Prophecy General ICU RN A v2 - Complete Study Guide with Rationales

By StudyingNurse.com

Exam Overview

- **Total Questions:** 55
- **Time Limit:** 55 minutes
- **Passing Score:** Typically 80-85%
- **Your Performance:** 95% (52/55 correct, 3 incorrect)

Complete Question Bank with Rationales

#	Question	Answer	Rationale
1	Common complications of massive transfusions are	Dilutional Coagulopathy, DIC, hypothermia, and fibrinolysis	**Massive transfusion complications occur because:** • Dilutional coagulopathy: Packed RBCs lack clotting factors • DIC: Tissue trauma triggers coagulation cascade • Hypothermia: Cold blood products lower body temperature • Fibrinolysis: Body's response to widespread clotting
2	ABG pH 7.25, pCO2 40, pO2 90, HCO3 20mEq/L	Metabolic Acidosis	**ABG Analysis:** • pH 7.25 = Acidotic (normal 7.35-7.45) • pCO2 40 = Normal (35-45) • HCO3 20 = Low (normal 22-26) • Primary problem: Low HCO3 (metabolic) • No compensation present (CO2 normal)
3	Long term use of TPN may lead to:	Liver Failure	**TPN complications:** • Continuous glucose infusion stresses liver

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			• Fatty liver develops from lipid metabolism issues • Cholestasis from lack of GI stimulation • Can progress to cirrhosis with chronic use
4	Which of the following is a potential complication of high PEEP	Pneumothorax	**High PEEP risks:** • Increases alveolar pressure • Can cause barotrauma/volutrauma • Ruptures alveoli leading to pneumothorax • Also decreases cardiac output by reducing venous return
5	What is a common assessment finding for a patient returning from a small bowel resection?	Hypoactive bowel sounds	**Post-surgical ileus:** • Anesthesia and surgical manipulation slow GI motility • Takes 24-72 hours for normal function to return • Hypoactive sounds are expected initially • Absence of sounds would indicate complete ileus
6	Your patient suddenly becomes diaphoretic, anxious, tachycardic, and has clammy skin. Which of the following would you suspect.	*Multiple options - likely Hypoglycemia*	**Classic hypoglycemia signs:** • Sympathetic response: diaphoresis, anxiety, tachycardia • Cool, clammy skin from vasoconstriction • Brain needs glucose - causes anxiety/confusion • Requires immediate glucose administration
7	The staff nurse asks the nursing assistant to check on a patient. The nursing assistant reports back that the patient is experiencing chest pain and is diaphoretic. Which of the	Informing the charge nurse that a patient needs attention	**Delegation principles:** • Cannot delegate assessment (determining cause) • Cannot delegate calling physician (requires RN judgment)

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	following can the staff nurse delegate to the assistant?		• Cannot delegate medication administration • CAN delegate communication/notification tasks
8	Your patient returned from PACU after surgery and is very drowsy. She attempts to eat a candy bar and begins to choke. The physician is unable to clear the airway. You would expect to prepare for which emergency procedure?	Tracheostomy	**Airway obstruction management:** • Failed Heimlich/manual removal attempts • Patient post-op (sedated) with complete obstruction • Emergency tracheostomy bypasses upper airway • Cricothyrotomy is faster alternative in extreme emergency
9	The initial insulin therapy for a patient with acute DKA is usually administered by which route	Intravenous bolus followed by a continuous infusion	**DKA insulin protocol:** • IV route ensures rapid, predictable absorption • Bolus (0.1 units/kg) for immediate effect • Continuous infusion (0.1 units/kg/hr) maintains control • Switch to SubQ when stable and eating
10	Screening tests for DIC include:	D-Dimer and FDPs	**DIC laboratory markers:** • D-Dimer: Breakdown product of blood clots • FDPs (Fibrin Degradation Products): Indicate clot breakdown • Both elevated in DIC due to widespread clotting/bleeding • Also check PT, PTT, platelets, fibrinogen
11	Which of the following hormones is secreted by the hypothalamus in an effort to regulate water balance?	ADH	**ADH (Antidiuretic Hormone):** • Produced by hypothalamus, stored in posterior pituitary • Regulates water reabsorption in

