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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. Which medication is contraindicated in the presence of STEMI with hypotension?**
  - A. Aspirin
  - B. Nitroglycerin
  - C. Beta-blockers
  - D. Anticoagulants
  
- 2. Which client would be best to assign to the LPN/LVN on the step-down cardiac unit?**
  - A. A 60-year-old who was admitted today for pacemaker insertion and who is now reporting chest pain
  - B. A 62-year-old who underwent open heart surgery 4 days ago and who has a temperature of 38.2° C
  - C. A 66-year-old who has a prescription for a nitroglycerin patch and is scheduled for discharge later today
  - D. A 69-year-old who had a stent placed 2 hours ago and who has bursts of ventricular tachycardia
  
- 3. Which of the following is a key clinical manifestation of unstable angina?**
  - A. Chest pain with stable pattern
  - B. Chest pain at rest
  - C. Chest pain that improves with rest
  - D. No chest discomfort at all
  
- 4. What is considered the second major risk factor for Coronary Artery Disease (CAD)?**
  - A. Diabetes Mellitus
  - B. Obesity
  - C. Hypertension
  - D. High alcohol consumption
  
- 5. What diagnostic test should the nurse check for a client with new onset atrial fibrillation after a coronary artery bypass graft?**
  - A. Arterial oxygen level
  - B. Serum potassium
  - C. Serum sodium
  - D. Blood urea nitrogen

- 6. What type of antianginal medication is most effective for treating coronary artery spasms?**
- A. Beta blockers
  - B. Calcium channel blockers
  - C. Nitrates
  - D. Antihyperlipidemics
- 7. What should practitioners focus on when caring for a patient with acute chest pain?**
- A. Timely assessment and appropriate intervention
  - B. Only providing reassurance
  - C. Maintaining silence to observe the patient
  - D. Encouraging the patient to rest quietly
- 8. Why is cardiac rehabilitation important after an ACS event?**
- A. It is primarily for psychological support
  - B. It aids in recovery and reduces risk of recurrence
  - C. It restricts all physical activity until further notice
  - D. It only focuses on dietary changes
- 9. Which of the following findings would be considered a high-risk indicator for coronary artery disease?**
- A. Normal blood pressure
  - B. Family history of CAD
  - C. Low LDL cholesterol
  - D. Regular exercise
- 10. What should be scheduled for a patient as part of follow-up care after an acute coronary syndrome (ACS) event?**
- A. Regular follow-up appointments and lab work for cholesterol and glucose monitoring
  - B. Only medication refills without further testing
  - C. Emergency room visits as needed
  - D. Full hospital admission for observation



## **Answers**

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

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## **Explanations**

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**1. Which medication is contraindicated in the presence of STEMI with hypotension?**

- A. Aspirin
- B. Nitroglycerin**
- C. Beta-blockers
- D. Anticoagulants

*In the context of STEMI (ST-Elevation Myocardial Infarction) with hypotension, nitroglycerin is contraindicated due to its vasodilatory effects. While nitroglycerin is commonly used to relieve chest pain and reduce myocardial oxygen demand by causing dilation of coronary arteries, its ability to lower blood pressure can exacerbate hypotension, which is particularly critical during a STEMI event. When a patient is hypotensive, maintaining adequate blood pressure is essential to ensure sufficient perfusion to vital organs, especially the heart. Administering nitroglycerin in this scenario could lead to a further decrease in blood pressure, increasing the risk of inadequate perfusion and potential worsening of the patient's condition. Other medications mentioned, such as aspirin, beta-blockers, and anticoagulants, have roles in the management of STEMI and are typically not contraindicated in hypotension, as they work to stabilize the condition and prevent complications rather than directly lowering blood pressure.*

**2. Which client would be best to assign to the LPN/LVN on the step-down cardiac unit?**

- A. A 60-year-old who was admitted today for pacemaker insertion and who is now reporting chest pain
- B. A 62-year-old who underwent open heart surgery 4 days ago and who has a temperature of 38.2° C
- C. A 66-year-old who has a prescription for a nitroglycerin patch and is scheduled for discharge later today**
- D. A 69-year-old who had a stent placed 2 hours ago and who has bursts of ventricular tachycardia

*Assigning the 66-year-old client who is scheduled for discharge later that day and has a prescription for a nitroglycerin patch to the LPN/LVN is appropriate for several reasons. This client is stable and nearing discharge, meaning their care primarily involves education and ensuring that they understand how to manage their medications, including the application of the nitroglycerin patch. The LPN/LVN is equipped to provide education on medication management, recognizing potential side effects of nitroglycerin, and advising the patient on when to report adverse effects. Since the client is not exhibiting any acute symptoms or complications, they can safely be managed by an LPN/LVN without immediate supervision by an RN. In contrast, the other clients on the list require more complex care and closer monitoring. The individual with chest pain after a recent pacemaker insertion presents a potential risk for complications, requiring ongoing assessment and evaluation by an RN. The client who underwent open heart surgery just four days ago and has a fever may indicate a post-operative infection or complication, necessitating more intensive nursing interventions. The client who had a stent placed only two hours ago and is experiencing bursts of ventricular tachycardia is in a potentially unstable condition, requiring immediate and advanced cardiac*

