

PRACTICE EXAM 16: VASCULAR ACCESS-BOARD CERTIFIED SIMULATION (100 QUESTIONS)

This standalone practice exam contains 100 four-option multiple-choice questions modeled on the current VA-BC examination blueprint. Select the single best answer for each item. The official examination allows 2.5 hours for 150 questions and uses a scaled passing score of 90; this shortened simulation is intended for timed practice and targeted review.

1. During evaluation of a patient transferred from another facility, a patient needs vesicant therapy with reliable long-term central access. Which device is most appropriate?
 - A. A short peripheral catheter in a hand vein
 - B. A routine arterial monitoring catheter within the current treatment plan
 - C. A subcutaneous infusion set for hydration when clinically appropriate for this patient
 - D. An implanted port or other appropriate central venous access device

2. While reviewing an infusion plan with pharmacy and nursing, which factor should receive the greatest weight when selecting a vascular access device?
 - A. The clinician's preference for a familiar product
 - B. The prescribed therapy characteristics and expected duration
 - C. The color of the available catheter hub
 - D. The unit's usual choice regardless of patient factors

3. During a vascular access quality-improvement round, a patient has chronic kidney disease and may need future hemodialysis. What is the best access-planning action?
 - A. Preserve suitable upper-extremity veins and consult the appropriate team
 - B. Place a PICC immediately in the best available vein

- C. Use repeated venipuncture in potential fistula sites
- D. Choose the largest catheter that the vessel can hold

4. While assessing a patient with a history of difficult access, which catheter-to-vessel relationship best supports venous blood flow?

- A. The largest catheter that can be advanced without resistance as part of routine clinical practice
- B. Any catheter if ultrasound confirms a visible vessel within the current treatment plan
- C. The smallest catheter that safely meets therapy needs in an adequate vessel
- D. A catheter occupying nearly the entire vessel lumen as part of routine clinical practice

5. During preparation for time-sensitive medication therapy, intermittent long-term therapy is planned for an active outpatient who wants the device hidden between treatments. Which option best fits?

- A. An implanted vascular access port
- B. A short peripheral catheter changed frequently
- C. A non-tunneled central catheter with external lumens
- D. An arterial catheter secured at the wrist

6. While investigating a change in catheter performance, a patient needs vesicant therapy with reliable long-term central access. Which device is most appropriate?

- A. A short peripheral catheter in a hand vein
- B. An implanted port or other appropriate central venous access device
- C. A routine arterial monitoring catheter when clinically appropriate for this patient
- D. A subcutaneous infusion set for hydration as part of routine clinical practice

7. During a consultation focused on reducing device-related harm, which factor should receive the greatest weight when selecting a vascular access device?

- A. The clinician's preference for a familiar product

- B. The color of the available catheter hub
- C. The unit's usual choice regardless of patient factors
- D. The prescribed therapy characteristics and expected duration

8. While planning discharge with continuing infusion needs, a patient has chronic kidney disease and may need future hemodialysis. What is the best access-planning action?

- A. Place a PICC immediately in the best available vein
- B. Use repeated venipuncture in potential fistula sites
- C. Preserve suitable upper-extremity veins and consult the appropriate team
- D. Choose the largest catheter that the vessel can hold

9. During bedside reassessment after the patient reports discomfort, which catheter-to-vessel relationship best supports venous blood flow?

- A. The largest catheter that can be advanced without resistance as part of routine clinical practice
- B. Any catheter if ultrasound confirms a visible vessel within the current treatment plan
- C. The smallest catheter that safely meets therapy needs in an adequate vessel
- D. A catheter occupying nearly the entire vessel lumen as part of routine clinical practice

10. While selecting the least invasive device that can deliver therapy, intermittent long-term therapy is planned for an active outpatient who wants the device hidden between treatments. Which option best fits?

- A. An implanted vascular access port
- B. A short peripheral catheter changed frequently
- C. A non-tunneled central catheter with external lumens
- D. An arterial catheter secured at the wrist

11. During review of a device that has been accessed repeatedly, a patient needs vesicant therapy with reliable long-term central access. Which device is most appropriate?

- A. A short peripheral catheter in a hand vein
- B. A routine arterial monitoring catheter when clinically appropriate for this patient
- C. A subcutaneous infusion set for hydration as part of routine clinical practice
- D. An implanted port or other appropriate central venous access device

12. While coordinating escalation for a possible access complication, which factor should receive the greatest weight when selecting a vascular access device?

- A. The clinician's preference for a familiar product
- B. The prescribed therapy characteristics and expected duration
- C. The color of the available catheter hub
- D. The unit's usual choice regardless of patient factors

13. During evaluation of a patient transferred from another facility, a patient has chronic kidney disease and may need future hemodialysis. What is the best access-planning action?

- A. Place a PICC immediately in the best available vein
- B. Preserve suitable upper-extremity veins and consult the appropriate team
- C. Use repeated venipuncture in potential fistula sites
- D. Choose the largest catheter that the vessel can hold

14. While reviewing an infusion plan with pharmacy and nursing, which catheter-to-vessel relationship best supports venous blood flow?

- A. The largest catheter that can be advanced without resistance as part of routine clinical practice
- B. Any catheter if ultrasound confirms a visible vessel within the current treatment plan
- C. A catheter occupying nearly the entire vessel lumen as part of routine clinical practice
- D. The smallest catheter that safely meets therapy needs in an adequate vessel

15. During a vascular access quality-improvement round, before choosing an insertion site, which assessment is most important?

