

NCLEX Intracranial Pressure (ICP) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Normal intracranial pressure (ICP) ranges from which of the following?**
 - A. 5-15 mm Hg**
 - B. 20-25 mm Hg**
 - C. 0-5 mm Hg**
 - D. 15-25 mm Hg**

- 2. In a patient with cerebral edema and hyponatremia, why is administering simple glucose (D5W) alone not adequate for nutrition?**
 - A. It provides insufficient calories.**
 - B. It lowers serum osmolality, increasing cerebral edema.**
 - C. It raises serum osmolality.**
 - D. It corrects hyponatremia.**

- 3. What is the normal range for cerebral perfusion pressure (CPP) in adults?**
 - A. 70-100 mm Hg**
 - B. 50-60 mm Hg**
 - C. 60-70 mm Hg**
 - D. 100-120 mm Hg**

- 4. The nurse's first priority in management of the patient once a patent airway is confirmed is**
 - A. Maintaining cervical spine precautions**
 - B. Determining the presence of increased ICP**
 - C. Monitoring for changes in neurologic status**
 - D. Establishing IV access with a large-bore catheter**

- 5. For accurate ICP readings with ventriculostomy, the transducer should be leveled at which anatomical landmark?**
 - A. Tragus of the ear**
 - B. Outer canthus of the eye**
 - C. Vertex of the skull**
 - D. Angle of the jaw**

- 6. An acute subdural hematoma typically presents with which of the following within 24-48 hours after injury?**
- A. Fever and neck stiffness.**
 - B. Decreasing LOC and headache within 24-48 hours.**
 - C. Seizure and unilateral weakness.**
 - D. Nausea and vomiting only.**
- 7. Which statement about craniectomy is true?**
- A. It is performed with immediate bone flap replacement after surgery.**
 - B. The procedure involves removing a portion of skull without replacement.**
 - C. It creates burr holes to drain CSF.**
 - D. It replaces part of the skull with an artificial plate.**
- 8. A patient with head injury has BP 92/50 and ICP 18; which action is appropriate?**
- A. Notify the health care provider about the assessments.**
 - B. Elevate the head of the patient's bed.**
 - C. Check the patient's pupillary response to light.**
 - D. Document and continue to monitor the parameters.**
- 9. Which nursing action should be implemented in the care of a patient experiencing increased intracranial pressure (ICP)?**
- A. Monitor fluid and electrolyte status astutely.**
 - B. Position the patient in a high-Fowler's position.**
 - C. Administer vasoconstrictors to maintain cerebral perfusion.**
 - D. Maintain physical restraints to prevent agitation.**
- 10. Which scenario is most consistent with an acute subdural hematoma?**
- A. Has a linear skull fracture crossing a major artery.**
 - B. Has focal symptoms of brain damage with no recollection of a head injury.**
 - C. Develops decreasing LOC and a headache within 48 hours of a head injury.**
 - D. Has an immediate loss of consciousness with a brief lucid interval followed by decreasing LOC.**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Normal intracranial pressure (ICP) ranges from which of the following?

- A. 5-15 mm Hg**
- B. 20-25 mm Hg
- C. 0-5 mm Hg
- D. 15-25 mm Hg

Normal intracranial pressure in a resting adult is about 5 to 15 mmHg. This range reflects a brain with normal volume, venous drainage, and cerebrospinal fluid dynamics, allowing adequate cerebral perfusion. Values above around 20 mmHg are considered intracranial hypertension and can compromise blood flow to the brain, increasing the risk of herniation and other complications. Among the options, 5-15 mmHg is the only one that sits within the normal range. The other ranges either imply hypotension below normal or indicate elevated ICP.

2. In a patient with cerebral edema and hyponatremia, why is administering simple glucose (D5W) alone not adequate for nutrition?

- A. It provides insufficient calories.
- B. It lowers serum osmolality, increasing cerebral edema.**
- C. It raises serum osmolality.
- D. It corrects hyponatremia.