### 3. Which of the following is a key clinical manifestation of unstable angina?

- A. Chest pain with stable pattern
- B. Chest pain at rest**
- C. Chest pain that improves with rest
- D. No chest discomfort at all

*B. Chest pain at rest is indeed a key clinical manifestation of unstable angina. Unstable angina is characterized by unpredictable chest pain that can occur at rest or with minimal exertion, and it signifies a potential worsening of coronary artery disease. This type of angina is concerning because it suggests that the heart muscle is not receiving enough blood, which may eventually lead to a heart attack if not addressed. In contrast, other manifestations like chest pain with a stable pattern would indicate stable angina, where pain typically follows a predictable pattern and occurs with exertion but is relieved by rest or medication. Chest pain that improves with rest suggests a stable angina scenario, where the pain subsides after cessation of activity. Lastly, having no chest discomfort at all does not align with unstable angina, as the presence of pain, especially at rest, is a significant marker of this condition. Understanding these distinctions is crucial for identifying and managing unstable angina effectively.*

### 4. What is considered the second major risk factor for Coronary Artery Disease (CAD)?

- A. Diabetes Mellitus
- B. Obesity
- C. Hypertension**
- D. High alcohol consumption

*The second major risk factor for Coronary Artery Disease (CAD) is hypertension. This condition is characterized by elevated blood pressure, which can damage the arteries over time, leading to the development of atherosclerosis and increasing the risk of ischemic heart disease, heart attack, and stroke. Hypertension contributes to CAD by placing excessive strain on the heart and blood vessels, promoting the formation of plaque in the arteries, which narrows them and limits blood flow to the heart muscle. While diabetes mellitus is also a significant risk factor for CAD, it is considered the first major risk factor. In contrast, while obesity and high alcohol consumption are relevant risk factors, they are generally not classified as significant as hypertension in terms of their direct impact on the development of CAD. Understanding these risk factors is crucial for both prevention and management of coronary artery disease, emphasizing the importance of monitoring and controlling blood pressure.*

**5. What diagnostic test should the nurse check for a client with new onset atrial fibrillation after a coronary artery bypass graft?**

- A. Arterial oxygen level
- B. Serum potassium**
- C. Serum sodium
- D. Blood urea nitrogen

*In cases of new onset atrial fibrillation, particularly following a coronary artery bypass graft, monitoring the serum potassium level is crucial. Electrolyte imbalances, especially hypokalemia (low potassium levels), can provoke or exacerbate arrhythmias, including atrial fibrillation. Potassium plays an essential role in maintaining normal electrical activity of the heart; therefore, ensuring that potassium levels are within the normal range helps to stabilize cardiac electrical conduction and reduce the risk of further arrhythmias. While arterial oxygen levels could provide valuable information about the patient's respiratory status, they are not directly linked to the etiology of atrial fibrillation. Similarly, serum sodium and blood urea nitrogen levels, although important indicators of metabolic and renal function, are less directly related to the development of arrhythmias. Focusing on serum potassium allows for the identification and correction of an electrolyte disturbance that could be contributing to the patient's atrial fibrillation following surgery.*

**6. What type of antianginal medication is most effective for treating coronary artery spasms?**

- A. Beta blockers
- B. Calcium channel blockers**
- C. Nitrates
- D. Antihyperlipidemics

*Calcium channel blockers are the most effective antianginal medications for treating coronary artery spasms. They work by inhibiting the influx of calcium ions into vascular smooth muscle cells, which leads to relaxation and dilation of the coronary arteries. This dilation helps reduce the frequency and severity of spasms that can lead to angina or ischemic events. Additionally, calcium channel blockers help improve blood flow to the heart muscle by preventing the constriction of the coronary arteries, thus relieving symptoms associated with coronary artery spasms. These medications are particularly beneficial in conditions like Prinzmetal angina, where spasm of the coronary arteries is the primary issue. In contrast, while beta blockers and nitrates can help manage angina in general, they are not as effective specifically for the prevention and treatment of coronary artery spasms. Beta blockers primarily work by reducing heart rate and contractility, thereby lowering myocardial oxygen demand, but they do not directly alleviate arterial spasm. Nitrates can cause vasodilation, but they are more effective for typical angina-related pain rather than isolated spasms. Antihyperlipidemics are aimed at lowering cholesterol levels and preventing atherosclerosis and are not used to address acute episodes of coronary artery spasms. Thus, calcium*

