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NBRC Adult Critical Care Specialty



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Question: 1

What is the consequence of setting the wall suction regulator to an excessively high negative pressure for endotracheal suctioning?

- A. The procedure takes longer because the catheter adheres to the tube wall
- B. The catheter becomes more likely to kink, reducing the volume of secretions removed
- C. Humidification of the inspired gas is reduced for several breaths afterwards
- D. Mucosal trauma and loss of lung volume are both increased

Answer: D

Question: 2

Several ventilators in one wing of the unit alarm simultaneously for low inlet gas pressure, and the delivered oxygen concentrations begin to drift. Patients on nasal cannulas in the same wing are unaffected. Ventilators in the adjacent wing are operating normally.

What is the most likely problem, and what should be done first?

- A. Failure of the piped medical air supply; switch the affected ventilators to cylinders
- B. A power supply problem affecting that wing, resolved by moving the ventilators to different electrical outlets
- C. Simultaneous failure of the internal blenders in several ventilators, requiring each affected device to be exchanged individually
- D. A widespread oxygen analyzer calibration drift, corrected by recalibrating each ventilator against room air

Answer: A

Question: 3

A woman who is 165 cm tall is intubated for acute respiratory distress syndrome following aspiration. Her measured weight on admission is 96 kg. The team asks the therapist to set an initial lung-protective tidal volume.

Which approach should the therapist use?

- A. Set the volume from her measured body weight, since the lungs must ventilate her actual body mass
- B. Set the volume from her predicted body weight, calculated from her height and biological sex
- C. Set the volume from an average adult value and adjust it by the resulting plateau pressure

D. Set the volume from her ideal body weight calculated from measured weight and body mass index

Answer: B

Question: 4

A ventilated 72-year-old man has a coarse oscillating pattern superimposed on both the inspiratory and expiratory limbs of his flow waveform. Peak inspiratory pressure is unchanged, plateau pressure is unchanged, breath sounds are clear, and he has no cough. The therapist notes a pool of water in the dependent loop of the circuit and no change after passing a suction catheter, which returns nothing. What is the most likely cause of the waveform appearance?

- A. Retained secretions in the central airways requiring more aggressive clearance
- B. Bronchospasm producing oscillation in expiratory flow
- C. Condensate in the circuit producing turbulence in the measured flow
- D. A partially obstructed endotracheal tube requiring exchange

Answer: C

Question: 5

A therapist is preparing to insert a radial arterial line. A colleague states that a modified Allen test must be documented as normal before cannulation, and that a delayed result contraindicates the procedure. How should that assertion be evaluated?

- A. The test has not been shown to predict ischemic complications reliably, so it should not be the sole determinant
- B. It is correct, and the test reliably predicts ischemic complications after radial cannulation
- C. The test should be replaced by routine angiography of the hand before every cannulation
- D. The test is irrelevant because ischemic complications after radial cannulation do not occur

Answer: A

Question: 6

A hypotensive 71-year-old man is in atrial fibrillation at a variable rate and is breathing spontaneously on pressure support, so the dynamic indices displayed on his monitor cannot be relied upon. The team performs a passive leg raise while monitoring cardiac output continuously, and observes a transient increase in cardiac output that returns to baseline when the legs are lowered.

Why is this test valid in a patient in whom pulse pressure variation is not?

- A. Because it requires a longer observation period, which averages out the effect of the irregular rhythm

- B. Because it eliminates the influence of intrathoracic pressure on venous return entirely
- C. Because it delivers a reversible internal fluid challenge whose effect is measured directly
- D. Because it measures blood pressure rather than cardiac output, which is less affected by rhythm

Answer: C

Question: 7

A patient with severe obesity is ventilated after emergency abdominal surgery. Oxygenation is poor in the supine flat position, plateau pressure is elevated, and the chest radiograph shows bibasilar atelectasis with elevated hemidiaphragms.

Which combination of measures best addresses the mechanics in this patient?

- A. Increase tidal volume in proportion to the patient's measured body weight, so that the collapsed bases are reopened
- B. Use a low end-expiratory pressure with an increased inspired oxygen concentration and more frequent suctioning
- C. Lower the end-expiratory pressure to reduce the elevated plateau pressure and keep the patient flat
- D. Place the patient in a reverse Trendelenburg or upright position and apply a higher end-expiratory pressure

Answer: D

Question: 8

A 68-year-old woman with emphysema is ventilated after an exacerbation. The team wants to know whether her expiratory flow is limited by airway collapse, because that determines whether applied end-expiratory pressure will help or harm. She is passive on the ventilator. The therapist applies gentle manual pressure over the abdomen during the expiratory phase and observes the flow-time waveform. Which observation would indicate that expiratory flow limitation is present?

- A. Expiratory flow does not increase despite the added expiratory pressure
- B. The expiratory flow waveform becomes a straight line, falling steadily to zero
- C. Expiratory flow increases in proportion to the pressure applied
- D. Peak inspiratory pressure rises on the very next breath following the maneuver

Answer: A

Question: 9

A 55-year-old man with pneumonia has a moderate left pleural effusion. He remains febrile with a rising white cell count despite four days of appropriate antibiotics. Diagnostic aspiration returns turbid fluid

with a low pH, low glucose, and a high lactate dehydrogenase, and ultrasound shows multiple septations within the collection.

What does this indicate about management?

- A. Continue antibiotics alone, since the effusion will resolve on its own as the pneumonia is treated
- B. The collection requires drainage, and the septations mean simple aspiration may be insufficient
- C. Start diuresis, since the effusion is contributing to the respiratory compromise
- D. Repeat the aspiration daily until the fluid clears, avoiding a chest drain

Answer: B

Question: 10

A 27-year-old woman is intubated after prolonged generalized convulsive seizures that required repeated benzodiazepine doses and a loading dose of an antiseizure medication. The seizures have stopped. She is now deeply sedated and paralyzed for transport to imaging, and her arterial blood gas shows a metabolic acidosis with a lactate of 8.9 mmol/L.

How should the raised lactate influence ventilator management?

- A. The lactate indicates sepsis and antimicrobial therapy should take priority over ventilation
- B. Ventilation should be reduced to allow a compensatory respiratory acidosis to develop
- C. Minute ventilation should be increased substantially to compensate for the underlying metabolic acidosis
- D. Ventilation should be set to normal targets, since seizure-related lactate clears rapidly on its own

Answer: D

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