

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. What is the purpose of maintaining a saline lock when an IV is not continuously infusing?**
 - A. To apply topical saline.**
 - B. To keep the catheter patent and allow intermittent medication administration.**
 - C. To flush the line to remove blood.**
 - D. To maintain infusion rate.**

- 2. How frequently should IV site assessment occur in adult inpatients?**
 - A. Every 2 hours**
 - B. Only on admission**
 - C. At least every 4 hours**
 - D. Daily**

- 3. Which solution contains lactate, potassium, and calcium?**
 - A. Normal saline.**
 - B. Dextrose 5% in water.**
 - C. Lactated Ringer's.**
 - D. Hypertonic saline.**

- 4. Which of the following is a key component of assessing an IV line?**
 - A. Function, intactness, patency of IV system**
 - B. Brand of IV solution**
 - C. Time since insertion**
 - D. Color of the tubing**

- 5. During an IV line with suspected air embolism, what is the first step to take?**
 - A. Clamp the line, position patient on left side in Trendelenburg, give oxygen.**
 - B. Open the line fully and increase flow.**
 - C. Turn the patient on the right side.**
 - D. Ignore.**

- 6. Which description describes signs of IV phlebitis and the appropriate initial actions?**
- A. Redness, warmth, tenderness along the vein; stop infusion, remove catheter, restart at a new site, apply a warm compress.**
 - B. Swelling at the site with cool skin.**
 - C. Fever and chills; continue infusion.**
 - D. Shortness of breath; discontinue line.**
- 7. An order is for 500 mL of 0.9% NaCl to infuse over 4 hours. What rate should be programmed into the infusion pump?**
- A. 100 mL/hr**
 - B. 125 mL/hr**
 - C. 167 mL/hr**
 - D. 200 mL/hr**
- 8. Where is an IV ideally placed for most adults?**
- A. Lower extremities.**
 - B. Upper extremities, preferably the hand or wrist, avoiding joints.**
 - C. Through a joint to maximize access.**
 - D. The dominant arm is preferred for placement.**
- 9. Which of the following is a typical use of a central venous catheter?**
- A. To perform peripheral venous pressure monitoring**
 - B. To place a nasogastric tube**
 - C. For central venous pressure monitoring**
 - D. For subcutaneous insulin administration**
- 10. If resistance is met while withdrawing a PICC line, what is the recommended action?**
- A. Continue withdrawing slowly.**
 - B. Stop and notify the healthcare provider.**
 - C. Apply more force to complete removal.**
 - D. Ignore the resistance and proceed.**

Answers

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

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Explanations

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1. What is the purpose of maintaining a saline lock when an IV is not continuously infusing?

A. To apply topical saline.

B. To keep the catheter patent and allow intermittent medication administration.

C. To flush the line to remove blood.

D. To maintain infusion rate.

Maintaining a saline lock is about keeping the IV catheter open and ready for use when there isn't a continuous infusion. After an infusion ends, the line is capped with saline so the lumen doesn't clot off. This setup lets you access the same line later to give intermittent medications or draw blood without having to start a new IV. Topical saline isn't what this is about, and the goal isn't to remove blood or to keep a continuous infusion going. Instead, the lock preserves patency, making intermittent access quick and safe.

2. How frequently should IV site assessment occur in adult inpatients?

A. Every 2 hours

B. Only on admission

C. At least every 4 hours

D. Daily

Regular IV site assessment is about spotting problems like infiltration, phlebitis, or infection early so patient safety and IV therapy effectiveness are maintained. For adult inpatients, the baseline standard is to check the IV site at least every 4 hours. This interval strikes a balance between monitoring needs and practical workload, allowing prompt detection of evolving issues. More frequent checks are needed if the patient has high-risk factors (fragile or small veins, use of irritant or vesicant medications, poor IV flow). Checking only on admission would miss problems developing after that initial snapshot, and checking daily is too lax for ongoing IV therapy.

3. Which solution contains lactate, potassium, and calcium?

A. Normal saline.

B. Dextrose 5% in water.

C. Lactated Ringer's.

D. Hypertonic saline.

Fluid composition is what this question tests. Lactated Ringer's contains a balanced mix of electrolytes—sodium, chloride, potassium, and calcium—along with lactate, which acts as a buffer that the body can convert to bicarbonate to help maintain acid-base balance. This combination makes it the solution that provides lactate, potassium, and calcium all in one. Normal saline offers only sodium and chloride, with no lactate, potassium, or calcium. Dextrose 5% in water supplies glucose and, after the glucose is used, essentially becomes free water with little or no electrolytes. Hypertonic saline has a high sodium chloride content but does not include lactate, potassium, or calcium.

4. Which of the following is a key component of assessing an IV line?

- A. Function, intactness, patency of IV system**
- B. Brand of IV solution**
- C. Time since insertion**
- D. Color of the tubing**

Assessing an IV line revolves around ensuring it can deliver fluids safely and as ordered. The best answer emphasizes the system's ability to function, remain intact, and stay patent. Function means the infusion is progressing as intended—there are no unexpected slowdowns, stops, or signs of malfunction in the pump or catheter flow. Intactness means the entire setup is physically secure: tubing and connections are tight, there are no leaks, breaks, or disconnections, and the site is clean and stable. Patency focuses on keeping the line open and unobstructed so fluids can flow freely; this means checking for any blockages, kinks, or external pressure that could hinder delivery, and flushing or assessing the line if there's resistance or no flow. Together, these aspects ensure the IV can safely and effectively deliver the prescribed therapy. Other choices don't address the line's current operability—brand of solution, time since insertion, or tubing color don't indicate whether the system is functioning, intact, and patent.

