

COMPLEX CARE EXAM 1 PRACTICE (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. A 50-year-old woman is instructed about cholestyramine to reduce pruritus from gallbladder disease. Which statement indicates understanding?**
 - A. This medication will help me digest fats and fat-soluble vitamins.
 - B. I will apply the medicated lotion sparingly to the areas where I itch.
 - C. The medication is a powder and needs to be mixed with milk or juice.
 - D. I should take this medication on an empty stomach at the same time each day.

- 2. Why are high-alert medications carefully managed in critical care settings?**
 - A. They are more expensive.
 - B. They have a higher risk of causing significant harm if misused.
 - C. They have no contraindications.
 - D. They are rarely used in ICU.

- 3. Arterial blood gas results are reported to the nurse for a 68-yr-old patient admitted with pneumonia: pH 7.31, PaCO₂ 49 mm Hg, HCO₃ 26 mEq/L, and PaO₂ 52 mm Hg. What order should the nurse complete first?**
 - A. Administer albuterol inhaler prn.
 - B. Increase fluid intake to 2500 mL per 24 hours.
 - C. Initiate oxygen at 2 liters/minute by nasal cannula.
 - D. Perform chest physical therapy four times per day.

- 4. Discharge teaching after a laparoscopic cholecystectomy should include which information?**
 - A. Do not return to work or normal activities for 3 weeks.
 - B. A lower-fat diet may be better tolerated for several weeks.
 - C. Bile-colored drainage will probably drain from the incision.
 - D. Keep the bandages on and the puncture site dry until it heals.

- 5. Interprofessional rounds support which of the following outcomes related to patient and family involvement?**
 - A. They shorten hospital stays
 - B. They limit family participation
 - C. They engage family in care discussions
 - D. They reduce the number of team meetings

- 6. In acute pancreatitis with vomiting, which intervention should be included in the plan of care?**
- A. Immediately start enteral feeding to prevent malnutrition.
 - B. Insert an NG tube and maintain NPO status to allow pancreas to rest.
 - C. Initiate early prophylactic antibiotic therapy to prevent infection.
 - D. Administer acetaminophen (Tylenol) every 4 hours for pain relief.
- 7. In ARDS management, what is the target PaO₂ to maintain adequate oxygenation?**
- A. PaO₂ greater than or equal to 60 mm Hg
 - B. PaO₂ greater than or equal to 100 mm Hg
 - C. PaO₂ greater than or equal to 40 mm Hg
 - D. PaO₂ greater than or equal to 20 mm Hg
- 8. A patient with a history of lung cancer and hepatitis C has developed liver failure and is considering liver transplantation. After a comprehensive evaluation, which finding may be a contraindication for liver transplantation?**
- A. History of hypothyroidism
 - B. Stopped smoking cigarettes
 - C. Well-controlled type 1 diabetes mellitus
 - D. Chest x-ray showed another lung cancer lesion.
- 9. Which observation by the nurse caring for a patient with a radial arterial line would require emergency intervention?**
- A. Arterial pressure bag inflated to 250 mm Hg
 - B. Calculated mean arterial pressure is 74 mm Hg
 - C. Head of bed elevation is at 30 degrees
 - D. Capillary refill time in the right hand is 5 seconds
- 10. During ARDS, which phase is characterized by an increased inflammatory response?**
- A. Injury/Exudative phase
 - B. Reparative/Proliferative phase
 - C. Fibrotic phase
 - D. All of the above

Answers

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

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Explanations

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1. A 50-year-old woman is instructed about cholestyramine to reduce pruritus from gallbladder disease. Which statement indicates understanding?

- A. This medication will help me digest fats and fat-soluble vitamins.
- B. I will apply the medicated lotion sparingly to the areas where I itch.
- C. The medication is a powder and needs to be mixed with milk or juice.**
- D. I should take this medication on an empty stomach at the same time each day.

Cholestyramine relieves itching from cholestasis by binding bile acids in the intestine, not by aiding digestion. It's given as a powder that must be mixed with a liquid before taking. Mixing with milk or juice (or water) and then taking it right away ensures the powder is properly dispersed and can interact with bile acids in the gut. This administration method is essential to how the medicine works and to avoid poor absorption of the drug itself or other substances. That's why the statement about being a powder that needs to be mixed with milk or juice is correct. It reflects the proper form and preparation. It does not digest fats or fat-soluble vitamins, and it can impair the absorption of other medications or fat-soluble vitamins if not spaced appropriately. It isn't a topical lotion, and taking it on an empty stomach isn't how it's typically used.

