

PRACTICE EXAM 14: VA-BC SIMULATION (100 QUESTIONS)

This independent practice exam contains 100 four-option questions proportionally aligned to the VACC 2025 content outline. Choose the single best answer. For pacing practice, allow approximately 100 minutes. The official VA-BC examination contains 150 questions, 125 scored, with 2.5 hours of testing time. This publication is not affiliated with or endorsed by VACC or AVA.

1. A vascular access nurse receives a new consultation. In this situation, a patient needs six weeks of nonvesicant IV antibiotics and has poor peripheral veins. Which device best supports the anticipated therapy?

- A. A short peripheral catheter
- B. A steel-winged infusion set
- C. An arterial monitoring catheter
- D. A peripherally inserted central catheter

2. A charge nurse reviews the plan of care. In this situation, which consideration should receive the greatest priority when selecting a vascular access device?

- A. The inserter's favorite brand
- B. The room in which care occurs
- C. The prescribed therapy and anticipated duration
- D. The color of the catheter hub

3. A specialist evaluates an unexpected bedside finding. In this situation, a patient requires rapid, high-volume resuscitation. Which initial device is generally most appropriate?

- A. A large-bore short peripheral catheter
- B. A small-gauge midline catheter

- C. A tunneled central catheter
- D. An implanted infusion port

4. A clinician prepares to discuss options with the patient. In this situation, which device is intended for repeated long-term intermittent access while remaining completely beneath the skin when not accessed?

- A. A nontunneled central catheter
- B. An implanted vascular access port
- C. A standard midline catheter
- D. A short peripheral catheter

5. A team reviews a device during shift handoff. In this situation, a medication is known to injure tissue if extravasated. What is the safest selection principle?

- A. Use the smallest visible hand vein
- B. Choose access appropriate for vesicant administration
- C. Select any device with blood return
- D. Choose the device requiring least documentation

6. An inserter pauses before beginning the procedure. In this situation, which patient is the strongest candidate for an intraosseous device?

- A. A critically ill patient needing immediate access after peripheral attempts fail
- B. A stable patient needing monthly laboratory tests
- C. A home patient receiving long-term nutrition
- D. A patient requesting a needle-free blood draw

7. A patient returns for follow-up in the infusion center. In this situation, what is a major advantage of a midline catheter compared with repeated short peripheral catheters?

- A. Guaranteed suitability for every vesicant

- B. Placement of the tip in the right atrium
- C. Longer peripheral dwell without a central tip
- D. Elimination of all infection risk

8. A home-care nurse reassesses the treatment plan. In this situation, before choosing an upper-extremity device for a patient with advanced kidney disease, what should the clinician prioritize?

- A. Use of the dominant arm for convenience
- B. Placement in the smallest distal vein
- C. Routine selection of a subclavian site
- D. Preservation of vessels that may be needed for dialysis

9. A clinician evaluates a line before medication delivery. In this situation, which catheter feature most directly affects resistance to fluid flow?

- A. External hub color
- B. Dressing transparency
- C. Internal radius and catheter length
- D. Manufacturer logo size

10. A vascular access educator presents a case conference. In this situation, a child needs brief isotonic hydration with healthy forearm veins. Which choice follows the least-invasive principle?

- A. A tunneled central venous catheter
- B. An implanted chest port
- C. A hemodialysis catheter
- D. A short peripheral IV catheter

11. A bedside nurse contacts the vascular access team. In this situation, which device is designed specifically to support extracorporeal hemodialysis blood flow?

- A. A single-lumen midline catheter
- B. A large-bore dual-lumen dialysis catheter
- C. A small short peripheral catheter
- D. A standard implanted medication port

12. A specialist reviews the patient's access history. In this situation, a patient will receive continuous parenteral nutrition with high osmolarity. Which access is most appropriate?

- A. Central venous access with an appropriate tip location
- B. A small vein on the back of the hand
- C. A routine subcutaneous infusion set
- D. An arterial catheter in the wrist

13. A clinician must choose the next safest step. In this situation, why should the minimum necessary number of catheter lumens be selected?

- A. Extra lumens always increase infusion speed
- B. Multiple lumens prevent all incompatibilities
- C. Each additional lumen can add manipulation and infection risk
- D. Unused lumens require no maintenance

14. A preceptor asks a learner to justify the care plan. In this situation, which assessment best distinguishes a midline from a PICC?

- A. The color of the extension tubing
- B. The terminal tip location
- C. Whether ultrasound was used
- D. The presence of a stabilization device

15. A quality reviewer examines a recent case. In this situation, before insertion, which history finding most directly changes site selection?

- A. Prior lymph-node surgery on the proposed side
- B. The patient's preferred television channel
- C. A remote ankle sprain
- D. The time of the last meal

16. A team member identifies a change from the previous assessment. In this situation, which finding suggests that a visible vein may still be unsuitable for cannulation?

- A. It refills after gentle release
- B. It follows a straight course
- C. It is compressible on ultrasound
- D. It is hard, cordlike, and tender

17. A patient asks for an explanation of the recommended approach. In this situation, what should be assessed before using a limb with an arteriovenous fistula for routine venipuncture?