- A. Ask only which arm the patient prefers within the current treatment plan
- B. Select the first vein visible without palpation when clinically appropriate for this patient
- C. Review the therapy plan, vascular history, skin, and available vessels
- D. Base the decision solely on room lighting as part of routine clinical practice

16. While assessing a patient with a history of difficult access, a patient reports a previous lymph node dissection on one side. What should the clinician do first?

- A. Evaluate risks, restrictions, and alternatives before using that extremity
- B. Insert there because the veins appear larger
- C. Ignore the history if the procedure was remote
- D. Apply a tourniquet and proceed without discussion

17. During preparation for time-sensitive medication therapy, which finding requires clarification before routine peripheral catheter insertion?

- A. An intact vein that rebounds with palpation
- B. A cooperative patient who understands the plan
- C. Localized infection over the proposed insertion site
- D. A clean extremity with normal temperature

18. While investigating a change in catheter performance, a patient becomes anxious and withdraws the arm during assessment. What is the best response?

- A. Pause, explain the procedure, address concerns, and obtain cooperation
- B. Continue quickly before the patient moves again
- C. Restrain the arm without further discussion within the current treatment plan
- D. Ask another clinician to insert without explanation

19. During a consultation focused on reducing device-related harm, which assessment most directly helps determine whether a vein can accommodate the planned catheter?

- A. Inspection of the catheter package color
- B. Review of the patient's meal preference
- C. Measurement of the opposite wrist circumference
- D. Ultrasound evaluation of vessel diameter, depth, and course

20. While planning discharge with continuing infusion needs, before choosing an insertion site, which assessment is most important?

- A. Ask only which arm the patient prefers as part of routine clinical practice
- B. Review the therapy plan, vascular history, skin, and available vessels
- C. Select the first vein visible without palpation within the current treatment plan
- D. Base the decision solely on room lighting as part of routine clinical practice

21. During bedside reassessment after the patient reports discomfort, a patient reports a previous lymph node dissection on one side. What should the clinician do first?

- A. Insert there because the veins appear larger
- B. Evaluate risks, restrictions, and alternatives before using that extremity
- C. Ignore the history if the procedure was remote
- D. Apply a tourniquet and proceed without discussion

22. While selecting the least invasive device that can deliver therapy, which finding requires clarification before routine peripheral catheter insertion?

- A. An intact vein that rebounds with palpation
- B. A cooperative patient who understands the plan
- C. A clean extremity with normal temperature
- D. Localized infection over the proposed insertion site

23. During review of a device that has been accessed repeatedly, a patient becomes anxious and withdraws the arm during assessment. What is the best response?

- A. Pause, explain the procedure, address concerns, and obtain cooperation
- B. Continue quickly before the patient moves again
- C. Restrain the arm without further discussion within the current treatment plan
- D. Ask another clinician to insert without explanation

24. While coordinating escalation for a possible access complication, which assessment most directly helps determine whether a vein can accommodate the planned catheter?

- A. Inspection of the catheter package color
- B. Review of the patient's meal preference
- C. Ultrasound evaluation of vessel diameter, depth, and course
- D. Measurement of the opposite wrist circumference

25. During evaluation of a patient transferred from another facility, before choosing an insertion site, which assessment is most important?

- A. Review the therapy plan, vascular history, skin, and available vessels
- B. Ask only which arm the patient prefers as part of routine clinical practice
- C. Select the first vein visible without palpation within the current treatment plan
- D. Base the decision solely on room lighting when clinically appropriate for this patient

26. While reviewing an infusion plan with pharmacy and nursing, a patient reports a previous lymph node dissection on one side. What should the clinician do first?

- A. Insert there because the veins appear larger
- B. Ignore the history if the procedure was remote
- C. Evaluate risks, restrictions, and alternatives before using that extremity
- D. Apply a tourniquet and proceed without discussion

27. During a vascular access quality-improvement round, which finding requires clarification before routine peripheral catheter insertion?

- A. An intact vein that rebounds with palpation
- B. Localized infection over the proposed insertion site
- C. A cooperative patient who understands the plan
- D. A clean extremity with normal temperature

28. While assessing a patient with a history of difficult access, a patient becomes anxious and withdraws the arm during assessment. What is the best response?

- A. Continue quickly before the patient moves again
- B. Restrain the arm without further discussion within the current treatment plan
- C. Ask another clinician to insert without explanation
- D. Pause, explain the procedure, address concerns, and obtain cooperation

29. During preparation for time-sensitive medication therapy, which assessment most directly helps determine whether a vein can accommodate the planned catheter?

- A. Inspection of the catheter package color
- B. Review of the patient's meal preference
- C. Ultrasound evaluation of vessel diameter, depth, and course
- D. Measurement of the opposite wrist circumference

30. While investigating a change in catheter performance, before choosing an insertion site, which assessment is most important?

- A. Ask only which arm the patient prefers within the current treatment plan
- B. Select the first vein visible without palpation when clinically appropriate for this patient
- C. Base the decision solely on room lighting as part of routine clinical practice
- D. Review the therapy plan, vascular history, skin, and available vessels

31. During a consultation focused on reducing device-related harm, a patient reports a previous lymph node dissection on one side. What should the clinician do first?

- A. Evaluate risks, restrictions, and alternatives before using that extremity
- B. Insert there because the veins appear larger
- C. Ignore the history if the procedure was remote
- D. Apply a tourniquet and proceed without discussion

32. While planning discharge with continuing infusion needs, which finding requires clarification before routine peripheral catheter insertion?

