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39	☐ A	☐ B	☐ C	☐ D	☒ E

PRACTICE QUESTIONS

American Nurses Credentialing Center Readiness Test

R62

Adult-Gerontology Acute Care NP Readiness Test

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Nurses Credentialing Center Readiness Test R62 , 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, R62
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

A 62-year-old man is admitted to the intensive care unit (ICU) with an acute ST-segment elevation myocardial infarction (STEMI). His blood pressure is 78/52 mm Hg, heart rate is 118 beats per minute, and he has cool, clammy extremities. Which initial intervention is the most appropriate priority for this patient?

- ☐ A Administer intravenous (IV) metoprolol to reduce heart rate and myocardial oxygen demand
- ☐ B Obtain a 12-lead electrocardiogram and consult cardiology before any treatment
- ☒ C Initiate IV fluid resuscitation and prepare for emergent coronary reperfusion
- ☐ D Administer a loop diuretic to reduce preload and pulmonary congestion

ANSWER C

WHY A patient with a STEMI and cardiogenic shock (hypotension, tachycardia, poor perfusion) requires emergent coronary reperfusion (primary percutaneous coronary intervention or fibrinolysis) combined with supportive measures such as cautious IV fluid resuscitation. Beta-blockers are contraindicated in acute heart failure/shock, loop diuretics are not first-line without evidence of volume overload, and treatment should not be delayed to obtain further consultation once the STEMI is identified.

QUESTION 2

SINGLE CHOICE

An adult patient in the ICU develops acute hypoxemic respiratory failure after abdominal surgery. The provider suspects ventilator-associated pneumonia (VAP). Which evidence-based bundle intervention is most effective in preventing VAP?

- ☐ A Routine suctioning of the oropharynx every 2 hours
- ☒ B Daily sedation interruption and assessment of readiness to extubate
- ☐ C Maintaining the head of the bed at 10 degrees
- ☐ D Routine prophylactic broad-spectrum antibiotics while intubated

ANSWER B

WHY The Institute for Healthcare Improvement (IHI) ventilator bundle includes head-of-bed elevation to 30–45 degrees, daily sedation vacations with readiness-to-extubate assessment, peptic ulcer disease prophylaxis, deep vein thrombosis prophylaxis, and oral chlorhexidine. Daily sedation interruption reduces time on the ventilator and therefore VAP risk. Routine prophylactic antibiotics are not recommended because they promote resistance.

QUESTION 3

SINGLE CHOICE

A 58-year-old patient with type 2 diabetes mellitus presents with a blood glucose of 720 mg/dL, serum osmolality of 340 mOsm/kg, and altered mental status. There is no significant anion-gap acidosis. Which is the most appropriate initial fluid and insulin regimen for this patient with hyperglycemic hyperosmolar state (HHS)?

- ☐ A 0.9% normal saline bolus followed by IV regular insulin infusion with a 0.1 unit/kg bolus
- ☐ B 5% dextrose in 0.45% normal saline with subcutaneous insulin glargine
- ☒ C Aggressive isotonic fluid resuscitation with IV regular insulin infusion (no bolus) and potassium replacement once K⁺ is below 5.2 mEq/L
- ☐ D Oral hypoglycemic agents and free water restriction

ANSWER C

WHY HHS is treated with aggressive isotonic IV fluid resuscitation, an IV regular insulin infusion WITHOUT a bolus, frequent electrolyte monitoring (especially potassium and phosphate), and potassium replacement when serum potassium falls below 5.2 mEq/L (assuming adequate urine output). Subcutaneous insulin is inappropriate in critical illness, and dextrose-containing fluids are added only later when glucose approaches 250–300 mg/dL.

QUESTION 4 SINGLE CHOICE

A 72-year-old patient presents to the emergency department with sudden right-sided weakness, aphasia, and right-sided facial droop. Symptoms began 70 minutes ago. Which is the most appropriate next step?

- ☐ A Order a chest computed tomography (CT) and await results before any other action
- ☐ B Administer aspirin 325 mg and admit to the medical-surgical floor
- ☒ C Obtain a non-contrast head CT immediately to rule out hemorrhage and evaluate for IV thrombolytic eligibility
- ☐ D Perform a lumbar puncture to evaluate for subarachnoid hemorrhage

ANSWER C

WHY Patients presenting within the window for IV alteplase (or tenecteplase) require immediate non-contrast head CT to exclude intracranial hemorrhage before thrombolytic administration. Aspirin should be withheld until hemorrhagic stroke is excluded and is contraindicated within 24 hours of thrombolytics. Lumbar puncture is not appropriate when an ischemic or hemorrhagic stroke is the leading concern.

