M_CNORPQ (800+ Questions) - Quiz Questions with Answers

1.

The nursing process is essential in developing a perioperative plan of care. This six-part process includes assessment, nursing diagnosis, identifying outcomes, implementation, evaluation, and

benchmarking.

planning.

communicating.

interventions.

Explanation:

Benchmarking and interventions are elements of the AORN Perioperative Patient Focused Model. Communicating is a human response pattern discussed by North American Nursing Diagnosis Association (NANDA). Planning is the only answer that is a step in the nursing process. Planning is needed to create the necessary interventions for the surgical patient, her problem, and potential problems. It is during this phase that caregivers should include the patient's input in their plan of care.

2.

The perioperative nurse is helping place a patient in the lateral position for a right thoracotomy surgery. The nurse should be aware of the potential for which injury with this type of position?

Lower back strain.

Pressure ulcers to the posterior skull.

Nerve damage to the extremities.

Skin tears on the buttocks.

Explanation:

Without proper padding and extremity placement, the lateral position can cause nerve damage to the extremities, such as the brachial plexus. Lower back strain could occur with lithotomy. Pressure ulcers to the back of the head would be more consistent with a supine position or some version of it. Skin tears on the buttocks result from shearing forces. These types of injuries are a risk of the reverse Trendelenburg position.

3.

What is the purpose of introducing gas into the abdomen during laparoscopic surgeries?

Better visualization of internal structures.

Control bleeding.

Compress internal organs.

To give the surgeon a method to insert instruments into abdomen.

Explanation:

The CO_2 gas insufflated into the abdomen causes a space to be formed in the cavity, so the surgeon can better visualize the internal structures and have space to work.

4.

Which of the following personnel determines the pressure setting on the tourniquet?

Surgeon.

Circulating RN.

Scrub RN.

Assistant.

Explanation:

The surgeon and/or the anesthesia care provider are the healthcare professionals who should determine the appropriate setting of pressure when using a pneumatic tourniquet due to the potential harm to the patient.

5.

Although pressure settings may be adjusted as needed, what is the normal recommended range for tourniquet pressure on upper extremities?

30-70 mmHg below systolic blood pressure.

30-70 mmHg below diastolic blood pressure.

30-70 mmHg above systolic blood pressure.

30-70 mmHg above diastolic blood pressure.

Explanation:

The pressure setting for upper extremities is usually 30-70 mmHg above the patient's systolic pressure. This has been found to be acceptable to control blood loss but limit damage to the occluded tissues.

6.

In order to prevent damage to a limb that is being constricted by a pneumatic tourniquet, it is vital to monitor the time the tourniquet has been inflated. After what amount of time should the tourniquet be briefly deflated and the limb be reevaluated?

15 minutes.

30 minutes.

1 hour.

2 hours.

Explanation:

In order to reduce damage to the limb, after each hour of surgery the limb should be evaluated. The tourniquet may be deflated briefly to restore blood flow to the limb as needed during these one-hour evaluations. This is especially important during very lengthy surgeries, because the tissue will die without proper blood circulation.

7.

Which of the following sutures should not be used in an infected surgical site?

Gut.

Prolene.

Nylon.

Vicryl.

Explanation:

Vicryl is the only multifilament suture listed. Multifilament sutures should not be used in infected sites because they have a characteristic referred to as capillarity, which can cause the suture to harbor bacteria and fluids.

8.

Which of the following is a monofilament absorbable suture?

Chromic gut.

Polypropylene.

Nylon.

Vicryl.

Explanation:

Chromic gut is the only suture from the list that is both a monofilament and an absorbable suture. Nylon and polypropylene (Prolene) are nonabsorbable. Vicryl, although absorbable, is a multifilament suture.

9.

Which of the following suture gauges is the smallest?

#0.

#5-0.

#11-0.

#2.

Explanation:

Suture is sized according to gauge, similar to sewing thread. The largest gauge is #5, and the smallest is 11-0. The most commonly used sizes are #1- 4-0.

10.

Suture needles are categorized as three types: cutting, blunt, and tapered. How many variations of these types are there?

3.

5.

6.

10.

Explanation:

There are five variations of these three categories: conventional cutting, reverse cutting, side cutting, tapered, and blunt.

11.

Which of the following spores is the most resistant?

Viral.

Bacterial.

Fungal.

Tuberculosis.

Explanation:

Bacterial spores are the most resistant due to their capacity to withstand external destructive agents.

12.

Which of the following best describes the difference between turnover OR suite cleaning and terminal OR suite cleaning?

Turnover is done at the beginning and terminal at the end of the day.

Terminal is cleaning between each case, and turnover is done at the end of the day.

Terminal cleaning is the thorough cleaning done at the end of the day, while turnover is the cleaning done between cases.

These two terms mean the same thing and are interchangeable.

Explanation:

The main differences between these two types of OR suite cleaning is that turnover cleaning is done between each surgery, and terminal cleaning is done at the end of the day and is a more complete cleaning.

13.

The surgeon has ordered morphine sulfate (MS) for postoperative pain control. Which of the following is the most appropriate pediatric dosage?

0.1-0.2 mg/kg IV.

0.1-0.2 mg/kg PO.

1-2 mg/kg IV.

0.5-1 mg/kg IM.

Explanation:

The appropriate dosage of morphine sulfate for a pediatric patient is 0.1-0.2 mg/kg IV. MS is not well absorbed by mouth (PO) and is not recommended. Answers C and D would be too large of a dose for a pediatric patient, although the appropriate dose could be given IV, IM, or SQ.

14.

What are the three types of sterilants?

Thermal, chemical, radiation.

Thermal, physical, radiation.

Physical, chemical, steam.

Chemical, biological, steam.

Explanation:

Thermal, chemical, and radiation are the three types of sterilants. Physical is not a type. Steam is a form of thermal.

15.

What are the two types of thermal sterilizing agents?

Moist heat and dry heat.

Steam and cool air.

Dry and cold air.

Steam without pressure and hot air.

Explanation:

Moist heat (steam under pressure) and dry heat are the two types of thermal agents. Cool or cold air are not thermal options.

16.

Which of the following is a type of chemical sterilizing agent?

Steam.

Ethylene oxide.

Microwave.

X ray.

Explanation:

Ethylene oxide, EO, is the only type of chemical agent listed. Steam is a form of thermal agent. Microwave and X ray are forms of radiation agents.

17.

What is the difference between chemical and biological indicators?

Chemical indicators indicate sterility for instruments, and biological indicators are for implants.

Both indicate sterility but for different agents, chemical for chemical and biological for radiation.

Chemical indicators do not ensure sterility and only show that the parameters of the sterilizer have been met, but biological indicators test for actual sterility through the use of resistant spores.

Chemical indicators ensure sterility of instruments, and biological indicators test for proper function of the autoclaves.

Explanation:

Chemical indicators test the conditions within the sterilizer. These indicators do not indicate sterility, just that the parameters of the sterilization cycle have been met. Biological indicators are the only way to assure sterility, because they have living spores inside that are resistant to sterilizing agents. The biological indicators are tested after the cycle, and if the contained spores are dead, it proves that the item is truly sterile.

18.

Which of the following is the minimum frequency that biological indicators should be run in the sterilizers?

Once a day.

Once a week and with all implants.

Once a month.

Bimonthly and with all implants.

Explanation:

To ensure that the sterilizers are properly sterilizing products, biological indicators should be run in them at least once a week. Implants should always have a bio run with them to ensure sterility before they are placed in a patient.

19.

What does a positive biological indicator mean?

Sterility is guaranteed.

Sterility is not guaranteed.

All contained spores were killed.

The sterilizer cycle met all anticipated parameters.

Explanation:

If the biological indicator is read positive, that means all the contained spores were not killed and sterility is not guaranteed.

20.

When circulating a laparoscopic cholecystectomy, and the surgeon asks the circulating nurse for a Veress needle. What is the purpose of this device?

To insert local anesthetic into the surgical field.

To insufflate the abdominal cavity.

To aspirate the gallbladder.

To insert the trocar into the abdominal cavity.

Explanation:

CO_2 gas is inserted into an abdominal cavity either through a percutaneous method using a Veress needle or by the open technique using a trocar.

21.

Pfannenstiel incisions are mostly commonly used for which of the following surgeries?

Appendectomy.

Exploratory laparotomy.

Abdominal hysterectomy.

Thoracotomy.

Explanation:

A Pfannenstiel incision is a lower abdominal incision usually just above or within the pubic hairline. It is a good incision for pelvic surgeries and is used primarily for cesarean sections and abdominal hysterectomies.

22.

The primary use for a McBurney incision is in which of the following surgeries?