- A. An intact vein that rebounds with palpation
- B. Localized infection over the proposed insertion site
- C. A cooperative patient who understands the plan
- D. A clean extremity with normal temperature

33. During bedside reassessment after the patient reports discomfort, what is the best action immediately before an aseptic vascular access procedure?

- A. Perform hand hygiene and prepare the required sterile or aseptic field
- B. Open all supplies long before the procedure as part of routine clinical practice
- C. Touch prepared equipment to confirm placement within the current treatment plan
- D. Reuse a clean item that fell outside the field

34. While selecting the least invasive device that can deliver therapy, why should all necessary supplies be gathered before beginning insertion?

- A. To eliminate the need for patient identification
- B. To allow unused sterile items to be stored open
- C. To replace the need for a procedural checklist
- D. To maintain workflow and reduce breaks in aseptic technique

35. During review of a device that has been accessed repeatedly, after skin antisepsis, what technique best protects the prepared site?

- A. Blot the site dry with ordinary gauze within the current treatment plan
- B. Fan the site with an ungloved hand when clinically appropriate for this patient
- C. Allow the antiseptic to dry and avoid repalpating unless asepsis is restored
- D. Palpate repeatedly to relocate the vein as part of routine clinical practice

36. While coordinating escalation for a possible access complication, which action best verifies the correct patient before device insertion?

- A. Ask the room number and proceed as part of routine clinical practice
- B. Use two approved patient identifiers matched to the order
- C. Rely on recognition from a previous shift
- D. Confirm the bed label only as part of routine clinical practice

37. During evaluation of a patient transferred from another facility, what is the best action immediately before an aseptic vascular access procedure?

- A. Open all supplies long before the procedure as part of routine clinical practice
- B. Touch prepared equipment to confirm placement within the current treatment plan
- C. Perform hand hygiene and prepare the required sterile or aseptic field
- D. Reuse a clean item that fell outside the field

38. While reviewing an infusion plan with pharmacy and nursing, why should all necessary supplies be gathered before beginning insertion?

- A. To eliminate the need for patient identification
- B. To maintain workflow and reduce breaks in aseptic technique
- C. To allow unused sterile items to be stored open
- D. To replace the need for a procedural checklist

39. During a vascular access quality-improvement round, after skin antisepsis, what technique best protects the prepared site?

- A. Allow the antiseptic to dry and avoid repalpating unless asepsis is restored
- B. Blot the site dry with ordinary gauze as part of routine clinical practice
- C. Fan the site with an ungloved hand within the current treatment plan
- D. Palpate repeatedly to relocate the vein when clinically appropriate for this patient

40. While assessing a patient with a history of difficult access, which action best verifies the correct patient before device insertion?

- A. Ask the room number and proceed within the current treatment plan
- B. Rely on recognition from a previous shift
- C. Confirm the bed label only as part of routine clinical practice
- D. Use two approved patient identifiers matched to the order

41. During preparation for time-sensitive medication therapy, what is the best action immediately before an aseptic vascular access procedure?

- A. Open all supplies long before the procedure as part of routine clinical practice
- B. Touch prepared equipment to confirm placement within the current treatment plan
- C. Reuse a clean item that fell outside the field
- D. Perform hand hygiene and prepare the required sterile or aseptic field

42. While investigating a change in catheter performance, why should all necessary supplies be gathered before beginning insertion?

- A. To eliminate the need for patient identification
- B. To allow unused sterile items to be stored open
- C. To maintain workflow and reduce breaks in aseptic technique
- D. To replace the need for a procedural checklist

43. During a consultation focused on reducing device-related harm, after skin antisepsis, what technique best protects the prepared site?

- A. Allow the antiseptic to dry and avoid repalpating unless asepsis is restored
- B. Blot the site dry with ordinary gauze as part of routine clinical practice
- C. Fan the site with an ungloved hand when clinically appropriate for this patient
- D. Palpate repeatedly to relocate the vein as part of routine clinical practice

44. While planning discharge with continuing infusion needs, during ultrasound-guided insertion, which practice helps maintain needle-tip awareness?

- A. Advance whenever the shaft appears anywhere on screen
- B. Continuously relate probe position, vessel image, and needle movement
- C. Look away from the image while advancing deeply
- D. Assume the tip is inside once the skin is punctured

45. During bedside reassessment after the patient reports discomfort, resistance is felt while advancing a guidewire. What is the safest action?

- A. Push firmly until the wire passes as part of routine clinical practice
- B. Rotate and advance despite patient discomfort when clinically appropriate for this patient
- C. Stop advancement and reassess the wire, needle, and vessel path
- D. Withdraw the needle over a fixed wire without control

46. While selecting the least invasive device that can deliver therapy, which action is appropriate after successful catheter insertion?

- A. Secure the device, apply the dressing, verify function, and document
- B. Leave the device unsecured until the next shift
- C. Cover the site before checking catheter function when clinically appropriate for this patient
- D. Discard all insertion details without recording them as part of routine clinical practice

47. During review of a device that has been accessed repeatedly, why is needle-tip visualization important during ultrasound-guided access?

- A. It guarantees that infection cannot occur
- B. It helps prevent unintended tissue or vessel-wall injury
- C. It removes the need to assess the patient
- D. It determines the medication dose automatically

48. While coordinating escalation for a possible access complication, during ultrasound-guided insertion, which practice helps maintain needle-tip awareness?