- A. Whether the patient is right-handed
- B. Whether the room has a recliner
- C. Whether the limb must be preserved from puncture and compression
- D. Whether the catheter package is blue

18. A procedure team completes its final safety check. In this situation, a patient reports adhesive allergy. What is the best preinsertion response?

- A. Proceed with standard products and reassess later
- B. Plan compatible skin-preparation and securement products
- C. Avoid documenting the allergy
- D. Select a larger catheter to compensate

19. An outpatient clinician reviews current device function. In this situation, which bedside observation is most concerning before placing a peripheral catheter in an arm?

- A. Warm hands with equal pulses
- B. Symmetric skin color
- C. Full painless range of motion
- D. Unilateral swelling with collateral veins

20. A hospital team plans the next phase of therapy. In this situation, why is a medication list relevant to vascular access assessment?

- A. Anticoagulants and infusate properties alter bleeding and device risks
- B. Only oral drugs affect vein visibility
- C. Medication history replaces physical assessment
- D. Medication names determine catheter color

21. A vascular access nurse receives a new consultation. In this situation, which ultrasound characteristic identifies a vein rather than an artery?

- A. The vessel has a thick pulsating wall
- B. The vessel compresses with gentle probe pressure
- C. The vessel remains round under pressure
- D. The vessel lies beside a nerve bundle

22. A charge nurse reviews the plan of care. In this situation, which response should be selected when a patient cannot explain the planned procedure in their own words?

- A. Obtain equipment and begin quickly
- B. Ask a family member to consent automatically
- C. Pause and provide understandable education before proceeding
- D. Document refusal without further discussion

23. A specialist evaluates an unexpected bedside finding. In this situation, which assessment is most important when choosing a peripheral insertion site near a joint?

- A. Whether the patient likes the site
- B. Whether the vein is closest to the bed
- C. How easily the site can be hidden
- D. How movement may affect stability and complications

24. A clinician prepares to discuss options with the patient. In this situation, a patient has extensive burns on both arms. What is the safest next step?

- A. Escalate for an individualized access plan using unaffected options
- B. Insert through burned tissue immediately
- C. Use any blistered site with a transparent dressing
- D. Delay all necessary therapy indefinitely

25. A team reviews a device during shift handoff. In this situation, which patient statement requires follow-up before a contrast injection through an existing device?

- A. This catheter has been difficult to flush since yesterday
- B. The dressing was changed two days ago
- C. The extension set is labeled
- D. The device was placed with ultrasound

26. An inserter pauses before beginning the procedure. In this situation, what does a focused neurovascular assessment distal to a proposed arm site include?

- A. Only the patient's pain score
- B. Color, temperature, sensation, movement, and perfusion
- C. Only the vein's visible diameter
- D. Room temperature and humidity

27. A patient returns for follow-up in the infusion center. In this situation, a patient has a history of difficult access. Which approach best supports assessment?

- A. Repeat blind attempts in the same area
- B. Choose the first palpable structure
- C. Avoid asking about previous experiences
- D. Review prior successful sites and use visualization technology when indicated

28. A home-care nurse reassesses the treatment plan. In this situation, which finding is most consistent with dehydration affecting peripheral access?

- A. Bounding symmetric peripheral veins
- B. Generalized bruising without volume loss
- C. Poorly filled veins and reduced skin turgor
- D. Warmth limited to one insertion site

29. A clinician evaluates a line before medication delivery. In this situation, why should the clinician ask about previous central venous thrombosis?

- A. It determines the patient's pain tolerance
- B. It identifies the preferred dressing brand
- C. It may alter vessel patency and future access planning
- D. It guarantees contralateral patency

30. A vascular access educator presents a case conference. In this situation, which laboratory issue deserves attention before a nonemergent invasive line procedure?

- A. A normal sodium concentration
- B. A stable hemoglobin result
- C. A negative pregnancy test alone
- D. A clinically significant coagulation abnormality

31. A bedside nurse contacts the vascular access team. In this situation, what is the best way to include a patient with limited English proficiency in planning?

- A. Rely on an untrained child to interpret
- B. Use a qualified medical interpreter and speak directly to the patient
- C. Use gestures as the only explanation
- D. Ask staff to decide without the patient

32. A specialist reviews the patient's access history. In this situation, a patient becomes pale and diaphoretic while discussing needle insertion. What should the clinician anticipate?

- A. A possible vasovagal response requiring safety measures
- B. Definite bloodstream infection
- C. Immediate catheter embolization
- D. A delayed adhesive allergy

33. A clinician must choose the next safest step. In this situation, what is the most important action immediately before handling sterile insertion supplies?

- A. Apply clean gloves over unwashed hands
- B. Open every package in the room
- C. Palpate the site after antisepsis
- D. Perform hand hygiene using the indicated method

34. A preceptor asks a learner to justify the care plan. In this situation, how should a clinician respond to visible soil at the intended insertion site?

- A. Clean the area before applying the skin antiseptic
- B. Apply extra dressing over the soil
- C. Insert through the soiled area quickly
- D. Skip antisepsis to avoid irritation

35. A quality reviewer examines a recent case. In this situation, which action most effectively protects a sterile field?

