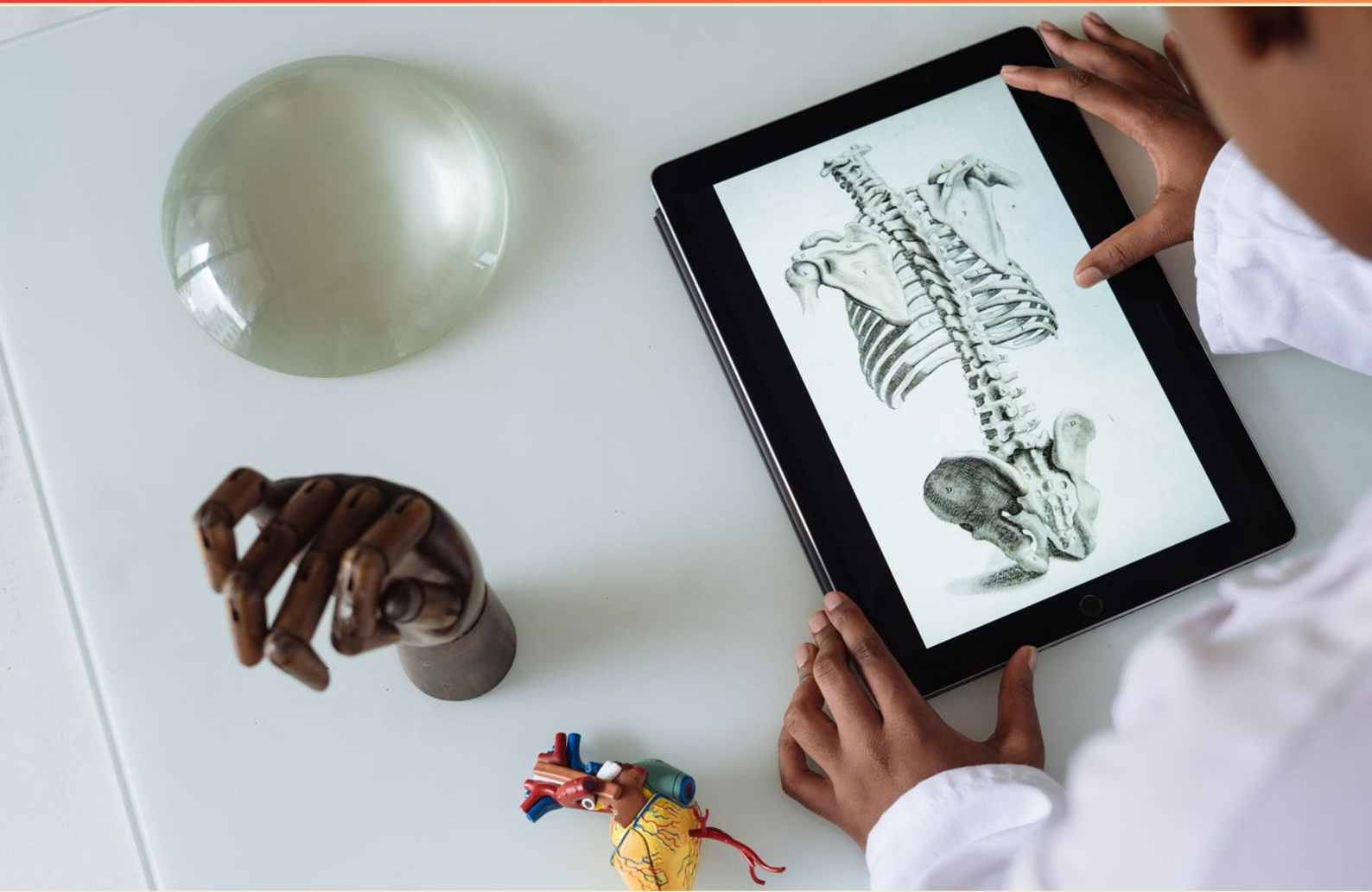


NCLEX CARDIOVASCULAR SYSTEM PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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. On a standard 12-lead ECG, what is the normal range for the PR interval?**
 - A. 0.12 to 0.20 seconds
 - B. 0.08 seconds
 - C. 0.30 seconds
 - D. 0.40 seconds
- 2. Pain from acute pericarditis typically improves with which position?**
 - A. Standing
 - B. Sitting Up and Leaning Forward
 - C. Lying Flat
 - D. Lying on the Left Side
- 3. The mediastinum is best described as which of the following?**
 - A. The mass of tissues and organs lying behind the sternum, between the lungs
 - B. The membrane surrounding the lungs
 - C. The space within the pericardial sac
 - D. The outermost layer of the heart wall
- 4. A patient with a mechanical heart valve requires long-term anticoagulation. Which medication is typically used?**
 - A. Heparin
 - B. Rivaroxaban
 - C. Warfarin
 - D. Dabigatran
- 5. What is the distribution of the common iliac artery?**
 - A. Internal and External Iliac Arteries
 - B. Axillary and Brachial Arteries
 - C. Pulmonary and Bronchial Arteries
 - D. Femoral and Popliteal Arteries
- 6. What are the two main coronary arteries?**
 - A. Left coronary artery (LCA) and right coronary artery (RCA).
 - B. Anterior cerebral and posterior cerebral arteries.
 - C. Subclavian and axillary arteries.
 - D. Pulmonary and bronchial arteries.

7. What is the primary role of capillaries?

- A. Pump blood through the heart.
- B. Exchange of oxygen, nutrients, and waste between blood and tissues.
- C. Carry blood away from the heart.
- D. Return blood to the heart.

8. How many layers does the pericardium consist of?

- A. One
- B. Two
- C. Three
- D. Four

9. Renal arteries have what function?

- A. They supply blood to the kidneys.
- B. They drain blood from the kidneys.
- C. They supply blood to the liver.
- D. They supply blood to the heart.

10. Which description best matches systolic heart failure?

- A. Reduced ejection fraction
- B. Preserved ejection fraction with impaired relaxation
- C. Normal ejection fraction with normal filling
- D. Dilated right ventricle only

Answers

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

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Explanations

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1. On a standard 12-lead ECG, what is the normal range for the PR interval?

A. 0.12 to 0.20 seconds

B. 0.08 seconds

C. 0.30 seconds

D. 0.40 seconds

The main idea is understanding what the PR interval represents. The PR interval is the time from the start of atrial depolarization (the beginning of the P wave) to the start of ventricular depolarization (the beginning of the QRS complex). It includes atrial conduction plus the delay through the AV node. In a healthy adult, this interval is normally about 0.12 to 0.20 seconds (120–200 ms). On standard ECG paper, that corresponds to roughly 3 to 5 small squares at the usual paper speed. This range reflects normal atrial conduction and a normal amount of AV nodal delay. If the interval is longer