- A. Advance whenever the shaft appears anywhere on screen
- B. Look away from the image while advancing deeply
- C. Assume the tip is inside once the skin is punctured
- D. Continuously relate probe position, vessel image, and needle movement

49. During evaluation of a patient transferred from another facility, resistance is felt while advancing a guidewire. What is the safest action?

- A. Push firmly until the wire passes as part of routine clinical practice
- B. Rotate and advance despite patient discomfort within the current treatment plan
- C. Stop advancement and reassess the wire, needle, and vessel path
- D. Withdraw the needle over a fixed wire without control

50. While reviewing an infusion plan with pharmacy and nursing, which action is appropriate after successful catheter insertion?

- A. Secure the device, apply the dressing, verify function, and document
- B. Leave the device unsecured until the next shift
- C. Cover the site before checking catheter function when clinically appropriate for this patient
- D. Discard all insertion details without recording them as part of routine clinical practice

51. During a vascular access quality-improvement round, why is needle-tip visualization important during ultrasound-guided access?

- A. It guarantees that infection cannot occur
- B. It helps prevent unintended tissue or vessel-wall injury
- C. It removes the need to assess the patient
- D. It determines the medication dose automatically

52. While assessing a patient with a history of difficult access, during ultrasound-guided insertion, which practice helps maintain needle-tip awareness?

- A. Advance whenever the shaft appears anywhere on screen
- B. Continuously relate probe position, vessel image, and needle movement
- C. Look away from the image while advancing deeply
- D. Assume the tip is inside once the skin is punctured

53. During preparation for time-sensitive medication therapy, resistance is felt while advancing a guidewire. What is the safest action?

- A. Push firmly until the wire passes as part of routine clinical practice
- B. Rotate and advance despite patient discomfort within the current treatment plan
- C. Withdraw the needle over a fixed wire without control
- D. Stop advancement and reassess the wire, needle, and vessel path

54. While investigating a change in catheter performance, which action is appropriate after successful catheter insertion?

- A. Leave the device unsecured until the next shift
- B. Cover the site before checking catheter function when clinically appropriate for this patient
- C. Discard all insertion details without recording them as part of routine clinical practice
- D. Secure the device, apply the dressing, verify function, and document

55. During a consultation focused on reducing device-related harm, before every access of a needleless connector, what is the priority action?

- A. Flush before touching the connector within the current treatment plan
- B. Remove the dressing to expose the catheter when clinically appropriate for this patient
- C. Disinfect the connector using the approved method and allow it to dry
- D. Place the connector on nearby linen as part of routine clinical practice

56. While planning discharge with continuing infusion needs, which finding indicates that a dressing should be changed promptly?

- A. The dressing is damp, loose, soiled, or no longer intact
- B. The dressing is dry and fully adherent as part of routine clinical practice
- C. The insertion site is visible through the dressing
- D. The label remains legible and current as part of routine clinical practice

57. During bedside reassessment after the patient reports discomfort, what is the principal purpose of catheter stabilization?

- A. To make the catheter appear shorter as part of routine clinical practice
- B. To limit movement that can cause dislodgment, irritation, and contamination
- C. To eliminate every need for assessment within the current treatment plan
- D. To increase pressure inside the vessel as part of routine clinical practice

58. While selecting the least invasive device that can deliver therapy, a line is no longer clinically necessary. What is the best action?

- A. Keep it indefinitely in case access is needed
- B. Stop assessing it because therapy is complete when clinically appropriate for this patient
- C. Cover it with extra tape and leave it unused
- D. Arrange prompt removal according to policy and the treatment plan

59. During review of a device that has been accessed repeatedly, which routine practice best supports early detection of device complications?

- A. Assess the patient, site, dressing, and catheter function at appropriate intervals
- B. Inspect only when the patient reports severe pain as part of routine clinical practice
- C. Rely solely on the previous shift's documentation within the current treatment plan
- D. Flush repeatedly without observing the patient when clinically appropriate for this patient

60. While coordinating escalation for a possible access complication, before every access of a needleless connector, what is the priority action?

- A. Flush before touching the connector within the current treatment plan
- B. Remove the dressing to expose the catheter when clinically appropriate for this patient
- C. Disinfect the connector using the approved method and allow it to dry
- D. Place the connector on nearby linen as part of routine clinical practice

61. During evaluation of a patient transferred from another facility, which finding indicates that a dressing should be changed promptly?

- A. The dressing is dry and fully adherent as part of routine clinical practice
- B. The insertion site is visible through the dressing
- C. The label remains legible and current as part of routine clinical practice
- D. The dressing is damp, loose, soiled, or no longer intact

62. While reviewing an infusion plan with pharmacy and nursing, what is the principal purpose of catheter stabilization?

- A. To make the catheter appear shorter as part of routine clinical practice
- B. To eliminate every need for assessment within the current treatment plan
- C. To limit movement that can cause dislodgment, irritation, and contamination
- D. To increase pressure inside the vessel when clinically appropriate for this patient

63. During a vascular access quality-improvement round, a line is no longer clinically necessary. What is the best action?

- A. Keep it indefinitely in case access is needed
- B. Arrange prompt removal according to policy and the treatment plan
- C. Stop assessing it because therapy is complete when clinically appropriate for this patient
- D. Cover it with extra tape and leave it unused

64. While assessing a patient with a history of difficult access, which routine practice best supports early detection of device complications?