- A. Turn away while others approach the field
- B. Reach across the field with bare sleeves
- C. Keep sterile items within view and above waist level
- D. Place the field below bed height

36. A team member identifies a change from the previous assessment. In this situation, what should happen if the antiseptic has not dried before puncture?

- A. Blot it with nonsterile gauze
- B. Wait until it dries completely
- C. Fan it with a gloved hand
- D. Insert while it remains wet

37. A patient asks for an explanation of the recommended approach. In this situation, which preparation reduces wrong-device errors?

- A. Match the selected device and supplies to the verified order and plan
- B. Open several catheter packages before checking the verified plan
- C. Rely on memory rather than labels and the verified order
- D. Ask the patient to choose the catheter and supplies alone

38. A procedure team completes its final safety check. In this situation, why should emergency equipment be available for selected line procedures?

- A. It replaces preprocedure assessment
- B. Some patients may develop acute reactions or instability
- C. It eliminates the need for monitoring
- D. It permits untrained insertion

39. An outpatient clinician reviews current device function. In this situation, what is the safest way to prepare a needleless connector for access?

- A. Touch the surface to confirm dryness
- B. Rinse it with tap water
- C. Disinfect the connection surface with friction and allow it to dry
- D. Cover it with a used alcohol pad

40. A hospital team plans the next phase of therapy. In this situation, before placing a central device, how should the procedure team address roles?

- A. Wait for complications to assign tasks
- B. Allow each person to assume the plan
- C. Limit communication to the inserter
- D. Conduct a briefing that confirms roles, site, device, and contingencies

41. A vascular access nurse receives a new consultation. In this situation, which action maintains patient identification during preparation?

- A. Use two approved identifiers matched to the order
- B. Use the room number as the sole identifier
- C. Ask another patient to confirm the name
- D. Rely only on facial recognition

42. A charge nurse reviews the plan of care. In this situation, what should the clinician do with a package that is wet, torn, or expired?

- A. Dry it and use it if contents look clean
- B. Tape the tear before opening
- C. Remove it from use and obtain an intact in-date item
- D. Use it only for central access

43. A specialist evaluates an unexpected bedside finding. In this situation, why is patient positioning planned before sterile barriers are applied?

- A. Position has no effect after site selection
- B. Movement makes ultrasound more accurate
- C. Repositioning always preserves sterility
- D. Correct positioning improves access and avoids later field disruption

44. A clinician prepares to discuss options with the patient. In this situation, during ultrasound-guided insertion, what confirms the needle tip rather than only the shaft?

- A. A bright line anywhere on the screen
- B. Continuous visualization of the advancing tip entering the target
- C. Movement of tissue near the vessel
- D. Seeing the catheter package beside the probe

45. A team reviews a device during shift handoff. In this situation, which response is safest after an unsuccessful peripheral attempt?

- A. Recap the needle for another attempt
- B. Leave the needle on the bed
- C. Activate the safety device and discard the needle immediately
- D. Reuse it at a nearby site

46. An inserter pauses before beginning the procedure. In this situation, why should excessive force never be used when advancing a catheter?

- A. Force guarantees central tip placement
- B. Resistance may indicate malposition or contact with tissue
- C. Force prevents vessel spasm
- D. Resistance proves the vein is large

47. A patient returns for follow-up in the infusion center. In this situation, which statement best describes the purpose of maximal sterile barriers during central venous catheter insertion?

- A. Reduce microbial contamination of the insertion field and device
- B. Improve ultrasound image brightness
- C. Increase catheter flow rate
- D. Prevent every mechanical complication

48. A home-care nurse reassesses the treatment plan. In this situation, a guidewire cannot be withdrawn easily. What should the inserter do?

- A. Cut the wire at skin level
- B. Advance the catheter with greater force
- C. Ask the patient to cough while pulling hard
- D. Stop and evaluate rather than pulling forcefully

49. A clinician evaluates a line before medication delivery. In this situation, which action helps prevent air entry during central line insertion or exchange?

- A. Leave lumens open to equalize pressure
- B. Ask the patient to sit upright abruptly
- C. Disconnect tubing during inspiration
- D. Use appropriate positioning and promptly occlude open hubs

50. A vascular access educator presents a case conference. In this situation, what finding confirms successful peripheral venous entry before catheter advancement?

- A. Appropriate blood return with anatomic and tactile confirmation
- B. A pulse beneath the catheter
- C. Severe radiating pain
- D. Resistance during flushing

51. A bedside nurse contacts the vascular access team. In this situation, why is a catheter-over-needle device advanced after lowering the insertion angle?

- A. To enter the artery intentionally
- B. To increase skin traction
- C. To follow the vessel lumen and reduce posterior-wall injury
- D. To make the catheter stiffer

52. A specialist reviews the patient's access history. In this situation, what should occur if sterile technique is broken during insertion?

- A. Continue if the patient did not notice
- B. Stop and replace contaminated items before continuing
- C. Cover the contaminated area with gauze
- D. Document it only after completion

53. A clinician must choose the next safest step. In this situation, which symptom during advancement requires immediate cessation and assessment?

- A. Sharp radiating pain or new paresthesia
- B. Mild awareness of skin cleansing
- C. Temporary coolness from antiseptic
- D. Concern about the procedure duration

54. A preceptor asks a learner to justify the care plan. In this situation, after insertion, what is the priority before using a newly placed central catheter?