Appendectomy.

Exploratory laparotomy.

Vaginal hysterectomy.

Thoracotomy.

Explanation:

A McBurney incision is an abdominal incision in the right lower quadrant. Although it is a quick incision, it is muscle splitting; therefore, it is primarily used for appendectomy cases where its limited exposure is appropriate.

23.

Which of the following patients would be a candidate for bariatric surgery?

A 40-year-old female with a BMI of 30 with mild comorbidities.

A 45-year-old male with a BMI of 45 and no other complications.

A 30-year-old female with a BMI of 35 with no other complications.

None of the above patients are candidates for this surgery.

Explanation:

A person with a body mass index of 40 or above, or 35 to 40 with serious comorbidities would be a potential candidate for bariatric surgery.

24.

Which of the following is a therapeutic effect specific to midazolam hydrochloride (Versed)?

Nausea and vomiting.

Respiratory depression.

Short-term and retrograde amnesia.

Pain control.

Explanation:

Nausea, vomiting, and respiratory depression are not considered therapeutic effects but rather side effects, which are not specific to midazolam hydrochloride (Versed) alone, but can occur with many medications. Although pain control can occur with the use of Versed, short-term amnesia of the pre- and intraoperative time is the medication's primary purpose for administration. Both the circulating and postanesthesia care nurse should be aware of this effect because it could be confusing for the patient, as he or she will often not even remember going into the operating suite.

25.

Which of the following would be a postoperative complication specific to below-the-knee amputations?

Postoperative bleeding.

Phantom limb syndrome.

Flexion contracture.

Poor stump care.

Explanation:

All the answers could be possible complications of all amputations, but flexion contractures are specific to below-the-knee amputations. As a result, many surgeons may choose to splint the operative leg postoperatively and order special exercises to prevent this.

26.

Endometrial ablation is a procedure using a heated probe for which one of the following procedures?

Menorrhagia.

Breast cancer.

Peripheral vascular disease.

Bartholin cyst.

Explanation:

During endometrial ablation, a heated probe is inserted into the uterine cavity to treat menorrhagia, or dysfunctional bleeding.

27.

Cardiac murmurs are graded on which of the following scales?

I to IV.

A through D.

1 to 6.

Acute to traumatic.

Explanation:

These murmurs are graded on a scale of 1 to 6. These grades are determined by the murmur's loudness from very faint to audible without the stethoscope completely touching the chest.

28.

While examining a patient preoperatively, the nurse hears a cardiac murmur on systole. Which of the following will cause a systolic murmur?

Aortic valve stenosis.

Aortic valve regurgitation.

Mitral valve stenosis.

Tricuspid valve stenosis.

Explanation:

Aortic valve stenosis will cause a murmur on systole, whereas the other choices would present as diastole murmurs.

29.

A PACU nurse is recovering a patient after an aortic valve replacement surgery. Which of the following is the most common cardiac arrhythmia after this type of surgery?

Bradycardia.

Tachycardia.

Atrial fibrillation.

Heart block.

Explanation:

Heart blocks are the most common arrhythmia after aortic valve surgery. Bradycardia can indicate right coronary artery occlusion. Atrial fibrillation may indicate mitral valve disease.

30.

A nurse is performing her preoperative assessment on a 68-year-old male who is scheduled for an elective coronary artery bypass graft (CABG) surgery. Which of the following home medications should the patient not have stopped before surgery?

Plavix.

Warfarin.

Lasix.

Aspirin.

Explanation:

Plavix is usually stopped within 48 hours of cardiac surgery. Warfarin, also known as Coumadin, should be stopped 5 to 7 days prior to surgery. Diuretics, such as Lasix, should be stopped the morning of surgery, but it is usually not necessary to stop aspirin prior to this surgery.

31.

Cardiac output is a function of the patient's heart rate and which other factor?

Pedal pulse.

Stroke volume.

Respiratory rate.

Glasgow coma scale.

Explanation:

Cardiac output (CO) is determined by the heart rate (HR) times the stroke volume (SV). Stroke volume is the amount of blood returned from the heart after each contraction. The equation commonly used to represent this is CO = HR SV.

32.

The anesthesia care provider tells the circulating nurse during a cardiac surgery that she will be performing a transesophageal echocardiography (TEE). What is the primary purpose of this procedure?

To monitor wedge pressures.

To monitor myocardial ischemia.

To monitor myocardial infarction.

To evaluate esophageal tears.

Explanation:

TEE monitoring is an invasive tool that is the best way to monitor myocardial ischemia. It can also be useful in cardiac valve surgeries, examining the problems before and the effectiveness of the repair after.

33.

Beck's triad is made up of high jugular venous pressure, low arterial pressure, and quiet heart sounds. These symptoms are indicative of which syndrome?

Increased intracranial pressure.

Pneumothorax.

Acute cardiac tamponade.

Cardiac asystole.

Explanation:

Beck's triad is an indicator of an acute cardiac tamponade.

34.

Which of the following are potential complications of a mediastinoscopy?

Recurrent laryngeal nerve injury.

Pulmonary edema.

Cardiac tamponade.

Esophageal tears.

Explanation:

Infection, hemorrhage, pneumothorax, and recurrent laryngeal nerve injury are all possible complications of mediastinoscopic surgery.

35.

Which of the following is a defect of tetralogy of Fallot?

Stenosis of the aortic valve.

Stenosis of the pulmonary valve.

Hypertrophy of the left ventricle.

Displacement of the aorta to the left.

Explanation:

Stenosis of the pulmonary valve, not aortic valve, is one of the four defects found in tetralogy of Fallot. Babies experience poor oxygen circulation due to these defects and are often referred to as "blue babies." Hypertrophy to the right ventricle and displacement of the aorta to the right are the corrections to answers c and d.

36.

Which of the following complications is associated with thoracotomy but not video-assisted thoracoscopy (VAT)?

Infection.

Spinal cord injury.

Bleeding.

Pneumothorax.

Explanation:

Spinal cord injury is the only listed complication of a thoracotomy that is not also shared by VAT surgery.

37.

Which of the following is an intravenous general anesthetic commonly given to children?

Versed.

Demerol.

Ketamine.

Suprane.

Explanation:

Ketamine is the only answer that is both given intravenously and is a general anesthetic agent that is commonly administered to children. It is a short-acting and effective sedative with neuro-protective qualities that also preserves both cardiac and respiratory function.

38.

A thyroglossal duct cystectomy would be performed in which of the following positions?

Supine.

Lithotomy.

Prone.

Lateral.

Explanation:

A thyroglossal duct cystectomy is the excision of a duct and cyst inferior to the hyoid bone in the middle of the neck. Positioning for this type of surgery is similar to a thyroidectomy. The patient is supine, and the arms are usually tucked to the sides with a shoulder roll in place.

39.

Which of the following instrument trays would be most helpful during an indirect inguinal herniorrhaphy surgery?

Abdominal hysterectomy tray.

Artery tray.

Minor instrument tray.

Minor rib tray.

Explanation:

A minor instrument tray would be the most helpful tray on the list for repair of an inguinal hernia, direct or indirect.

40.

A pancreaticoduodenectomy is also known as what type of surgery?

Whipple procedure.

Cholecystectomy.

Sigmoidoscopy.

Nissen procedure.

Explanation:

A pancreaticoduodenectomy, or Whipple procedure, is often performed when the patient has widespread malignancy or severe pancreatitis. In this procedure, the head of the pancreas, duodenum, as well as a portion of the jejunum, stomach, and common bile duct are removed.

41.

For which condition would a laparoscopic Nissen fundoplication be most useful?

Stomach cancer.

Hiatal hernia.

Femoral hernia.

Uterine fibroids.

Explanation:

Laparoscopic Nissen fundoplication surgeries are used to treat gastroesophageal reflux disease (GERD) and hiatal hernias.

42.

What is the purpose of a pyloroplasty?

Increase peripheral blood flow to the lower extremities.

Increase gastric emptying.

Open the common bile duct.

Decrease gastric acid.

Explanation:

A pyloroplasty enlarges the gastric outlet to increase stomach emptying. This procedure is often performed in conjunction with a vagotomy.

43.

What does the acronym ESWL stand for?

External shock wave ligation.

Extracorporeal shock wave ligation.

Extracorporeal shock wave lithotripsy.

External shock wave lithotripsy.

Explanation:

ESWL, also known as extracorporeal shock wave lithotripsy, is a procedure that uses shock waves to break up kidney stones so the patient may excrete them safely.

44.

A patient is scheduled for a decortication of the right lung. What does this mean?

A lobe of the right lung is going to be removed.

Restrictive tissue is going to be stripped from this lung.

