

NMNC 4335 IV SKILLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://nmnc4335ivskills.examzify.com>



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	15

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. Before hanging an IV solution that contains potassium, which assessment is essential?**
 - A. Urine output
 - B. Arterial blood gases
 - C. Fullness of neck veins
 - D. Serum potassium laboratory value in the electronic health record
- 2. Which nursing action would the nurse perform first if nerve damage is suspected during an intravenous catheter insertion?**
 - A. Clean the exit site with alcohol.
 - B. Apply a warm compress.
 - C. Elevate the affected limb.
 - D. Immediately stop the insertion if the client reports extreme pain.
- 3. What should be done to ensure the catheter tip is intact after removal?**
 - A. Inspect catheter tip to determine that it is intact.
 - B. Rinse the catheter.
 - C. Cut the catheter.
 - D. Dispose of the catheter immediately.
- 4. Which practice is essential to prevent infection with central venous catheters?**
 - A. Use sterile technique for dressing changes and flushes
 - B. Reuse dressings
 - C. Use non-sterile gloves
 - D. Clean with soap and water only
- 5. When during withdrawal should the patient perform the Valsalva maneuver?**
 - A. At the start of withdrawal.
 - B. During the entire withdrawal.
 - C. As the last 5-10 cm of the catheter is withdrawn.
 - D. Never.

- 6. Which sign most clearly indicates a transfusion reaction?**
- A. Temperature change and tachycardia
 - B. Weight gain
 - C. Increased appetite
 - D. Improved mental status
- 7. 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
- 8. What is the purpose of an infusion pump alarm and how should you respond to an occlusion alarm?**
- A. To alert about occlusion or flow issues; respond by inspecting tubing for kinks, checking the catheter, ensuring the line is patent, and replacing if needed.
 - B. To indicate battery low; ignore and continue.
 - C. To suggest replacing bag every hour; replace immediately without checks.
 - D. To indicate infusion complete; remove device.
- 9. Provide the formula to calculate gravity drip rate (drops per minute) for a given volume, time, and drop factor.**
- A. $\text{Drip rate (gtt/min)} = (\text{Volume in mL} \times \text{Drop factor}) \div \text{Time in minutes}$.
 - B. $\text{Drip rate} = \text{Time in minutes} \div (\text{Volume in mL} \times \text{Drop factor})$.
 - C. $\text{Drip rate} = \text{Volume in mL} \div \text{Time in minutes}$.
 - D. $\text{Drip rate} = \text{Drop factor} \div (\text{Volume} \times \text{Time})$.
- 10. Why is regular flushing of a peripheral IV with saline important?**
- A. To maintain catheter patency, prevent occlusion, and ensure continuous delivery of medications.
 - B. To minimize patient movement.
 - C. To shorten IV therapy.
 - D. To avoid any maintenance.

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Before hanging an IV solution that contains potassium, which assessment is essential?

- A. Urine output**
- B. Arterial blood gases
- C. Fullness of neck veins
- D. Serum potassium laboratory value in the electronic health record

Potassium-containing IV solutions add potassium to the body, and the kidneys are the main route for clearing that potassium. A reliable indicator that the kidneys can handle this load is whether the patient is producing urine. Adequate urine output shows the kidneys are functioning well enough to excrete the extra potassium, helping prevent dangerous hyperkalemia and potential cardiac problems. If urine output is absent or very low, starting potassium-containing fluids could cause potassium to accumulate, so you would withhold the solution and notify the provider. While other assessments like arterial blood gases or fluid status can provide important information, they don't directly tell you whether the body can safely handle an added potassium load at that moment. Checking the current serum potassium is still important, but the immediate safety check is ensuring there is adequate urine output to excrete the potassium.

2. Which nursing action would the nurse perform first if nerve damage is suspected during an intravenous catheter insertion?

- A. Clean the exit site with alcohol.
- B. Apply a warm compress.
- C. Elevate the affected limb.
- D. Immediately stop the insertion if the client reports extreme pain.**

When a nerve injury is a possibility during IV insertion, the priority is to prevent further harm by stopping the procedure at once. Extreme pain during needle advancement strongly suggests that the needle or catheter may have contacted a nerve, so continuing could worsen injury. Halting the insertion, then assessing the limb for any sensory or motor changes and removing the device if needed, is the essential first step. Only after ensuring there's no ongoing nerve injury would other care measures be considered. The other actions don't address the immediate risk and could delay necessary assessment.

3. What should be done to ensure the catheter tip is intact after removal?

- A. Inspect catheter tip to determine that it is intact.**
- B. Rinse the catheter.
- C. Cut the catheter.
- D. Dispose of the catheter immediately.

After removing a catheter, the essential step is to visually inspect the catheter tip to confirm it is intact. This check ensures there isn't a fragment left inside the patient and that the device wasn't damaged during use, which could lead to complications such as irritation, obstruction, or infection. Rinsing the catheter won't reveal missing or damaged parts, and cutting or disposing of it immediately prevents you from verifying its integrity. If the tip appears damaged or incomplete, follow your facility's protocol and report it to the appropriate supervisor for further assessment.