- A. Use every lumen immediately to confirm flow before assessment
- B. Assume blood return alone proves a safe central tip position
- C. Verify tip location and rule out relevant complications by an approved method
- D. Wait until the next scheduled dressing change before any use

55. A quality reviewer examines a recent case. In this situation, what is the best reason to assess the insertion site at regular intervals?

- A. To loosen the dressing routinely
- B. Early recognition of infection, infiltration, and device dysfunction
- C. To eliminate documentation
- D. To increase the number of line entries

56. A team member identifies a change from the previous assessment. In this situation, a transparent dressing is damp and lifting at the edge. What should the clinician do?

- A. Reinforce every edge indefinitely
- B. Leave it until the scheduled date
- C. Remove it and leave the site uncovered
- D. Replace it using aseptic technique

57. A patient asks for an explanation of the recommended approach. In this situation, why should an unused catheter lumen remain clamped or use the designed valve system?

- A. To increase bacterial growth
- B. To make the catheter longer
- C. To replace flushing
- D. To prevent unintended blood reflux and air entry

58. A procedure team completes its final safety check. In this situation, which response is safest to resistance while flushing a catheter?

- A. Stop and assess the system and patient
- B. Apply greater syringe pressure
- C. Use a smaller syringe to increase force
- D. Continue until the occlusion clears

59. An outpatient clinician reviews current device function. In this situation, which practice most effectively reduces contamination when changing an administration set?

- A. Place open ends on the bed
- B. Maintain aseptic non-touch technique at critical connections
- C. Reuse protective caps
- D. Touch connection tips with sterile gloves repeatedly

60. A hospital team plans the next phase of therapy. In this situation, why is daily review of central-line necessity important?

- A. It guarantees a line will never occlude
- B. It replaces site assessment
- C. Prompt removal reduces exposure to device-related harm
- D. It determines the brand of dressing

61. A vascular access nurse receives a new consultation. In this situation, which action is preferred when dried blood obscures an insertion site?

- A. Scrape beneath the intact dressing
- B. Ignore it if the line flushes
- C. Add opaque tape over the area
- D. Change the dressing and clean the site using aseptic technique

62. A charge nurse reviews the plan of care. In this situation, how should a needleless connector be accessed for medication administration?

- A. Disinfect it, allow drying, and use a sterile connection
- B. Wipe it after connecting the syringe
- C. Touch it to check for residue
- D. Skip disinfection if a cap was present

63. A specialist evaluates an unexpected bedside finding. In this situation, which statement best describes the primary purpose of catheter stabilization?

- A. Compress the vein until flow stops
- B. Hide the site from view
- C. Limit movement that contributes to dislodgment and vessel trauma
- D. Replace the primary dressing

64. A clinician prepares to discuss options with the patient. In this situation, a patient showers with a central line. What principle guides protection?

- A. Submerge the dressing to clean it
- B. Keep the catheter and connections from direct water exposure
- C. Disconnect the tubing before showering
- D. Remove the dressing temporarily

65. A team reviews a device during shift handoff. In this situation, why should blood sampling from a vascular access device follow an established sequence?

- A. To make every laboratory test require a routine discard volume
- B. To reduce contamination and preserve sample accuracy and device function
- C. To eliminate patient identification during collection from the device
- D. To avoid flushing the device after the specimen is collected

66. An inserter pauses before beginning the procedure. In this situation, what indicates that home-care teaching was effective?

- A. The patient correctly demonstrates care and states warning signs
- B. The patient signs the form without questions
- C. The clinician reads the instructions aloud
- D. A family member stores supplies

67. A patient returns for follow-up in the infusion center. In this situation, what is the safest practice for accessing an implanted port?

- A. Use a standard hypodermic needle
- B. Insert beside the septum
- C. Use a noncoring needle of appropriate length
- D. Leave the port accessed without securement

68. A home-care nurse reassesses the treatment plan. In this situation, when should a short peripheral catheter be removed?

- A. Only after a fixed universal dwell time
- B. Whenever blood return is absent despite easy infusion
- C. Only when the patient requests discharge
- D. When no longer needed or when complications occur

69. A clinician evaluates a line before medication delivery. In this situation, a peripheral site is cool, swollen, and painful during infusion. What is the priority action?

- A. Increase the infusion rate
- B. Apply a new dressing over swelling
- C. Stop the infusion and assess for infiltration
- D. Flush forcefully to restore flow

70. A vascular access educator presents a case conference. In this situation, a vesicant infusion causes burning and swelling. What should the clinician do first?

- A. Stop the infusion while leaving the device available for aspiration
- B. Flush the medication into the vein
- C. Remove the catheter before any assessment
- D. Massage the affected tissue vigorously

71. A bedside nurse contacts the vascular access team. In this situation, which finding most strongly suggests phlebitis?

- A. Cool painless edema around the site
- B. A silent infusion pump
- C. Clear fluid under an intact dressing
- D. Erythema, warmth, tenderness, and a palpable venous cord

72. A specialist reviews the patient's access history. In this situation, a central catheter suddenly lacks blood return but flushes without resistance. What should be assessed first?