- A. Assess the patient, site, dressing, and catheter function at appropriate intervals
- B. Inspect only when the patient reports severe pain within the current treatment plan
- C. Rely solely on the previous shift's documentation when clinically appropriate for this patient
- D. Flush repeatedly without observing the patient as part of routine clinical practice

65. During preparation for time-sensitive medication therapy, before every access of a needleless connector, what is the priority action?

- A. Disinfect the connector using the approved method and allow it to dry
- B. Flush before touching the connector as part of routine clinical practice
- C. Remove the dressing to expose the catheter within the current treatment plan
- D. Place the connector on nearby linen as part of routine clinical practice

66. While investigating a change in catheter performance, which finding indicates that a dressing should be changed promptly?

- A. The dressing is dry and fully adherent as part of routine clinical practice
- B. The insertion site is visible through the dressing
- C. The label remains legible and current as part of routine clinical practice
- D. The dressing is damp, loose, soiled, or no longer intact

67. During a consultation focused on reducing device-related harm, what is the principal purpose of catheter stabilization?

- A. To make the catheter appear shorter as part of routine clinical practice
- B. To eliminate every need for assessment within the current treatment plan
- C. To limit movement that can cause dislodgment, irritation, and contamination
- D. To increase pressure inside the vessel when clinically appropriate for this patient

68. While planning discharge with continuing infusion needs, a line is no longer clinically necessary. What is the best action?

- A. Keep it indefinitely in case access is needed
- B. Arrange prompt removal according to policy and the treatment plan
- C. Stop assessing it because therapy is complete when clinically appropriate for this patient
- D. Cover it with extra tape and leave it unused

69. During bedside reassessment after the patient reports discomfort, a patient reports pain and swelling during a peripheral infusion. What should the clinician do first?

- A. Stop the infusion and assess the site and patient
- B. Increase the flow to test catheter patency
- C. Apply more tape and continue the infusion
- D. Ignore the complaint if blood return is present

70. While selecting the least invasive device that can deliver therapy, a central catheter will not flush easily. What is the safest initial response?

- A. Use force until resistance suddenly releases within the current treatment plan
- B. Insert a sharp object into the connector when clinically appropriate for this patient
- C. Assume thrombosis and remove the line immediately as part of routine clinical practice
- D. Stop and assess clamps, tubing, position, and possible mechanical causes

71. During review of a device that has been accessed repeatedly, which finding is most concerning for catheter-related bloodstream infection?

- A. A dry intact dressing without symptoms as part of routine clinical practice
- B. A visible catheter label with the correct date within the current treatment plan
- C. Systemic symptoms with no clear source plus catheter-site or access concerns
- D. Comfortable flushing without local changes as part of routine clinical practice

72. While coordinating escalation for a possible access complication, sudden dyspnea occurs during central line manipulation. What is the priority response?

- A. Continue manipulation to finish quickly as part of routine clinical practice
- B. Ask the patient to walk to improve breathing when clinically appropriate for this patient
- C. Delay reporting until routine rounds as part of routine clinical practice
- D. Stop the procedure, protect the patient, and activate urgent clinical evaluation

73. During evaluation of a patient transferred from another facility, a catheter appears longer externally than at the previous assessment. What should the clinician do?

- A. Advance the catheter back through the skin as part of routine clinical practice
- B. Stop using it and evaluate for migration before further therapy
- C. Trim the external portion with scissors when clinically appropriate for this patient
- D. Cover the measurement mark with opaque tape as part of routine clinical practice

74. While reviewing an infusion plan with pharmacy and nursing, which action is appropriate when extravasation is suspected?

- A. Stop the infusion, leave access for possible aspiration, and follow the agent-specific protocol
- B. Flush the remaining medication into the tissue as part of routine clinical practice
- C. Remove the catheter before considering aspiration within the current treatment plan
- D. Massage the area vigorously in every case as part of routine clinical practice

75. During a vascular access quality-improvement round, a patient reports pain and swelling during a peripheral infusion. What should the clinician do first?

- A. Increase the flow to test catheter patency
- B. Apply more tape and continue the infusion
- C. Stop the infusion and assess the site and patient
- D. Ignore the complaint if blood return is present

76. While assessing a patient with a history of difficult access, a central catheter will not flush easily. What is the safest initial response?

- A. Use force until resistance suddenly releases as part of routine clinical practice
- B. Stop and assess clamps, tubing, position, and possible mechanical causes
- C. Insert a sharp object into the connector within the current treatment plan
- D. Assume thrombosis and remove the line immediately when clinically appropriate for this patient

77. During preparation for time-sensitive medication therapy, which finding is most concerning for catheter-related bloodstream infection?

- A. A dry intact dressing without symptoms within the current treatment plan
- B. A visible catheter label with the correct date when clinically appropriate for this patient
- C. Systemic symptoms with no clear source plus catheter-site or access concerns
- D. Comfortable flushing without local changes as part of routine clinical practice

78. While investigating a change in catheter performance, sudden dyspnea occurs during central line manipulation. What is the priority response?

- A. Continue manipulation to finish quickly as part of routine clinical practice
- B. Stop the procedure, protect the patient, and activate urgent clinical evaluation
- C. Ask the patient to walk to improve breathing within the current treatment plan
- D. Delay reporting until routine rounds as part of routine clinical practice

79. During a consultation focused on reducing device-related harm, a catheter appears longer externally than at the previous assessment. What should the clinician do?

