

ORMC PROGRESSIVE CARE UNIT (PCU) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 context of a ruptured abdominal aortic aneurysm, which description is accurate?**
 - A. A ruptured AAA has ruptured causing sudden internal bleeding.
 - B. AAA remains intact during rupture.
 - C. Ruptured AAA causes only mild symptoms.
 - D. Ruptured AAA is never life-threatening.

- 2. What is a common management step for pacemaker oversensing?**
 - A. Replacing the generator
 - B. Increasing pacing rate
 - C. Initiating anticoagulation
 - D. Adjusting the sensing sensitivity to reduce oversensing

- 3. ST depression represents?**
 - A. Subendocardial ischemia
 - B. Transmural ischemia
 - C. Right ventricular strain
 - D. Pericardial effusion

- 4. A Glasgow Coma Scale score of 3 best indicates which level of brain function?**
 - A. Severe impairment
 - B. Normal function
 - C. Mild impairment
 - D. Moderate impairment

- 5. When rupture is suspected, which sign is most indicative?**
 - A. Unexplained rapid hypotension.
 - B. Hypertension.
 - C. Weight gain.
 - D. Fever.

- 6. Which scenario is a typical indication for transcutaneous pacing?**
- A. Normal sinus rhythm
 - B. Mild dizziness
 - C. Tachycardia with narrow complex
 - D. Bradycardia unresponsive to drugs
- 7. What are signs of digoxin toxicity in a PCU patient, and what monitoring is required?**
- A. Nausea, vomiting, confusion, visual disturbances, bradycardia, or arrhythmias; monitor serum digoxin level and potassium; check for drug interactions.
 - B. Hypertension and weight gain; monitor triglycerides.
 - C. Abdominal pain only; monitor liver enzymes.
 - D. Cough and wheeze; monitor spirometry.
- 8. Which symptom is commonly associated with DKA?**
- A. Bradycardia
 - B. Hypothermia
 - C. Polyuria
 - D. Weight gain
- 9. Which class is used for preload and afterload reduction in heart failure?**
- A. Digoxin
 - B. ACE inhibitors
 - C. Anticoagulants
 - D. Vasodilators
- 10. How should therapeutic heparin anticoagulation be monitored in the PCU, and what signs indicate potential complications?**
- A. Monitor aPTT or anti-Xa per protocol; keep within target range; monitor for bleeding and signs of HIT; assess platelets and bleeding precautions.
 - B. Monitor INR and PT; adjust dosing based on warfarin guidelines.
 - C. Monitor daily weight; check blood glucose.
 - D. Monitor liver enzymes and bilirubin; assess for jaundice.

Answers

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

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Explanations

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1. In the context of a ruptured abdominal aortic aneurysm, which description is accurate?

- A. A ruptured AAA has ruptured causing sudden internal bleeding.
- B. AAA remains intact during rupture.
- C. Ruptured AAA causes only mild symptoms.**
- D. Ruptured AAA is never life-threatening.

Rupture of an abdominal aortic aneurysm is a vascular emergency that involves a tear in the weakened artery wall, leading to rapid internal bleeding into the abdomen or retroperitoneal space. This causes abrupt onset severe abdominal or back pain, possible tearing sensation, and signs of hypovolemic shock as blood loss progresses. Because the bleeding is rapid and the patient can deteriorate quickly, this is a life-threatening situation that requires immediate surgical control of the bleeding. The description that the aneurysm remains intact during rupture is contradictory to the event itself. The notion of only mild symptoms underestimates the abrupt and severe presentation that often accompanies ruptured AAA. And stating it is never life-threatening is clearly incorrect given the high mortality associated with delayed or absent surgical intervention. In practice, suspected rupture calls for rapid assessment, securing airway and circulation, two large-bore IVs, prompt fluids or blood products as indicated, and urgent transport to a facility capable of emergent vascular repair.

2. What is a common management step for pacemaker oversensing?

- A. Replacing the generator
- B. Increasing pacing rate
- C. Initiating anticoagulation
- D. Adjusting the sensing sensitivity to reduce oversensing**

Oversensing happens when the pacemaker picks up signals that aren't true heartbeats, causing inappropriate inhibition of pacing or miscounting events. The best management is to adjust the device's sensing sensitivity to reduce detection of those noncardiac signals. By making the sensing threshold less sensitive (increasing the threshold), the pacemaker is less likely to register noise, T waves, or EMI as valid events, while still reliably sensing true intrinsic beats. This approach directly targets the sensing problem and preserves pacing function. Replacing the generator, increasing the pacing rate, or starting anticoagulation do not address the sensing issue and are not appropriate first steps.

3. ST depression represents?

- A. Subendocardial ischemia**
- B. Transmural ischemia
- C. Right ventricular strain
- D. Pericardial effusion

ST depression indicates subendocardial ischemia. When ischemia affects only the inner layer of the heart wall, the injury current during resting ECG shifts the ST segment downward in the leads that reflect the affected area. This downward or horizontal/downsloping ST depression is a hallmark of partial-thickness ischemia, such as in non-ST elevation myocardial infarction or supply-demand mismatch. In contrast, if the entire wall thickness is involved (transmural ischemia), the typical pattern is ST elevation in the corresponding leads. Other findings like right ventricular strain or pericardial effusion produce different ECG patterns—these do not present with the classic ST depression indicating subendocardial ischemia.

4. A Glasgow Coma Scale score of 3 best indicates which level of brain function?

- A. Severe impairment**
- B. Normal function
- C. Mild impairment
- D. Moderate impairment

Glasgow Coma Scale measures consciousness by looking at eye opening, verbal response, and motor response, with total scores ranging from 3 to 15. A score of 3 reflects no eye opening, no verbal response, and no motor response to any stimuli, which is the deepest level of unconsciousness. That state is considered coma and indicates severe impairment of brain function. Remember, a normal function is a top score of 15, and coma or severe impairment is typically associated with scores in the lower end of the scale.