- A. Immediate catheter removal without evaluation
- B. Mechanical causes such as position, clamps, or kinking
- C. Forceful irrigation with a small syringe
- D. Routine use for every vesicant

73. A clinician must choose the next safest step. In this situation, what symptom pattern raises concern for an air embolism?

- A. Gradual itching beneath an old dressing
- B. Localized bruising after venipuncture
- C. Mild hunger before lunch
- D. Sudden dyspnea, chest discomfort, and hemodynamic change

74. A preceptor asks a learner to justify the care plan. In this situation, a patient with a central line has fever and chills during infusion. What is the best response?

- A. Increase the rate to finish quickly
- B. Stop and assess promptly for infection or infusion reaction
- C. Change only the tubing label
- D. Assume the symptoms are unrelated

75. A quality reviewer examines a recent case. In this situation, which finding suggests catheter migration?

- A. A changed external catheter length with new infusion dysfunction
- B. An unchanged securement device
- C. A clean and dry dressing
- D. A stable heart rate

76. A team member identifies a change from the previous assessment. In this situation, which action should be taken when catheter fracture is suspected?

- A. Flush to locate the break
- B. Pull forcefully on the exposed segment
- C. Stop use, secure the device, and obtain urgent evaluation
- D. Cover it and continue infusion

77. A patient asks for an explanation of the recommended approach. In this situation, a patient develops arm swelling and discomfort on the side of a PICC. What complication should be considered?

- A. Simple dehydration
- B. Catheter-associated venous thrombosis
- C. Arterial hypertension alone
- D. Adhesive dryness

78. A procedure team completes its final safety check. In this situation, a pump repeatedly alarms for occlusion. What is the safest first check?

- A. Raise the pressure limit repeatedly
- B. Flush against resistance
- C. Inspect clamps, tubing, connections, and limb position
- D. Replace the pump without assessing the patient

79. An outpatient clinician reviews current device function. In this situation, which sign after subclavian central insertion may indicate pneumothorax?

- A. A small spot of blood on gauze
- B. Mild adhesive discomfort
- C. Transient anxiety before insertion
- D. New dyspnea with unequal breath sounds

80. A hospital team plans the next phase of therapy. In this situation, which response should be selected to persistent bleeding at a newly inserted site?

- A. Apply appropriate pressure and assess bleeding risk while escalating care
- B. Remove all dressings and simply observe the site without pressure
- C. Ignore the bleeding if the catheter continues to flush normally
- D. Advance the catheter farther into the vessel to control bleeding

81. A vascular access nurse receives a new consultation. In this situation, a patient reports electric-shock pain during flushing. What should the clinician do?

- A. Flush faster to overcome spasm
- B. Reassure the patient that it is normal
- C. Apply heat and continue therapy
- D. Stop use and evaluate for malposition or nerve involvement

82. A charge nurse reviews the plan of care. In this situation, what distinguishes infiltration from extravasation?

- A. Infiltration always causes systemic sepsis
- B. Extravasation involves a vesicant or irritant capable of tissue injury
- C. Extravasation occurs only in arteries
- D. Infiltration always produces a blister

83. A specialist evaluates an unexpected bedside finding. In this situation, a connector repeatedly loosens from extension tubing. What is the safest solution?

- A. Stop use and replace the faulty components using aseptic technique
- B. Tighten it with an unapproved adhesive
- C. Wrap the junction permanently with cloth tape
- D. Ignore it if no leak is visible

84. A clinician prepares to discuss options with the patient. In this situation, which action is appropriate for suspected catheter-related bloodstream infection?

- A. Culture only the catheter dressing and delay assessment of the patient
- B. Begin an infusion through every lumen before obtaining ordered cultures
- C. Follow the ordered diagnostic and treatment pathway without routinely removing every line
- D. Delay assessment and diagnostic action until the next scheduled shift

85. A team reviews a device during shift handoff. In this situation, what is the strongest basis for revising a vascular access policy?

- A. A single vendor's marketing claim
- B. One clinician's habit
- C. The age of the existing font
- D. Current evidence, standards, outcomes, and stakeholder review

86. An inserter pauses before beginning the procedure. In this situation, a unit's infiltration rate rises. What is the best first quality-improvement step?

- A. Purchase a new device immediately
- B. Discipline the last inserter
- C. Define the measure and examine reliable baseline data
- D. Stop reporting infiltrations

87. A patient returns for follow-up in the infusion center. In this situation, why is competency validation more useful than attendance alone?

- A. It demonstrates the learner can perform required knowledge and skills
- B. It guarantees lifelong expertise after one successful classroom session
- C. It eliminates the need for supervision during every future procedure
- D. It proves that every later patient outcome will be completely perfect

88. A home-care nurse reassesses the treatment plan. In this situation, which action most effectively reflects evidence-based practice?

- A. Follow tradition despite contrary evidence
- B. Combine best evidence with expertise and patient values
- C. Use the newest product automatically
- D. Apply research without considering the patient

89. A clinician evaluates a line before medication delivery. In this situation, which statement best describes the purpose of reporting a near miss?

- A. Identify system vulnerabilities before patient harm occurs
- B. Assign blame without investigation
- C. Increase documentation burden only
- D. Remove the event from quality data

90. A vascular access educator presents a case conference. In this situation, which study feature generally strengthens confidence that an intervention caused an outcome?

