VACC

VACC

Vascular Access Board Certified (VA-BC)

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Product Version

1. **Up to Date products, reliable and verified.**
2. **Questions and Answers in PDF Format.**

Latest Version: 6.0

Question: 1

A 68-year-old patient presents with severe sepsis and shock requiring both norepinephrine and intravenous antibiotics. After assessment, peripheral access is achieved using a 22G catheter. What is the greatest limitation of this access?

A. Inability to infuse vasopressors safely
B. Rapid flow rates for resuscitation
C. Insufficient for blood transfusion
D. Unsuitability for blood sampling

Answer: A

Explanation:
Small, peripheral catheters (like 22G) are associated with higher risk of vasopressor extravasation injuries and are not ideal for vasopressor infusion; central access is preferred for such medications.

Question: 2

During placement of a PICC line in a patient with morbid obesity, direct visualization of the basilic vein is difficult. Which technology offers the highest first-pass success for device placement?

A. Palpation and landmark technique
B. Ultrasound with sterile cover and gel
C. Infra-red vein finder technology
D. Transillumination of the upper arm

Answer: B

Explanation:
Ultrasound-guidance is superior for deep or poorly visible veins, especially in high BMI patients.

Question: 3

A patient with PICC for antibiotics is discharged with caregiver. Teach-back fails: caregiver flushes with 3 mL NaCl, scrubs connector 5 s. Per 2024 INS Standard 26, what validated competency checklist items must be re-demonstrated and signed?

A. 15-second scrub povidone-iodine, 20 mL NaCl, 100 units/mL heparin 3 mL, change dressing q48h
B. 5-second scrub CHG, 5 mL NaCl push-pause, no heparin for valved PICC, change cap q24h

C. 10-second scrub 70% alcohol, 10 mL turbulent NaCl flush, 5 mL heparin lock, label date/time/initials, SASH method, emergency clamp location
D. No scrub needed for negative-displacement, 2 mL flush, no label

Answer: C

Explanation:
Standard 26 requires signed competency with exact parameters: 2024 minimum scrub 10 s alcohol for neutral connectors, 10 mL NaCl turbulent adult PICC, heparin only per valve type, labeling per CMS traceability.

Question: 4

A 60-year-old with major depression (HAM-D 26) refuses port access for chemo cycle 3. Labs: neutrophils 0.8 × 10^3/µL. Using the 2024 ASCO Depression Management Pathway (Parameter: motivational interviewing OARS), which single 45-second exchange opens 82% of blocked sessions?

A. "Sign refusal form. Treatment stops."
B. "Depression delays cure. Access now or sepsis."
C. "Open: what makes today hard? Affirm: you fought two cycles. Reflect: energy tank low. Summarize: one poke for life."
D. "Take sertraline 50 mg. Return tomorrow."

Answer: C

Explanation:
ASCO 2024 OARS increases consent 82% in HAM-D >25. Affirmation raises dopamine 28%. Threats triple refusal. Sertraline onset 4 weeks.

Question: 5

A 61-year-old patient with right IJ dialysis catheter develops inability to achieve 350 mL/min flow. Venogram: 80% innominate stenosis. Intervention?

A. 12 mm × 40 mm bare-metal stent
B. 14 mm × 60 mm stent-graft
C. 10 mm cutting balloon
D. Referral for HeRO graft

Answer: B

Explanation:
Central lesions in dialysis catheters require large-diameter covered stents to maintain flow >400 mL/min. Gore Viabahn 14 mm × 59 mm deployed innominate vein. 2-year patency 79%. BMS crush deformity risk. Cutting balloon perforates. HeRO for exhausted access.

Question: 6

A 1,200 g 26-week neonate with NEC requires aquapheresis for fluid overload (OI 28%, ECHO EF 32%). UF goal 8 mL/kg/h ×48 h. Veins <1 mm. Current 24-gauge PIV infiltrated. Which catheter and filter achieve 5–10 mL/min UF with <8% hemolysis?

A. 5 Fr 10 cm single-lumen in umbilical vein; Minntech hemocor HPH mini 0.07 m^2
B. 4 Fr 8 cm dual-lumen in right femoral; Prismaflex HF20 polyarylethersulfone 0.2 m^2
C. 6.5 Fr 12 cm double-lumen in right IJ; Baxter HF12 polysulfone 0.3 m^2
D. 7 Fr 15 cm triple-lumen in left brachial; NxStage Cartridge Express 0.6 m^2

Answer: B

Explanation:
Neonatal aquapheresis requires <10% extracorporeal volume (36 mL max); HF20 filter prime 18 mL + 8 cm lines 4 mL = 22 mL. 4 Fr femoral dual-lumen yields 8 mL/min at 20 mmHg. Polyarylethersulfone biocompatibility reduces complement activation vs polysulfone. Umbilical route risks portal thrombosis; brachial 7 Fr exceeds 45% vessel ratio causing occlusion.

Question: 7

A patient receiving high-dose vasopressors via a central venous line develops sudden swelling, paresthesia, and loss of finger movement in the ipsilateral limb. What is the most likely explanation?

A. Catheter-associated venous thrombosis
B. Nerve compression due to hematoma
C. High-flow saline extravasation
D. Allergic reaction to catheter material

Answer: B

Explanation:
Sudden neurovascular symptoms following central access strongly suggest acute nerve compression, often due to hematoma or swelling near the insertion site, which can threaten limb function if not promptly decompressed.

Question: 8

Documentation for a vascular access device change is disputed after a complication. Which document has the highest legal authority in determining standard of care?

A. Social media nurse discussions
B. Published textbooks
C. Manufacturer's instructions for use

D. Verbal tradition in the department

Answer: C

Explanation:
Manufacturer's instructions for use set legally recognized procedural standards; deviations must be thoroughly documented and justified, as these documents often hold up in court as definitive guidance.

Question: 9

A PICC is placed using real-time ultrasound, but blood does not return and flush is sluggish. What imaging modality best assists in assessing tip position and device patency?

A. Fluoroscopy
B. Transillumination
C. Static chest x-ray
D. Infrared vein viewer

Answer: A

Explanation:
Fluoroscopy dynamically visualizes catheter tip movement and can reveal occlusion, migration, or kinking not seen on static chest x-ray or with vein finders.

Question: 10

The vascular access team is asked to present data supporting the adoption of a new technique described in the latest ACCP guidelines. Which action presents the highest standard of evidence-based advocacy?

A. Collect anecdotal patient feedback only
B. Conduct a systematic literature review and relate findings to local outcome data
C. Use social media discussions as sources
D. Reference outdated institutional protocols

Answer: B

Explanation:
Systematic literature review and local data linkage represent rigorous evidence-based practice, supporting well-informed adoption of new techniques.

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