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. Which scenario is a typical indication for transcutaneous pacing?

- A. Normal sinus rhythm
- B. Mild dizziness
- C. Tachycardia with narrow complex
- D. Bradycardia unresponsive to drugs**

Transcutaneous pacing is used as a temporary, noninvasive way to deliver external electrical impulses to the heart when the rhythm is too slow and is causing poor perfusion or instability. The scenario fits best when a patient has bradycardia that remains unresponsive to drug therapy, because medications that raise heart rate (like atropine or temporary pressors) have not succeeded, yet the patient still needs a rapid, reliable heart rate to maintain blood flow. In this situation, pacing pads are placed on the chest, a pacing rate is set, and energy levels are adjusted to ensure an adequate heart rate until a more permanent solution (like transvenous pacing) can be established. Normal sinus rhythm wouldn't require pacing, mild dizziness alone isn't specific enough to justify pacing, and tachycardia with a narrow complex is the opposite issue—pacing isn't used to speed up a heart that's already too fast.

7. What are signs of digoxin toxicity in a PCU patient, and what monitoring is required?

- A. Nausea, vomiting, confusion, visual disturbances, bradycardia, or arrhythmias; monitor serum digoxin level and potassium; check for drug interactions.**
- B. Hypertension and weight gain; monitor triglycerides.
- C. Abdominal pain only; monitor liver enzymes.
- D. Cough and wheeze; monitor spirometry.

Digoxin toxicity manifests in several interrelated ways: the GI system often shows up first with nausea and vomiting (sometimes accompanied by loss of appetite), the nervous system can present as confusion or altered mental status, and visual disturbances such as blurred vision or seeing yellow halos are classic. The heart is affected too, with bradycardia and potentially dangerous arrhythmias resulting from digoxin's effect on conduction and automaticity. In a PCU patient, monitoring aims to keep digoxin levels within a safe range while watching electrolytes and kidneys, since low potassium or impaired clearance heightens toxicity risk. Regularly checking the serum digoxin level, monitoring potassium and renal function, and reviewing drug interactions that can raise digoxin levels are essential. Continuous ECG monitoring and frequent pulse checks help catch rhythm problems early.

8. Which symptom is commonly associated with DKA?

- A. Bradycardia
- B. Hypothermia
- C. Polyuria**
- D. Weight gain

In DKA, severe insulin deficiency leads to high blood glucose. When glucose spills into the urine, it pulls water with it (osmotic diuresis), so the person produces a lot of urine. That increased urination is polyuria, a hallmark symptom of DKA due to the kidneys trying to excrete the excess glucose. This also explains the dehydration and thirst often seen. The other options don't fit as well: bradycardia isn't typical and dehydration usually causes a faster heart rate; hypothermia isn't a characteristic sign; and weight gain wouldn't occur because the body is in a catabolic state with weight loss from fluid loss and fat breakdown.

9. Which class is used for preload and afterload reduction in heart failure?

- A. Digoxin
- B. ACE inhibitors
- C. Anticoagulants
- D. Vasodilators**

In heart failure, lowering the heart's workload by reducing both venous return (preload) and the pressure the heart must pump against (afterload) improves cardiac output and symptoms. Vasodilators achieve this by acting on both sides of the circulation: dilating veins decreases venous return to the heart, which lowers preload and the filling pressures; dilating arteries lowers systemic vascular resistance, which decreases afterload. This dual action directly lowers the heart's workload and helps it pump more efficiently. That's why vasodilators are the best choice here. Digoxin mainly increases contractility without directly reducing preload or afterload; ACE inhibitors reduce afterload (and remodel the heart) but their primary, consistent effect is afterload reduction rather than preload; anticoagulants don't affect hemodynamics.

10. How should therapeutic heparin anticoagulation be monitored in the PCU, and what signs indicate potential complications?

A. Monitor aPTT or anti-Xa per protocol; keep within target range; monitor for bleeding and signs of HIT; assess platelets and bleeding precautions.

B. Monitor INR and PT; adjust dosing based on warfarin guidelines.

C. Monitor daily weight; check blood glucose.

D. Monitor liver enzymes and bilirubin; assess for jaundice.

Therapeutic heparin must be watched with lab tests because its effect varies between patients and over time, so you keep the anticoagulation within a safe but effective window. The standard way to do this in the PCU is to use aPTT or anti Xa levels, guided by the unit's protocol, to ensure the infusion stays in the target therapeutic range. If the test results are too high, you adjust the infusion to bring them back into range; if too low, you increase appropriately. Anti Xa is an alternative when aPTT is unreliable for some patients, but either method should be interpreted against the protocol's targets. Signs of potential complications center on bleeding and HIT. Bleeding can appear as overt bleeding (gum or IV site bleeding, petechiae, easy bruising, melena, hematemesis) or occult bleeding, so you monitor for any unusual bleeding and enforce bleeding precautions (careful handling of invasive lines, minimizing procedures, and reporting any abnormal bleeding promptly). HIT is a serious immune mediated reaction to heparin that lowers platelet counts and increases thrombosis risk; thus platelet counts are monitored per protocol and any sharp drop in platelets prompts investigation and management per protocol. If HIT is suspected, heparin is stopped and an alternative anticoagulant is used per policy. The other options don't fit because they focus on warfarin management (INR and PT) or unrelated parameters (daily weight, glucose, liver enzymes) that don't reflect how heparin's effect is measured or what complications to watch for.

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:

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

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