- A. A testimonial from one user
- B. An advertisement without methods
- C. A well-designed comparison with control of bias and confounding
- D. An opinion lacking data

91. A bedside nurse contacts the vascular access team. In this situation, how should a vascular access specialist respond to a practice outside personal competence?

- A. Perform it once without support
- B. Seek qualified assistance and remain within authorized scope
- C. Delegate it to an untrained person
- D. Hide the knowledge gap

92. A specialist reviews the patient's access history. In this situation, what makes an audit-and-feedback program useful?

- A. Collecting data without sharing results
- B. Comparing units with different definitions
- C. Reporting only favorable outcomes
- D. Timely credible data linked to specific improvement actions

93. A clinician must choose the next safest step. In this situation, a competent patient refuses a recommended central line after education. What should the clinician do?

- A. Proceed because the clinician believes it is best
- B. Ask security to hold the patient
- C. Obtain consent from any visitor
- D. Respect the refusal, document the discussion, and notify the care team

94. A preceptor asks a learner to justify the care plan. In this situation, which action most effectively protects patient confidentiality during bedside teaching?

- A. Discuss only necessary information where unintended listeners are minimized
- B. Post the plan in a public hallway
- C. Share details with curious visitors
- D. Use identifiable cases on social media

95. A quality reviewer examines a recent case. In this situation, a patient asks whether the inserter has performed the procedure before. What is the most ethical response?

- A. Provide a misleading assurance
- B. Answer honestly and explain available supervision or support
- C. Refuse to discuss clinician competence
- D. Change the subject and begin

96. A team member identifies a change from the previous assessment. In this situation, what ethical principle is most directly served by preventing avoidable catheter harm?

- A. Fidelity to a vendor
- B. Personal convenience
- C. Nonmaleficence
- D. Institutional secrecy

97. A patient asks for an explanation of the recommended approach. In this situation, when may a surrogate participate in vascular access decisions?

- A. When authorized and the patient lacks decision-making capacity for the choice
- B. Whenever the surrogate disagrees with a capable patient
- C. Whenever staff prefer faster consent
- D. Only after the procedure is completed

98. A procedure team completes its final safety check. In this situation, which response should be selected after discovering a vascular access error?

- A. Alter the record to reduce concern
- B. Address immediate safety, disclose through proper channels, and report accurately
- C. Wait to see whether harm appears
- D. Discuss it publicly with unrelated staff

99. An outpatient clinician reviews current device function. In this situation, a clinician is asked to insert a device without required competency validation. What should the clinician do?

- A. Proceed because staffing is short
- B. Ask the patient to accept the risk
- C. Decline unsupervised performance and seek an authorized qualified pathway
- D. Document competency after the procedure

100. A hospital team plans the next phase of therapy. In this situation, what is required for informed consent to be meaningful?

- A. A signature obtained after sedation
- B. Agreement caused by coercion
- C. Technical language without questions
- D. Relevant information, capacity, understanding, and voluntary choice

Practice Exam 14: Answer Key and Explanations

1. D — A PICC provides durable central access for prolonged therapy while avoiding repeated short peripheral insertions. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

2. C — Device choice begins with clinical need, infusate characteristics, duration, vascular health, and the least invasive suitable option. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

3. A — A short, large-bore peripheral catheter offers low resistance and rapid access for urgent volume replacement. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

4. B — An implanted port is fully subcutaneous and suits long-term intermittent therapy when access frequency justifies needle entry. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The

distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

5. B — Vesicant risk must influence device and tip-location selection because blood return alone does not establish safe administration conditions. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

6. A — Intraosseous access is an emergency bridge when rapid vascular access is essential and conventional peripheral access cannot be obtained promptly. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

7. C — A midline can reduce repeated venipunctures during suitable peripheral therapy, but its tip remains peripheral and limitations still apply. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

8. D — Vessel preservation planning is essential because future hemodialysis access may depend on intact upper-extremity veins. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

9. C — Flow resistance falls with a larger internal radius and shorter length, so catheter dimensions matter more than cosmetic features. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

10. D — Short, nonirritating therapy with adequate peripheral veins usually calls for a short peripheral catheter rather than central access. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

11. B — Dialysis catheters have large lumens and configurations intended for high extracorporeal blood-flow requirements. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

12. A — Central circulation provides rapid hemodilution for hyperosmolar parenteral nutrition and reduces local peripheral endothelial injury. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

13. C — Selecting only needed lumens reduces access points, manipulation, maintenance burden, and opportunities for contamination. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

14. B — Device category is defined largely by where the catheter terminates; a midline remains peripheral, whereas a PICC terminates centrally. This decision applies the least-invasive suitable-device principle while accounting for infusate risk, duration, flow needs, vein preservation, and the patient's goals. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

15. A — Prior lymphatic surgery can affect drainage and risk, so it must be considered with current policy and the patient's overall condition. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an.