In cerebral edema with hyponatremia, serum osmolality is the key factor controlling water movement between compartments. Water shifts toward lower osmolality, so lowering serum osmolality worsens brain swelling. Simple glucose (D5W) provides calories, but once the dextrose is metabolized, what remains is free water. This free water dilutes the serum, lowers osmolality further, and can raise water influx into brain cells, intensifying cerebral edema and worsening hyponatremia. So, while it supplies calories, it does not maintain or raise the necessary osmolality and thus is not adequate for nutrition in this context. In such patients, nutrition should be provided with solutions that preserve or increase serum osmolality and include electrolytes, or via appropriate nutrition support (balanced IV fluids or parenteral/enteral nutrition) with careful electrolyte management.

3. What is the normal range for cerebral perfusion pressure (CPP) in adults?

- A. 70-100 mm Hg**
- B. 50-60 mm Hg
- C. 60-70 mm Hg
- D. 100-120 mm Hg

Cerebral perfusion pressure is the pressure that drives blood flow to the brain. It's calculated as mean arterial pressure minus intracranial pressure ($CPP = MAP - ICP$). In adults, a normal CPP is about 70-100 mm Hg. This range reflects enough pressure to maintain cerebral blood flow under typical MAP and ICP conditions. If CPP falls below roughly 60 mm Hg, perfusion can become inadequate and ischemia can occur. If CPP stays above about 100 mm Hg, it can indicate high arterial pressure or low intracranial pressure and may contribute to cerebral edema or excessive blood flow, especially in brain injury. So the best answer is 70-100 mm Hg.

4. The nurse's first priority in management of the patient once a patent airway is confirmed is

- A. Maintaining cervical spine precautions**
- B. Determining the presence of increased ICP**
- C. Monitoring for changes in neurologic status**
- D. Establishing IV access with a large-bore catheter**

Preserving cervical spine alignment is the immediate priority once a patent airway is confirmed in a patient with potential spinal injury. Any movement of the neck can convert a stable injury into a more serious one, risking permanent spinal cord damage. Therefore, immobilization with a cervical collar, maintaining neutral head and neck alignment, and careful handling during assessment and transport are essential before pursuing other actions. While monitoring neurologic status, assessing for ICP, or establishing IV access are important, they do not take precedence over preventing further spinal injury when a spinal trauma is suspected. Protecting the spine first creates a safer foundation for all subsequent interventions.

5. For accurate ICP readings with ventriculostomy, the transducer should be leveled at which anatomical landmark?

- A. Tragus of the ear**
- B. Outer canthus of the eye**
- C. Vertex of the skull**
- D. Angle of the jaw**

Leveling the ICP transducer at the tragus of the ear is essential because this landmark aligns the reference point with the level of the ventricles (roughly the foramen of Monro). When the transducer sits at that level, the hydrostatic column matches the intracranial pressure, giving an accurate reading as long as the head is in a neutral, midline position. If the transducer is set higher than this level, readings tend to be falsely low; if set lower, readings tend to be falsely high. Landmarks like the outer canthus, the vertex, or the angle of the jaw do not correspond to the ventricular level and can distort the measurement.

6. An acute subdural hematoma typically presents with which of the following within 24-48 hours after injury?

- A. Fever and neck stiffness.
- B. Decreasing LOC and headache within 24-48 hours.**
- C. Seizure and unilateral weakness.
- D. Nausea and vomiting only.

The main idea is that an acute subdural hematoma after head trauma often produces a progressive decline in mental status along with a worsening headache as blood accumulates and raises intracranial pressure over the first day or two. This pattern reflects the venous bleed slowly expanding between the dura and the arachnoid, which compresses brain tissue and disrupts normal cerebral function. The decreasing level of consciousness signals that brain function is being affected, and the headache accompanies the rising pressure. This combination—deteriorating alertness plus headache within 24-48 hours after injury—is more characteristic than fever with neck stiffness, which points to meningitis or another infection; seizures with unilateral weakness can occur but are not the most typical early presentation in this time frame; and nausea with vomiting alone is nonspecific and doesn't specifically indicate an acute subdural hematoma.

7. Which statement about craniectomy is true?

- A. It is performed with immediate bone flap replacement after surgery.
- B. The procedure involves removing a portion of skull without replacement.**
- C. It creates burr holes to drain CSF.
- D. It replaces part of the skull with an artificial plate.

