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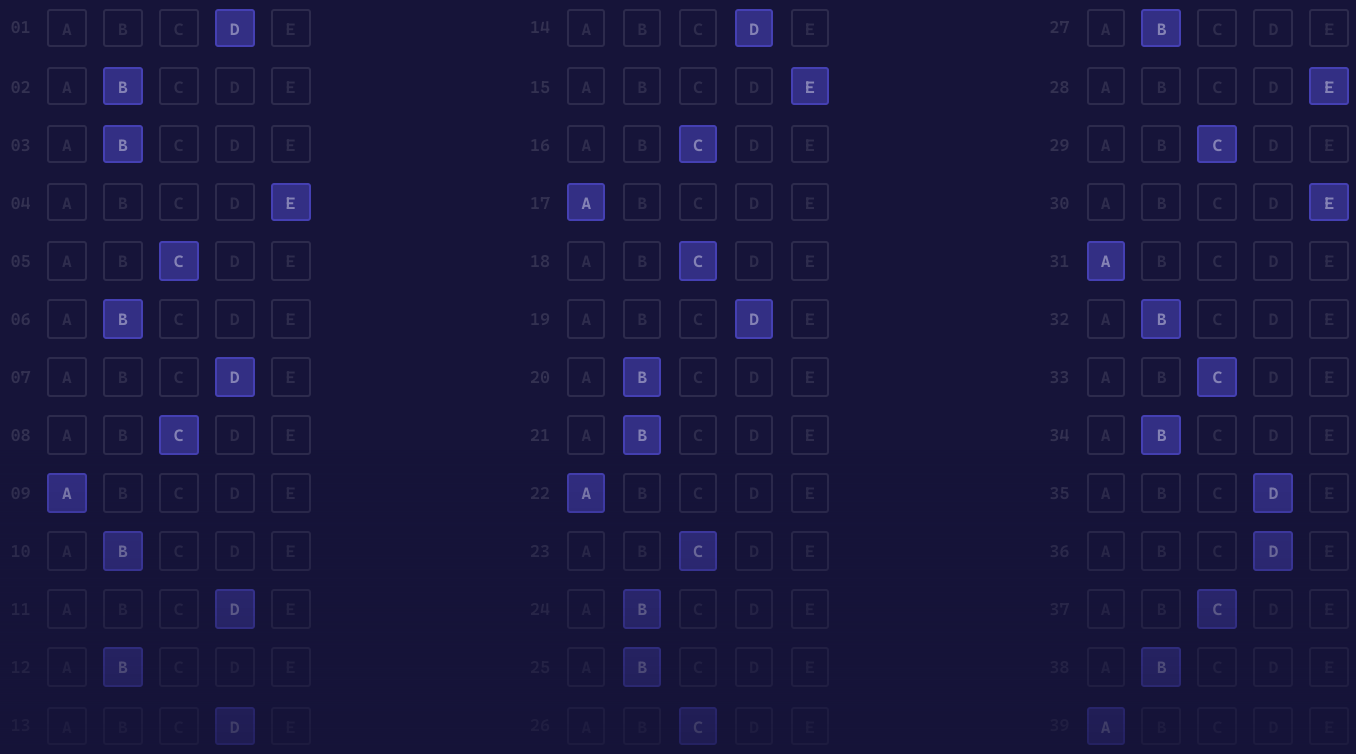

PRACTICE QUESTIONS

American Association of Heart Failure Nurses (AAHFN)

CHFN

CHFN

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

Before you begin

What this is

9 practice questions for American Association of Heart Failure Nurses (AAHFN) `CHFN`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `CHFN`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

A patient with acute decompensated heart failure (ADHF) presents with pulmonary congestion, an S3 gallop, and cool extremities. Which hemodynamic profile best describes this presentation?

A Warm and dry

B Warm and wet

C Cold and dry

D Cold and wet

ANSWER D

WHY The combination of pulmonary congestion ('wet') and hypoperfusion with cool extremities ('cold') defines the cold and wet profile, which is associated with the highest in-hospital mortality among ADHF hemodynamic profiles.

QUESTION 2 SINGLE CHOICE

Which medication class has been shown to reduce all-cause mortality in patients with heart failure with reduced ejection fraction (HFrEF) and is considered a cornerstone of guideline-directed medical therapy (GDMT)?

A Calcium channel blockers (non-dihydropyridine)

B Class Ic antiarrhythmics

C Angiotensin receptor-neprilysin inhibitors (ARNIs)

D Digoxin

ANSWER C

WHY ARNIs (sacubitril/valsartan) have demonstrated a significant reduction in cardiovascular and all-cause mortality in HFrEF patients compared with enalapril in the PARADIGM-HF trial and are recommended as a cornerstone of GDMT.

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QUESTION 3 SINGLE CHOICE

Elevated B-type natriuretic peptide (BNP) and N-terminal pro-BNP (NT-proBNP) levels in a patient with dyspnea are most useful for which purpose?