16. D — A firm, tender, cordlike vein suggests inflammation or thrombosis and should not be selected merely because it is visible. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

17. C — A fistula limb is generally protected because puncture, compression, and trauma can threaten essential dialysis access. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

18. B — Allergy assessment should change the product plan before exposure and should be documented for the whole care team. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

19. D — Unilateral edema and collateral veins may indicate impaired venous return and warrant further assessment rather than routine cannulation. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors

either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

20. A — Medications can influence bleeding, compatibility, vessel irritation, therapy duration, and monitoring needs, making the list central to planning. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

21. B — Veins typically compress with gentle pressure, while arteries remain patent and pulsatile; Doppler can further clarify uncertain anatomy. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

22. C — Inability to teach back key information signals incomplete understanding and requires clarification before valid participation or consent. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

23. D — Joint movement can cause catheter pistoning, dislodgment, occlusion, and dressing disruption, so stability and function matter. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

24. A — Burned or infected skin is a poor insertion field; the clinician should evaluate alternative sites and devices based on urgency and expertise. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for.

25. A — Resistance or dysfunction requires assessment before power injection because catheter integrity, patency, and device rating must be established. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

26. B — A distal neurovascular baseline supports site selection and later recognition of impaired circulation or nerve symptoms. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

27. D — Prior access history and appropriate technology can reduce attempts, preserve vessels, and improve the patient experience. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

28. C — Volume depletion can reduce peripheral venous filling, which may affect device and technique choices. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

29. C — Previous thrombosis can leave stenosis or occlusion, so access planning may require imaging, alternatives, or specialty consultation. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

30. D — Bleeding risk should be assessed in clinical context, including coagulation status, medications, urgency, and compressibility of the proposed site. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

31. B — Qualified interpretation supports accurate history, informed participation, privacy, and safer education while preserving direct communication with the patient. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

32. A — Pallor, sweating, nausea, and lightheadedness around needles may precede syncope, so positioning and injury prevention are priorities. The assessment finding changes risk or feasibility and therefore belongs in the access plan before puncture, device use, or escalation occurs. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

33. D — Hand hygiene reduces transient organisms and precedes preparation and glove use; gloves do not replace it. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

34. A — Visible contamination must be removed so the antiseptic can contact skin effectively and the procedure begins with a clean field. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either

bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

35. C — A sterile field must remain visible and controlled; out-of-view or low surfaces are considered vulnerable to contamination. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

36. B — Drying allows the antiseptic its intended contact action and reduces chemical irritation and fire risk where applicable. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

37. A — A deliberate preprocedure check aligns the prescription, assessment, device, accessories, and planned technique before sterility limits correction. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

38. B — Readiness for predictable complications supports timely response but does not replace assessment, competence, or monitoring. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

39. C — Mechanical friction, appropriate antiseptic, and drying reduce organisms at the access surface before connection. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

40. D — A brief team pause creates shared understanding, catches discrepancies, and prepares responses before sterile work begins. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

41. A — Two approved identifiers reduce wrong-patient procedures; room location is not a reliable identifier. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

42. C — Package integrity and expiration are prerequisites for relying on sterility; appearance alone cannot prove safety. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

43. D — Planning position supports anatomy, comfort, respiratory tolerance, and stable sterile technique without unnecessary movement after preparation. This step reduces preventable contamination or mismatch before the sterile portion begins and makes the team ready for foreseeable complications. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

44. B — Tip tracking is essential because the shaft may appear aligned while the unseen tip enters another structure. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

45. C — Immediate activation and disposal prevent needlestick injury and reuse; a new sterile device is required for another attempt. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

46. B — Unexpected resistance requires reassessment because force can damage the vessel, catheter, guidewire, or surrounding structures. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

47. A — Comprehensive barriers reduce contamination during a high-risk procedure, but they do not replace hand hygiene, antisepsis, or competent technique. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an.

48. D — Wire resistance may signal entrapment, kinking, or device interaction; force can fracture or embolize the wire. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

49. D — Controlling open connections and using procedure-specific positioning reduce the pressure gradient that can draw air into the venous system. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is

uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an.

50. A — Blood return plus proper needle visualization or feel supports venous entry; pain, pulsation, or resistance requires reassessment. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

51. C — Lowering the angle after venous entry aligns advancement with the vessel rather than driving the needle through the back wall. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for.

52. B — A recognized break requires immediate correction because later documentation cannot undo contamination introduced during insertion. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

53. A — Radiating pain or paresthesia may indicate nerve contact or injury; continuing advancement could worsen harm. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

54. C — Central device use depends on validated tip position and procedure-specific complication assessment, not blood return alone. The recommended technique preserves control of the needle, wire, catheter, vessel, and sterile field while avoiding force when anatomy or feedback is uncertain. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

55. B — Regular assessment detects evolving complications before they become severe and guides continued need and device management. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

56. D — A compromised dressing no longer provides reliable protection and should be replaced with appropriate skin antisepsis and securement. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

57. D — Proper closure helps maintain a closed system and device function; it does not eliminate required assessment and flushing. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

58. A — Forceful flushing can rupture the catheter or dislodge material; resistance requires evaluation of clamps, tubing, position, and complications. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

59. B — Aseptic non-touch technique keeps critical parts from contact and limits microorganisms introduced during system changes. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

60. C — Every unnecessary catheter day prolongs risk; review links ongoing need to timely removal and alternative access planning. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

