

# NMNC 4335 IV Skills 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. In the correct sequence for discontinuing IV access, which step comes second?**
  - A. Explain procedure to patient.**
  - B. Use two identifiers to ensure correct patient.**
  - C. Remove IV site dressing and tape.**
  - D. Perform hand hygiene and apply gloves.**
  
- 2. Which assessment is a clinical marker of vascular volume in a patient at high risk of extracellular fluid volume deficit?**
  - A. Dryness of mucous membranes**
  - B. Skin turgor**
  - C. Fullness of neck veins when supine**
  - D. Fullness of neck veins when upright**
  
- 3. Which statement about implanted ports is true?**
  - A. They are surgically implanted in a subcutaneous pocket and accessed with a noncoring needle; long-term therapy; low infection risk; monitor for infiltration**
  - B. They require external tubing every time**
  - C. They are only used for infants**
  - D. They cannot be used for antibiotics**
  
- 4. Which symptom is not typically part of a transfusion reaction?**
  - A. Increased urinary output**
  - B. Temperature change**
  - C. Tachycardia**
  - D. Flushing**
  
- 5. When a norepinephrine infusion is prescribed for a client in septic shock, which intravenous line would be the most appropriate for the infusion?**
  - A. Implanted port**
  - B. Midline catheter**
  - C. 18-gauge peripheral venous catheter**
  - D. Peripherally inserted central catheter (PICC) line**

- 6. Redness and tenderness on IV site led to discontinuation with restart documented due to which complication?**
- A. Clotting of the IV catheter**
  - B. Infiltration**
  - C. Phlebitis**
  - D. Puncture of the opposite side of the vein**
- 7. Which management step is indicated for CVAD migration?**
- A. Remove and replace CVAD**
  - B. Increase flush volume**
  - C. Apply local heat**
  - D. Leave in place and monitor**
- 8. Which symptom suggests an air embolism during IV therapy?**
- A. Sudden dyspnea and chest pain**
  - B. Itching at the injection site**
  - C. Mild fatigue**
  - D. Sneezing**
- 9. After removing an IV catheter from a patient on anticoagulants, what is the most appropriate nursing intervention?**
- A. Apply pressure to the IV site for 5 minutes**
  - B. Leave the IV in place and attach a saline lock for 24 hours**
  - C. Elevate the extremity for 10 minutes**
  - D. Use a warm compress at the site for several minutes**
- 10. What are field sticks in IV practice?**
- A. IVs that are placed only in hospital settings.**
  - B. IVs placed outside of the hospital.**
  - C. Central venous lines.**
  - D. A type of IV used for lab draws.**

## Answers

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

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## **Explanations**

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**1. In the correct sequence for discontinuing IV access, which step comes second?**

- A. Explain procedure to patient.
- B. Use two identifiers to ensure correct patient.**
- C. Remove IV site dressing and tape.
- D. Perform hand hygiene and apply gloves.

Protecting the patient starts with confirming you're working with the correct person. Using two identifiers—such as the patient's full name and date of birth or medical record number—before stopping IV access is the essential check that prevents wrong-patient errors. In the usual flow, you'd first inform the patient about what will happen, then perform this identity verification to ensure you're discontinuing IV access for the right person. After that verification, you proceed with the remaining actions (hygiene and PPE as required, then removing the IV dressing and completing the site care). The core idea is that identifying the patient is a prerequisite to any invasive action, so it's placed early in the sequence, making it the correct second step here.

**2. Which assessment is a clinical marker of vascular volume in a patient at high risk of extracellular fluid volume deficit?**

- A. Dryness of mucous membranes
- B. Skin turgor
- C. Fullness of neck veins when supine**
- D. Fullness of neck veins when upright

Assessing vascular volume focuses on signs that reflect central venous pressure and the amount of fluid in the intravascular space. When a patient is lying down, the neck veins' appearance tells you about this pressure. If the neck veins are full in the supine position, it indicates there is enough—or even excess—blood in the vascular compartment, signaling adequate intravascular volume rather than a deficit. Dryness of mucous membranes and skin turgor are traditional signs of tissue dehydration, reflecting interstitial or intracellular fluid loss rather than how much fluid is in the central venous system. Full neck veins when upright are not typical in dehydration and can point to venous congestion or other issues, making them a less reliable marker of vascular volume status in the context of a deficit risk.

### 3. Which statement about implanted ports is true?

- A. They are surgically implanted in a subcutaneous pocket and accessed with a noncoring needle; long-term therapy; low infection risk; monitor for infiltration**
- B. They require external tubing every time**
- C. They are only used for infants**
- D. They cannot be used for antibiotics**

Implanted ports provide long-term venous access without an external tubing setup at all times. They're placed just under the skin in a subcutaneous pocket, with a catheter threaded into a central vein. The port is accessed through the skin using a noncoring (Huber) needle, which allows repeated infusions or administration of medications, including antibiotics, without repeatedly sticking veins. Because access is through the skin into the reservoir, you don't have external tubing running continuously—tubing is only used briefly when the port is accessed for therapy. They're not limited to infants; they're used in patients of all ages. They are indeed used for antibiotics, among other therapies. Infection risk is lower than with peripheral IVs when proper care is followed, but it isn't zero. It's important to monitor the port site and the surrounding tissues for signs of infiltration or other complications.