4. Which practice is essential to prevent infection with central venous catheters?

- A. Use sterile technique for dressing changes and flushes**
- B. Reuse dressings
- C. Use non-sterile gloves
- D. Clean with soap and water only

Central venous catheters bypass the body's natural barriers, so every contact with the catheter must be done with aseptic technique to prevent microbes from entering the bloodstream. Using sterile technique during dressing changes and when flushing the line creates a sterile barrier around the catheter site and hubs, reducing the chance of introducing infection. This includes performing hand hygiene, using sterile gloves and supplies, preparing the skin with an appropriate antiseptic, and keeping the catheter area free from non-sterile contact. Reusing dressings breaks the barrier and can harbor bacteria, non-sterile gloves can transfer contaminants, and cleaning with soap and water alone does not provide the necessary sterile barrier for invasive devices. Therefore, sterile technique for dressing changes and flushes is essential.

5. When during withdrawal should the patient perform the Valsalva maneuver?

- A. At the start of withdrawal.
- B. During the entire withdrawal.
- C. As the last 5-10 cm of the catheter is withdrawn.**
- D. Never.

The key idea is preventing air from entering the venous system during the actual withdrawal of a central line. The Valsalva maneuver increases intrathoracic pressure and central venous pressure, which reduces the pressure gradient that would otherwise pull air into the vein as the catheter tip moves from the vessel into the external environment. Doing this at the point when the catheter is almost out—specifically the last 5–10 cm—provides the best protection, because that's when the venous entry is most exposed to atmospheric air. If performed earlier or throughout the whole withdrawal, the protective effect is not as focused where the risk is highest. If the patient cannot perform Valsalva, the same principle is applied by coordinating with the removal so that the maneuver coincides with the final part of withdrawal.

6. Which sign most clearly indicates a transfusion reaction?

- A. Temperature change and tachycardia**
- B. Weight gain
- C. Increased appetite
- D. Improved mental status

The main idea is that an acute transfusion reaction shows up in vital signs changes right during or shortly after the transfusion. The body's immune and inflammatory responses to the transfused blood often trigger a fever and a faster heart rate as it reacts to the new blood. Among the options, the combination of a temperature change with tachycardia best matches that immediate, systemic response you'd expect with a transfusion reaction. The other signs—weight gain, increased appetite, or improved mental status—don't reflect the typical acute reaction to transfused blood. So the temperature change together with tachycardia is the clearest indicator.

7. 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.

8. What is the purpose of an infusion pump alarm and how should you respond to an occlusion alarm?

- A. To alert about occlusion or flow issues; respond by inspecting tubing for kinks, checking the catheter, ensuring the line is patent, and replacing if needed.
- B. To indicate battery low; ignore and continue.
- C. To suggest replacing bag every hour; replace immediately without checks.**
- D. To indicate infusion complete; remove device.

Infusion pump alarms warn you about problems that block or slow the flow of IV fluid. An occlusion alarm means there's resistance or a blockage in the line preventing fluid from moving at the set rate. Respond by pausing or stopping the pump and inspecting the entire infusion path: look for kinks or twists in the tubing, check the catheter insertion site for signs of obstruction or swelling, ensure the line is patent and not clamped, and verify the bag isn't empty and the connections are secure. If you can't find or fix the cause quickly, replace the tubing and/or the bag as needed and notify the clinician if the alarm persists.

9. Provide the formula to calculate gravity drip rate (drops per minute) for a given volume, time, and drop factor.

- A. Drip rate (gtt/min) = (Volume in mL × Drop factor) ÷ Time in minutes.**
- B. Drip rate = Time in minutes ÷ (Volume in mL × Drop factor).
- C. Drip rate = Volume in mL ÷ Time in minutes.
- D. Drip rate = Drop factor ÷ (Volume × Time).

Calculating the gravity drip rate in drops per minute relies on volume, time, and the drop factor. The drop factor tells you how many drops make up 1 mL, so you first convert the total volume into drops by multiplying volume (mL) by the drop factor, then you divide by the time (minutes) to get drops per minute. So the correct formula is: Drip rate (gtt/min) = (Volume in mL × Drop factor) ÷ Time in minutes. For example, delivering 100 mL over 30 minutes with a drop factor of 20 gtt/mL yields $(100 \times 20) / 30 = 2000/30 \approx 66.7$ gtt/min. Other approaches would omit the drop factor, or place time in the numerator, which would not produce the correct units or rate.

10. Why is regular flushing of a peripheral IV with saline important?

- A. To maintain catheter patency, prevent occlusion, and ensure continuous delivery of medications.
- B. To minimize patient movement.**
- C. To shorten IV therapy.
- D. To avoid any maintenance.

Regular saline flushing keeps the IV catheter open and reliable. By pushing saline through before and after medications, you clear any residual blood, meds, or small clots that can start to form inside the lumen. This helps prevent occlusion so the line remains patent and the prescribed doses actually reach the patient. Flushing also lets you detect problems early—if you have trouble flushing, there may be an occlusion, kink, or infiltration that needs attention. This is a routine maintenance task aimed at preserving the line's function for the full course of therapy, not about reducing movement, shortening therapy, or avoiding maintenance.

SAMPLE

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!

SAMPLE