2. Why are high-alert medications carefully managed in critical care settings?

- A. They are more expensive.
- B. They have a higher risk of causing significant harm if misused.**
- C. They have no contraindications.
- D. They are rarely used in ICU.

High-alert medications are drugs that, if given in error or at the wrong dose, can cause significant harm to patients. In critical care, patients are already fragile, with organ dysfunction and rapidly changing conditions, so these meds often have narrow therapeutic windows and powerful effects. Because small mistakes can lead to life-threatening consequences, care teams implement stringent safety measures—double checks, standardized dosing protocols, careful dose calculations, accurate patient identification, barcode or smart-pump verification, and meticulous labeling and storage. These precautions are in place to minimize the chance of errors and protect patients from serious harm. The idea that they're defined by cost, lack of contraindications, or infrequent use isn't correct—these medications are frequently needed, may have contraindications, and their risk is about potential harm if misused, not price.

3. Arterial blood gas results are reported to the nurse for a 68-yr-old patient admitted with pneumonia: pH 7.31, PaCO₂ 49 mm Hg, HCO₃ 26 mEq/L, and PaO₂ 52 mm Hg. What order should the nurse complete first?

- A. Administer albuterol inhaler prn.
- B. Increase fluid intake to 2500 mL per 24 hours.
- C. Initiate oxygen at 2 liters/minute by nasal cannula.**
- D. Perform chest physical therapy four times per day.

The patient is hypoxemic with pneumonia, and the ABG shows acidemia with elevated CO₂. The immediate priority is to improve oxygenation to prevent tissue hypoxia. Initiating supplemental oxygen via a nasal cannula at 2 liters per minute provides rapid increase in inspired oxygen, addressing the severe low PaO₂ (52 mm Hg) and helping correct the hypoxemia that is driving the patient's respiratory acidosis. Other actions don't address the urgent need for oxygen. An inhaled albuterol might help if bronchospasm were present, but there's no evidence of wheeze or bronchospasm here. Increasing fluids won't correct the gas exchange problem and could risk fluid overload. Chest physical therapy can aid secretion clearance, but it's secondary to stabilizing oxygenation in this acute situation.

4. Discharge teaching after a laparoscopic cholecystectomy should include which information?

- A. Do not return to work or normal activities for 3 weeks.
- B. A lower-fat diet may be better tolerated for several weeks.**
- C. Bile-colored drainage will probably drain from the incision.
- D. Keep the bandages on and the puncture site dry until it heals.

After removing the gallbladder, bile isn't stored and released in a controlled way anymore; it constantly enters the intestine. This makes fat digestion less efficient at first, so a lower-fat diet is better tolerated for several weeks as the body adapts. Fat intake can gradually be increased as symptoms tolerate, with the understanding that some discomfort after fatty meals may occur early on. The other points—restricting activity to 3 weeks, expecting bile-colored drainage, or keeping dressings on until healing—don't reflect the main dietary change needed after this surgery. Focus on starting with a lighter-fat diet and monitoring how the body handles fats, then adjust as advised by the healthcare provider.

5. Interprofessional rounds support which of the following outcomes related to patient and family involvement?

- A. They shorten hospital stays
- B. They limit family participation
- C. They engage family in care discussions**
- D. They reduce the number of team meetings

Interprofessional rounds are about building a team with the patient and family at the center. When the team meets with the patient and their loved ones, it creates a space for open dialogue about goals, concerns, and the plan of care. Engaging the family in care discussions ensures their values and preferences are heard, questions are answered, and decisions reflect what matters most to the patient. This collaborative approach improves communication, aligns expectations, and supports smoother discharge planning. It's not primarily about shortening hospital stays, limiting participation, or reducing meetings—the value here lies in actively involving the family in the care conversation.

6. In acute pancreatitis with vomiting, which intervention should be included in the plan of care?

- A. Immediately start enteral feeding to prevent malnutrition.
- B. Insert an NG tube and maintain NPO status to allow pancreas to rest.**
- C. Initiate early prophylactic antibiotic therapy to prevent infection.
- D. Administer acetaminophen (Tylenol) every 4 hours for pain relief.

In acute pancreatitis, giving the pancreas a rest by limiting stimulation is crucial, especially when vomiting is present. Keeping nothing by mouth and using a nasogastric tube for decompression reduces gastric volume and secretions, which in turn lowers pancreatic stimulation and helps control vomiting. This approach also protects the airway by decreasing the risk of aspiration during vomiting and allows the inflammation to subside more effectively. Eating or drinking anytime soon would stimulate pancreatic enzyme secretion and worsen inflammation, so immediate oral intake is avoided. Prophylactic antibiotics aren't routinely used unless there's clear evidence of infection. Pain relief is important, but relying on acetaminophen alone may be inadequate for severe pancreatitis and doesn't address the need to rest the pancreas and manage GI symptoms. Supportive care like IV fluids and antiemetics accompanies the plan, but the key step in this scenario is maintaining NPO status with GI decompression to rest the pancreas.

