

Self-Evaluation Examination (SEE) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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	16

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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 main risk when using sodium nitroprusside in surgery?**
 - A. Hypotension**
 - B. Metabolic acidosis**
 - C. Hypertension rebound**
 - D. Cyanide toxicity**

- 2. Why are higher settings of desflurane required at higher altitudes?**
 - A. Decreased concentration of desflurane at higher altitudes**
 - B. Decreased partial pressure of desflurane at higher altitudes**
 - C. Higher room temperature effects**
 - D. This statement is incorrect; equivalent settings produce the same anesthetic effect**

- 3. What is the delivery rate of the oxygen flush valve?**
 - A. 10 - 20 L/min**
 - B. 20 - 30 L/min**
 - C. 35 - 75 L/min**
 - D. 80 - 100 L/min**

- 4. Which clinical manifestation is most consistent with aspiration pneumonitis?**
 - A. Tachypnea**
 - B. Arterial hypoxemia**
 - C. Bronchospasm**
 - D. Pulmonary vasoconstriction**

- 5. Which outcome is least associated with a celiac plexus block?**
 - A. Diarrhea**
 - B. Orthostatic hypotension**
 - C. Retroperitoneal hemorrhage**
 - D. Urinary incontinence**

- 6. In nephrogenic diabetes insipidus, what is the primary problem?**
- A. Excessive urination**
 - B. Lack of response to ADH**
 - C. Absence of renal blood flow**
 - D. Insufficient water intake**
- 7. What is the appropriate compression to ventilation ratio for resuscitating a newborn with a heart rate less than 60 bpm?**
- A. 3:1**
 - B. 5:1**
 - C. 15:2**
 - D. 30:2**
- 8. Heparin blocks which clotting pathways?**
- A. Intrinsic**
 - B. Extrinsic**
 - C. Common**
 - D. Platelet aggregation**
- 9. A capnogram indicating a normal ventilatory pattern is associated with what finding?**
- A. Exhaustion of the carbon dioxide absorber**
 - B. Inadequate fresh gas flow**
 - C. Inadequate minute ventilation**
 - D. A normal ventilatory pattern**
- 10. Which of the following is a common issue in patients with scleroderma?**
- A. Pulmonary hypertension**
 - B. Hypotension**
 - C. Spastic quadriparesis**
 - D. Excessive fever**

Answers

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

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Explanations

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1. What is the main risk when using sodium nitroprusside in surgery?

- A. Hypotension**
- B. Metabolic acidosis**
- C. Hypertension rebound**
- D. Cyanide toxicity**

Sodium nitroprusside is a potent vasodilator often used in surgical settings to rapidly decrease blood pressure. One of the main risks associated with its use is cyanide toxicity. This occurs because sodium nitroprusside, upon metabolism, releases cyanide ions, particularly when used in high doses or over prolonged periods. The body can detoxify small amounts of cyanide, but excessive amounts can overwhelm this capacity, leading to serious metabolic disturbances and potentially life-threatening conditions. While hypotension, metabolic acidosis, and rebound hypertension are also concerns when using sodium nitroprusside, they are less directly tied to the drug's metabolism and its toxicological effects. The risk of cyanide toxicity therefore stands out as a critical point of caution during its administration, emphasizing the importance of careful dosing and monitoring in surgical procedures.

2. Why are higher settings of desflurane required at higher altitudes?

- A. Decreased concentration of desflurane at higher altitudes**
- B. Decreased partial pressure of desflurane at higher altitudes**
- C. Higher room temperature effects**
- D. This statement is incorrect; equivalent settings produce the same anesthetic effect**

The requirement for higher settings of desflurane at higher altitudes is primarily due to the decreased partial pressure of desflurane in the atmosphere. At higher altitudes, the atmospheric pressure is lower, which results in a subsequent reduction in the partial pressure of gases, including anesthetic agents. Desflurane, being a volatile anesthetic, relies on its partial pressure to exert its pharmacological effect. The brain receives anesthetic effects based on the concentration of desflurane in the alveoli of the lungs, which is directly influenced by the partial pressure of the gas. When the partial pressure is lower, less desflurane reaches the brain, leading to insufficient anesthetic effect if the concentration is not increased. Therefore, to achieve the desired anesthetic level, it becomes necessary to adjust the settings higher to compensate for this reduced partial pressure at elevated altitudes. The other options relate to factors that do not accurately explain the necessity for higher desflurane settings at higher altitudes. The concentration of desflurane itself is not necessarily lower; instead, its effectiveness is diminished due to partial pressure changes. Room temperature effects do not play a significant role in this context, and the assertion that equivalent settings produce the same

