

HESI 4 CRITICAL CARE MCA 3 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. When using SBAR to report to the healthcare provider, which statement best supports the nurse's reason for calling?**
 - A. Admission today with difficulty breathing.
 - B. Prescription for an additional respiratory treatment.
 - C. History of COPD.
 - D. Presence of expiratory wheezes in the lower lobes.

- 2. During compensation for an acid-base disorder, what happens to the pH?**
 - A. The pH returns to the normal range
 - B. The pH remains abnormal
 - C. The pH becomes more abnormal
 - D. The pH fluctuates unpredictably

- 3. Which color tag indicates a client who requires immediate treatment in disaster triage?**
 - A. YELLOW
 - B. RED
 - C. GREEN
 - D. BLACK

- 4. What does calibrating the hemodynamic monitor by zeroing the transducer at the start of each shift accomplish?**
 - A. Calibrates the reading to atmospheric pressure.
 - B. Calibrates the transducer to zero mmHg at the start of the shift.
 - C. Sets the transducer to arterial pressure baseline.
 - D. Removes air from the line.

- 5. In mass casualty triage, which color tag denotes an immediate life-threatening condition requiring rapid treatment?**
 - A. Red
 - B. Black
 - C. Yellow
 - D. Green

6. An arterial blood gas shows pH 7.42, PaCO₂ 50 mmHg, HCO₃⁻ 30 mEq/L. How should this ABG be interpreted?
- A. Partially compensated respiratory alkalosis
 - B. Fully compensated metabolic acidosis
 - C. Fully compensated respiratory acidosis
 - D. Normal ABG
7. Which scenario is considered secondary acute care?
- A. Performs physical examinations and monitoring fetal movement in a pregnant woman
 - B. Checks heart rate and blood pressure before administering entacapone and isoproterenol concurrently
 - C. Teaches family members about vaccination
 - D. Prepares a client who has suffered from repeated cerebral attacks for a CT scan
8. A client with diabetic ketoacidosis has rapid, deep, and labored breathing. What term should the nurse use to document the breathing pattern?
- A. Cheyne Stokes respirations.
 - B. Kussmaul respirations.
 - C. Apnea.
 - D. Orthopnea.
9. On the first postoperative day after a kidney transplantation, which intervention should the nurse include to prevent hypovolemia?
- A. Administer loop diuretics.
 - B. Increase sodium intake.
 - C. Provide sports drinks for hydration.
 - D. Give IV fluids on a 1:1 ratio from output.
10. Four hours after a stroke, a client has unequal pupils with one reacting more slowly and the systolic blood pressure is rising. Which condition would require intervention?
- A. Increased intracranial pressure
 - B. Brain herniation
 - C. Hypovolemic shock
 - D. Spinal shock

Answers

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

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Explanations

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1. When using SBAR to report to the healthcare provider, which statement best supports the nurse's reason for calling?

- A. Admission today with difficulty breathing.
- B. Prescription for an additional respiratory treatment.**
- C. History of COPD.
- D. Presence of expiratory wheezes in the lower lobes.

SBAR is about delivering information in a concise, action-focused way so the clinician can quickly decide what to do. The part that truly justifies a call is a clear request for a course of action. Saying that an additional respiratory treatment is needed directly communicates what you want the provider to do next, aligning with the purpose of the exchange: obtain a decision or order to adjust care. The other statements provide background or describe findings, but they don't specify what action is required, so they don't convey the call's intent as effectively. In practice, you'd pair that recommendation with brief context like "the patient's respiratory status worsened; please prescribe an additional bronchodilator treatment" to make the request unmistakable.

2. During compensation for an acid-base disorder, what happens to the pH?

- A. The pH returns to the normal range**
- B. The pH remains abnormal
- C. The pH becomes more abnormal
- D. The pH fluctuates unpredictably

Compensation works by the body using the opposite system to counteract the primary disturbance, nudging the pH back toward normal. The normal pH is about 7.35 to 7.45. If the main issue is metabolic (low bicarbonate or excess acids), the respiratory system increases ventilation to blow off CO₂, which shifts the balance toward higher pH. If the main issue is respiratory (high CO₂), the kidneys adjust bicarbonate to bolster buffering and help raise pH toward normal. The goal is to restore the pH toward the normal range, though the extent of normalization can vary: it may be complete in some cases or partial in others, depending on timing and the severity of the disorder.

3. Which color tag indicates a client who requires immediate treatment in disaster triage?

- A. YELLOW
- B. RED**
- C. GREEN
- D. BLACK

In disaster triage, color tagging communicates who needs care first. The red tag is assigned to patients with life-threatening injuries who are potentially survivable if treated immediately, so they require rapid assessment and urgent intervention to prevent death. The focus is on airway, breathing, circulation, and rapid hemorrhage control to stabilize them quickly. Yellow indicates injuries that are serious but not immediately life-threatening, green marks minor injuries, and black denotes those who are deceased or not expected to survive even with care.

4. What does calibrating the hemodynamic monitor by zeroing the transducer at the start of each shift accomplish?

- A. Calibrates the reading to atmospheric pressure.
- B. Calibrates the transducer to zero mmHg at the start of the shift.**
- C. Sets the transducer to arterial pressure baseline.
- D. Removes air from the line.

Zeroing the transducer creates a known baseline reference, setting the display to zero pressure so that all subsequent readings reflect the true intravascular pressures rather than drift or an offset from prior use. Doing this at the start of the shift resets any sensor drift and ensures the transducer's reference is aligned with atmospheric pressure, so when the transducer is positioned at the proper level (phlebostatic axis near the right atrium), arterial and venous pressures are accurate and comparable moving forward.

