

Central Venous Access Device (CVAD) 1 Practice Test (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. How do you care for an implanted port?**
 - A. It does not require any care**
 - B. It requires needle access for usage and should be cleaned and dressed**
 - C. It should be replaced every month**
 - D. It requires constant monitoring of vitals**

- 2. How should a nurse discontinue TPN to prevent complications?**
 - A. By stopping it abruptly**
 - B. By slowly weaning the patient off**
 - C. By replacing it with oral nutrition immediately**
 - D. By switching to enteral feeding instantly**

- 3. What are common reasons for placing a CVAD?**
 - A. Frequent blood sampling, unstable blood pressure**
 - B. Peripheral veins are no longer adequate, vesicant drug administration**
 - C. Patient preference, comfort**
 - D. Short term IV therapy only**

- 4. What is a major contraindication for CVAD placement?**
 - A. Minor skin irritation**
 - B. Severe active infection at the insertion site**
 - C. History of previous catheter placement**
 - D. Advanced age of the patient**

- 5. How often should CVAD caps be changed?**
 - A. Every 3 days**
 - B. Every 5 days**
 - C. Every 7 days or when compromised**
 - D. Every 14 days**

- 6. Which of the following scenarios requires immediate attention for patients receiving parenteral nutrition?**
- A. Insomnia**
 - B. Rapid weight gain**
 - C. Visual disturbances**
 - D. Elevated blood sugar levels**
- 7. Are registered nurses (RNs) allowed to insert non-tunneled devices such as Quinton catheters?**
- A. Yes, they can.**
 - B. No, they cannot.**
 - C. Only with supervision.**
 - D. Only in emergencies.**
- 8. What is the recommended needle gauge for accessing a CVAD?**
- A. A 10 mL or larger syringe**
 - B. A 5 mL syringe**
 - C. A 20-gauge needle**
 - D. A 14-gauge needle**
- 9. Which practice is important to facilitate safe drug administration through a CVAD?**
- A. Administering all medications together**
 - B. Following flushing and compatibility protocols**
 - C. Inserting a new catheter for each drug**
 - D. Using a single dose for multiple patients**
- 10. For how long can PICC lines generally be used?**
- A. Up to 1 week**
 - B. 1-4 weeks**
 - C. More than 1 week to 1 year**
 - D. Indefinitely**

Answers

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

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Explanations

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1. How do you care for an implanted port?

- A. It does not require any care
- B. It requires needle access for usage and should be cleaned and dressed**
- C. It should be replaced every month
- D. It requires constant monitoring of vitals

Implanted ports are designed for long-term access to the venous system for patients who require frequent blood draws or infusions. The correct response indicates that proper care of an implanted port is essential for its functionality and to prevent complications. Needle access is necessary when using an implanted port, as the port itself is accessed through a specialized needle that is inserted into the silicone diaphragm. Once accessed, the port should be cleaned carefully to prevent infection. Additionally, the site needs to be covered with a sterile dressing to further protect against contaminants entering the system. This routine maintenance helps minimize the risk of infection and ensures that the port remains patent for future use. The other choices highlight misunderstandings about port care. While it's true that implanted ports do not require daily care when not accessed, neglecting cleaning and dressing when accessed can lead to serious complications. The notion that the port should be replaced every month is incorrect, as implanted ports can generally remain in place for extended periods, depending on the patient's needs. Lastly, while monitoring vital signs is essential in patient care, it is not specifically tied to the ongoing care of an implanted port.

2. How should a nurse discontinue TPN to prevent complications?

- A. By stopping it abruptly
- B. By slowly weaning the patient off**
- C. By replacing it with oral nutrition immediately
- D. By switching to enteral feeding instantly

The recommended practice for discontinuing Total Parenteral Nutrition (TPN) involves gradually weaning the patient off the nutrition. This approach is crucial because abruptly stopping TPN can lead to complications such as rebound hypoglycemia, which occurs when the body is suddenly deprived of glucose that it has been receiving through TPN. Slowly tapering off TPN allows the patient's body to adjust and start metabolizing nutrients through other means, either through enteral nutrition or oral intake, without causing sudden fluctuations in blood sugar levels. Additionally, this method helps ensure that the patient's nutritional needs continue to be met effectively during the transition period and minimizes the risk of any adverse effects as the patient adapts to receiving nutrients through alternative routes. Other options, such as immediately replacing TPN with oral nutrition or transitioning directly to enteral feeding, do not take into consideration the need for a gradual adjustment and may place the patient at risk for metabolic disturbances.