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			kidneys • Increases when dehydrated or high osmolality • Causes water retention, concentrated urine
12	Which of the following IV sedatives would most likely be ordered for a non-intubated patient?	Precedex (Dexmedetomidine)	**Precedex advantages for non-intubated:** • Provides sedation without respiratory depression • Patients remain arousable • Maintains airway reflexes • Other sedatives (propofol, versed) risk respiratory depression
13	Your patient is in bed and eating lunch when they begin to cough and gag. Suddenly they become dyspneic and bradycardic with excessive salivation. What do you suspect happened?	Aspiration	**Aspiration signs:** • Coughing/gagging while eating = aspiration risk • Dyspnea from airway obstruction/inflammation • Bradycardia: vagal response to aspiration • Excessive salivation: protective reflex
14	Which of the following is a response of the cardiovascular system to early sepsis?	Increased cardiac output and reduced systemic vascular resistance	**Early sepsis (hyperdynamic phase):** • Vasodilation reduces SVR (warm shock) • Heart rate and CO increase to compensate • Warm, flushed skin initially • Later progresses to cold shock with decreased CO
15	Which patient would you expect to be extubated?	Patient is awake, follow commands with RR of 14, FiO2 40%, and PEEP 5	**Extubation criteria met:** • Alert and following commands • Normal respiratory rate (12-20) • Low oxygen requirement (FiO2 <50%)

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			• Minimal PEEP needed (5 is physiologic) • Can protect airway
16	Hypertensive crisis	Nicardipine	**Nicardipine for HTN crisis:** • IV calcium channel blocker • Rapid onset, titratable • Doesn't cause reflex tachycardia • Preferred over nitroprusside in many cases
17	Your patient sustained a crushed pelvis in a MVC. You notice a pinkish sediment in the urinary catheter tubing and decreased urinary output. Which condition would you suspect?	Rhabdomyolysis	**Rhabdomyolysis from trauma:** • Crushed muscle releases myoglobin • Myoglobin = reddish/pink urine • Clogs renal tubules → decreased output • Can cause acute kidney injury • Requires aggressive hydration
18	Which class of drugs should be avoided in patients with asthma?	Beta Blockers	**Beta blockers in asthma:** • Block β2 receptors in lungs • Cause bronchoconstriction • Can trigger severe asthma attacks • Even "selective" β1 blockers risky at high doses
19	CAM-ICU is a measure for which condition?	Delirium	**CAM-ICU (Confusion Assessment Method):** • Standardized delirium screening tool • Assesses: acute onset, inattention, altered consciousness, disorganized thinking • Used in ICU patients, even intubated • Helps detect hypoactive delirium
20	Which of the following drugs would you expect to administer in a patient diagnosed	Mestinon (Pyridostigmine)	**Mestinon for myasthenia gravis:**

#	Question	Answer	Rationale
	with myasthenia gravis?		• Acetylcholinesterase inhibitor • Prevents breakdown of acetylcholine • Improves neuromuscular transmission • Reduces muscle weakness and fatigue
21	ABG pH 7.56, paCO2 24 mmHG, HCO3 23 mEq/L	Respiratory Alkalosis	**ABG Analysis:** • pH 7.56 = Alkalotic (>7.45) • paCO2 24 = Low (<35) • HCO3 23 = Normal (22-26) • Primary problem: Low CO2 (respiratory) • No compensation (HCO3 normal)
22	When assessing a chest tube, which of the following indicates a possible air leak	Excessive bubbling in the water chamber	**Chest tube air leak signs:** • Continuous bubbling in water seal chamber • Normal: gentle bubbling with exhalation/cough • Excessive/continuous = air leak present • Check connections, dressing, tube integrity
23	Which of the following medications improves contractility, increases stroke volume, and increases cardiac output?	Dobutamine	**Dobutamine effects:** • β1 agonist = positive inotrope • Increases myocardial contractility • Improves stroke volume and cardiac output • Minimal effect on HR or BP • Used in cardiogenic shock
24	Muffled heart sounds would indicate what condition?	Cardiac tamponade	**Beck's triad of tamponade:** • Muffled heart sounds (fluid dampens) • JVD (impaired venous return) • Hypotension (decreased cardiac

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			output) • Pericardial fluid compresses heart
25	Pain assessment in an unconscious patient	Requires astute assessment skills using multiple approaches	**Unconscious patient pain assessment:** • Observe physiological signs: HR, BP, diaphoresis • Facial expressions: grimacing, frowning • Body movements: guarding, restlessness • Use validated tools: CPOT, BPS • Assume painful procedures cause pain
26	Which of the following tests should be performed prior to administering tPA	CT Scan	**CT before tPA:** • Rules out hemorrhagic stroke • tPA contraindicated in bleeding • Must be done within time window • Non-contrast CT sufficient for decision
27	Which of the following classes of drugs are used in an effort to therapeutically decrease venous return and reduce peripheral vascular resistance?	Vasodilators	**Vasodilator effects:** • Dilate veins = decreased preload/venous return • Dilate arteries = decreased afterload/PVR • Reduces cardiac workload • Examples: nitroglycerin, nitroprusside
28	Identify the type of renal failure that results from bilateral obstruction of urine outflow	Post-renal failure	**Post-renal failure:** • Obstruction after kidney (post) • Bilateral ureteral obstruction or bladder outlet • Causes: stones, tumors, BPH, neurogenic bladder • Usually reversible if treated quickly