than 0.20 seconds, that suggests some slowing through the AV node (first-degree AV block). If it's shorter than about 0.12 seconds, that isn't typical for normal conduction and may be seen with certain conditions like preexcitation syndromes or measurement artifacts. The value 0.08 seconds, for example, would be more likely related to the duration of the P wave itself rather than the full PR interval, while 0.30 or 0.40 seconds are well outside the normal range and indicate significant delay.

2. Pain from acute pericarditis typically improves with which position?

A. Standing

B. Sitting Up and Leaning Forward

C. Lying Flat

D. Lying on the Left Side

Pain from acute pericarditis is typically relieved when the patient sits up and leans forward. This position changes the heart's orientation and reduces the friction between inflamed pericardial surfaces, lowering the irritation and pain. Lying flat tends to worsen the pain because it increases venous return and stretches the pericardium, amplifying the irritation. Standing upright isn't known to provide relief the way leaning forward does, and lying on the left side is not the preferred relief position for this condition.

3. The mediastinum is best described as which of the following?

A. The mass of tissues and organs lying behind the sternum, between the lungs

B. The membrane surrounding the lungs

C. The space within the pericardial sac

D. The outermost layer of the heart wall

The mediastinum is the central chest compartment between the lungs that runs from the sternum to the vertebral column and from the thoracic inlet to the diaphragm. It contains the heart, great vessels, trachea, esophagus, thymus, and other structures. Describing it as the mass of tissues and organs lying between the lungs (and behind the sternum) best captures its location and contents. The other descriptions refer to different structures: the membrane around the lungs is the pleura; the space inside the pericardial sac is the pericardial cavity; and the outermost layer of the heart wall is the epicardium.

4. A patient with a mechanical heart valve requires long-term anticoagulation. Which medication is typically used?

- A. Heparin
- B. Rivaroxaban
- C. Warfarin**
- D. Dabigatran

Long-term anticoagulation is needed because a mechanical heart valve presents a non-biologic surface that promotes thrombus formation, raising the risk of stroke from clot that can travel to the brain. Warfarin, a vitamin K antagonist, is used because it inhibits synthesis of multiple coagulation factors (II, VII, IX, X), providing durable protection against valve thrombosis with a manageable monitoring plan. Therapy is tailored to a therapeutic INR range based on valve location, and regular blood tests ensure the level stays within that window. Heparin is reserved for acute settings or as a bridge when starting or temporarily stopping warfarin, not for long-term outpatient management. Other anticoagulants like rivaroxaban or dabigatran are not suitable for mechanical valves; trials have shown they do not provide adequate protection and can worsen outcomes.