5. In mass casualty triage, which color tag denotes an immediate life-threatening condition requiring rapid treatment?

- A. Red**
- B. Black
- C. Yellow
- D. Green

In mass casualty triage, color coding guides who gets help first based on urgency and likelihood of benefit. A red tag means the person has a life-threatening condition but can be saved with rapid treatment, so they receive immediate attention. Green tags are minor injuries that can wait, yellow tags are serious but not immediately life-threatening, and black tags indicate the patient is deceased or not salvageable given the situation.

6. An arterial blood gas shows pH 7.42, PaCO₂ 50 mmHg, HCO₃⁻ 30 mEq/L. How should this ABG be interpreted?

- A. Partially compensated respiratory alkalosis
- B. Fully compensated metabolic acidosis
- C. Fully compensated respiratory acidosis**
- D. Normal ABG

When you interpret an ABG, you look for the primary disturbance and any compensation, then check if the pH is within the normal range to gauge whether compensation is complete. Here, the PaCO₂ is elevated at 50 mmHg, which points to a respiratory cause of acidemia (respiratory acidosis). The HCO₃⁻ is also elevated at 30 mEq/L, indicating the kidneys have compensated by retaining bicarbonate to counteract the CO₂ retention. Because the pH is within the normal range (7.42), this pattern fits full (complete) metabolic compensation for a chronic or well-compensated respiratory acidosis. In an acute respiratory acidosis, the pH would be more acidemic and the bicarbonate would not yet be elevated to this extent; in a primary metabolic disorder, you'd expect the pH to reflect a metabolic (not respiratory) disturbance and the CO₂ pattern would not be driving the primary change.

7. Which scenario is considered secondary acute care?

- A. Performs physical examinations and monitoring fetal movement in a pregnant woman
- B. Checks heart rate and blood pressure before administering entacapone and isoproterenol concurrently
- C. Teaches family members about vaccination
- D. Prepares a client who has suffered from repeated cerebral attacks for a CT scan**

Secondary acute care focuses on diagnosing and initiating treatment for acute conditions that bring a patient to the hospital. Preparing a client who has suffered repeated cerebral attacks for a CT scan fits this because it involves urgent diagnostic testing to quickly determine the nature and extent of the neurologic event and to guide immediate management. This is distinct from routine prenatal monitoring, which is ongoing routine care; or from monitoring before medication administration, which is safety practice within inpatient care but not a diagnostic, acute-illness evaluation; or from teaching about vaccination, which is primary prevention. The CT scan preparation after cerebral events epitomizes the acute diagnostic workup characteristic of secondary acute care.

8. A client with diabetic ketoacidosis has rapid, deep, and labored breathing. What term should the nurse use to document the breathing pattern?

- A. Cheyne Stokes respirations.
- B. Kussmaul respirations.**
- C. Apnea.
- D. Orthopnea.

Kussmaul respirations are rapid, deep, and labored breaths seen as a compensatory response to metabolic acidosis, such as in diabetic ketoacidosis. The body tries to blow off excess CO₂ to raise pH, so breathing becomes notably fast and very deep with a steady rhythm. This pattern distinguishes it from Cheyne-Stokes respiration, which alternates between periods of shallow breathing and apnea; apnea is a pause in breathing; and orthopnea, which is difficulty breathing when lying flat. Therefore, the described breathing fits Kussmaul respirations.

9. On the first postoperative day after a kidney transplantation, which intervention should the nurse include to prevent hypovolemia?

- A. Administer loop diuretics.
- B. Increase sodium intake.
- C. Provide sports drinks for hydration.
- D. Give IV fluids on a 1:1 ratio from output.**

Maintaining adequate intravascular volume to ensure graft perfusion is the key concept here. After a kidney transplant, the new kidney relies on good blood flow to function properly, and urine production can be substantial early on. If fluids aren't replaced promptly, the patient can become hypovolemic, which lowers renal perfusion and increases the risk of delayed graft function. Giving IV fluids in a 1:1 ratio with urine output helps maintain euvolemia by replacing what the kidney is excreting, supporting steady perfusion to the graft. In contrast, loop diuretics would risk further volume loss, increasing the chance of hypovolemia; simply increasing sodium intake or giving sports drinks don't reliably manage the rapid and precise fluid needs in the immediate postoperative period.

10. Four hours after a stroke, a client has unequal pupils with one reacting more slowly and the systolic blood pressure is rising. Which condition would require intervention?

A. Increased intracranial pressure

B. Brain herniation

C. Hypovolemic shock

D. Spinal shock

Rising pressure inside the skull is the key issue here. When intracranial pressure increases after a stroke, the brain is in danger of being squeezed, and signs like unequal pupils (one pupil reacting slowly or not at all) reflect pressure on the oculomotor nerve on the affected side. The accompanying rise in systolic blood pressure is the body's reflex attempt to maintain cerebral perfusion despite the high pressure—this is the Cushing response. Because these signs indicate a dangerous elevation of ICP, urgent action to lower the pressure and protect brain tissue is required. Interventions aim to optimize cerebral perfusion while reducing ICP: elevating the head of the bed and keeping the head midline to improve venous drainage, ensuring a secure airway and normocapnia, avoiding fluids or medications that would worsen edema, and using therapies such as hyperosmolar agents or surgical options when indicated. The other conditions don't fit this picture: hypovolemic shock would show low blood pressure and signs of poor perfusion, and spinal shock involves loss of sympathetic tone with hypotension and bradycardia. Brain herniation is a possible consequence of uncontrolled ICP and would also demand immediate intervention, but the immediate trigger in this scenario is the elevated ICP itself.

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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