61. D — Obscured visualization and accumulated blood warrant dressing care so the site can be assessed and protected. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

62. A — The connection surface must be disinfected before access because protective caps and appearance do not guarantee an aseptic surface. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

63. C — Effective stabilization reduces pistoning, migration, phlebitis, and accidental removal while preserving site assessment. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

64. B — Water can contaminate dressings and connections, so a secure water-resistant barrier and policy-based instructions are required. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The

distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

65. B — A defined process addresses identification, infusions, waste or discard when indicated, order of draw, flushing, and reconnection. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

66. A — Teach-back and return demonstration reveal actual understanding better than signatures or passive exposure. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

67. C — A noncoring needle preserves septum integrity; correct length and securement support reliable chamber access. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

68. D — Clinical indication and complication assessment guide removal; unnecessary devices should not remain solely to meet a routine schedule. Maintenance decisions should preserve a closed, aseptic, stable system while allowing clear site assessment and removal as soon as access is unnecessary. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

69. C — Cool swelling and pain suggest infiltration; stopping infusion limits further tissue exposure while the clinician evaluates and treats appropriately. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

70. A — Suspected extravasation requires stopping administration and preserving access initially for aspiration or antidote steps under the agent-specific protocol. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

71. D — Inflammation along the vein produces pain, erythema, warmth, swelling, and sometimes a cordlike vessel. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

72. B — Position-dependent or external mechanical causes should be excluded before assuming intraluminal occlusion or using the line for high-risk therapy. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

73. D — Abrupt cardiopulmonary or neurologic symptoms during an open-line event require immediate emergency response for possible air embolism. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

74. B — Systemic symptoms associated with infusion require prompt assessment, cultures or other actions as ordered, and patient stabilization. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

75. A — A change in external length may reflect inward or outward migration and requires cessation of inappropriate use and tip evaluation. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

76. C — Suspected damage risks leakage, embolization, or contamination; device use stops while the segment is secured and expert help obtained. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

77. B — Unilateral swelling, pain, and venous congestion with a PICC warrant evaluation for thrombosis and other flow obstruction. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

78. C — External and positional causes are checked first, followed by patient and device assessment; pressure should not override unexplained resistance. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

79. D — Respiratory distress and asymmetric breath sounds after chest-region access require immediate evaluation for pleural injury. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass

assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

80. A — Hemostasis, patient assessment, medication and coagulation review, and escalation address both local bleeding and underlying risk. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

81. D — Sharp radiating symptoms are not expected and may signal migration, mechanical injury, or nerve irritation requiring immediate assessment. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

82. B — Both involve unintended tissue leakage, but extravasation specifically raises the risk of significant injury from the infusate. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

83. A — An unreliable connection threatens sterility, air control, and dose delivery; compromised components should be replaced rather than improvised. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

84. C — Management depends on clinical stability, cultures, organism, device type, and complications; reflex actions without assessment may harm care. The priority is to stop additional harm, assess severity and device integrity, support the patient, and use the complication-specific escalation pathway. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

85. D — Policy revision should integrate appraised evidence, applicable standards, local data, resources, and interdisciplinary expertise. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

86. C — Improvement begins with an operational definition and trustworthy data so patterns, processes, and potential causes can be identified. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

87. A — Attendance documents exposure, while competency assessment evaluates performance against defined criteria and identifies remediation needs. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

88. B — Evidence-based practice integrates research, clinical judgment, feasibility, and informed patient preferences rather than relying on one input. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

89. A — Near misses reveal weak defenses and support learning, process redesign, and prevention even when no injury reaches the patient. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

90. C — Methodologic rigor, appropriate comparison, and bias control improve causal inference more than anecdote or promotional claims. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

91. B — Professional accountability includes recognizing limits, obtaining education or assistance, and practicing within law, policy, and demonstrated competence. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

92. D — Feedback supports change when measures are valid, understandable, timely, and paired with achievable actions and follow-up. The better choice relies on valid evidence, measurable outcomes, demonstrated competence, and transparent learning rather than assumption, habit, or blame. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

93. D — Autonomy permits an informed capable patient to refuse; the team should address alternatives, consequences, documentation, and ongoing care. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

94. A — Privacy requires limiting disclosure to legitimate purposes, appropriate recipients, and environments that reduce unnecessary exposure. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate

documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

95. B — Truthful communication supports informed choice and trust; the clinician should accurately describe preparation and supervision without exaggeration. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

96. C — Nonmaleficence is the obligation to avoid causing harm and underlies risk reduction, competent practice, and timely complication management. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

97. A — Surrogate authority applies according to law and policy when the patient cannot decide; a capable patient's choices remain primary. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

98. B — Ethical error response prioritizes the patient, truthful communication, accurate documentation, required reporting, and system learning. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

99. C — Scope and competence obligations are not suspended by staffing pressure; safe escalation protects the patient and clinician. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.

100. D — Consent is a communication process, not merely a signature; the patient needs understandable information, decisional ability, and freedom from coercion. This response protects the patient's rights and safety through truthful communication, appropriate authority, confidentiality, competence, and accurate documentation. The distractors either bypass assessment, misuse the device, introduce avoidable risk, or substitute convenience for an individualized clinical judgment.