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29	A patient exhibits hypotension without an increase in HR is indicative of	Neurogenic Shock	**Neurogenic shock characteristics:** • Loss of sympathetic tone • Hypotension WITHOUT compensatory tachycardia • Bradycardia or normal HR despite low BP • Warm, dry skin (vasodilation) • Spinal cord injury common cause
30	Your patient is taking: Zoloft, Lanoxin, Protonix, lasix, and coumadin. Which medication would you hold for a blood pressure of 80/50?	Lasix	**Holding Lasix for hypotension:** • Diuretic causes volume depletion • Worsens hypotension • Lanoxin: might help if heart failure • Others don't significantly affect BP • Reassess volume status
31	A patient was admitted with hemoglobin of 6, hematocrit of 25, has clammy skin, confusion, agitation, BP 80/40, HR 145. What type of shock?	Hypovolemic	**Hypovolemic shock from blood loss:** • Low H&H indicates blood loss • Compensatory tachycardia (HR 145) • Hypotension from volume loss • Cool, clammy skin (vasoconstriction) • Mental status changes from poor perfusion
32	The patient is admitted with suspected Guillain-Barre syndrome. CSF analysis would reveal?	CSF protein of 60 mg/dL and WBC 0 cells/mm3	**Guillain-Barre CSF findings:** • Albuminocytologic dissociation • High protein (>45 mg/dL) without cells • WBC count normal (<5 cells/mm3) • Indicates nerve root inflammation without infection

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33	Your patient is receiving IV medications of Nitroglycerin and Verapamil. Which should the nurse observe for?	Hypotension	**Combined vasodilator effects:** • Nitroglycerin: venous/arterial dilation • Verapamil: calcium channel blocker, vasodilation • Both lower BP significantly • Risk of severe hypotension • Monitor BP closely, titrate carefully
34	CVP measures the pressure in the	right atrium	**Central Venous Pressure:** • Measures right atrial pressure • Reflects right heart preload • Normal: 2-8 mmHg • Elevated in fluid overload, right heart failure • Low in hypovolemia
35	Which lab value is used to determine the severity of sepsis	lactic acid	**Lactate in sepsis:** • Indicates tissue hypoperfusion • >2 mmol/L suggests sepsis • >4 mmol/L indicates severe sepsis/shock • Rising levels = worsening perfusion • Guide to resuscitation effectiveness
36	Which of the following hormones is secreted by the thyroid gland?	calcitonin	**Thyroid hormones:** • T3 and T4: metabolism regulation • Calcitonin: lowers blood calcium • Produced by parafollicular C cells • Opposes PTH action • Minor role in calcium homeostasis
37	An adrenocorticotropic hormone (ACTH) stimulation test would be ordered for which	Adrenal crisis	**ACTH stimulation test:** • Diagnoses adrenal insufficiency

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	diagnosis?		• Give synthetic ACTH, measure cortisol response • No response = primary adrenal failure • Used in suspected Addison's disease/crisis
38	The most common cause for the patient to file a nursing negligence claim is	Ineffective communication	**Communication failures lead to:** • Missed critical information • Delayed treatment • Medication errors • Patient harm and dissatisfaction • Documentation crucial for defense
39	Which medication is a paralytic	Vecuronium	**Vecuronium characteristics:** • Non-depolarizing neuromuscular blocker • Causes paralysis without sedation • MUST give with sedation/analgesia • Used for intubation, ventilator synchrony • Monitor with train-of-four
40	90% of thrombi develop in which area of the body?	Legs	**DVT formation:** • Deep veins of legs most common • Virchow's triad: stasis, injury, hypercoagulability • Calf veins → popliteal → femoral • Can embolize to lungs (PE) • Prevention: mobility, compression, anticoagulation
41	Which medication is usually the first to be administered during status epilepticus	Ativan (Lorazepam)	**Status epilepticus protocol:** • Benzodiazepines first-line • Ativan 4mg IV (or Versed,

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			Valium) • Fast acting, stops most seizures • If fails: phenytoin/fosphenytoin • Then phenobarbital, propofol
42	Pt's BP on admission 110/40, Hgb 10.5. BP now 80/50 and vomiting coffee ground emesis. Expected Hgb?	8	**GI bleeding assessment:** • Coffee ground = upper GI bleed • Hypotension indicates significant loss • Hgb drops ~1g/dL per unit blood loss • Acute bleeding: Hgb lags behind actual loss • Serial Hgb monitoring essential
43	You note U wave on ECG tracing. This indicates the nurse should check for	Hypokalemia	**U waves and potassium:** • U waves = repolarization abnormality • Classic sign of hypokalemia • Also: flat T waves, ST depression • K+ <3.0 mEq/L usually • Risk of arrhythmias, replace carefully
44	Must be performed prior to A-line insertion	Allen test	**Allen test procedure:** • Compress both radial and ulnar arteries • Patient makes fist to blanch hand • Release ulnar artery • Hand should pink up in <7 seconds • Confirms collateral circulation
45	Diet best for patient with renal failure?	low sodium, low potassium, and moderate protein	**Renal diet rationale:** • Low Na: prevents fluid retention, HTN • Low K: kidneys can't excrete, risk hyperkalemia • Moderate protein: reduces

