They stimulate the heart to beat normally.
- B. They help manage bradycardia.
- C. They require monitoring of heart rate and rhythm.
- D. They deliver shocks during dangerous rhythms.**

Pacemakers are designed to maintain an adequate heart rate by delivering electrical impulses to stimulate the heart when the intrinsic rate is too slow. This directly helps manage bradycardia by ensuring a minimum heart rate and improving blood flow. Because these devices continuously monitor the heart's rate and rhythm to decide when pacing is needed and to detect any device or rhythm issues, ongoing monitoring is essential. The idea of delivering shocks during dangerous rhythms belongs to defibrillators, not to standard pacemakers. A device that both paces and shocks does exist (ICD or CRT-D), but a typical pacemaker alone does not deliver high-energy shocks.

9. What should be done if a patient has chest pain and is unable to drive?

- A. Call for an ambulance or arrange transport to the hospital.**
- B. Drive them to the hospital yourself.
- C. Have them rest and avoid activity.
- D. Monitor at home and call later.

Chest pain can signal a potentially life-threatening heart problem, and time matters because heart muscle can be damaged quickly if a heart attack is occurring. The best course is to call for an ambulance or arrange urgent transport to hospital. Emergency services can start evaluation and treatment right away, perform an ECG, provide any needed medications, monitor the patient, and arrange rapid transfer to a facility equipped for definitive care. Being unable to drive makes self-transport unsafe and can delay critical care, while simply resting or monitoring at home could miss a developing emergency.

10. What is the normal range of potassium in the body?

- A. 1.5 to 3.0 mEq/L
- B. 3.5 to 5.0 mEq/L**
- C. 5.5 to 7.0 mEq/L
- D. 0.5 to 2.0 mEq/L

Potassium must be kept within a narrow window to preserve normal electrical activity of nerves and muscles, especially the heart. The normal serum potassium level is about 3.5 to 5.0 mEq/L (roughly 3.5–5.0 mmol/L since potassium has an equal valence). Values below this range (hypokalemia) can cause muscle weakness and potentially dangerous heart rhythm changes; values above this range (hyperkalemia) can lead to serious conduction abnormalities and arrhythmias. The other ranges listed are either too low or too high to be considered normal, so 3.5 to 5.0 mEq/L is the correct range.

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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:

<https://cardiovasculardisorderstreatment.examzify.com>

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

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