3. What is the delivery rate of the oxygen flush valve?

- A. 10 - 20 L/min
- B. 20 - 30 L/min
- C. 35 - 75 L/min**
- D. 80 - 100 L/min

The delivery rate of the oxygen flush valve is typically 35 to 75 liters per minute. This high flow rate is essential for rapidly supplying a concentrated volume of oxygen directly to the patient, particularly in situations where immediate oxygenation is necessary. The flush valve enables quick delivery of oxygen bypassing the anesthesia circuit, effectively aiding in the prevention of hypoxia and improving patient safety during anesthetic procedures. This high flow rate is significantly higher than typical flow rates used in basic oxygen therapy or mechanical ventilation, which is why the other answer choices do not accurately reflect the flush valve's capabilities.

4. Which clinical manifestation is most consistent with aspiration pneumonitis?

- A. Tachypnea
- B. Arterial hypoxemia**
- C. Bronchospasm
- D. Pulmonary vasoconstriction

Aspiration pneumonitis occurs when foreign material, often gastric contents, enters the lungs, leading to inflammation and pulmonary complications. Among the clinical manifestations associated with this condition, arterial hypoxemia is particularly significant. This is due to the impaired gas exchange that occurs as the inflamed lung tissue struggles to transfer oxygen into the bloodstream effectively. The presence of aspirated material can cause alveolar damage, resulting in decreased oxygen levels in the arterial blood. While tachypnea, bronchospasm, and pulmonary vasoconstriction may occur as a response to respiratory irritation or hypoxemia, they do not directly reflect the underlying issue caused by aspiration pneumonitis, which is primarily characterized by reduced oxygen in the blood. Therefore, detecting arterial hypoxemia serves as a more definitive indicator of the respiratory compromise that arises from this condition, making it the most consistent clinical manifestation associated with aspiration pneumonitis.

5. Which outcome is least associated with a celiac plexus block?

- A. Diarrhea**
- B. Orthostatic hypotension**
- C. Retroperitoneal hemorrhage**
- D. Urinary incontinence**

A celiac plexus block is a procedure used primarily for pain relief in patients with abdominal issues, often related to cancer or other chronic painful conditions. This block disrupts the pain signals transmitted through the celiac plexus, which innervates various abdominal organs. The outcomes associated with this procedure include various side effects that can occur due to the nature of the block and the anatomy involved. The least associated outcome with a celiac plexus block is urinary incontinence. While it's possible for celiac plexus blocks to affect functions related to the abdominal organs, urinary incontinence is more closely linked to issues with nerve pathways governing bladder function, which are not the primary targets of a celiac plexus block. Consequently, patients will not typically experience urinary incontinence as a direct result of this type of nerve block. In contrast, conditions like diarrhea may occur due to effects on gastrointestinal motility, orthostatic hypotension could happen due to the block affecting sympathetic nervous system pathways, and retroperitoneal hemorrhage, though rare, is a concern associated with any procedure that involves needle placement in the abdominal region, particularly in a space where vascular structures are present.

6. In nephrogenic diabetes insipidus, what is the primary problem?

- A. Excessive urination**
- B. Lack of response to ADH**
- C. Absence of renal blood flow**
- D. Insufficient water intake**

In nephrogenic diabetes insipidus, the primary problem is the lack of response to antidiuretic hormone (ADH), also known as vasopressin. In a healthy kidney, ADH promotes the reabsorption of water back into the bloodstream, concentrating the urine and reducing urine volume. However, in nephrogenic diabetes insipidus, despite normal or elevated levels of ADH, the kidneys do not respond to this hormone effectively. This lack of response leads to the inability of the kidneys to concentrate urine, resulting in excessive urine output and increased thirst. This condition can occur due to genetic factors, certain medications, or kidney damage, where the kidney's receptors or the aquaporin channels that allow water reabsorption are not functioning properly. Managing nephrogenic diabetes insipidus often focuses on addressing fluid balance and may include medications to manage symptoms or dietary adjustments to minimize excessive urination. The other options do not accurately describe the primary issue in nephrogenic diabetes insipidus. While excessive urination is a consequence, it is not the root cause; rather, it results from the kidneys' inability to respond to ADH. Absence of renal blood flow would cause more severe kidney function issues, and insufficient water

7. What is the appropriate compression to ventilation ratio for resuscitating a newborn with a heart rate less than 60 bpm?

