

NMNC 4335 IV SKILLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 mechanism explains the movement of water when a hypertonic IV solution is infused?**
 - A. Osmosis
 - B. Diffusion
 - C. Active transport
 - D. Facilitated diffusion

- 2. Why is daily weight monitoring recommended during IV therapy?**
 - A. To evaluate fluid balance
 - B. To monitor electrolyte concentration
 - C. To assess infection risk
 - D. To measure blood glucose

- 3. Define IV infiltration and list the initial management steps.**
 - A. Infiltration is leakage of IV fluids into surrounding tissue; manage by stopping infusion, removing catheter, elevating limb, and applying cold or warm therapy per agent.
 - B. Infiltration is infection at the site; treat with antibiotics.
 - C. Infiltration is a rapid infusion causing hypervolemia; slow down.
 - D. Infiltration is a reaction to medication; stop and monitor.

- 4. Which IV gauge is typically preferred for an initial peripheral IV in an adult with no anticipated rapid fluid needs?**
 - A. 18-gauge
 - B. 20- or 22-gauge peripheral IV catheter
 - C. 24-gauge
 - D. 16-gauge

- 5. Why are older adults at risk for fluid and electrolyte imbalance during postoperative care?**
 - A. Small losses of fluid are significant because body fluids account for 45%-50% of body weight
 - B. They drink too little water
 - C. They have higher thirst
 - D. Fluid compartments are smaller in the elderly

- 6. To manage an extravasation when aspiration is not possible, what is the correct initial action?**
- A. Stop infusion, disconnect line, notify physician, and follow extravasation protocol.
 - B. Continue infusion at slower rate.
 - C. Flush with saline.
 - D. Apply ice.
- 7. When a client's total parenteral nutrition (TPN) bag is empty, which action is appropriate for the nurse to take?**
- A. Perform a finger stick glucose test and call the primary health care provider with the results.
 - B. Hang a bag of 10% dextrose at the ordered TPN rate and place an urgent request for the next TPN bag.
 - C. Discontinue the infusion and flush the intravenous (IV) line with saline solution until the next TPN bag is ready.
 - D. Hang a bag of 5% dextrose at a keep-open rate and notify the nurse manager of the occurrence.
- 8. What is the first step when an occlusion is suspected in the IV line?**
- A. Stop infusion and inspect tubing and catheter; check patency; replace as needed.
 - B. Continue infusion to see if it clears.
 - C. Flush with large-volume saline without assessment.
 - D. Remove line immediately without assessment.
- 9. During the initial phase of a blood product transfusion, what is the recommended nursing action?**
- A. Stay with client during the first 15 minutes of infusion.
 - B. Flush with saline during the first minute.
 - C. Begin rapid infusion immediately.
 - D. Infuse through a central line only within the first hour
- 10. 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

Answers

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

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Explanations

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1. Which mechanism explains the movement of water when a hypertonic IV solution is infused?

- A. Osmosis**
- B. Diffusion
- C. Active transport
- D. Facilitated diffusion

Osmosis is the movement of water across a semipermeable membrane from a region of lower solute concentration to a region of higher solute concentration, driven by the need to equalize osmolarity on both sides. When a hypertonic IV solution is infused, the extracellular fluid becomes more concentrated with solutes than the intracellular fluid. Because water moves toward the higher solute concentration to balance levels, water flows out of cells and into the extracellular space and bloodstream. This water movement occurs through water channels in the cell membranes (aquaporins) and does not require energy. Other mechanisms involve solute movement rather than water. Diffusion moves solutes down their concentration gradients; active transport uses energy to move substances against their gradients; facilitated diffusion assists solutes across membranes down their gradients via transport proteins. None of these describe the solvent (water) moving in response to osmotic pressure, which is osmosis.

2. Why is daily weight monitoring recommended during IV therapy?

- A. To evaluate fluid balance**
- B. To monitor electrolyte concentration
- C. To assess infection risk
- D. To measure blood glucose

Tracking fluid status is the key idea. Daily weight reflects net changes in body water, so when IV fluids are given (or removed through diuretics or output), weight helps show whether the patient is gaining or losing fluid. A steady increase suggests fluid overload or edema risk, while a decrease can indicate dehydration or insufficient fluid intake. Keeping track under consistent conditions (same scale, same time of day, similar clothing) makes the changes meaningful and helps guide adjustments to the IV fluid rate or type to maintain balanced fluid status and prevent complications. Electrolyte levels need lab tests, infection risk is assessed by signs and labs, and blood glucose is measured separately, so they aren't indicated by daily weight in the same direct way.

3. Define IV infiltration and list the initial management steps.

- A. Infiltration is leakage of IV fluids into surrounding tissue; manage by stopping infusion, removing catheter, elevating limb, and applying cold or warm therapy per agent.**
- B. Infiltration is infection at the site; treat with antibiotics.
- C. Infiltration is a rapid infusion causing hypervolemia; slow down.
- D. Infiltration is a reaction to medication; stop and monitor.

IV infiltration means the IV fluid leaks into the surrounding tissue instead of staying in the vein. This often shows up as swelling, cool or pale skin in the area, and tenderness, and it's different from an infection or a reaction elsewhere in the body. The first steps are to stop the infusion to prevent more fluid from leaking, then remove the IV catheter. Elevate the limb to reduce swelling, and assess the extent of the infiltration. Apply a cold or warm compress as appropriate for the specific agent being infused (cold for most infiltrations to limit damage, warm if the medication's guidelines call for it). Document what happened, monitor for progression or tissue damage, and notify the clinician as needed.

