ORMC Progressive Care Unit (PCU) 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

1. What does Failure to Pace look like on ECG?

A. Absence of pacing spikes

B. Regular pacing spikes with capture

C. Pacing spikes preceding QRS with capture

D. Extraneous pacing spikes without capture

2. Which labs are checked to diagnose MI?

A. Hemoglobin and hematocrit

B. Blood glucose and lipid panel

C. D-dimer and CRP

D. Troponin and CK-MB

3. Which sign is associated with hypocalcemia?

A. Kernig sign

B. Chvostek sign

C. Babinski sign

D. Romberg sign

4. Which therapy moves potassium from the bloodstream into cells in the treatment of hyperkalemia?

A. Calcium

B. Insulin

C. Potassium-sparing diuretics

D. Dialysis

5. When rupture is suspected, which sign is most indicative?

A. Unexplained rapid hypotension.

B. Hypertension.

C. Weight gain.

D. Fever.

6. If bubbling continues after the initial assessment step, what is the next recommended action?

A. Continue down the line every 12 inches

B. Submerge the drainage system in water

C. Clamp the chest tube

D. Replace the chest tube

7. Which combination of diagnostic studies is commonly used to evaluate heart failure?

A. Electrocardiography and Chest X-ray

B. Cardiac MRI and CT angiography

C. Serum lipid panel and BP measurement

D. Echo and Stress Test

8. Which stage follows the diuresis phase in AKI?

A. Initiation

B. Oliguric

C. Recovery

D. Maintenance

9. Intrarenal AKI occurs where?

A. In the kidney itself

B. In the renal artery

C. In the ureter

D. In the bladder

10. Which finding best represents left-sided signs on exam?

A. Pleural effusion

B. Gargling

C. Stridor

D. Crackles

Answers

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

Explanations

1. What does Failure to Pace look like on ECG?

A. Absence of pacing spikes

B. Regular pacing spikes with capture

C. Pacing spikes preceding QRS with capture

D. Extraneous pacing spikes without capture

Focus on the device delivering impulses. Failure to pace shows up on ECG as no pacing spikes at all. If the pacemaker isn't delivering impulses, you won't see the vertical pacing markers that would normally precede a QRS or a P wave. The heart then relies solely on its intrinsic rhythm, which may be slower or irregular. In contrast, pacing with capture means you'll see a pacing spike followed by a QRS complex (and possibly a P wave if atrial pacing). Pacing spikes present but without a following QRS indicate loss of capture, not failure to pace. Extraneous spikes without a captured beat would look different too. So the absence of pacing spikes specifically signals failure to pace. If that occurs, check the pacemaker function, leads, and battery, and notify the care team.

2. Which labs are checked to diagnose MI?

A. Hemoglobin and hematocrit

B. Blood glucose and lipid panel

C. D-dimer and CRP

D. Troponin and CK-MB

Diagnosing an MI hinges on proving myocardial injury with cardiac biomarkers. Troponin levels rise specifically in heart muscle injury and are highly sensitive and specific for myocardial damage, making them the primary marker used to diagnose an MI. CK-MB is another heart-specific enzyme that rises with injury and helps confirm the diagnosis and, in some cases, distinguish a new event from a previously injured heart tissue since it returns to baseline sooner than troponin. The other labs don't directly diagnose an acute MI. Hemoglobin and hematocrit assess blood's oxygen-carrying capacity and anemia, not myocardial injury. A blood glucose level and lipid panel reflect metabolic risk factors rather than an acute injury event. D-dimer and CRP indicate clotting activity or inflammation but are not specific or definitive for diagnosing an MI. So the combination of troponin and CK-MB directly reflects cardiac muscle injury and is used to diagnose myocardial infarction.

3. Which sign is associated with hypocalcemia?

A. Kernig sign

B. Chvostek sign

C. Babinski sign

D. Romberg sign

Low calcium makes nerves and muscles more excitable, so small stimuli can trigger muscle contractions. The sign associated with hypocalcemia is seen when tapping the facial nerve just in front of the ear; this elicits twitching of the facial muscles on the same side. This response reflects the increased neuromuscular irritability that occurs with low calcium levels. In contrast, Kernig sign relates to meningeal irritation, Babinski sign to corticospinal tract problems, and Romberg sign to proprioceptive or vestibular issues, none of which are specific to hypocalcemia.

4. Which therapy moves potassium from the bloodstream into cells in the treatment of hyperkalemia?

A. Calcium

B. Insulin

C. Potassium-sparing diuretics

D. Dialysis

In hyperkalemia, the quickest way to reduce dangerous potassium levels is to move potassium from the blood into cells. Insulin accomplishes this by activating the Na+/K+ ATPase pump on cell membranes, which pumps potassium from the extracellular space into cells. To avoid low blood sugar, insulin is given with glucose. This shift lowers serum potassium rapidly and buys time for other methods to remove potassium from the body. Calcium helps stabilize the heart's electrical activity but does not lower potassium itself. Potassium-sparing diuretics and dialysis remove potassium from the body in other ways and do not achieve the intracellular shift like insulin does.