3. What are common reasons for placing a CVAD?

- A. Frequent blood sampling, unstable blood pressure
- B. Peripheral veins are no longer adequate, vesicant drug administration**
- C. Patient preference, comfort
- D. Short term IV therapy only

The placement of a Central Venous Access Device (CVAD) is often necessary when peripheral veins are insufficient for certain medical needs. One significant reason for choosing a CVAD is that the peripheral veins are often inadequate due to various factors, such as previous use, disease processes, or patients with challenging venous access. Additionally, CVADs are particularly suitable for administering vesicant drugs, which can cause severe tissue damage if they leak into the surrounding tissue. Using a CVAD to administer these powerful medications helps ensure that they are delivered safely and effectively into the central venous system, where blood flow can dilute the drug quickly, minimizing potential side effects. The other choices do not encompass the full range of appropriate indications for using a CVAD. While frequent blood sampling and unstable blood pressure can sometimes justify a CVAD, they are not the primary reasons for its placement. Patient preference for comfort may be a consideration but does not constitute a medical necessity for a CVAD. Short-term IV therapy is generally better suited to peripheral lines, as CVADs tend to be reserved for more complex or prolonged treatment strategies.

4. What is a major contraindication for CVAD placement?

- A. Minor skin irritation
- B. Severe active infection at the insertion site**
- C. History of previous catheter placement
- D. Advanced age of the patient

Severe active infection at the insertion site is a major contraindication for the placement of a Central Venous Access Device (CVAD). When there is an active infection present, especially at or near the site where the CVAD would be inserted, there is a significant risk of introducing pathogens into the bloodstream. This can lead to serious complications such as bloodstream infections, sepsis, and other systemic infections. Infection control is paramount in the management of CVADs, and ensuring a sterile technique during placement is essential to prevent such adverse outcomes. Therefore, if there is clear evidence of an active infection at the proposed insertion site, it is crucial to defer CVAD placement until the infection is adequately managed or resolved. In contrast, minor skin irritation does not typically prevent CVAD placement, as long as the area is adequately cleaned and sanitized. A history of previous catheter placement doesn't necessarily contraindicate a new CVAD, and advanced age alone is not a contraindication; rather, individual health status and comorbidities would guide decision-making in those cases.

5. How often should CVAD caps be changed?

- A. Every 3 days
- B. Every 5 days
- C. Every 7 days or when compromised**
- D. Every 14 days

Changing CVAD caps every 7 days or when compromised is based on infection control protocols designed to maintain system integrity and reduce the risk of infection. The guidelines emphasize regular maintenance intervals to ensure that the access points remain sterile, as these devices are commonly used in patients who may have compromised immune systems or require long-term vascular access. Regular cap changes help eliminate biofilm that can develop over time and decrease the likelihood of pathogens entering the bloodstream through these access points. When a cap becomes compromised, which could be due to visible contamination, damage, or inappropriate handling, immediate replacement is necessary to maintain safety. The alternative intervals suggested in other options are less frequent than the recommended 7-day change, which may increase the risk for infections due to potential contamination and biofilm formation on the caps. Therefore, adhering to the guideline of changing caps every 7 days or when compromised is crucial for patient safety and adherence to best practices in vascular access management.

6. Which of the following scenarios requires immediate attention for patients receiving parenteral nutrition?

- A. Insomnia
- B. Rapid weight gain
- C. Visual disturbances
- D. Elevated blood sugar levels**

The requirement for immediate attention when patients are receiving parenteral nutrition stems from the potential for hyperglycemia. Elevated blood sugar levels can indicate that the patient is experiencing complications related to their nutritional therapy, especially if they are receiving high concentrations of glucose. Hyperglycemia can lead to severe consequences such as increased risk of infection, alterations in mental status, and complications like diabetic ketoacidosis if left unmanaged. In patients receiving parenteral nutrition, blood glucose levels need to be monitored closely. An acute rise in these levels may suggest issues such as excessive glucose infusion rates or the patient's inability to utilize glucose effectively, which could be indicative of underlying conditions such as diabetes or stress-induced hyperglycemia. Therefore, addressing elevated blood sugar levels promptly is crucial to ensure the patient's safety and to prevent further complications associated with parenteral nutrition. In contrast, the other scenarios, while potentially concerning, do not warrant the same level of immediate intervention. Insomnia might affect the patient's overall well-being but is generally not an acute medical concern. Rapid weight gain could suggest fluid retention or other issues but does not typically require urgent action unless it is accompanied by additional alarming symptoms. Visual disturbances may indicate a range of issues, but they do not specifically correlate with parenteral