A chest tube is going to be placed to remove fluid from the right lung.

A wedge biopsy is going to be performed on this lung.

Explanation:

During a decortication of a lung, the restrictive tissue is stripped away from the pleura to enhance respiration.

45.

A thymectomy is most commonly performed through which type of incision?

Abdominal incision.

Sternal splitting incision.

Posterolateral chest incision.

Midline neck incision.

Explanation:

A thymectomy, the surgical removal of the thymus gland, is usually performed through a sternal splitting incision.

46.

In elderly patients, why would the perioperative nurses want to carefully monitor which medications the patient is given postoperatively?

Drug tolerance can be very high in the elderly due to the large number of medications they may regularly take.

Elderly patients metabolize anesthesia medications very quickly and will require larger doses of pain medications for comfort.

Elderly patients have many more drug allergies.

Elderly patients are more prone to drug interactions because they have lower tolerance and excretion of medications.

Explanation:

Elderly patients may have more drug interactions because their tolerance and detoxification through the kidneys and liver are often lower than in their younger counterparts. Because this population often has lower body fat as well, fat-soluble medications, such as many anesthetic agents, may metabolize slower and cause a dangerous interaction with pain control medications.

47.

In which of the following procedures would a Javid shunt be utilized?

Thyroidectomy.

Aortic bifemoral bypass.

Carotid endarterectomy.

Cholecystectomy.

Explanation:

In order to continue cerebral perfusion when the carotid vessels are clamped during a carotid endarterectomy, a commercially prepared tube known as a shunt device is often used. A Javid shunt is an example of such a device.

48.

When conducting a surgery using a laser, how should the laser be handled when not in use?

Turn it off.

Place it on standby.

Be sure it is not facing any team members.

No special handling is required.

Explanation:

Lasers of any kind can be a safety hazard and should always be placed in "standby" mode when not in use. Usually, the equipment tech will do this automatically, but the surgical team members should also be aware to avoid injury.

49.

Which of the following single-use items should not be reprocessed?

Sutures.

Trocars.

Endoscopic graspers.

Opened and unused staplers.

Explanation:

Many sharps, such as hypodermic needles and suture needles, are not recommended for reprocessing. In addition, suture material itself can have decreased strength if reprocessed. Trocars, endoscopic graspers and opened and unused sutures are commonly reprocessed.

50.

When circulating a laparoscopic surgery, the nurse sees the surgeon lay the light cord on the sterile drape. Which of the following would be the most effective action to prevent injury?

Turn off the endoscopic tower.

Turn the light on standby.

Tell the surgeon to move the light off the sterile drape.

Nothing needs to be done in this situation.

Explanation:

Endoscopic light sources can become very hot and may start a fire when left on surgical drapes unattended. Whenever a light is not in use, it should be placed on standby mode to prevent risk of burn injury and fire.

51.

Before processing a bronchoscope in the peracetic acid sterilizing system, the nurse should do which of the following?

Make sure all the secretions are dried.

Perform a leak test.

Run powdered detergent through the channels and allow it to sit for 10 minutes.

Close all the channels so the fluid cannot get inside the scope.

Explanation:

It is important to perform a leak test before the scope is submerged to ensure the seals are in good working condition; otherwise, fluids can get into the head of the scope and damage it.

52.

A Maryland dissector forceps would most commonly be used in which of the following surgeries?

Lumbar laminectomy.

Vaginal hysterectomy.

Laparoscopic cholecystectomy.

Thyroidectomy.

Explanation:

A Maryland dissector forceps is an endoscopic instrument most commonly used in laparoscopic procedures. In this case, the laparoscopic cholecystectomy is the only option in which this instrument would be used.

53.

A cystotomy is an opening made into which organ?

Bladder.

Heart.

Lung.

Uterus.

Explanation:

A cystotomy is an opening made into the bladder, and a drainage tube, usually a Foley or Malecot catheter, is entered into it.

54.

A Marshall-Marchetti procedure is performed for what type of condition?

Aortic valve stenosis.

Stress incontinence.

Cystocele.

Rectal fissure.

Explanation:

The Marshall-Marchetti procedure, also known as a vesicourethral suspension, is used for stress urinary incontinence.

55.

In which of the following procedures might a Litvak Pereyra needle be used?

Spinal anesthesia.

Abdominal aortic aneurysm repair.

Bladder neck suspension.

Epidural anesthesia.

Explanation:

A Litvak Pereyra needle is a ligature needle used in bladder neck suspensions to help pull the sutures of the suspension mesh upward and secure them.

56.

What is the purpose of a UNOS number?

It is used for surgical billing.

It is used to identify appropriate bone implants assigned during a surgery.

It is the anonymous number given to trauma patients.

It is the identification number assigned to living and cadaver transplant organs.

Explanation:

The United Network of Organ Sharing (UNOS) identifies each organ for transplant with a special number known as the UNOS number.

57.

What is the difference between the semirestricted and restricted areas of the operating room department?

In the semirestricted areas, surgical personnel can wear street clothes, but in the restricted area, they must wear surgical scrubs.

Both areas require surgical personnel to wear surgical scrubs, but in the restricted area they must wear a hair covering.

There is no semirestricted area in the operating room, just an unrestricted and restricted.

In both areas, surgical personnel must wear scrubs and a hair cover, but in the restricted areas, they must also wear a surgical mask.

Explanation:

The operating room department is made up of three areas: unrestricted, semirestricted, and restricted. In the unrestricted areas, such as the front office, surgical personnel can wear street clothes. In semirestricted areas, which usually refer to areas inside the department but not inside the suite, surgical personnel need to wear authorized scrub attire and hair covering. A

mask is not required in these areas. The restricted areas include anywhere that sterile supplies are opened, such as the actual OR suite. In these areas, proper attire and a mask must be worn.

58.

ViaSpan is used in which of the following procedures?

Coronary artery bypass graft (CABG) surgery.

Heart catheterization.

Living-donor nephrectomy.

Pancreas transplant.

Explanation:

University of Wisconsin (UW) solution, or ViaSpan, is a medication used as an organ flush after harvesting in preparation for transplant. Of the choices listed, a living donor nephrectomy would be the only correct choice.

59.

When is a post-transplant patient at the most risk for infection?

In the first three days after surgery.

The first two weeks after the transplant.

The first year after the transplant.

One to six months post-transplant.

Explanation:

The first to sixth months have the highest risk for infections because the immunosuppression therapy is still at a high dose, putting the patient at risk for all types of infections.

60.

The Perioperative Patient Focused Model is divided into how many parts?

Three.

Four.

Six.

Eight.

Explanation:

There are four quadrants to the Perioperative Patient Focused Model. Three are patient focused, and one is related to the healthcare facility the care is provided.

61.

In relation to surgical attire, which of the following is correct?

It should be flammable.

It should always be disposable.

It should be low linting.

It can be reworn if not soiled.

Explanation:

It is recommended that surgical attire be low linting to prevent foreign bodies' entrance into the sterile area. It should be changed daily, even if it has not become soiled. Although disposable scrubs are acceptable, reusable ones can also be used as long as they meet the proper requirements.

62.

What is the primary purpose of wearing surgical attire?

To distinguish to the patient who is the surgical RN.

To prevent bacterial shedding.

To act as personal protective equipment.

To prevent the spread of communicable diseases.

Explanation:

Wearing surgical attire helps prevent bacterial shedding from the human body, in the form of hair, dead skin, and other particles. It also helps control the surgical environment by eliminating items from outside that might be on a perioperative personnel's clothing that could cause a surgical site infection, such as pet hair.

63.

A nurse has removed a warm bottle of normal saline from his facility's fluid warmer. At the end of the surgery, he did not use the fluid. What should he do with it?

Put it back in the warmer.

Change the expiration date to account for the time it was removed from the warmer.

Label the bottle "Do Not Rewarm," and store at room temperature.

Discard it.

Explanation:

As long as the fluid is not expired, the nurse can keep it after it is removed from the warming cabinet but cannot rewarm it. It is recommended that the nurse places a "Do Not Rewarm" label on the bottle and store it at room temperature until the manufacturer's recommended expiration date.

64.

Which of the following is the appropriate way to warm irrigation fluids?

Microwave.

Autoclave.

Warming cabinet or portable fluid warmer.

Warm blanket.

Explanation:

Although the surgeon might suggest it, the nurse should never warm irrigation or IV fluids by placing them in the microwave or a warm autoclave. Because there is no temperature control with these methods, the patient and team members could sustain burn injuries with this method. The most effective way to safely heat fluids is through the use of a specially designed fluid warming cabinet or a portable fluid warmer. These items are set at the recommended range and have a digital readout so the nurse may verify the safe temperature of the fluids before use on the patient.