- A. Stop using it and evaluate for migration before further therapy
- B. Advance the catheter back through the skin as part of routine clinical practice
- C. Trim the external portion with scissors within the current treatment plan
- D. Cover the measurement mark with opaque tape when clinically appropriate for this patient

80. While planning discharge with continuing infusion needs, which action is appropriate when extravasation is suspected?

- A. Flush the remaining medication into the tissue as part of routine clinical practice
- B. Remove the catheter before considering aspiration when clinically appropriate for this patient
- C. Massage the area vigorously in every case as part of routine clinical practice
- D. Stop the infusion, leave access for possible aspiration, and follow the agent-specific protocol

81. During bedside reassessment after the patient reports discomfort, a patient reports pain and swelling during a peripheral infusion. What should the clinician do first?

- A. Increase the flow to test catheter patency
- B. Apply more tape and continue the infusion
- C. Ignore the complaint if blood return is present
- D. Stop the infusion and assess the site and patient

82. While selecting the least invasive device that can deliver therapy, a central catheter will not flush easily. What is the safest initial response?

- A. Use force until resistance suddenly releases as part of routine clinical practice
- B. Insert a sharp object into the connector within the current treatment plan
- C. Stop and assess clamps, tubing, position, and possible mechanical causes
- D. Assume thrombosis and remove the line immediately as part of routine clinical practice

83. During review of a device that has been accessed repeatedly, which finding is most concerning for catheter-related bloodstream infection?

- A. A dry intact dressing without symptoms as part of routine clinical practice
- B. Systemic symptoms with no clear source plus catheter-site or access concerns
- C. A visible catheter label with the correct date within the current treatment plan
- D. Comfortable flushing without local changes when clinically appropriate for this patient

84. While coordinating escalation for a possible access complication, sudden dyspnea occurs during central line manipulation. What is the priority response?

- A. Stop the procedure, protect the patient, and activate urgent clinical evaluation
- B. Continue manipulation to finish quickly within the current treatment plan
- C. Ask the patient to walk to improve breathing when clinically appropriate for this patient
- D. Delay reporting until routine rounds as part of routine clinical practice

85. During evaluation of a patient transferred from another facility, which source should carry the greatest weight when revising vascular access practice?

- A. Current high-quality evidence integrated with expertise and patient needs
- B. A single colleague's habit without supporting data
- C. A vendor slogan used without critical review
- D. An outdated routine kept only for convenience

86. While reviewing an infusion plan with pharmacy and nursing, a unit's infection rate rises after a practice change. What is the best response?

- A. Assume the change is unrelated without analysis within the current treatment plan
- B. Review reliable data, examine adherence, and evaluate the change systematically
- C. Blame one staff member before reviewing evidence when clinically appropriate for this patient
- D. Wait indefinitely despite a persistent safety signal as part of routine clinical practice

87. During a vascular access quality-improvement round, what is the best way to maintain competence with an unfamiliar insertion technique?

- A. Attempt it independently after watching one brief video
- B. Rely on experience with a different procedure
- C. Skip evaluation if supplies appear familiar
- D. Complete education, supervised practice, and competency validation

88. While assessing a patient with a history of difficult access, which source should carry the greatest weight when revising vascular access practice?

- A. A single colleague's habit without supporting data
- B. A vendor slogan used without critical review
- C. Current high-quality evidence integrated with expertise and patient needs
- D. An outdated routine kept only for convenience

89. During preparation for time-sensitive medication therapy, a unit's infection rate rises after a practice change. What is the best response?

- A. Assume the change is unrelated without analysis as part of routine clinical practice
- B. Review reliable data, examine adherence, and evaluate the change systematically
- C. Blame one staff member before reviewing evidence within the current treatment plan
- D. Wait indefinitely despite a persistent safety signal when clinically appropriate for this patient

90. While investigating a change in catheter performance, what is the best way to maintain competence with an unfamiliar insertion technique?

- A. Complete education, supervised practice, and competency validation
- B. Attempt it independently after watching one brief video
- C. Rely on experience with a different procedure
- D. Skip evaluation if supplies appear familiar

91. During a consultation focused on reducing device-related harm, which source should carry the greatest weight when revising vascular access practice?

- A. A single colleague's habit without supporting data
- B. A vendor slogan used without critical review
- C. An outdated routine kept only for convenience
- D. Current high-quality evidence integrated with expertise and patient needs

92. While planning discharge with continuing infusion needs, a unit's infection rate rises after a practice change. What is the best response?

- A. Assume the change is unrelated without analysis as part of routine clinical practice
- B. Blame one staff member before reviewing evidence within the current treatment plan
- C. Review reliable data, examine adherence, and evaluate the change systematically
- D. Wait indefinitely despite a persistent safety signal as part of routine clinical practice

93. During bedside reassessment after the patient reports discomfort, a competent patient refuses a recommended vascular access device after discussion. What should the clinician do?

- A. Insert the device because it is clinically preferred as part of routine clinical practice
- B. Ask family to override the patient automatically when clinically appropriate for this patient
- C. Respect the refusal, explain alternatives and risks, notify the team, and document
- D. Record consent even though permission was withheld as part of routine clinical practice

94. While selecting the least invasive device that can deliver therapy, which documentation entry is most appropriate after insertion?

- A. A vague note stating only that the line is fine
- B. An objective, timely record of assessment, procedure, device, site, response, and outcome
- C. An opinion about the patient's personality within the current treatment plan
- D. A copied entry that was not independently verified when clinically appropriate for this patient

95. During review of a device that has been accessed repeatedly, a clinician discovers a break in aseptic technique during insertion. What is the ethical response?