7. Are registered nurses (RNs) allowed to insert non-tunneled devices such as Quinton catheters?

- A. Yes, they can.**
- B. No, they cannot.**
- C. Only with supervision.**
- D. Only in emergencies.**

Registered nurses (RNs) typically do not have the authority to insert non-tunneled devices such as Quinton catheters independently due to the complexity and risks involved in the procedure. The insertion of these central venous access devices usually falls under the scope of practice for advanced practitioners or physicians who have received specialized training. The rationale for this restriction includes the need for advanced knowledge regarding anatomy, vascular access, and the potential complications that can arise from improper placement, such as pneumothorax or arterial injury. RNs may assist with the procedure or provide care around the maintenance and management of the catheter once it has been placed, but the initial insertion is reserved for those with the requisite expertise and clinical judgment. In clinical practice, policies may vary by institution, and some facilities might allow RNs to perform such procedures under certain conditions, but these typically require additional certification or training. Therefore, the most accurate answer reflects the general consensus and regulations governing nursing practice regarding the insertion of these devices.

8. What is the recommended needle gauge for accessing a CVAD?

- A. A 10 mL or larger syringe**
- B. A 5 mL syringe**
- C. A 20-gauge needle**
- D. A 14-gauge needle**

The recommended choice for accessing a Central Venous Access Device (CVAD) is a 10 mL or larger syringe. When working with CVADs, the use of larger syringes is crucial because it helps to ensure smooth and safe medication and fluid administration. The lower pressure generated by a larger syringe minimizes the risk of trauma to the catheter and the vascular access site. Additionally, larger syringes are less likely to generate a vacuum effect, which is important for preventing complications such as catheter dislodgement or damage to the catheter itself. In the context of administering medications or drawing blood from a CVAD, using a syringe with a volume less than 10 mL can increase the risk of complications, as the pressure dynamics can lead to issues with the integrity of the catheter. Thus, the size and type of syringe directly influence the safety and effectiveness of the procedures conducted through a CVAD. This understanding is essential for healthcare providers to maintain best practices in patient care when dealing with these devices.

9. Which practice is important to facilitate safe drug administration through a CVAD?

- A. Administering all medications together**
- B. Following flushing and compatibility protocols**
- C. Inserting a new catheter for each drug**
- D. Using a single dose for multiple patients**

Following flushing and compatibility protocols is essential for safe drug administration through a Central Venous Access Device (CVAD). This practice ensures that the CVAD functions properly and minimizes the risk of complications such as occlusion or infection. Flushing the line before and after administering medications helps to clear any residual medication from previous uses and maintains patency by preventing clots from forming in the catheter. Furthermore, adhering to compatibility protocols is crucial because administering incompatible drugs through the same line can lead to adverse reactions or the formation of precipitates, which can compromise patient safety. This careful attention to flushing and compatibility is a critical component of best practices in the administration of IV medications through CVADs.

10. For how long can PICC lines generally be used?

- A. Up to 1 week**
- B. 1-4 weeks**
- C. More than 1 week to 1 year**
- D. Indefinitely**

PICC lines, or peripherally inserted central catheters, are designed for medium to long-term intravenous access, making them suitable for a range of clinical situations. Typically, they can remain in place and function effectively for more than a week up to approximately a year. This extended duration is beneficial for patients who require long-term medication administration, nutritional support, or frequent blood draws. The ability to use PICC lines for such an extended period is rooted in their design and material, which minimizes the risk of complications such as thrombosis or infection when proper care and maintenance protocols are followed. While they can potentially be used for longer than one year, clinical guidelines often recommend that they be evaluated and potentially replaced after this duration due to the risk of complications accumulating over time. In contrast, the other options represent durations that are generally too short for PICC lines. They are not typically limited to just one week or a few weeks (as noted in the first two options) since they are intended for longer-term use. The choice of indefinite use also does not align with clinical best practices and standards for IV access, as even the best devices require periodic assessment and possible replacement to ensure patient safety.

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://cvad1.examzify.com>

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

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