65.

The circulating RN is preparing for a hysteroscopy. The surgeon has requested Dextran as the fluid media. Which of the following would be a potential contraindication to using this fluid?

Monopolar electrosurgery.

Renal disease.

Allergy to shellfish.

Allergy to beet sugar.

Explanation:

Dextran is a nonelectrolyte fluid that is safe with monopolar electrosurgery, but it is a derivative of beet sugar and should not be used on persons with this allergy, allergy to the fluid media itself, or hemostatic illnesses. It is not recommended to use more than 500 mL of this solution during the surgery.

66.

In which of the following surgeries would the scrub nurse possibly use 3% sorbitol as a fluid media?

Hysteroscopy.

Laparoscopic cholecystectomy.

Cystoscopy.

Laparoscopic salpingo-oophorectomy.

Explanation:

Sorbitol is routinely used as a urologic irrigation that is an integral part of a cystoscopy.

67.

Which of the following is the most important reason to record the amount of fluid infused and the amount returned during a hysteroscopy?

So the patient does not get an infection.

To prevent a distended bladder.

Because fluids can be absorbed and cause severe complications.

To correctly determine blood loss.

Explanation:

Although keeping track of fluids in and out will help with the determination of blood loss, the most important reason is to determine if a fluid deficit is occurring. In this particular surgery, the patient can absorb fluid media into the vascular system, which can cause many complications, and even death.

68.

The room temperature in the operating room suites must be maintained within a specific range. Which one of the following answers provides the correct temperature range?

68-73 °F.

65-70 °F.

55-60 °F.

65-75 °F.

Explanation:

Although the temperature may be adjusted for patient safety, 68-73 °F is the recommended temperature range to keep the patient normothermic. Warmer temperatures may increase the growth of harmful organisms in the surgical suite. In addition, humidity may be affected by temperature changes outside this optimal range. Increases in humidity can also harbor microorganism growth.

69.

The circulating RN must assist the surgeon with placement of his sterile gown. Which of the following is true regarding what area the circulator may touch on the surgeon's gown?

The external waist tie.

The wrist ties.

The internal waist ties.

None of the ties.

Explanation:

The internal ties are the only ones that are not in contact with the exterior sterile portion of the gown; therefore, they are the only ones the circulator or other nonsterile team members may touch to help gown the surgeon.

70.

After tying the surgeon's gown, which of the following parts is passed to the circulating nurse to finish the tying process?

The neck ties.

There are no additional steps to the tying process.

The internal waist tie.

The external waist tie tag.

Explanation:

The external waist tie attached by a tag must be passed to the circulating nurse so the gown can finish being tied and closed. The back of the gown cannot be open. The circulating nurse holds the tag at the designated area, while the surgeon turns. He then takes the sterile tie out of the tag, without touching the portion the circulator has.

71.

If the external waist tie does not have a tag attached to it, what can it be placed in to pass it to the circulator?

Wrapped around a knife handle.

The paper packaging of the sterile gloves.

The ungloved hand of the surgeon.

The cuff of the gown.

Explanation:

The sterile external tie can be placed inside a sterile glove wrapper to prevent contamination when the circulator takes it to help the surgeon turn and finish tying the surgical gown.

72.

If using a gas-powered pneumatic tourniquet, which of the following is an appropriate gas to use?

Compressed air.

Carbon dioxide.

Nitrous oxide.

Oxygen.

Explanation:

Compressed air and nitrogen are the only two gas sources that should be used with a pneumatic tourniquet. Nitrous oxide and oxygen should never be used because they increase the risk of fire.

73.

Any healthcare facility that procures and/or stores human tissue for transfer to another facility must do which of the following?

Register with the Department of Human Services (DHS) as a tissue bank.

Register with the Food & Drug Administration (FDA) as a tissue bank.

Establish themselves as a nonprofit facility.

Store the tissue in pathology.

Explanation:

Any facility that procures and/or stores human tissue must register with the FDA as a tissue bank. If the facility just purchases tissue for use in that facility or stores tissue for use on the same patient, this is not necessary.

74.

How often should the minimum temperature of the tissue storage freezer should be checked?

Daily.

Once a shift.

Weekly.

Monthly.

Explanation:

Tissue storage freezers and refrigerators should be checked a minimum of once a day to ensure they are within the proper temperature range for the tissue stored.

75.

Which of the following is a true statement regarding sponge counts?

Sponge counts only need to be done before and after the procedure.

Sponge counts should be done whenever any team member leaves the room.

As long as the sponge count is performed at wound closure, the scrub nurse does not need to count for each cavity closure.

Sponge counts should be done at any permanent relief of either the scrub or circulating nurse.

Explanation:

Sponge counts should be done before the case, at the closure of each cavity, before the wound is closed, after the wound is closed, and upon any permanent relief of staff.

76.

Which of the following items should not be used in the surgical wound?

Lap sponges.

Ray-Tec sponges.

Radiopaque towels.

Nonradiopaque towels.

Explanation:

All the other items are detectable on a radiograph except nonradiopaque towels. For this reason, they should never be used in a wound due to the risk of retention.

77.

When should the scrub nurse perform an instrument count in addition to sponge and sharp counts?

Only on abdominal cases.

Only on trauma cases.

Any time there is a risk of a retained instrument.

Instrument counts are never necessary.

Explanation:

Any surgery where the team sees a risk for a retained instrument, instrument counts should be performed. These counts are done at the same frequency as sponge and sharp counts.

78.

Surgical team members who are routinely exposed to procedures using x rays, such as orthopedic cases, and are less than two feet away from the radiation beam should wear which of the following additional protective items?

Thyroid shield.

Eye protection.

Laser mask.

Wrap-around lead aprons.

Explanation:

Personnel who must remain close to the surgical field, such as the scrubbed team members, should wear thyroid shields and leaded glasses because these areas are very sensitive to radiation exposure.

79.

What Aldrete score would the nurse give a recovering postoperative total hip replacement patient if she is fully awake and moving all extremities, her blood pressure is being maintained at her preoperative state, but she is having difficulty breathing deeply, and her O_2 saturation is 92% with 2L oxygen per nasal cannula?

10.

6.

8.

9.

Explanation:

The optimal score with the Aldrete postanesthesia scoring system is a 10. There are five areas that are assessed; each is scored 0-2 points. Although this patient is fully awake, moving, and back to preanesthetic circulatory function, she is not breathing deeply and still needs oxygen to keep her saturation above 92. These last two areas would be scored as a 1 instead of the optimal 2, giving the patient an Aldrete score of 8.

80.

The circulating nurse is in an orthopedic procedure utilizing a C-arm device when the surgeon asks for this device to be moved to another area of the patient's body. Which of the following personnel may move this device?

Only the circulating RN.

Any MD.

The orthopedic vendor.

The radiology tech.

Explanation:

In this situation, only the radiology tech should be moving the C-arm. Only trained personnel with proper state licensing should operate these devices.

81.

Surgical specimens are listed according to three categories for handling. Which of the following best describes these categories?

Surgical pathology, gross, disposal.

Frozen, permanent, gross.

Frozen, permanent, disposal.

Banking, surgical pathology, disposal.

Explanation:

Surgical specimens should be specially handled and listed as either surgical pathology examination (routine), gross examination, or disposal. Frozen section and permanent are examples of surgical pathology.

82.

Forensic specimens, such as bullets, should be carefully handled and properly documented to preserve which of the following?

Chain of evidence.

Chain of command.

Chain of communication.

Chain of custody.

Explanation:

It is very important to carefully handle and document forensic specimens from the time of removal from the patient to examination. This information establishes the chain of custody of this evidence. This is particularly important if the specimen is involved in a criminal investigation.

83.

The scrub nurse pulls up which part of the gown when assisting the surgeon in gloving?

The shoulder of the gown.

The waist of the gown.

The sleeves of the gown.

The neck of the gown.

Explanation:

By pulling up the sleeves of the gown, it allows the surgeon's fingers and hand to pass into the awaiting sterile glove easier. The other answers may cause the scrub nurse to contaminate her sterile gloves.

84.

What is bariatric surgery performed for?

Cancer.

Weight loss.

Fractures.

Renal failure.

Explanation:

Bariatric surgery includes procedures such as gastric banding and gastric bypass, which is predominately performed for weight loss.

85.

A circulating RN is caring for a patient having a ventral hernia repair. During her preoperative assessment, the nurse notices this patient is morbidly obese. Which one of the following is an associated disease with this condition?

Type 1 diabetes.

Osteoporosis.

GERD.

Hypotension.