## 7. What should practitioners focus on when caring for a patient with acute chest pain?

**A. Timely assessment and appropriate intervention**

B. Only providing reassurance

C. Maintaining silence to observe the patient

D. Encouraging the patient to rest quietly

*Focusing on timely assessment and appropriate intervention is critical when caring for a patient with acute chest pain because this approach enables healthcare practitioners to quickly identify the underlying cause of the pain, which may be life-threatening, such as a myocardial infarction or other serious cardiac conditions. Rapid evaluation involves gathering information about the patient's pain characteristics, medical history, and vital signs, and initiating diagnostic tests such as an ECG and troponin levels. Effective intervention can include administering oxygen, aspirin, nitroglycerin, or other medications, depending on the assessment findings. This proactive approach can significantly improve patient outcomes, as it allows for early detection and management of potential complications. In contrast, simply providing reassurance may not address the underlying issues causing the chest pain and may lead to delays in treatment. Similarly, maintaining silence to observe the patient does not facilitate necessary interventions and might lead to unnecessary anxiety or fear. Encouraging rest is important, but without the context of assessments and interventions, it may not be sufficient for managing acute conditions effectively. Thus, the focus must always be on timely assessment and appropriate intervention to ensure the best care for the patient experiencing acute chest pain.*

## 8. Why is cardiac rehabilitation important after an ACS event?

A. It is primarily for psychological support

**B. It aids in recovery and reduces risk of recurrence**

C. It restricts all physical activity until further notice

D. It only focuses on dietary changes

*Cardiac rehabilitation is vital after an acute coronary syndrome (ACS) event because it plays a significant role in the patient's recovery process and in reducing the risk of future cardiovascular incidents. This structured program typically includes a combination of supervised exercise training, education on heart-healthy living, and counseling to help patients understand their condition and manage it effectively. The focus on aiding recovery involves not just physical rehabilitation, but also addressing psychological and social factors that can contribute to heart health. Evidence has shown that patients who participate in cardiac rehabilitation experience improvements in functional capacity, quality of life, and emotional well-being. Additionally, participating in this program has been linked to a decrease in morbidity and mortality related to cardiovascular diseases by promoting healthier lifestyle choices, such as smoking cessation, increased physical activity, and better dietary habits. Through a well-rounded approach that integrates exercise, education, and psychological support, cardiac rehabilitation addresses multiple aspects of recovery and plays a critical role in minimizing the likelihood of a recurrence of ACS or other heart-related issues.*

**9. Which of the following findings would be considered a high-risk indicator for coronary artery disease?**

- A. Normal blood pressure
- B. Family history of CAD**
- C. Low LDL cholesterol
- D. Regular exercise

*A family history of coronary artery disease (CAD) is considered a high-risk indicator because genetics play a significant role in the predisposition to heart conditions. Individuals with a first-degree relative who has had heart disease—especially at a young age—are more likely to develop CAD themselves due to inherited risk factors. This familial linkage can be tied to shared genetic traits, lifestyle factors, and environmental influences that increase the risk of atherosclerosis and other heart-related issues. In contrast, normal blood pressure is generally indicative of lower risk, as hypertension is a major risk factor for CAD. Low LDL cholesterol is also protective against heart disease; lower levels are associated with a reduced risk for cardiovascular events. Regular exercise contributes positively to heart health by improving circulation, reducing weight, and enhancing overall cardiovascular function, thus also lowering the risk of developing CAD. Therefore, family history stands out as a significant warning sign that warrants further attention and proactive management regarding coronary artery disease risk.*

**10. What should be scheduled for a patient as part of follow-up care after an acute coronary syndrome (ACS) event?**

- A. Regular follow-up appointments and lab work for cholesterol and glucose monitoring**
- B. Only medication refills without further testing
- C. Emergency room visits as needed
- D. Full hospital admission for observation

*Scheduling regular follow-up appointments and lab work for cholesterol and glucose monitoring after an acute coronary syndrome (ACS) event is essential for ongoing patient care. This practice helps in assessing the patient's health status, managing risk factors, and preventing future cardiovascular events. During follow-up appointments, healthcare providers can evaluate how well the patient is adhering to prescribed medications, implement lifestyle modifications, and monitor key health indicators such as blood pressure, cholesterol levels, and glucose levels. After an ACS event, patients are at increased risk for further cardiovascular complications, making it crucial to manage conditions such as dyslipidemia and diabetes effectively. Regular lab work aids in identifying any abnormalities early, allowing for timely interventions. This comprehensive approach contrasts with the idea of only scheduling medication refills or emergency room visits, which do not encompass proactive health management and risk assessment. Additionally, full hospital admission for observation would not be necessary if the patient is stable and can continue follow-up care in an outpatient setting. Therefore, maintaining ongoing monitoring and care through regular appointments and laboratory assessments is the best practice following an ACS event.*



## 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://nclexacute coronarysyndrome.examzify.com>

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

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