4. Which IV gauge is typically preferred for an initial peripheral IV in an adult with no anticipated rapid fluid needs?

- A. 18-gauge
- B. 20- or 22-gauge peripheral IV catheter**
- C. 24-gauge
- D. 16-gauge

When you're placing an initial peripheral IV in an adult who isn't expecting rapid fluid needs, you want a line that is easy to place, reliable, and capable of delivering most typical fluids and medications without causing unnecessary vein damage. A mid-range bore around 20 to 22 gauge hits that sweet spot. It's large enough to support standard IV fluids and many drugs, yet small enough to be placed quickly with less trauma, improving first-attempt success and patient comfort. A larger bore, such as an 18 or 16 gauge, would be chosen only if you anticipate rapid or massive fluid administration or transfusion, where faster flow is essential. A very small bore, like 24 gauge, can be harder to use for many IV medications and fluids and may be slower, though it can be appropriate for fragile or difficult veins in certain patients. Therefore, the typical choice in this scenario is a 20- or 22-gauge peripheral IV.

5. Why are older adults at risk for fluid and electrolyte imbalance during postoperative care?

- A. Small losses of fluid are significant because body fluids account for 45%-50% of body weight**
- B. They drink too little water
- C. They have higher thirst
- D. Fluid compartments are smaller in the elderly

The main idea is that older adults have less total body water. In younger people, about 60% of body weight is water; in older adults it's around 45–50%. That means their fluid reserve is smaller, so even a small amount of fluid loss during and after surgery can represent a large percentage of their body's water. This makes dehydration and electrolyte imbalances more likely and more impactful in the elderly, especially with postoperative factors like drainage, fever, insensible losses, and limited oral intake. So the reason small losses are significant is the reduced amount of body fluids they carry relative to their weight.

6. To manage an extravasation when aspiration is not possible, what is the correct initial action?

- A. Stop infusion, disconnect line, notify physician, and follow extravasation protocol.**
- B. Continue infusion at slower rate.
- C. Flush with saline.
- D. Apply ice.

The key action is to stop the infusion immediately and disconnect the line to prevent any more drug from entering the tissue. When aspiration isn't possible, there's no quick way to remove the leaked drug from the tissue, so halting exposure is the priority. After stopping, notify the physician and follow the extravasation protocol to ensure that the correct antidotes or treatments are given and the situation is documented properly. Flushing with saline would only push more drug into the tissue and delay appropriate treatment, while continuing the infusion would worsen injury. Ice or other cooling procedures aren't the initial step; they may be used later based on the specific agent and protocol, but the first move is to stop and escalate.

7. When a client's total parenteral nutrition (TPN) bag is empty, which action is appropriate for the nurse to take?

- A. Perform a finger stick glucose test and call the primary health care provider with the results.
- B. Hang a bag of 10% dextrose at the ordered TPN rate and place an urgent request for the next TPN bag.**
- C. Discontinue the infusion and flush the intravenous (IV) line with saline solution until the next TPN bag is ready.
- D. Hang a bag of 5% dextrose at a keep-open rate and notify the nurse manager of the occurrence.

When a TPN bag runs dry, stopping the glucose delivery abruptly can cause dangerous hypoglycemia. To prevent that, you provide a glucose-containing solution to bridge the gap and keep blood glucose stable until the next TPN bag is available. The best action is to hang a bag of dextrose 10% at the same rate as the prior TPN and arrange for the next TPN bag to be prepared urgently. This maintains continuous glucose delivery and minimizes risk, while you coordinate replacement. Why the other options don't fit: simply checking a finger-stick glucose and calling the provider doesn't prevent a drop in glucose right away. Discontinuing the infusion and flushing with saline stops glucose delivery entirely and isn't safe. Using a keep-open rate with 5% dextrose is inadequate to match the prior TPN's glucose provision and could leave the patient under-fueled.

8. What is the first step when an occlusion is suspected in the IV line?

- A. Stop infusion and inspect tubing and catheter; check patency; replace as needed.**
- B. Continue infusion to see if it clears.
- C. Flush with large-volume saline without assessment.
- D. Remove line immediately without assessment.

When an IV line is suspected to be occluded, the top priority is patient safety and preserving access. The first step is to stop the infusion to halt any more fluid or medication from being forced into a blocked line and to prevent potential extravasation or vein irritation. After stopping the flow, inspect the setup carefully. Look for simple mechanical causes like kinks in the tubing, a closed or clamped line, loose connections, or dislodgement. Also check the catheter site for signs of infiltration or phlebitis. Next, test patency with a gentle saline flush to see whether the line can be cleared. If the flush passes easily, you may be able to resume the infusion. If there is resistance or no patency, avoid forcing fluid and plan to replace the line or reposition the catheter as needed. Continuing the infusion to see if it clears or flushing with a large volume without assessment are not appropriate steps, and removing the line without assessment should be avoided because you might lose IV access unnecessarily.

9. During the initial phase of a blood product transfusion, what is the recommended nursing action?

- A. Stay with client during the first 15 minutes of infusion.
- B. Flush with saline during the first minute.
- C. Begin rapid infusion immediately.
- D. Infuse through a central line only within the first hour

The key idea here is close monitoring during the first phase of a blood transfusion. Most transfusion reactions occur early, so staying with the patient during the initial 15 minutes allows you to notice any clues quickly—fever, chills, itching, back or chest pain, shortness of breath, or sudden changes in breathing or blood pressure. By watching closely and stopping the transfusion at the first sign of a reaction, you prevent worsening harm and can initiate appropriate interventions immediately. If the patient tolerates this initial period, you can continue the infusion at a safe pace with ongoing monitoring. For context, starting the transfusion at a slow rate during this first interval provides a window to detect intolerance before a large volume is infused. While ongoing monitoring continues after the initial phase, the priority is having a trained nurse at the bedside to respond promptly if a reaction develops.

10. 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.

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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