- A. 3:1**
- B. 5:1**
- C. 15:2**
- D. 30:2**

The appropriate compression to ventilation ratio for resuscitating a newborn with a heart rate less than 60 beats per minute is indeed 3:1. This ratio is critical in neonatal resuscitation because when a newborn is not breathing adequately and has a low heart rate, effective chest compressions are essential to stimulate circulation. In this scenario, compressions help maintain blood flow to vital organs, while ventilations provide the necessary oxygenation. The 3:1 ratio indicates that for every three chest compressions, one ventilation is given. This balance ensures that the newborn receives sufficient oxygen while still prioritizing the importance of maintaining blood circulation through compression. This ratio differs from adult resuscitation guidelines, highlighting the unique requirements of neonatal care. The alternatives provided (5:1, 15:2, and 30:2) do not meet the specific needs for newborns in distress during resuscitation. Each of these ratios would either deliver too few ventilations or too many compressions, thereby compromising the efficacy of the resuscitation efforts. Understanding the correct ratio is vital for healthcare providers to effectively respond to neonatal emergencies.

8. Heparin blocks which clotting pathways?

- A. Intrinsic**
- B. Extrinsic**
- C. Common**
- D. Platelet aggregation**

Heparin is an anticoagulant that primarily functions by inhibiting the intrinsic pathway of the coagulation cascade. This pathway involves several factors, including factor XII, XI, IX, and VIII, which are all critical for the amplification of the clotting process. Heparin enhances the activity of antithrombin III, a protein that inactivates several enzymes involved in the clotting process, particularly thrombin (factor IIa) and factor Xa. By targeting the intrinsic pathway, heparin effectively slows down the formation of fibrin clots, providing key therapeutic benefits, especially in the management of various thromboembolic disorders. The intrinsic pathway is crucial in the development of thrombus, making heparin an effective choice in preventing and treating blood clots. While heparin influences the common pathway to some extent since factor Xa and thrombin are involved in both the intrinsic and common pathways, its primary mechanism is through the intrinsic pathway. The extrinsic pathway is primarily initiated by tissue factor and is less affected by heparin. Additionally, heparin does not directly inhibit platelet aggregation; instead, its anticoagulant effects are largely due to its impact on specific clotting factors.

9. A capnogram indicating a normal ventilatory pattern is associated with what finding?

- A. Exhaustion of the carbon dioxide absorber**
- B. Inadequate fresh gas flow**
- C. Inadequate minute ventilation**
- D. A normal ventilatory pattern**

A capnogram is a graphical representation of the concentration of carbon dioxide (CO₂) in exhaled gas over time, and it is a useful tool for assessing ventilatory function. A normal ventilatory pattern is characterized by a capnogram that shows a consistent shape with a clear and regular waveform, indicating that CO₂ is being effectively exchanged during respiration. When interpreting a capnogram, a normal pattern typically reflects adequate ventilation, meaning that the body is adequately expelling CO₂ during exhalation. This is essential for maintaining homeostasis and ensuring that normal physiological functions can proceed without the complications that arise from either hypercapnia (elevated CO₂) or hypocapnia (reduced CO₂). In the context of the other options, exhaustion of the carbon dioxide absorber can lead to an increase in CO₂ levels, which would not reflect a normal pattern. Inadequate fresh gas flow might contribute to an impaired ability to clear CO₂, also resulting in abnormal capnogram readings. Similarly, inadequate minute ventilation would signify that there is not enough air movement per minute to adequately eliminate CO₂, leading to signs that deviate from a normal capnogram. Overall, the identification of a normal ventilatory pattern directly

10. Which of the following is a common issue in patients with scleroderma?

- A. Pulmonary hypertension**
- B. Hypotension**
- C. Spastic quadriparesis**
- D. Excessive fever**

Pulmonary hypertension is a common issue in patients with scleroderma due to the disease's impact on the connective tissues, which can lead to vascular changes and increased pressure in the pulmonary arteries. As scleroderma progresses, it can cause damage to the small blood vessels in the lungs, contributing to the development of pulmonary hypertension. This condition is significant because it can lead to serious complications, including heart failure and reduced exercise capacity. Other choices, while relevant in different contexts, do not specifically align with the typical complications of scleroderma. Hypotension is less frequently associated with the disease compared to hypertension, particularly pulmonary hypertension. Spastic quadriparesis is more characteristic of neurological conditions rather than scleroderma. Excessive fever is not a typical symptom of scleroderma, which generally presents with other systemic issues such as skin thickening and joint pain.

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://selfealsee.examzify.com>

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

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