

# ECCO Caring for Patients with Cardiovascular Disorders Part 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. Following an acute myocardial infarction, a patient reports a return of chest pain. The nurse notes dyspnea, cool, clammy extremities, diminished breath sounds with crackles, and a blood pressure of 83/57. Which complication should the nurse suspect?**
  - A. Cardiogenic shock**
  - B. Hypovolemic shock**
  - C. Obstructive shock**
  - D. Septic shock**
  
- 2. Which diagnostic test best confirms cardiogenic shock due to acute myocardial infarction?**
  - A. ECG only**
  - B. Serum troponin level**
  - C. Chest X-ray**
  - D. Echocardiography showing decreased left ventricular ejection fraction and poor contractility**
  
- 3. Which statement best characterizes NSTEMI?**
  - A. ST elevation in leads II and III**
  - B. NSTEMI is not a form of ACS**
  - C. NSTEMI may not show ST elevation on ECG but troponin elevation**
  - D. NSTEMI shows ST elevation in V1-V3 exclusively**
  
- 4. A patient reports substernal chest pain. Which ECG change should suggest a posterior wall MI?**
  - A. ST elevation in leads II, III, aVF**
  - B. ST depression in V1-V3**
  - C. T wave inversion in lead I**
  - D. Hyperacute T waves in V4**
  
- 5. Before a cardiac catheterization or PCI, what is an appropriate nursing action regarding the insertion site?**
  - A. Administer diuretics**
  - B. Start antibiotics**
  - C. Mark pulse points distal to insertion site**
  - D. Remove jewelry**

- 6. Which therapy is commonly used to improve cardiac output in cardiogenic shock?**
- A. Inotropes such as dobutamine**
  - B. Large-volume diuretics**
  - C. Immediate surgical intervention**
  - D. Bed rest**
- 7. Which sign would indicate edema in a patient admitted with STEMI?**
- A. Orthopnea and anxiety**
  - B. Jugular venous distention**
  - C. Peripheral edema**
  - D. Shortness of breath on exertion**
- 8. A patient with an inferior wall myocardial infarction is at risk for reinfarction. Which laboratory finding would most strongly suggest reinfarction?**
- A. A new rise in troponin levels**
  - B. Normal lipid panel**
  - C. Stable baseline troponin**
  - D. Decrease CK-MB**
- 9. A STEMI develops sudden difficulty in breathing, mental status change. The nurse should anticipate:**
- A. Administer oxygen**
  - B. Administer morphine**
  - C. Administer diuretic**
  - D. Prepare for endotracheal intubation and mechanical ventilation**
- 10. Which finding on auscultation would most strongly suggest pulmonary edema in a patient with cardiogenic shock?**
- A. Crackles in both lungs**
  - B. Clear breath sounds**
  - C. Dullness to percussion**
  - D. Absence of sounds**

## Answers

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

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## **Explanations**

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**1. Following an acute myocardial infarction, a patient reports a return of chest pain. The nurse notes dyspnea, cool, clammy extremities, diminished breath sounds with crackles, and a blood pressure of 83/57. Which complication should the nurse suspect?**

- A. Cardiogenic shock**
- B. Hypovolemic shock**
- C. Obstructive shock**
- D. Septic shock**

The situation reflects cardiogenic shock from pump failure after a myocardial infarction. When the heart's pumping ability is acutely compromised, cardiac output falls, leading to hypotension and reduced tissue perfusion. The cool, clammy extremities show peripheral vasoconstriction in response to low blood pressure, while the dyspnea and crackles indicate pulmonary edema from the left ventricle's inability to eject blood effectively. Chest pain resurgence suggests ongoing myocardial injury, which worsens contractility and drives this low-output state. This pattern—low blood pressure with signs of poor perfusion and pulmonary congestion—is characteristic of cardiogenic shock, and it contrasts with hypovolemic, obstructive, or septic shock, which have different typical signs and hemodynamics.