- A. Stop, correct the breach, protect the patient, and report according to policy
- B. Conceal the event if no harm is immediately visible as part of routine clinical practice
- C. Continue because opening replacement supplies takes time when clinically appropriate for this patient
- D. Alter the record to show uninterrupted asepsis as part of routine clinical practice

96. While coordinating escalation for a possible access complication, a competent patient refuses a recommended vascular access device after discussion. What should the clinician do?

- A. Insert the device because it is clinically preferred within the current treatment plan
- B. Ask family to override the patient automatically when clinically appropriate for this patient
- C. Record consent even though permission was withheld as part of routine clinical practice
- D. Respect the refusal, explain alternatives and risks, notify the team, and document

97. During evaluation of a patient transferred from another facility, which documentation entry is most appropriate after insertion?

- A. A vague note stating only that the line is fine
- B. An objective, timely record of assessment, procedure, device, site, response, and outcome
- C. An opinion about the patient's personality within the current treatment plan
- D. A copied entry that was not independently verified as part of routine clinical practice

98. While reviewing an infusion plan with pharmacy and nursing, a clinician discovers a break in aseptic technique during insertion. What is the ethical response?

- A. Conceal the event if no harm is immediately visible as part of routine clinical practice
- B. Continue because opening replacement supplies takes time when clinically appropriate for this patient
- C. Stop, correct the breach, protect the patient, and report according to policy
- D. Alter the record to show uninterrupted asepsis as part of routine clinical practice

99. During a vascular access quality-improvement round, a competent patient refuses a recommended vascular access device after discussion. What should the clinician do?

- A. Insert the device because it is clinically preferred within the current treatment plan
- B. Ask family to override the patient automatically when clinically appropriate for this patient
- C. Record consent even though permission was withheld as part of routine clinical practice
- D. Respect the refusal, explain alternatives and risks, notify the team, and document

100. While assessing a patient with a history of difficult access, which documentation entry is most appropriate after insertion?

- A. An objective, timely record of assessment, procedure, device, site, response, and outcome
- B. A vague note stating only that the line is fine
- C. An opinion about the patient's personality within the current treatment plan
- D. A copied entry that was not independently verified when clinically appropriate for this patient

Practice Exam 16: Answer Key and Explanations

1. D — An implanted port or other appropriate central venous access device is the best answer because Vesicant therapy requires central tip location and a device matched to treatment duration and access frequency. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

2. B — The prescribed therapy characteristics and expected duration is the best answer because Device selection begins with therapy properties, duration, vascular condition, and patient-specific risks. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

3. A — Preserve suitable upper-extremity veins and consult the appropriate team is the best answer because Vein preservation protects future dialysis options and requires multidisciplinary planning before upper-extremity central access. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

4. C — The smallest catheter that safely meets therapy needs in an adequate vessel is the best answer because A smaller catheter relative to vessel size preserves flow and reduces stasis-related risk. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

5. A — An implanted vascular access port is the best answer because A port is fully implanted, supports intermittent long-term access, and has no external segment between uses. The alternatives overlook key

findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

6. B — An implanted port or other appropriate central venous access device is the best answer because Vesicant therapy requires central tip location and a device matched to treatment duration and access frequency. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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8. C — Preserve suitable upper-extremity veins and consult the appropriate team is the best answer because Vein preservation protects future dialysis options and requires multidisciplinary planning before upper-extremity central access. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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15. C — Review the therapy plan, vascular history, skin, and available vessels is the best answer because A complete assessment integrates treatment needs, prior access history, local findings, and vessel suitability. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

16. A — Evaluate risks, restrictions, and alternatives before using that extremity is the best answer because Prior surgery can alter lymphatic drainage and warrants individualized assessment rather than automatic or casual site use. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

17. C — Localized infection over the proposed insertion site is the best answer because Inserting through infected skin can seed the catheter tract and bloodstream, so another site or plan is needed. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

18. A — Pause, explain the procedure, address concerns, and obtain cooperation is the best answer because Patient-centered communication and consent improve safety and allow concerns to be addressed before proceeding. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

19. D — Ultrasound evaluation of vessel diameter, depth, and course is the best answer because Ultrasound reveals vessel dimensions, depth, path, and nearby structures that visual inspection cannot reliably establish. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

20. B — Review the therapy plan, vascular history, skin, and available vessels is the best answer because A complete assessment integrates treatment needs, prior access history, local findings, and vessel suitability. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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23. A — Pause, explain the procedure, address concerns, and obtain cooperation is the best answer because Patient-centered communication and consent improve safety and allow concerns to be addressed before proceeding. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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33. A — Perform hand hygiene and prepare the required sterile or aseptic field is the best answer because Hand hygiene and controlled field preparation reduce transfer of organisms during device placement. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

34. D — To maintain workflow and reduce breaks in aseptic technique is the best answer because Preparation prevents interruptions that can compromise the field or leave the patient and equipment unattended. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

35. C — Allow the antiseptic to dry and avoid repalpating unless asepsis is restored is the best answer because Drying supports antiseptic activity, while unprotected repalpation can recontaminate the prepared skin. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

36. B — Use two approved patient identifiers matched to the order is the best answer because Two approved identifiers reduce wrong-patient errors and link the procedure to the correct order. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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44. B — Continuously relate probe position, vessel image, and needle movement is the best answer because Tracking the actual tip prevents posterior-wall injury and unintended entry into adjacent structures. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