7. In ARDS management, what is the target PaO₂ to maintain adequate oxygenation?

- A. PaO₂ greater than or equal to 60 mm Hg**
- B. PaO₂ greater than or equal to 100 mm Hg
- C. PaO₂ greater than or equal to 40 mm Hg
- D. PaO₂ greater than or equal to 20 mm Hg

In ARDS, the aim is to keep arterial oxygen tension at a level that prevents tissue hypoxia while avoiding excessive oxygen exposure. A PaO₂ of about 60 mm Hg or higher is used as a practical floor, roughly corresponding to an SpO₂ near 90%. This balance lets you optimize ventilator settings and FiO₂ without risking oxygen toxicity from too much oxygen. Higher targets would push for unnecessarily high FiO₂, while lower targets risk hypoxemia. Therefore, PaO₂ ≥60 mm Hg is the best target.

8. A patient with a history of lung cancer and hepatitis C has developed liver failure and is considering liver transplantation. After a comprehensive evaluation, which finding may be a contraindication for liver transplantation?

- A. History of hypothyroidism
- B. Stopped smoking cigarettes
- C. Well-controlled type 1 diabetes mellitus
- D. Chest x-ray showed another lung cancer lesion.**

The key idea is that liver transplantation requires removing the patient's risk of cancer progressing after immunosuppression. An active malignancy outside the liver is a major contraindication because immunosuppressive drugs used after transplant can allow existing cancer to grow or spread, compromising survival and graft success. A chest x-ray showing another lung cancer lesion suggests ongoing, potentially systemic cancer, which makes transplant inappropriate until that cancer is addressed and controlled. Other findings described are not absolute barriers: a history of hypothyroidism that is well controlled doesn't imply active disease; stopping smoking is a favorable sign for transplant candidacy; and well-controlled type 1 diabetes, while it adds medical complexity, is not by itself an automatic contraindication. The presence of an active extrahepatic cancer is the factor that disqualifies transplantation in this context.

9. Which observation by the nurse caring for a patient with a radial arterial line would require emergency intervention?

- A. Arterial pressure bag inflated to 250 mm Hg
- B. Calculated mean arterial pressure is 74 mm Hg
- C. Head of bed elevation is at 30 degrees
- D. Capillary refill time in the right hand is 5 seconds**

In patients with a radial arterial line, the immediate concern is distal limb perfusion. A capillary refill time of 5 seconds in the right hand signals reduced blood flow to the hand, which can indicate arterial occlusion or line-related vascular compromise. This is an emergency because prolonged ischemia can lead to tissue damage or loss of function if not addressed right away. The next steps involve quickly confirming line patency, assessing distal pulses and motor/sensory function, and notifying the clinician to remove or reposition the line if perfusion does not improve and to treat the underlying cause. The other observations don't indicate an acute, life-threatening compromise. An arterial pressure bag at 250 mm Hg is below the typical target (about 300 mm Hg) for maintaining catheter patency, but it's not an immediate emergency by itself. A mean arterial pressure of 74 mm Hg generally reflects adequate perfusion for most patients. Elevating the head of the bed to 30 degrees is a common position and not an urgent problem.

10. During ARDS, which phase is characterized by an increased inflammatory response?

- A. Injury/Exudative phase
- B. Reparative/Proliferative phase**
- C. Fibrotic phase
- D. All of the above

In ARDS, the most intense inflammatory activity happens early, during the injury (exudative) phase. This phase features a rapid influx of neutrophils and other inflammatory cells, release of cytokines and chemokines, and disruption of the alveolar-capillary barrier. The result is increased capillary permeability, protein-rich edema flooding the alveoli, and formation of hyaline membranes—all hallmark signs of an active inflammatory assault on the lungs. As the condition moves into the reparative (proliferative) phase, the focus shifts from acute inflammation to tissue repair. Fibroblasts proliferate, there is collagen deposition, and type II pneumocytes proliferate to repopulate the damaged epithelium. In this phase, the inflammatory response is not the defining feature, though some ongoing inflammation can occur. Later, in the fibrotic phase, remodeling and fibrosis dominate, with structural changes rather than an acute inflammatory surge. So the phase with the pronounced inflammatory response is the injury/exudative phase, not the reparative/proliferative or fibrotic phases.

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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