5. When rupture is suspected, which sign is most indicative?

A. Unexplained rapid hypotension.

B. Hypertension.

C. Weight gain.

D. Fever.

When rupture is suspected, the most indicative sign is a sudden, unexplained drop in blood pressure. This reflects acute internal bleeding that drops the circulating blood volume, leading to hypovolemic (shock) physiology. The body may respond with a fast heart rate, pallor, and cool, clammy skin, but the key clue is the abrupt hypotension signaling a critical bleed. Hypertension wouldn't point to rupture, since bleeding typically causes the opposite effect. Weight gain can occur with fluid shifts or other conditions but isn't an immediate, specific cue for rupture. Fever suggests infection or inflammation rather than acute hemorrhage. In a PCU setting, recognizing rapid hypotension as an emergency is crucial and prompts immediate intervention to control bleeding and support circulation.

6. If bubbling continues after the initial assessment step, what is the next recommended action?

A. Continue down the line every 12 inches

B. Submerge the drainage system in water

C. Clamp the chest tube

D. Replace the chest tube

Continuous bubbling with a chest-tube drainage system means there's an ongoing air leak somewhere along the circuit or from the patient's pleural space. The next recommended action is to submerge the drainage system in water. Immersing the entire setup creates an underwater seal and makes leaks easier to detect and isolate. This step helps you determine whether the leak is in the tubing or connections versus coming from the patient, so you can address the issue without removing the chest tube or compromising patient safety. Other options don't directly address the leak: continuing to feed the line won't fix the problem, clamping the chest tube can risk a dangerous pressure buildup if air remains in the pleural space, and replacing the chest tube is a more invasive step that isn't warranted until you've assessed and secured the current system.

7. Which combination of diagnostic studies is commonly used to evaluate heart failure?

A. Electrocardiography and Chest X-ray

B. Cardiac MRI and CT angiography

C. Serum lipid panel and BP measurement

D. Echo and Stress Test

Evaluating heart failure hinges on assessing both how well the heart pumps and whether blood flow issues are contributing to symptoms. Echocardiography uses ultrasound to visualize heart chambers, measure ejection fraction, evaluate diastolic function, assess wall motion, and check for valvular problems. This provides a direct, objective picture of cardiac function and structure, which is essential for diagnosing heart failure and guiding treatment. A stress test adds the functional piece by showing how the heart performs under exertion, and it can reveal inducible ischemia and estimate the patient's exercise tolerance. This helps determine whether coronary artery disease is a driver of the heart failure and informs prognosis and management decisions. Together, these two tests give a comprehensive view: detailed pump function and ischemia assessment, making them the most commonly used combination for evaluating heart failure. The other options either show heart-related issues without quantifying function (ECG with chest X-ray), use more specialized imaging not routinely needed first-line (cardiac MRI/CT angiography), or focus on risk factors rather than current cardiac status (lipid panel and blood pressure).

8. Which stage follows the diuresis phase in AKI?

A. Initiation

B. Oliguric

C. Recovery

D. Maintenance

In AKI progression, diuresis is the phase where urine output rises as tubules recover, even though filtration and concentrating ability are still impaired. The kidneys may continue to lose fluids and electrolytes during this time, so fluid and electrolyte management remains important. The stage that follows diuresis is recovery, as glomerular filtration rate continues to improve and renal function gradually returns toward baseline. Clinically, you'd expect urine output to stabilize and BUN and creatinine to trend downward as recovery progresses. So, the phase after diuresis is recovery.

9. Intrarenal AKI occurs where?

A. In the kidney itself

B. In the renal artery

C. In the ureter

D. In the bladder

Intrarenal AKI means injury to the kidney tissue itself—the renal parenchyma. This intrinsic renal damage can arise from ischemia or exposure to nephrotoxins, inflammatory or glomerular/interstitial diseases, and it directly affects the structures inside the kidney. This is different from prerenal AKI, where the problem is reduced blood flow to the kidneys (before the kidney filters the blood), and from postrenal AKI, where obstruction in the urinary tract after filtration (such as in the ureter or bladder) leads to kidney injury. So the site of injury for intrarenal AKI is inside the kidney itself.

10. Which finding best represents left-sided signs on exam?

A. Pleural effusion

B. Gargling

C. Stridor

D. Crackles

Left-sided problems, such as left ventricular failure, back up fluid into the lungs and cause pulmonary edema. That fluid in the alveoli and interstitium changes the way air moves when you breathe, and you hear crackles (often at the bases) with lung auscultation. Crackles are the classic lung sound indicating left-sided involvement because they directly reflect fluid in the lungs from the backward pressure of the failing left heart. Pleural effusion can occur with heart failure too, but it isn't as specific to left-sided pulmonary involvement and you'd expect decreased breath sounds or dullness to percussion over the affected area rather than the widespread crackling sounds of edema. Gargling and stridor come from the upper airway or throat and don't indicate left-sided cardiac dysfunction.

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://ormcpcu.examzify.com

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