QUESTION 5 SINGLE CHOICE

An adult ICU patient meets the criteria for septic shock, including hypotension requiring vasopressors and a serum lactate of 4.2 mmol/L despite adequate fluid resuscitation. Which vasopressor is recommended as the first-line agent?

- ☐ A Dopamine at renal-dosed titration
- ☒ B Norepinephrine
- ☐ C Phenylephrine
- ☐ D Vasopressin as the initial monotherapy

ANSWER B

WHY Current Surviving Sepsis Campaign guidelines recommend norepinephrine as the first-line vasopressor in septic shock because of its alpha-adrenergic activity with some beta-1 effect and lower rates of tachyarrhythmias compared with dopamine. Phenylephrine is reserved for select patients (notably those with tachyarrhythmias). Vasopressin is added as a second-line agent, not used as initial monotherapy.

QUESTION 6

SINGLE CHOICE

A 66-year-old patient with small cell lung cancer presents with confusion, generalized weakness, nausea, and a corrected serum calcium of 14.2 mg/dL. Which is the most appropriate initial intervention?

- ☐ A Administer IV bisphosphonate (zoledronic acid) as the sole initial therapy
- ☒ B Aggressive isotonic IV saline hydration with concurrent monitoring of intake and output
- ☐ C Immediate hemodialysis
- ☐ D Calcium and vitamin D supplementation

ANSWER B

WHY Severe hypercalcemia of malignancy (≥ 14 mg/dL) is treated initially with aggressive isotonic IV normal saline to restore intravascular volume and promote calciuresis. Calcitonin can be added for rapid (but short-lived) reduction, followed by IV bisphosphonates for sustained effect. Hemodialysis is reserved for severe hypercalcemia with renal failure or heart failure that limits hydration, and calcium/vitamin D supplementation would worsen the condition.

QUESTION 7

SINGLE CHOICE

An 80-year-old patient taking warfarin for atrial fibrillation presents with hematemesis and melena. Initial vital signs show a heart rate of 122 beats per minute and blood pressure of 92/58 mm Hg. Which is the most appropriate initial management step?

- ☐ A Place a nasogastric tube and start a proton pump inhibitor (PPI) infusion
- ☐ B Administer vitamin K orally and tranexamic acid
- ☒ C Establish large-bore IV access, begin crystalloid resuscitation, and reverse anticoagulation with 4-factor prothrombin complex concentrate (PCC) and IV vitamin K
- ☐ D Schedule an outpatient endoscopy in 2 weeks

ANSWER C

WHY Initial management of life-threatening upper GI bleeding includes resuscitation with IV crystalloid through large-bore access, transfusion as indicated, reversal of anticoagulation (4-factor PCC is preferred over fresh frozen plasma for warfarin reversal because of rapid correction and lower volume), and IV vitamin K. Tranexamic acid is not standard for upper GI bleeding. Outpatient endoscopy is inappropriate for an unstable, actively bleeding patient.

QUESTION 8

SINGLE CHOICE

A hospitalized adult develops oliguria, rising creatinine, and a potassium of 6.8 mEq/L with peaked T waves on telemetry. Which intervention is the most appropriate immediate priority?

- ☐ A Administer IV loop diuretic and repeat the basic metabolic panel in 6 hours
- ☐ B Initiate renal replacement therapy immediately
- ☒ C Administer IV calcium gluconate to stabilize the cardiac membrane along with measures to lower serum potassium
- ☐ D Restrict oral and IV fluids and provide potassium-containing maintenance fluids

ANSWER C

WHY Hyperkalemia with ECG changes (peaked T waves, widened QRS) is a medical emergency. The initial step is IV calcium gluconate to stabilize the cardiac membrane, followed by measures that shift potassium intracellularly (insulin with dextrose, beta-2 agonists) and remove potassium (loop diuretics, sodium polystyrene sulfonate, or dialysis). Diuretics alone are insufficient if ECG changes are present, and potassium should be restricted, not given.

QUESTION 9

MULTIPLE CHOICE

A patient in cardiogenic shock is receiving dobutamine and norepinephrine. Which findings indicate the patient is responding appropriately to therapy? (Choose two.)

- ☒ A Mean arterial pressure (MAP) of 68–70 mm Hg with improved mental status and urine output
- ☒ B Decreasing serum lactate and normalization of mixed venous oxygen saturation
- ☐ C New-onset atrial fibrillation with a rapid ventricular response of 160 beats per minute
- ☐ D Cool, mottled extremities with worsening capillary refill

ANSWER A - B

WHY Indicators of successful resuscitation in cardiogenic shock include an adequate MAP (typically ≥ 65 mm Hg) with improved end-organ perfusion (mentation, urine output), decreasing serum lactate, and improved mixed/central venous oxygen saturation reflecting better cardiac output. New tachyarrhythmias and worsening peripheral perfusion indicate the patient is not tolerating the therapy or is deteriorating.