45. C — Stop advancement and reassess the wire, needle, and vessel path is the best answer because A guidewire should not be forced because resistance may indicate malposition, vessel injury, or obstruction. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

46. A — Secure the device, apply the dressing, verify function, and document is the best answer because Completion includes stabilization, site protection, functional assessment, and a clear procedural record. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

47. B — It helps prevent unintended tissue or vessel-wall injury is the best answer because Direct tip awareness improves control and reduces complications caused by advancing an unseen needle. The

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49. C — Stop advancement and reassess the wire, needle, and vessel path is the best answer because A guidewire should not be forced because resistance may indicate malposition, vessel injury, or obstruction. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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54. D — Secure the device, apply the dressing, verify function, and document is the best answer because Completion includes stabilization, site protection, functional assessment, and a clear procedural record. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

55. C — Disinfect the connector using the approved method and allow it to dry is the best answer because Connector disinfection interrupts microbial entry at a frequently manipulated access point. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

56. A — The dressing is damp, loose, soiled, or no longer intact is the best answer because A compromised dressing no longer provides reliable protection or stabilization and requires aseptic

replacement. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

57. B — To limit movement that can cause dislodgment, irritation, and contamination is the best answer because Effective stabilization reduces pistoning, traction, migration, and disruption at the insertion site. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

58. D — Arrange prompt removal according to policy and the treatment plan is the best answer because Every unnecessary catheter adds avoidable infection and thrombosis exposure without providing ongoing benefit. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

59. A — Assess the patient, site, dressing, and catheter function at appropriate intervals is the best answer because Consistent assessment identifies subtle changes before they progress to serious complications. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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69. A — Stop the infusion and assess the site and patient is the best answer because Stopping exposure prevents further tissue injury while assessment distinguishes infiltration, extravasation, phlebitis, or another problem. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

70. D — Stop and assess clamps, tubing, position, and possible mechanical causes is the best answer because Systematic assessment identifies correctable mechanical causes without risking rupture, embolization, or tissue injury. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

71. C — Systemic symptoms with no clear source plus catheter-site or access concerns is the best answer because Systemic illness associated with a vascular device requires prompt evaluation, cultures when ordered, and coordinated management. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

72. D — Stop the procedure, protect the patient, and activate urgent clinical evaluation is the best answer because Abrupt respiratory symptoms may signal a serious complication and require immediate stabilization and escalation. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

73. B — Stop using it and evaluate for migration before further therapy is the best answer because A changed external length suggests migration; use may be unsafe until tip location and device integrity are assessed. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

74. A — Stop the infusion, leave access for possible aspiration, and follow the agent-specific protocol is the best answer because Early agent-specific management limits injury and preserves access for aspiration or antidote administration when indicated. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

75. C — Stop the infusion and assess the site and patient is the best answer because Stopping exposure prevents further tissue injury while assessment distinguishes infiltration, extravasation, phlebitis, or another problem. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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84. A — Stop the procedure, protect the patient, and activate urgent clinical evaluation is the best answer because Abrupt respiratory symptoms may signal a serious complication and require immediate stabilization and escalation. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

85. A — Current high-quality evidence integrated with expertise and patient needs is the best answer because Evidence-based practice combines research quality, clinical expertise, feasibility, and patient values. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

86. B — Review reliable data, examine adherence, and evaluate the change systematically is the best answer because Quality improvement requires valid measurement, process review, and timely corrective action. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

87. D — Complete education, supervised practice, and competency validation is the best answer because Competency requires knowledge, observed performance, feedback, and validation before independent practice. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

88. C — Current high-quality evidence integrated with expertise and patient needs is the best answer because Evidence-based practice combines research quality, clinical expertise, feasibility, and patient values. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

89. B — Review reliable data, examine adherence, and evaluate the change systematically is the best answer because Quality improvement requires valid measurement, process review, and timely corrective action. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

90. A — Complete education, supervised practice, and competency validation is the best answer because Competency requires knowledge, observed performance, feedback, and validation before independent practice. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

91. D — Current high-quality evidence integrated with expertise and patient needs is the best answer because Evidence-based practice combines research quality, clinical expertise, feasibility, and patient values. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

92. C — Review reliable data, examine adherence, and evaluate the change systematically is the best answer because Quality improvement requires valid measurement, process review, and timely corrective action. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

93. C — Respect the refusal, explain alternatives and risks, notify the team, and document is best because Autonomy permits an informed patient to refuse; the team should support informed decision-making and document the plan. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

94. B — An objective, timely record of assessment, procedure, device, site, response, and outcome is the best answer because Complete objective documentation supports continuity, accountability, and evaluation of complications. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

95. A — Stop, correct the breach, protect the patient, and report according to policy is the best answer because Patient safety, honesty, and professional accountability require immediate correction and transparent reporting. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

96. D — Respect the refusal, explain alternatives and risks, notify the team, and document is best because Autonomy permits an informed patient to refuse; the team should support informed decision-making and document the plan. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

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99. D — Respect the refusal, explain alternatives and risks, notify the team, and document is best because Autonomy permits an informed patient to refuse; the team should support informed decision-making and document the plan. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.

100. A — An objective, timely record of assessment, procedure, device, site, response, and outcome is the best answer because Complete objective documentation supports continuity, accountability, and evaluation of complications. The alternatives overlook key findings, add avoidable risk, or fail to correct the problem. After intervention, reassess the patient and device, communicate changes, and document the outcome.