Explanation:

Among many others, gastroesophageal reflux disease, also known as GERD, is an associated disease with morbid obesity. This is significant to surgical procedures because the patient's gag reflex is unprotected when given anesthesia and the patient may aspirate. Providing cricoid pressure during induction is often requested for this purpose.

86.

Which of the following bariatric surgeries is a combination of the restrictive and malabsorption methods?

Gastric banding.

Proximal gastric bypass.

Roux-en-Y gastric bypass.

Jejunoileal bypass.

Explanation:

Roux-en-Y gastric bypass is the only procedure listed that is a combination of the two bariatric surgery approaches: restrictive and malabsorptive. Both proximal gastric bypass and banding are restrictive, and jejunoileal bypass is a malabsorptive.

87.

A perioperative nurse is interviewing a patient preoperatively who is having an exploratory laparotomy for abdominal pain. In her surgical history, the nurse notes that she had an adjustable gastric band placed three years ago. Which of the following is a complication specific to these procedures that might be contributing to her condition?

Incisional hernia formation.

Anastomosis leakage.

Tissue erosion.

Anastomotic stricture.

Explanation:

Adjustable gastric bands to have a possible complication of tissue erosion if the band slips. Incisional hernia formation, anastomosis leakage, and anastomotic stricture are complications specific to gastric bypass procedures.

88.

Knowing the intraoperative positioning required for a gastric band placement, which of the following additional pieces of equipment would be necessary?

Allen stirrups.

Footboard.

Shoulder roll.

Axillary roll.

Explanation:

These patients are placed in the reverse Trendelenburg position, and placement of a padded footboard helps to prevent slipping down the table and causing patient injury.

89.

Laryngeal nerve paralysis is a potential complication of which block?

Celiac block.

Intercostal block.

Intraocular block.

Brachial plexus.

Explanation:

Laryngeal nerve paralysis is a possible complication when administering a brachial plexus nerve block due to the proximity of the nerves to one another.

90.

In which areas is the scrub nurse considered sterile after donning a sterile gown and gloves?

Everywhere covered by the gown.

Only the hands.

From the chest to the sterile field.

Front and back of gown, chest to waist.

Explanation:

Only areas from the chest to the sterile field, and two inches above the elbow and gloves are sterile. The back of the gown and below the waist are not considered sterile.

91.

A scleral buckling surgery is performed for which disease/condition?

Retinal detachment.

Glaucoma.

Corneal lacerations.

Fuchs dystrophy.

Explanation:

A scleral buckling procedure is performed for retinal detachment. A scleral buckle (made of rubber, silicone, or semi-hard plastic) is surgically placed on the sclera of the injured eye and pushes the sclera toward the middle of the eye. This relieves the pressure pulling on the retina and allows the retina to settle.

92.

Labyrinthectomy is an otologic surgery performed for which condition?

Hearing loss.

Severe vertigo.

Chronic ear infections.

Cholesteatoma.

Explanation:

Labyrinthectomy is performed for severe vertigo. A stapedectomy is performed for some hearing loss diseases. Pressure equalization (PE) tubes would be more helpful in patients with chronic ear infections. Mastoidectomy is used to treat cholesteatoma.

93.

An Alvarado foot holder is used for which of the following procedures?

Total hip arthroplasty.

Total knee arthroplasty.

Knee arthroscopy.

Femoral-popliteal bypass.

Explanation:

The Alvarado foot holder is a type of positioning equipment that keeps the patient's leg bent to provide stability and visualization during total knee arthroplasty procedures.

94.

What is a dermatome device used for?

Removing valves from a vein graft.

Promoting bone growth in nonhealing fractures.

Removing tissue to be used in split-thickness skin grafts.

Locating sentinel lymph nodes.

Explanation:

There are three types of dermatomes, and they are used for removing tissue that will be used in skin grafting.

95.

When circulating a carotid endarterectomy, and the surgeon asks for loupes. What is she asking for?

Vessel loops.

Her magnifying eyeglasses.

Silk ties.

Hemaclips.

Explanation:

Loupes are magnifying eyeglasses that the surgeon wears during microsurgery, in this case to see the small sutures used in the procedure.

96.

The circulating RN knows that using proper draping materials is essential for patient protection. Which of the following best describes the current recommendations for choosing the correct draping material?

The drapes must be resistant to fluid, tearing, puncture, and lint free to reduce contamination of the sterile field.

Different institutions decide on the guidelines that best suit their organizational needs and

policies.

The current recommendations are under review, and they will be available in the upcoming year.

The drapes must be able to maintain the heat of the human body to avoid hypothermia during the surgical procedure.

Explanation:

The draping materials form a barrier and must be fluid resistant and resistant to tearing or puncture to avoid microbial penetration. A sterile drape should be lint free to reduce airborne contaminates and shedding onto the surgical site.

97.

Which of the following describes a special consideration for correct draping that the scrub and circulating RN should be aware of?

They should ensure that the prep solutions have dried before applying surgical drapes.

The scrubbed team members should hold the drapes below waist level.

The surgeon should perform the procedure quickly to minimize potential infections.

The scrubbed team members never cuff the drapes over gloved hands.

Explanation:

A special consideration for correct draping is to ensure that the prep solutions have dried before applying surgical drapes. Pooled prep fluids can cause skin breakdown. These fluids, especially those containing alcohol, can also be flammable when still in liquid form.

98.

When the scrub RN is helping place the surgical drapes, he should be aware that once the drapes have been placed, they should not be moved or readjusted. Which of the following best describes the rationale for this placement?

Shifting of a drape can potentially cause contamination.

It reduces the cost of needing additional drapes.

Repositioning a drape is an acceptable practice.

Shifting of a drape can cause skin irritation.

Explanation:

Shifting of the drapes can cause bacteria from nonprepped skin to be dragged into the sterile field. Also, the more the drape is moved, the higher the chances that it will come into contact with surrounding nonsterile furniture or fall below the sterile field.

99.

The scrub nurse is helping drape a patient for an appendectomy. She first drapes the area planned for the incision, and then she works outward. Why are surgical drapes laid in this manner?

To visually maintain the correct anatomical positioning of the patient.

To provide additional warmth during the surgical procedure.

To reduce contamination.

To verify that the correct site is being draped.

Explanation:

Draping should begin at the surgical site and move to the periphery to reduce contamination from nonprepped skin areas.

100.

In order to prevent injury to fellow team members, the scrub RN should pass loaded knife blades in which of the following manners?

With the blade toward the physician.

With the blade off the handle.

With a "hands-free" technique.

With the blade in his/her hand.

Explanation:

To prevent injury, sharps should be passed in a "hands-free" manner in a safe zone, such as placing the knife handle in an emesis basin.

101.

The circulating RN on a laparoscopic cholecystectomy sees the suction tip is extending off the edge of the sterile back table but has not fallen off. What should the circulating nurse do?

Tell the scrub tech so she can move it back on the table before it falls.

Tell the scrub tech to discard the tip.

Nothing: as long as it's still on the table, it's still sterile.

Remove it from the back table herself.

Explanation:

Only the top of a sterilely draped back table is actually considered sterile, not the edges or sides. Any sterile item that extends past the edge of the sterile area is no longer considered sterile and should be discarded immediately. Although the sterile scrub tech would not want to touch the contaminated tip, she can discard it by touching the part still on the table or remove it from the field so the circulator can discard it. A nonsterile person should never reach over or onto a sterile field to retrieve an item.

102.

In order to lower the risk of surgical site infections, the doors to the OR suite should remain in which of the following positions?

Open if a surgery is in process.

Closed as much as possible.

Open if there is no surgery occurring.

The position of the OR doors does not affect infection control.

Explanation:

Keeping the doors closed helps to reduce the number of microbes in the OR suite. This is true whether a surgery is occurring or not.

103.

At the conclusion of a stable carotid endarterectomy surgery, after extubation the anesthesia care provider may ask the circulating RN to get a laryngoscope or glidescope. Which of the following provides the best rationale for this request?

To emergently reintubate the patient.

To check if the vocal cords are responding.

To check for bleeding.

To properly suction the patient.

Explanation:

One of the risks of a carotid endarterectomy is possible damage to the nerves that control the movement of the vocal cords. Paralysis of the vocal cords can cause many complications, including difficulty breathing.

104.

Immediately before beginning any procedure, what should the circulating nurse do?

Call a "time out" with all team members involved with the procedure.

Identity the patient.

Find sitting stools.

Start an IV line.

Explanation:

It is important for a "time out" to be called before any procedure, including regional anesthetic procedures. The patient should have been identified at the preoperative level and with the anesthesia care provider when first brought into the OR suite.

105.

The anesthesia care provider plans to perform an intercostal block during thoracic surgery. Which of the following is a potential complication of an intercostal nerve block?