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			uremic toxins • Phosphorus restriction also needed • Fluid restriction if oliguric
46	You're caring for a 49 yo head trauma pt with an ICP line. Formula for calculating CPP?	MAP - ICP	**Cerebral Perfusion Pressure:** • CPP = MAP - ICP • Normal CPP: 60-80 mmHg • <60 = cerebral ischemia • MAP = (SBP + 2xDBP)/3 • Goal: adequate brain perfusion
47	Pt presents with fever, chills, cough, SOB and chest pain. Which diagnosis?	Pneumonia	**Pneumonia presentation:** • Fever/chills: infection • Cough: airway irritation • SOB: impaired gas exchange • Chest pain: pleuritic inflammation • Confirm with CXR, labs, cultures
48	CVP normal range	2-8 mmHg	**CVP interpretation:** • 2-8 mmHg (or 5-10 cmH2O) • <2: hypovolemia • >8: hypervolemia, heart failure • Trend more important than single value • Affected by PEEP, position
49	Pt presents with stiff neck, headache and fever for 24 hr. What condition?	Bacterial meningitis	**Meningitis classic triad:** • Fever: infection • Headache: meningeal inflammation • Stiff neck: meningismus/nuchal rigidity • Requires immediate antibiotics • LP for diagnosis after CT if indicated
50	Hypotensive crisis, which med would you anticipate giving?	Levophed (Norepinephrine)	**Levophed for shock:** • First-line vasopressor • α and β1 agonist

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			• Increases SVR and CO • Start at 0.01-0.05 mcg/kg/min • Titrate to MAP >65
51	Hypotonic solution	0.45% NS	**Hypotonic solutions:** • 0.45% NS (half-normal saline) • Lower osmolality than blood • Water moves INTO cells • Used for cellular dehydration • Risk of cerebral edema
52	Patient with serum sodium 165 and serum osmolality 330, suspect?	Diabetes Insipidus	**DI laboratory findings:** • High sodium (>145) from water loss • High serum osmolality (>295) • Dilute urine despite dehydration • Central: lacks ADH • Nephrogenic: kidneys don't respond to ADH
53	Med commonly used to decrease ICP	Mannitol	**Mannitol for ICP:** • Osmotic diuretic • Draws fluid from brain tissue • Reduces brain edema • Given 0.25-1 g/kg IV • Monitor osmolality, avoid >320
54	ABG 7.35, paCO2 60mmHg, HCO3 38 mEq	Compensated respiratory acidosis	**ABG Analysis:** • pH 7.35 = Low normal (compensated) • paCO2 60 = High (respiratory acidosis) • HCO3 38 = High (metabolic compensation) • Chronic respiratory acidosis with full compensation • COPD likely cause
55	Contraindicated for Lorazepam	Pt with acute angle-closure glaucoma	**Benzodiazepines in glaucoma:** • Can increase intraocular pressure • Acute angle-closure: medical

#	Question	Answer	Rationale
			emergency • Benzos relax muscles, worsen angle closure • Can precipitate blindness • Use alternative anxiolytics

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Study Tips for Success

Critical Thinking Areas

1. **ABG Interpretation** - Master the systematic approach
2. **Shock Types** - Know distinguishing features
3. **Medication Safety** - Understand contraindications
4. **Delegation** - Know RN vs assistant scope
5. **Lab Values** - Memorize critical ranges

High-Yield Topics

- Hemodynamic monitoring (CVP, ICP, CPP)
- Emergency medications and protocols
- Post-operative complications
- Ventilator management and weaning
- Neurological assessments

Test-Taking Strategies

1. Read questions carefully - look for keywords
2. Eliminate obviously wrong answers first
3. Consider patient safety as priority
4. Think about the nursing process (assess first)
5. Remember ABC's (Airway, Breathing, Circulation)

Areas Marked as Incorrect

Based on your notes, questions 6, 7, and 8 showed *WRONG* answers, suggesting these were the 3 you missed. Review these concepts:

- Differential diagnosis of acute symptomatic presentations
- Proper delegation principles

- Emergency airway management procedures

Good luck with your ICU nursing practice! Your 95% score shows excellent preparation.