5. What is the distribution of the common iliac artery?

- A. Internal and External Iliac Arteries**
- B. Axillary and Brachial Arteries
- C. Pulmonary and Bronchial Arteries
- D. Femoral and Popliteal Arteries

The common iliac artery splits into two branches: the internal iliac and the external iliac. The internal iliac supplies pelvic organs and the gluteal region, while the external iliac travels downward and becomes the femoral artery to supply the lower limb. This division is what defines the distribution of the common iliac artery. The other options point to arteries in different regions (upper limb, lungs) or to arteries downstream from the external iliac, not its division.

6. What are the two main coronary arteries?

- A. Left coronary artery (LCA) and right coronary artery (RCA).**
- B. Anterior cerebral and posterior cerebral arteries.
- C. Subclavian and axillary arteries.
- D. Pulmonary and bronchial arteries.

The vessels that supply the heart muscle with oxygenated blood are the coronary arteries. There are two main ones: the left coronary artery and the right coronary artery. They originate from the aorta just above the aortic valve and then branch to perfuse the myocardium. The left coronary artery mainly feeds the left side of the heart, while the right coronary artery tends to supply the right side and often the bottom portion of the heart. The other pairs listed correspond to arteries serving the brain, upper limb, and lungs, not the heart, so they aren't the coronary arteries.

7. What is the primary role of capillaries?

- A. Pump blood through the heart.
- B. Exchange of oxygen, nutrients, and waste between blood and tissues.**
- C. Carry blood away from the heart.
- D. Return blood to the heart.

Capillaries are the site of exchange between blood and tissues. Their walls are only one cell thick, creating a very short diffusion distance, and they have a huge total surface area with slow blood flow. This setup allows oxygen and nutrients to diffuse from the blood into tissue cells and enables carbon dioxide and other wastes to diffuse from cells back into the blood for removal. The heart's job is to pump blood; arteries carry blood away from the heart; veins return blood to the heart. Capillaries themselves don't actively pump or transport large volumes—they are the primary exchange vessels in the microcirculation.

8. How many layers does the pericardium consist of?

- A. One
- B. Two
- C. Three**
- D. Four

The pericardium has three layers: the outer fibrous pericardium and the serous pericardium, which is double-layered with a parietal layer lining the fibrous pericardium and a visceral layer (epicardium) covering the heart. The space between the parietal and visceral serous layers is the pericardial cavity containing lubricating fluid. Counting fibrous, parietal serous, and visceral serous gives three layers in total.

9. Renal arteries have what function?

- A. They supply blood to the kidneys.**
- B. They drain blood from the kidneys.
- C. They supply blood to the liver.
- D. They supply blood to the heart.

Renal arteries supply blood to the kidneys, delivering oxygen-rich blood from the abdominal aorta so the nephrons can carry out filtration and urine formation. They branch into smaller vessels to perfuse the entire kidney, ensuring the tissue receives the oxygen and nutrients it needs. This function is distinct from drainage by the renal veins and from the arteries that nourish other organs such as the liver or heart.

10. Which description best matches systolic heart failure?

- A. Reduced ejection fraction
- B. Preserved ejection fraction with impaired relaxation
- C. Normal ejection fraction with normal filling
- D. Dilated right ventricle only

Systolic heart failure is defined by reduced ejection fraction due to impaired contraction of the ventricle, leading to decreased forward flow. Ejection fraction is the percentage of blood ejected from the ventricle with each beat, normally about 55–70%. When the ventricle can't contract effectively, the ejection fraction falls (often below ~40%), and the heart becomes less able to pump blood forward, which can cause signs of low cardiac output and volume overload. This description fits systolic failure best. The other descriptions describe different problems: preserved ejection fraction with impaired relaxation points to diastolic (HF with preserved EF) dysfunction, where filling is impaired but pumping strength is preserved. Normal ejection fraction with normal filling wouldn't indicate heart failure. A dilated right ventricle alone doesn't capture the typical left-sided systolic dysfunction and reduced ejection fraction seen in systolic heart failure.

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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://nclexcardiovascularsys.examzify.com>

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

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