Air embolism.

Numbness.

Headache.

Horner syndrome.

Explanation:

Air embolism is a potential complication of intercostal nerve blocks.

106.

The preoperative RN is conducting the anesthesia consent for a patient who will be getting a peripheral nerve block. Which of the following is a potential site for a peripheral nerve block?

Cerebrospinal fluid (CSF).

Epidural space.

Digits.

Earlobe.

Explanation:

Cerebrospinal fluid and epidural space refer to spinal and epidural anesthesia. Digits are one of the many possible injection sites for nerve blocks. The earlobe would be an ineffective location for a peripheral nerve block.

107.

The circulating RN should be aware that an intravascular injection of local anesthesia from a peripheral nerve block can lead to which of the following?

Overdose and possible cardiac arrest.

Numbness.

Loss of the limb.

Paralysis of the limb.

Explanation:

Introducing a nerve block dose of local medication into the bloodstream can lead to toxicity and a possible cardiac arrest. This can happen during a Bier block if the tourniquet is deflated too quickly.

108.

The preoperative RN is performing her assessment. She knows the first thing she should do is properly identify the patient using two pieces of information specific to that person. Which of the following would be appropriate information that could be used for this purpose?

Name and date of birth.

Name and weight.

Name and age.

Date of birth and favorite color.

Explanation:

The patient's name and date of birth are two pieces of information that can be properly used to identify the patient.

109.

Which of the following complications are specific to arteriovenous (AV) fistula patients postoperatively?

Paralysis.

Renal failure.

Stroke.

Hemorrhage at the surgical site.

Explanation:

Arteriovenous fistula patients are at risk for hemorrhage at the fistula site. This risk does not dissipate after surgery. These patients are at risk for a life-threatening hemorrhage even years after the procedure if the fistula develops an aneurysm.

110.

Which of the following documents should be reviewed in the preprocedure assessment to verify the procedure?

Patient's surgical consent form

Patient's insurance information

Advance directive

Medication record

Explanation:

Although all of these forms contain important information, the patient's consent is the only one of the four reviewed for verification of the procedure.

111.

After the circulating nurse reads the information for the "time out," all team members should do which of the following?

Verbalize agreement if it is correct.

Ignore her.

Start the procedure.

Leave the room.

Explanation:

All team members should verbalize agreement with the proposed information in the "time out."

112.

Which of the following best describes the purpose of informed consent?

To prevent health information privacy violations.

To inform the patient of which physician will be performing the procedure.

To explain to the patient the type and purpose of the procedure as well as the risks, benefits, alternatives, and complications associated with it.

To alleviate the legal burden of a poor outcome.

Explanation:

Although the physician that is performing the surgery should be discussed with the patient during the informed consent procedure, it is not the primary purpose. Informed consent does have a legal component and should be protected information, but its primary purpose is to inform the patient what is planned, the expected outcomes, and what are the alternatives. With the exception of emergencies, performing a procedure on a patient who has not been given proper informed consent can have legal consequences. All planned procedures should be listed on the consent form and should be addressed before the patient signs.

113.

Unsterile personnel, such as the circulating RN, should stay away from the sterile field to avoid contamination. Which of the following is the minimum distance an unsterile person should remain from the sterile field?

15 in.

6 in.

12 cm.

1 ft.

Explanation:

The minimum recommended distance is 12 inches or 1 foot. Although 15 inches is technically a correct option, it is not the minimum distance asked for in the question. This distance is the agreed-upon "safe" distance by perioperative professional organizations so as to prevent inadvertent contamination.

114.

Which of the following is an example of a neurovascular assessment that may be performed in the preoperative setting prior to the surgical procedure?

Nausea level.

Pain level.

Skin breakdown.

Peripheral pulses.

Explanation:

One of the many things that should be checked during the head-to-toe assessment is the neurovascular area. Assessing peripheral pulses is one method to do this.

115.

The circulating RN is unwrapping a sterile endoscope for the sterile scrub tech. Which of the following best describes the technique used when unwrapping a sterile instrument as an unsterile person?

Open the top flap away from oneself, then the sides, and then the bottom, being careful not to let the flaps touch each other so the edges do not contaminate each other.

Open the top flap away from oneself, then the sides, and then the bottom, securing each flap so they cover the unsterile hand and do not contaminate the sterile field or instrument.

The scrub tech should open sterile items because she is already sterile.

No real method exists as long as the nurse does not touch the sterile item.

Explanation:

This is the recommended method by perioperative professional organizations to open sterile items. Loose edges could fold back and contaminate the instrument or field because the inside wrapper is only considered sterile up to 1 inch from the edge. As a result, the person opening should keep control of the flaps in her hand as she opens. In this question, the scrub tech is already sterile, so she cannot open the instrument because the outside of the wrap is not sterile.

116.

The steam sterilizer has finished its cycle. What should a nurse working in the sterile processing department (SPD) do with these sterile items?

Unload them and leave them to dry on a table for 30 minutes.

Open the door of the sterilizer, and leave the products inside to dry for 15 to 60 minutes.

Unload the items and up them away immediately, so there is no inadvertent contamination.

Place the sterilizer on the drying cycle.

Explanation:

The nurse should open the door and leave the items inside to dry. Fifteen to sixty minutes is the recommended drying time for steam sterilizers, but this range varies by manufacturer. The nurse would not want to remove the items and put them away or leave them on a table because the items will still be very warm. Placing them on a cold surface could cause condensation on the surface and put the items at risk for contamination from strike-through of the collected fluid. There is no separate "dry" cycle for these sterilizers.

117.

When scrubbing an exploratory laparotomy, the scrub nurse places an instrument magnet pad on the sterile field to prevent the instruments from falling. Which of the following should the nurse not place on the instrument magnet?

Needle holder.

Tenaculum clamp.

Mayo scissor.

Poole suction tip.

Explanation:

Although it could happen to any of these instruments, the nurse shouldn't place a needle holder on an instrument magnet because it could become magnetized. Because the purpose of this instrument is to safely manipulate suture needles, if the instrument becomes magnetized it may not properly release the needle or attract it back and cause injury to the sterile team or the patient.

118.

For which piece of the following equipment should the scrub nurse place a return electrode on the patient?

Electrosurgical unit (ESU).

Greenlight laser.

Ultrasonic dissector.

Flexible endoscope.

Explanation:

Of the four choices, only an ESU uses electrical current to manipulate the patient's tissues. In order to complete the electrical circuit and not harm the patient, electricity flows from the unit (generator) to the active electrode (Bovie pencil) and is returned to the generator by the return patient electrode, also known as the inactive dispersive electrode, rather than through the patient or team members.

119.

There are three types of blood loss replacements used in the perioperative setting. Autotransfusion is an example of which one of the following?

Allogenous blood transfusion.

Autologous blood transfusion.

Blood product substitution.

Blood volume expander.

Explanation:

Allogenous refers to blood that is collected from a donor other than oneself. Blood substitutes are oxygen-carrying products that are alternatives to giving actual blood, whereas blood volume expanders only add volume and have no oxygen-carrying component. Autologous blood transfusions, or autotransfusion, refers to collecting a patient's own blood and returning it to them. This can be achieved through a preoperative donation or intraoperatively with the use of a blood salvage unit.

120.

Which of the following personnel safety precautions is most appropriate for the scrub nurse for a surgery using a laser?

Wearing a mask with a splash shield.

Wearing safety goggles with the correct optical density for the laser being used.

Wearing an N95 mask.

Wearing latex-free gloves.

Explanation:

Although all are personal safety equipment, eyewear should be specific for the laser used because the eye can absorb the laser beams. The use of a tight-fitting laser mask, not an N-95 mask, would be appropriate.

121.

Which of the following would be an appropriate environmental safety precaution when performing procedures utilizing lasers?

Placing warning signs outside the OR suite that a laser is being used.

Removing all fluids from the surgical area so they do not spill on the laser.

Keeping the laser armed at all times so it is ready when needed.

Keeping an ABC-type fire extinguisher in the room.

Explanation:

Warning signs should be placed so anyone entering the room will know that the laser is in use. Although the nurse should not store liquids on the laser equipment, the scrub tech should have a bowl of sterile water or saline solution available in case of a fire. When the laser is not in use, it should be kept in "standby," even if the surgeon requests it to remain armed. This is to prevent inadvertent firing that could injure the patient or team. Finally, a halon extinguisher, not an ABC-type extinguisher should be available.

122.

What does NPO stand for in relation to the perioperative setting?

Nil per os.

Next patient operation.

New post operation.

Nil per ojos.