**2. Which diagnostic test best confirms cardiogenic shock due to acute myocardial infarction?**

- A. ECG only**
- B. Serum troponin level**
- C. Chest X-ray**
- D. Echocardiography showing decreased left ventricular ejection fraction and poor contractility**

Cardiogenic shock from acute myocardial infarction stems from the heart's inability to pump effectively, so the test that best confirms this scenario is bedside echocardiography showing decreased left ventricular ejection fraction and poor contractility. This imaging directly demonstrates the functional consequence of myocardial injury—the impaired pumping that defines cardiogenic shock. ECG and serum troponin are essential for identifying an infarct, but they don't document the hemodynamic impact or the degree of pump dysfunction. A chest X-ray can reveal edema or an enlarged heart, but it doesn't quantify contractile function. Echocardiography provides real-time visualization of how well the ventricle is contracting, reveals regional wall-motion abnormalities corresponding to the infarct, and helps gauge the severity of the shock state, making it the most informative choice in confirming cardiogenic shock due to AMI.

### 3. Which statement best characterizes NSTEMI?

- A. ST elevation in leads II and III
- B. NSTEMI is not a form of ACS
- C. NSTEMI may not show ST elevation on ECG but troponin elevation**
- D. NSTEMI shows ST elevation in V1-V3 exclusively

NSTEMI means non-ST-elevation myocardial infarction, a type of acute coronary syndrome where there is myocardial injury with troponin release but without ST-segment elevation on the ECG. The absence of ST elevation reflects subendocardial, not transmural, injury. Troponin elevation confirms the presence of myocardial necrosis even when the ECG doesn't show a classic ST-elevation pattern. This is why the statement that NSTEMI may not show ST elevation on ECG but troponin elevation is the best description. ST elevations in specific leads, like II and III, point to a STEMI of the inferior wall, not NSTEMI. Saying NSTEMI is not a form of ACS is incorrect because NSTEMI is part of acute coronary syndrome. ST elevation in V1-V3 would suggest an anterior STEMI rather than NSTEMI.

### 4. A patient reports substernal chest pain. Which ECG change should suggest a posterior wall MI?

- A. ST elevation in leads II, III, aVF
- B. ST depression in V1-V3**
- C. T wave inversion in lead I
- D. Hyperacute T waves in V4

Posterior wall involvement often shows reciprocal changes on a standard ECG. When the posterior wall is infarcting, the injury current moves away from the anterior leads, so the ST segment in the front-limb leads (the precordial ones facing the front) appears depressed rather than elevated. ST depression in the chest leads V1 through V3 is the classic clue that points to a posterior wall myocardial infarction. You might also see tall, upright R waves in those same leads, reflecting the mirrored electrical effect of a posterior infarct. In contrast, ST elevation in inferior leads points to an inferior MI, T wave inversion in a high-lateral lead like I is nonspecific, and hyperacute T waves in V4 suggest early anterior involvement rather than posterior.

**5. Before a cardiac catheterization or PCI, what is an appropriate nursing action regarding the insertion site?**

- A. Administer diuretics**
- B. Start antibiotics**
- C. Mark pulse points distal to insertion site**
- D. Remove jewelry**

Marking pulse points distal to the planned insertion site establishes a baseline for distal perfusion so you can detect any changes after the catheter is placed. Having a visible reference lets you notice early signs of limb ischemia, hematoma compression, or arterial occlusion by comparing future checks of pulse, color, temperature, and cap refill to the baseline. This proactive step enhances safety during and after the procedure by enabling timely intervention if perfusion deteriorates. Other actions don't directly address monitoring the insertion-site perfusion. Administering diuretics or starting antibiotics isn't about establishing a perfusion baseline for the access site, and while removing jewelry is sometimes prudent, it doesn't provide the critical reference for ongoing neurovascular assessment that marking distal pulses does.

**6. Which therapy is commonly used to improve cardiac output in cardiogenic shock?**

- A. Inotropes such as dobutamine**
- B. Large-volume diuretics**
- C. Immediate surgical intervention**
- D. Bed rest**

In cardiogenic shock the heart isn't pumping effectively, so the main goal is to boost the heart's pumping strength to improve forward blood flow. Drugs that act as inotropes, such as dobutamine, are used because they directly enhance the heart's contractility. Dobutamine stimulates beta-1 receptors on the heart, increasing calcium availability inside cardiac cells, which strengthens contractions and raises stroke volume. This leads to a higher cardiac output and better tissue perfusion. It may also cause mild vasodilation, helping forward flow, but the primary benefit is stronger heartbeats. Be mindful of potential side effects like tachycardia and increased oxygen demand. Large-volume diuretics reduce preload, which can lower filling pressures but may further reduce cardiac output in a patient who already has limited pumping ability. Immediate surgical intervention is not the usual first-line method for improving cardiac output unless there is a specific mechanical issue or a need for rapid revascularization. Bed rest has no role in acutely enhancing cardiac output in shock.