### 4. Which symptom is not typically part of a transfusion reaction?

- A. Increased urinary output**
- B. Temperature change**
- C. Tachycardia**
- D. Flushing**

In transfusion reactions, the body's immune or inflammatory response to donor blood drives the most common signs. A fever or noticeable temperature change is typical, as cytokines release during the reaction. Tachycardia often accompanies this stress response, and flushing can occur from histamine release and vascular changes. Increased urinary output is not a typical feature of an acute transfusion reaction; urine changes, if they occur, usually relate to volume status or kidney function rather than being a primary symptom of the reaction itself.

**5. When a norepinephrine infusion is prescribed for a client in septic shock, which intravenous line would be the most appropriate for the infusion?**

**A. Implanted port**

**B. Midline catheter**

**C. 18-gauge peripheral venous catheter**

**D. Peripherally inserted central catheter (PICC) line**

Norepinephrine must be given through central venous access because it is a potent vasopressor that can cause severe tissue injury if it infiltrates a peripheral vein. A peripheral IV, even a large-bore one, is not reliable for continuous vasopressor therapy and carries a higher risk of extravasation and phlebitis. A midline catheter sits in the upper arm but does not provide true central venous access, so it's not appropriate for this infusion. An implanted port is central and usable for infusions, but it's not ideal for an acute, continuous norepinephrine infusion because it's designed for intermittent access and requires a needle-bore technique, which can delay rapid administration. A peripherally inserted central catheter (PICC) line provides reliable central venous access that can be placed at the bedside, supports continuous vasopressor delivery, and reduces the risk of extravasation compared with peripheral lines. Therefore, the PICC line is the appropriate choice for initiating and maintaining norepinephrine in septic shock.

**6. Redness and tenderness on IV site led to discontinuation with restart documented due to which complication?**

**A. Clotting of the IV catheter**

**B. Infiltration**

**C. Phlebitis**

**D. Puncture of the opposite side of the vein**

Redness and tenderness along the vein indicate phlebitis, an inflammation of the vein caused by the IV catheter or the infused solution. This inflammation makes the vein warm, tender, and sometimes feel like a cord under the skin, which is why the IV is often discontinued and restarted at a different site to prevent further irritation or infection. Infiltration would show swelling and cool, pale skin around the site rather than a painful, red vessel; a clot inside the catheter would more likely cause trouble with the infusion flow rather than a red, tender vein along its course; puncturing another part of the vein isn't the typical explanation for this presentation.

**7. Which management step is indicated for CVAD migration?**

**A. Remove and replace CVAD**

**B. Increase flush volume**

**C. Apply local heat**

**D. Leave in place and monitor**

Migration means the catheter tip has shifted from its proper location, so drugs or fluids may not reach central circulation safely and the device can cause vessel irritation, thrombosis, or maldelivery. Because repositioning a migrated CVAD is not reliably safe or effective and leaving it in place risks serious complications, the best management is to remove the migrated catheter and replace it with a new one in a proper site, with placement confirmed by imaging. Increasing flush volume or applying local heat won't reliably fix the position and merely watching and monitoring could allow problems to develop.

**8. Which symptom suggests an air embolism during IV therapy?**

**A. Sudden dyspnea and chest pain**

**B. Itching at the injection site**

**C. Mild fatigue**

**D. Sneezing**

Air entering a vein during IV therapy can cause an air embolism, which disrupts blood flow to the lungs and heart and leads to rapid, life-threatening symptoms. The telltale sign is sudden difficulty breathing and chest pain, reflecting the airway and circulatory compromise from the entrained air. This combination is the most concerning and requires immediate action: stop the IV and clamp the line, position the patient in the left lateral decubitus position with the head down to trap air in the right atrium, administer high-flow oxygen, and call for help. The other options—itching at the injection site, mild fatigue, and sneezing—do not fit this acute emergency scenario.

**9. After removing an IV catheter from a patient on anticoagulants, what is the most appropriate nursing intervention?**

**A. Apply pressure to the IV site for 5 minutes**

**B. Leave the IV in place and attach a saline lock for 24 hours**

**C. Elevate the extremity for 10 minutes**

**D. Use a warm compress at the site for several minutes**

When removing an IV catheter, the first priority is stopping any bleeding at the puncture site, and this is even more crucial for someone on anticoagulants. The best action is to apply direct pressure to the site with sterile gauze for about 5 minutes to compress the vessel and promote hemostasis. If bleeding continues, maintain pressure and reassess; prolonged oozing may require further evaluation. After bleeding has stopped, place a dressing over the site and monitor for signs of hematoma or ongoing bleeding. Document and observe as needed. Why the other ideas aren't suitable: leaving the IV line in place and attaching a saline lock after removal doesn't address the need to stop bleeding at the puncture site. Elevating the extremity isn't the primary intervention to control bleeding, and applying a warm compress could increase blood flow and worsen bleeding, making it inappropriate right after removal.

**10. What are field sticks in IV practice?**

**A. IVs that are placed only in hospital settings.**

**B. IVs placed outside of the hospital.**

**C. Central venous lines.**

**D. A type of IV used for lab draws.**

Field sticks are peripheral IV access lines placed outside the hospital, during field or prehospital care. The emphasis is on setting: access obtained in non-hospital environments—on the scene, in an ambulance, or other field locations—to quickly establish venous access for fluids or medications before the patient reaches a hospital. This distinguishes them from IVs placed inside a hospital or from central venous lines, which are inserted into larger central veins and are more invasive and longer-term. While labs can sometimes be drawn from any IV, field sticks are defined by their field, outside-hospital context rather than by their use for lab draws.

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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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nmnc4335ivskills.examzify.com>**

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

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