A Confirming the diagnosis of chronic obstructive pulmonary disease

B Establishing the etiology of coronary artery disease

C Supporting the diagnosis of heart failure as a cause of dyspnea

D Determining left ventricular ejection fraction precisely

ANSWER C

WHY BNP and NT-proBNP are released in response to ventricular wall stretch and are useful in differentiating cardiac from non-cardiac causes of dyspnea, supporting the diagnosis of heart failure. They do not establish HFpEF vs HFrEF, estimate ejection fraction precisely, or diagnose COPD or CAD.

QUESTION 4 SINGLE CHOICE

Which teaching point should the heart failure nurse emphasize to help patients recognize early signs of decompensation?

A Daily monitoring of weight and reporting a gain of 2 pounds in 24 hours or 5 pounds in a week

B Restricting fluid intake to less than 500 mL per day

C Discontinuing medications when feeling better

D Avoiding all physical activity, including prescribed cardiac rehabilitation

ANSWER A

WHY Daily weight monitoring with prompt reporting of rapid weight gain (e.g., 2 lb in 24 hours or 5 lb in a week) is a core self-care behavior that allows early detection of fluid retention and timely intervention. Fluid restriction to <500 mL/day is overly restrictive for most patients, medications should not be stopped when feeling better, and appropriate activity including cardiac rehab is encouraged.

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QUESTION 5 SINGLE CHOICE

Which of the following best characterizes heart failure with preserved ejection fraction (HFpEF)?

A Left ventricular ejection fraction ≤40% with dilated ventricle

B Left ventricular ejection fraction ≥50% with evidence of diastolic dysfunction or structural heart disease

C Isolated right ventricular failure without pulmonary findings

D Ejection fraction 41–49% with no other cardiac findings

ANSWER B

WHY HFpEF is defined as HF symptoms and signs with LVEF ≥50% and evidence of diastolic dysfunction, increased natriuretic peptides, or relevant structural heart disease (e.g., LV hypertrophy, left atrial enlargement). HFrEF is LVEF ≤40%, and HFmrEF covers LVEF 41–49%.

QUESTION 6 SINGLE CHOICE

A hospitalized patient with ADHF receiving IV furosemide develops tinnitus, hearing loss, and a serum bicarbonate of 12 mEq/L. What is the most appropriate immediate action?

A Increase the furosemide infusion rate to remove more fluid

B Hold the loop diuretic and notify the provider for possible ototoxicity and metabolic acidosis

C Add acetazolamide for diuretic synergy

D Switch to oral metolazone

ANSWER B

WHY Tinnitus and hearing changes suggest loop diuretic-induced ototoxicity, often associated with high-dose or rapid IV administration and concurrent metabolic acidosis. The loop diuretic should be held and the provider notified; increasing the dose or adding more diuretics worsens ototoxicity risk.

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QUESTION 7 SINGLE CHOICE

Which device is indicated for symptomatic heart failure patients with LVEF ≤35%, sinus rhythm, and QRS duration ≥150 ms with left bundle branch block morphology despite optimal medical therapy?

A Implantable loop recorder

B **Cardiac resynchronization therapy (CRT)**

C Left ventricular assist device (LVAD) as destination therapy

D Wearable cardioverter-defibrillator only

ANSWER **B**

WHY CRT is indicated for symptomatic HF patients with LVEF ≤35%, sinus rhythm, and QRS ≥150 ms with LBBB morphology on guideline-directed therapy to improve symptoms, reduce hospitalizations, and improve survival. The other options do not match this clinical scenario.

QUESTION 8 SINGLE CHOICE

Which clinical finding is most consistently associated with a worse prognosis in patients with chronic heart failure?

A NYHA Class I functional capacity

B **Cardiac cachexia with unintentional weight loss of >5%**

C Resting heart rate of 60 bpm on beta-blocker therapy

D Normal serum sodium of 140 mEq/L

ANSWER **B**

WHY Cardiac cachexia (involuntary non-edematous weight loss >5% over 6 months) reflects advanced catabolic state and is a strong, independent marker of poor prognosis. NYHA Class I, normal sodium, and a controlled heart rate indicate more favorable status.

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QUESTION 9 MULTIPLE CHOICE

Which of the following are recommended components of non-pharmacologic management for patients with chronic heart failure? (Choose two.)

A **Sodium restriction to less than 2 grams per day**

B High-intensity daily alcohol consumption for cardioprotection

C **Smoking cessation and avoidance of tobacco exposure**

D Routine use of non-steroidal anti-inflammatory drugs (NSAIDs) for arthritis pain

ANSWER **A** · **C**

WHY Sodium restriction (commonly <2 g/day) is recommended to reduce fluid retention, and complete smoking cessation is strongly advised because tobacco accelerates cardiovascular disease. Alcohol should be limited or avoided (especially in suspected alcoholic cardiomyopathy), and NSAIDs are discouraged because they worsen HF through sodium retention and reduced diuretic response.

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