Explanation:

NPO stands for nil per os, or nothing by mouth. This is important in the perioperative setting because food or liquids ingested less than eight hours prior to surgery can be regurgitated and aspirated under anesthesia.

123.

In order to ensure proper functioning of the anesthesia monitoring equipment, patients should be informed to remove which of the following before surgery?

Jewelry.

Glasses.

Dentures.

Nail polish and acrylic nails.

Explanation:

All of the above items should be removed before surgery, but only the nail polish/acrylic nail choice can interfere with the anesthesia monitoring of the patient. Many pulse oximeters, used for oxygen saturation monitoring, are placed on the finger and require visualization of the nail bed to properly function. Nail bed color is also used as an indicator of peripheral circulation. The patient should be instructed that if she wears these items, she should uncover at least one fingernail.

124.

Who has the responsibility to obtain informed consent?

Surgeon.

Circulating RN.

Primary MD.

Preoperative RN.

Explanation:

Although the preoperative and circulating RNs validate the consent form for correctness, it is the surgeon's responsibility to obtain informed consent. This is achieved by completely explaining the procedure to the patient in a manner she can understand, listing the risks, benefits, complications, and alternatives available. This conversation should also include what to expect postoperatively and which of the patient's lifestyle factors might affect the plan of care.

125.

A preoperative RN is preparing to interview his patient for the preoperative assessment for her surgery. After washing his hands and introducing himself to her, what is the first thing the preoperative nurse should do?

Check that the patient's surgical consent is correct and complete.

Review the surgeon's history and physical for past surgeries that could affect his plan of care.

Properly identify the patient by name and date of birth.

Check for medication allergies.

Explanation:

All of these items should be addressed in a preoperative assessment, but first the nurse should make sure to have the right patient. The nurse cannot just do this by asking the patient's name because there are often patients with the same or similar names. Hence, a demographic piece of information, such as date of birth, should also be verified. This information should be compared with the patient's armband, and the correct spelling is verified. If the patient cannot verbally answer, then staff or visitors accompanying the patient to the preoperative area should do this verification.

126.

During a preoperative assessment, the patient tells the preoperative nurse she takes ginkgo biloba to help with her memory. What should the nurse do?

Nothing, this is an herbal and has no effect on the surgery.

Cancel the surgery because this medication has severe adverse reactions with the anesthetic agents.

Be sure this medication is added to her home medication list, and verify that the surgeon and anesthesia care provider are aware she takes it.

Ask the physician for a stat electrocardiogram (EKG), because this herbal can cause cardiac arrhythmias.

Explanation:

Many herbal medications can cause interactions with intraoperative medications and should be noted. Ginkgo biloba can increase bleeding, not cardiac arrhythmias. It is usually not substantial

enough to delay or cancel surgery, but the physicians caring for the patient should be made aware that she is taking ginkgo biloba, so they may plan accordingly.

127.

The American Society of Anesthesiologists (ASA) status III would apply to which of the following patients?

Healthy patient.

Mild systemic disease.

Brain death.

Severe systemic disease.

Explanation:

The ASA physical status classification system has six classes. Healthy patients are ASA I. ASA II is mild disease, III is severe, IV is life threatening, and V applies to patients that are not expected to live more than 24 hours. Brain death would be considered ASA VI.

128.

Why should the surgical patient without a Foley catheter be encouraged to void in the preoperative area, if possible?

To check for pregnancy.

To run a stat urinalysis.

To prevent bladder distention.

To prevent urinary tract infection.

Explanation:

Although urine may be needed to perform lab work prior to surgery, the main reason patients without a Foley catheter already in place are encouraged to void is to prevent bladder distention and incontinence, because an anesthetized patient cannot feel the urge to urinate. This is very important in abdominal surgeries, because an enlarged bladder could be damaged during surgery. The pooled fluid from an incontinent patient could also cause skin damage.

129.

Mrs. Smith is scheduled for an endovascular procedure. She is allergic to shellfish. Which of the following could be affected by this allergy?

Antibiotic choice.

Use of latex products.

Use of contrast media.

Administration of Propofol.

Explanation:

Shellfish allergy can indicate an allergy to iodine. Many contrast media contain iodine. Contrast is a necessary component in endovascular procedures due to the use of x ray. This would not affect antibiotic choice or be indicative of a latex allergy. An allergy to eggs might affect the use of propofol.

130.

Many medications are administered during the perioperative phase. The five "rights" of safe medication administration include right patient, drug, dose, route, and which of the following?

Method.

Physician.

Time.

Order.

Explanation:

The five rights of safe medication administration include right patient, drug, dose, route and time. The missing component is right time. The right time is verified by checking the physician order for the administration time or, in the case of PRN medications, checking how frequently the medication can be provided and when the last dose was administered.

131.

A patient is going into respiratory arrest after a 2 mg dose of Versed. Which of the following medications would be the most appropriate to reverse the effects of this medication?

Romazicon.

Narcan.

Benadryl.

Epinephrine.

Explanation:

Versed is a benzodiazepine. Romazicon, also known as Flumazenil, is the only benzodiazepine antagonist in this group. Narcan, also known as Naloxone hydrochloride, would be appropriate for narcotic reversal. Although Benadryl might be helpful for an allergic reaction, it will not reverse the effects of a benzodiazepine. Epinephrine would be helpful in an arrest situation as well, but it will not reverse the effects either.

132.

There have been a lot of reports in the media regarding intraoperative awareness. Which of the following pieces of equipment can help the anesthesia care provider prevent this complication?

Electroencephalogram (EEG).

Electrocardiogram (EKG).

Bispectral index (BIS) monitoring.

Pulse oximetry.

Explanation:

Intraoperative awareness is the rare condition in which a patient seems to be under anesthesia, but she can still hear and feel what is happening during surgery. This is affected by the depth of anesthesia, a difficult thing to monitor at times. There are now monitoring techniques such as bispectral index (BIS) monitoring that can sense the patient's brain waves through an electrode placed on the forehead. Based on the number reading, the anesthesia care provider can better determine the patient's level of consciousness.

133.

What does a reading of 100 on the BIS monitor means?

The patient is fully awake.

The patient is highly sedated.

The patient is clinically brain dead.

The BIS monitoring machine is malfunctioning.

Explanation:

The BIS monitor has a range in readings from 100 to 0. A 100 reading on the BIS monitor means the patient is fully awake, and 0 is no brain activity.

134.

A circulating RN is caring for a patient receiving a carpal tunnel release under a brachial nerve block. When the circulating nurse documents the type of anesthesia, she should list which of the following?

General anesthesia.

Epidural anesthesia.

Regional anesthesia.

Monitored anesthesia care.

Explanation:

Nerve, epidural, and intrathecal blocks, which tend to be used during a carpal tunnel release, are all forms of regional anesthesia.

135.

Which of the following is the best method to prevent intraoperative patient burns when using an electrosurgical unit (ESU)?

Leave the ESU pencil on the surgical drape in open view between uses.

Ensure adequate skin contact of the patient return electrode.

Place the patient return electrode over a previous surgical site.

Do not use any alcohol-based surgical preps in the operating room.

Explanation:

The patient return electrode "grounds" the patient from injury from the ESU current. Poor contact can prevent this function and even allow fluid to pool underneath it, leading to a possible burn. The tip of the ESU pencil can remain very hot between uses. Laying this tip on a surgical drape may start a fire. The ESU pencil should always be returned to its holder between uses. The patient return electrode should not be placed over a previous surgical site, if possible, because the electrical current could conduct through any metal implant that might exist at the site, or the tissue may already be compromised from poor wound healing. Finally, evidence-based practice shows alcohol-based preps to be very effective in the prevention of surgical site infections. It is safe to use this type of prep in the operating room as long as the manufacturer's recommendations are followed and the prep is dried completely before the surgical drape is applied.

136.

Which of the following is one of the most commonly used medications for epidural anesthesia?

Meperidine.

Bacitracin.

Bupivacaine.

Succinylcholine.

Explanation:

Bupivacaine, or Marcaine, is a common local anesthetic medication used in epidural anesthesia. Meperidine is a narcotic. Bacitracin is an antibiotic, and succinylcholine is a paralytic agent used as a muscle relaxant in general anesthesia.

137.

The anesthesia care provider has informed the scrub nurse she will be performing a Bier block on the patient. Which piece of equipment would be necessary to perform this procedure?

Electrosurgical unit (ESU).

Single-cuff tourniquet.

Double-cuff tourniquet.

BIS monitor.

Explanation:

A double-cuff tourniquet is used for this procedure. In a Bier block, once the tourniquet is placed, the patient's arm is elevated and wrapped with a compression bandage (Esmarch) to remove blood from the distal portion of the extremity. The upper cuff of the tourniquet is then inflated. The local medication is injected through an intravenous line in that extremity. Once the medication has anesthetized the extremity, the lower cuff of the tourniquet is inflated, and the upper cuff is released.