**7. Which sign would indicate edema in a patient admitted with STEMI?**

- A. Orthopnea and anxiety**
- B. Jugular venous distention**
- C. Peripheral edema**
- D. Shortness of breath on exertion**

Edema from heart failure occurs when the left ventricle isn't pumping effectively, causing fluid to back up into the lungs. Orthopnea—breathing better when sitting up or with the head of the bed elevated—is a classic sign of pulmonary edema, a direct manifestation of fluid overload in the chest. In a patient with STEMI, new left-sided dysfunction can lead to this pulmonary edema, making orthopnea a key indicator of edema in this context. Anxiety may accompany dyspnea but is nonspecific. While jugular venous distention indicates elevated venous pressure and peripheral edema reflects fluid accumulation, orthopnea most specifically signals edema due to pulmonary congestion in acute STEMI.

**8. A patient with an inferior wall myocardial infarction is at risk for reinfarction. Which laboratory finding would most strongly suggest reinfarction?**

- A. A new rise in troponin levels**
- B. Normal lipid panel**
- C. Stable baseline troponin**
- D. Decrease CK-MB**

A new rise in troponin levels on serial testing is the clearest sign that another myocardial injury has occurred. Troponin I or T is highly specific for cardiac muscle damage, and after the first infarct troponin values typically rise and then fall; a renewed increase signals reinfarction due to a second event of necrosis. Normal lipid panel doesn't reflect acute myocardial injury, and a stable baseline troponin suggests no new injury. CK-MB can rise with reinfarction too, but troponin is more sensitive and specific, making a new troponin rise the strongest indicator of reinfarction.

**9. A STEMI develops sudden difficulty in breathing, mental status change. The nurse should anticipate:**

- A. Administer oxygen**
- B. Administer morphine**
- C. Administer diuretic**
- D. Prepare for endotracheal intubation and mechanical ventilation**

When a STEMI patient suddenly has trouble breathing and a change in mental status, protecting the airway and ensuring ventilation becomes the top priority. Deterioration in consciousness means the patient may not reliably maintain their airway or cough to clear secretions, increasing the risk of aspiration and hypoxemia. Securing the airway with endotracheal intubation and providing mechanical ventilation ensures controlled and adequate oxygenation and carbon dioxide removal, which is essential in this acute situation. Oxygen alone helps with hypoxemia but does not guarantee airway protection or adequate ventilation if the patient cannot respond or is rapidly decompensating. Morphine can depress respiration and lower blood pressure, which is harmful in an acute myocardial infarction. A diuretic might help reduce pulmonary edema over time, but it does not address the immediate need to secure the airway and support ventilation.

**10. Which finding on auscultation would most strongly suggest pulmonary edema in a patient with cardiogenic shock?**

- A. Crackles in both lungs**
- B. Clear breath sounds**
- C. Dullness to percussion**
- D. Absence of sounds**

Pulmonary edema from cardiogenic shock happens when the heart can't pump effectively, causing elevated pressures that push fluid into the lung interstitium and alveoli. This fluid disrupts normal air movement and produces crackles on auscultation, often heard in multiple areas of both lungs as the edema becomes bilateral. That bilateral crackling is the most direct sign of fluid-filled airspaces, which is exactly what pulmonary edema looks like in this context. Clear breath sounds would argue against edema, dullness to percussion points to pleural effusion or consolidation rather than diffuse interstitial/alveolar edema, and absence of sounds isn't typical for edematous lungs. So crackles in both lungs best indicate pulmonary edema in a patient with cardiogenic shock.

## 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://eccocaringforcardiovasculardisorders1.examzify.com>**

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

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