5. During an IV line with suspected air embolism, what is the first step to take?

- A. Clamp the line, position patient on left side in Trendelenburg, give oxygen.**
- B. Open the line fully and increase flow.**
- C. Turn the patient on the right side.**
- D. Ignore.**

Air embolism from an IV line is an emergency. The first priority is to stop more air from entering, so clamping the line immediately is essential. After that, positioning the patient on the left side with the head-down (Trendelenburg) helps trap any circulating air in the right atrium and prevents it from moving into the pulmonary circulation. Providing high-flow oxygen speeds bubble resorption and improves tissue oxygenation. Opening the line would introduce more air, turning the patient on the right side can push air toward the lungs, and ignoring the situation is dangerous.

6. Which description describes signs of IV phlebitis and the appropriate initial actions?

- A. Redness, warmth, tenderness along the vein; stop infusion, remove catheter, restart at a new site, apply a warm compress.**
- B. Swelling at the site with cool skin.
- C. Fever and chills; continue infusion.
- D. Shortness of breath; discontinue line.

The main concept is recognizing signs of IV phlebitis and taking prompt initial actions to prevent the problem from worsening. Phlebitis shows up as redness, warmth, and tenderness along the vein where the IV is placed. When these signs appear, the best first steps are to stop the IV infusion, remove the catheter, restart at a new venous site, and apply a warm, moist compress to the area. This approach helps relieve inflammation, protects the vein, and keeps IV access available for future use. Other descriptions describe different issues: swelling with cool skin points to infiltration, fever and chills with continued infusion suggest a possible infection requiring different handling, and shortness of breath indicates a more acute reaction requiring immediate discontinuation and assessment.

7. An order is for 500 mL of 0.9% NaCl to infuse over 4 hours. What rate should be programmed into the infusion pump?

- A. 100 mL/hr
- B. 125 mL/hr**
- C. 167 mL/hr
- D. 200 mL/hr

Determine how fast to push the fluid by using volume over time. The rate equals the total volume divided by the infusion duration. Here, 500 mL should be delivered in 4 hours. $500 \div 4 = 125$. So program the pump to deliver 125 mL per hour. The solution's concentration (0.9% NaCl) doesn't change this rate calculation; it only tells you what's in the bag, not how quickly to deliver it. If you used a slower rate, the administration would take longer than 4 hours; a faster rate would finish sooner. So 125 mL per hour matches the requested 4-hour delivery.

8. Where is an IV ideally placed for most adults?

- A. Lower extremities.
- B. Upper extremities, preferably the hand or wrist, avoiding joints.**
- C. Through a joint to maximize access.
- D. The dominant arm is preferred for placement.

For most adults, placing a peripheral IV in the upper extremities is preferred because these veins are easier to access, easier to secure, and easier to monitor for complications. The veins in the hand or wrist are readily reachable, usually larger and straighter, and staying in the upper limb makes it simpler to keep the site clean and the line stable during movement. Avoid puncturing through a joint because bending or extending the joint can irritate or dislodge the catheter, increase the risk of infiltration or phlebitis, and make the line harder to keep in place. That's why the hand or forearm is favored over a site that would require going near a joint. Lower-extremity sites are generally avoided when possible because they carry higher risks of infection and thrombosis and can be harder to keep clean and secure. As for using the dominant arm, it's not typically chosen specifically for functional reasons; if feasible, many clinicians opt for the non-dominant arm to reduce interference with daily activities and a chance of dislodgement. So, the best choice is an IV placed in the upper extremity, preferably in the hand or wrist, avoiding joints.

9. Which of the following is a typical use of a central venous catheter?

- A. To perform peripheral venous pressure monitoring
- B. To place a nasogastric tube
- C. For central venous pressure monitoring**
- D. For subcutaneous insulin administration

Central venous catheters provide reliable access to large central veins for monitoring and delivering therapies that require central access. A typical use is central venous pressure monitoring, which involves connecting the catheter to a pressure transducer to measure the pressure in the right atrium or superior vena cava. This measurement helps estimate a patient's fluid status and cardiac preload, guiding fluid management and vasopressor therapy in seriously ill patients. The other options don't fit because measuring venous pressure via a central line isn't done with peripheral IV access, a nasogastric tube is placed through the nose to the stomach, and insulin is given by subcutaneous injection rather than through a central venous catheter.

10. If resistance is met while withdrawing a PICC line, what is the recommended action?

- A. Continue withdrawing slowly.**
- B. Stop and notify the healthcare provider.**
- C. Apply more force to complete removal.**
- D. Ignore the resistance and proceed.**

When a PICC line meets resistance during withdrawal, something may be snagging the catheter or a blockage is present. The safe move is to stop the attempt and notify the healthcare provider. Forcing removal can cause the catheter to break, leave fragments inside a vein, or injure the vessel, which might lead to embolization or infection. The provider will assess the situation, possibly with imaging or a guided removal plan, to retrieve the line safely. Continuing to pull with more force or ignoring the resistance could cause serious harm, so the prudent action is to pause and seek professional guidance.

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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://nmnc4335ivskills.examzify.com>

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

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