Decompressive craniectomy is about removing a portion of the skull to give swollen brain room to expand and to lower intracranial pressure, and that bone is not replaced during the initial procedure. This makes the statement true: a portion of the skull is removed without replacement. In contrast, a craniotomy involves temporarily removing a bone flap to access the brain but replacing that bone at the end of the procedure. Replacing the skull with an artificial plate describes cranioplasty, which is usually done later, after initial decompression or after healing. Draining CSF with burr holes is a separate procedure (burr hole or ventriculostomy) and is not the same as craniectomy.

8. A patient with head injury has BP 92/50 and ICP 18; which action is appropriate?

- A. Notify the health care provider about the assessments.**
- B. Elevate the head of the patient's bed.**
- C. Check the patient's pupillary response to light.**
- D. Document and continue to monitor the parameters.**

The main idea being tested is how to interpret intracranial pressure with concurrent systemic blood pressure and how to act when values are outside the normal range without immediate, clear-cut intervention orders. In this scenario, the reading shows mildly elevated ICP and hypotension. Documenting and continuing to monitor the parameters is the best single action because it establishes a trend and informs whether further escalation is needed. Immediate measures like elevating the head of the bed could potentially worsen cerebral perfusion in a hypotensive patient, since raising the head can lower mean arterial pressure and further reduce cerebral perfusion pressure. Checking pupillary response is important for ongoing neuro assessment, but it doesn't address the perfusion issue. Notifying the provider is essential if values worsen or fail to improve, but the most appropriate immediate step among the options is to document the current readings and keep monitoring to detect a changing trajectory. If CPP remains low or ICP rises, intervention plans would follow based on provider orders.

9. Which nursing action should be implemented in the care of a patient experiencing increased intracranial pressure (ICP)?

- A. Monitor fluid and electrolyte status astutely.**
- B. Position the patient in a high-Fowler's position.**
- C. Administer vasoconstrictors to maintain cerebral perfusion.**
- D. Maintain physical restraints to prevent agitation.**

Managing intracranial pressure hinges on keeping the brain environment stable, especially by watching fluid and electrolyte balance. Imbalances can shift fluid into or out of the brain tissue, worsening edema or altering cerebral perfusion. By carefully monitoring fluid intake and output, serum electrolytes (like sodium), and the effects of therapies on volume status, the nurse can detect developing problems early and adjust treatment to prevent ICP from rising. This attention to fluid and electrolyte status directly supports stable ICP and adequate cerebral perfusion. Positioning that raises venous outflow or increases intrathoracic pressure, such as a high-Fowler's posture, can impede drainage from the brain and raise ICP, so it's not the best choice. Vasoconstrictors to forcefully elevate cerebral perfusion pressure can backfire, potentially reducing cerebral blood flow or compromising autoregulation. Restraints tend to increase agitation and sympathetic activation, which can worsen ICP. In ICP care, calming the patient, ensuring normocapnia, and addressing underlying causes with appropriate fluids, electrolytes, and therapies are preferred.

10. Which scenario is most consistent with an acute subdural hematoma?

- A. Has a linear skull fracture crossing a major artery.**
- B. Has focal symptoms of brain damage with no recollection of a head injury.**
- C. Develops decreasing LOC and a headache within 48 hours of a head injury.**
- D. Has an immediate loss of consciousness with a brief lucid interval followed by decreasing LOC.**

Acute subdural hematoma typically results from tearing bridging veins, so blood collects between the dura and arachnoid slowly. Because it's venous bleeding, symptoms tend to develop over hours to a couple of days after the injury, with headache and a progressively worsening level of consciousness. That gradual decline within about 48 hours fits this scenario best. In contrast, an immediate loss of consciousness at the time of injury with a brief lucid interval followed by rapid deterioration is classic for an epidural hematoma, which is usually arterial and tends to worsen quickly after the initial event. A skull fracture crossing a major artery can point toward that arterial pattern. Focal symptoms without a clear timeline are less specific to this condition.

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://nclexicp.examzify.com>

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

SAMPLE