138.

As the circulating RN caring for a patient receiving a Bier block, which of the following is a very important consideration at the conclusion of the procedure with this type of anesthesia?

Once the tourniquet is released, the surgical site will have a large amount of drainage.

These patients have a great deal of pain once the tourniquet is released.

There are no different concerns with Bier blocks than any other anesthesia.

The tourniquet should be released slowly to prevent a bolus of medication into the patient.

Explanation:

The nurse would want to slowly release the tourniquet so the body can absorb any remaining local anesthesia. A bolus of this medication could lead to cardiac or central nervous system toxicity. There should not be excessive bleeding or pain with this type of anesthesia.

139.

It is imperative for the surgical team to keep track of sponges and instruments used during the surgery so that items are not inadvertently left in a patient. Which three positions and in which order should closing counts be performed?

Field, floor (off the sterile field), back table.

Back table, floor, field.

Initial, baseline, final.

Field, back table, floor.

Explanation:

The nurse should always start counting items on the surgical field, and then the back table, followed by the items that have been passed off the surgical field, also referred to as the floor count. Counting in a consistent manner, starting at the surgical field will help prevent delays in wound closure and miscounts.

140.

What should the circulating RN do while the anesthesia care provider is intubating the patient during general anesthesia?

Stay by the head of the bed and assist as needed.

Leave the room to get supplies.

Help the scrub nurse count instruments.

Start her charting.

Explanation:

The medications given to the patient for general anesthesia can be very disorienting and frightening for the patient. It is important for the circulating nurse to stay at the bedside to comfort the patient and to assist the anesthesia provider as needed in case there is a complication.

141.

A circulating RN is assisting the anesthesia care provider with a general anesthesia induction on a patient with a history of gastroesophageal reflux disease (GERD). The anesthesia care provider asks the nurse to perform cricoid pressure. What is the purpose of cricoid pressure?

To keep the patient's neck stable during tube placement.

To open the esophagus and allow air to enter the stomach to prevent gastric acid regurgitation.

To prevent aspiration of gastric contents while the patient does not have a proper gag reflex.

To hide the vocal cords because they are not a needed landmark to intubate.

Explanation:

Cricoid pressure helps block the esophagus to prevent aspiration of gastric contents. This would be especially important for a patient with a history of gastroesophageal reflux disease (GERD), because he would be at additional risk of aspiration. Cricoid has no purpose in keeping the neck stable. Closing off the esophagus actually helps the anesthesia care provider better visualize the vocal cords, a necessary landmark when intubating a patient with an endotracheal (ET) tube.

142.

A circulating RN is caring for a patient who is having a vaginal hysterectomy. After assisting the anesthesia care provider, the RN needs to place the patient's legs in stirrups. The nurse should always check with the anesthesia care provider to be sure it is safe to position the patient. Which of the following provides the best answer of why the patient should not be moved until the anesthesia provider says it is safe?

To give the anesthesia provider time to connect the vital sign monitors.

Because the patient may fall off the OR table if positioned without the other providers' awareness.

To prevent accidental extubation.

Because the anesthesia provider may still need to place invasive lines.

Explanation:

Although the other answers may be true, in relation to the intubation process, C is the best answer. Moving the patient before the anesthesia provider has approved may lead to accidental extubation and loss of the patient's airway, which can be life threatening.

143.

A circulating RN should be aware of possible complications that may occur during the procedure. Which of the following is the most common potential complication of femoropopliteal (fem-pop) bypass surgery?

Renal damage from the on-table angiograms.

Nerve damage.

Operative leg swelling.

Femoral artery aneurysm.

Explanation:

Sudden revascularization of the operative limb in fem-pop bypass patients may lead to operative leg swelling. Although the other answers are possible complications, they are very rare.

144.

Why is spinal cord damage an operative risk with thoracic aortic aneurysm repair?

Because the spinal cord may be cut in the procedure.

Because the spinal cord may experience ischemia if the cross-clamp time is excessive.

Because these patients are at high risk of stroke.

Because these patients often have already had spine surgery.

Explanation:

Because of the need of thoracic cross clamping during these surgeries, the spinal cord may become ischemic from the lack of blood flow. This is especially true if the cross-clamping lasts longer than 30 minutes. The patient's risk of stroke or previous spine surgery would be an additional patient-specific risk factor, not one associated with the procedure itself.

145.

A postanesthesia care RN is recovering a new postoperative open appendectomy patient. How frequently should the RN monitor vital signs in the initial postoperative period in the PACU?

Every 5 minutes.

Every 15 minutes.

Every 30 minutes.

Every 60 minutes.

Explanation:

Frequent monitoring of vital signs will help the PACU nurse identify any complications in a timely manner. Each hospital may have a policy regarding vital sign monitoring, such as every 5 minutes for the first 20 minutes, then every 15 minutes throughout the postoperative stay. Others may require vitals every 5 minutes throughout the entire first hour.

146.

Which of the following is an example of manual hemostasis?

Laser.

Fibrin glue.

Sutures.

Electrosurgical unit (ESU).

Explanation:

Sutures, along with clips, clamps, and tourniquets are examples of manual hemostasis. The laser and ESU are thermal agents. Fibrin glue is a chemical hemostasis agent.

147.

A PACU nurse is recovering a cesarean section patient in the PACU. If the patient received a regional anesthetic in the operating room, such as a spinal, which of the following would be the most important for the PACU nurse to monitor?

The patient's dermatome levels.

The patient's height and weight.

The patient's input and output.

The patient's level of consciousness.

Explanation:

Although all of these answers are recorded for a surgical patient, only the dermatome levels are specific to regional anesthetic patients. This is to determine the level of the anesthetic as it wears off postoperatively.

148.

It is important for the perioperative nurse caring for this patient to be aware that shivering may lead to which of the following?

Cardiac ischemia.

Respiratory depression.

Hemorrhage.

Stroke.

Explanation:

Shivering increases cardiac demand and may lead to cardiac ischemia and arrest in this vascular surgery patient, especially due to her already-compromised cardiac status.

149.

Which is the most effective method to deal with this patient's hypothermia in the OR suite?

Warmed IV fluids.

A forced-air warming blanket.

It is not necessary to warm the patient because she will be asleep soon.

Regular blankets that have not been warmed.

Explanation:

Although blankets and warm IV fluids are helpful in warming a patient, the use of forced-air warming blankets have been shown to be the most effective in warming hypothermic patients. These devices have been found to be useful in pre-, intra-, and postoperative areas.

150.

Once the pacemaker procedure is finished, this patient is moved to the PACU area to recover from her anesthesia. The PACU RN should anticipate which of the following routine orders for this patient?

Ultrasound of pedal pulses.

Blood transfusion.

Chest X ray.

Additional intravenous line placements.

Explanation:

Any vascular surgery that requires catheter placement, such as a pacemaker, may need a chest x ray postoperatively to verify proper placement. This is usually done in the PACU area. Although this patient might require additional lines or a blood transfusion due to her overall disease process, it would not be a routine order for a pacemaker placement patient.

151.

A scrub nurse has finished scrubbing a surgery and is breaking down his sterile field. What does he do with his surgical sharps, such as suture needles?

Place them in a biohazard bag.

Place them in a puncture-proof sharps container.

Place them in a puncture-proof box to be resterilized.

Place them in a regular trash bag.

Explanation:

To prevent the risk of needle sticks, sharps are always placed in a puncture-proof container specifically designed for them, not any type of trash bag. Because the sharps discussed in this question cannot be reprocessed, the nurse would not put them in a container to be resterilized.

152.

The circulating RN should verify that the anesthesia provider has given preoperative antibiotics as ordered by the surgeon. In what time frame should these be given for a patient who is not already on routine antibiotics?

24 hours before the surgical incision.

6 hours before the surgical incision.

1 hour before the surgical incision.

2 days after the surgery.

Explanation:

According to current National Patient Safety Goals and the Surgical Care Improvement Project (SCIP), antibiotics should be administered within 1 hour of incision for best practice effectiveness.

153.

Traffic into the OR suite should be limited. No unneeded personnel should be in the suite, and the staff should try to limit trips in and out of the room. What is the purpose of this traffic control?

It is one of several methods to limit microbes in the OR.

It is a security measure that is only used in emergency situations.

It keeps distractions to the team to a minimum.

Limitation of additional personnel in the OR suite is a safety measure the hospital institutes so there is less chance of injuries.

Explanation:

Limiting the number of persons going in and out of the OR suite helps to lower the number of microbes allowed to enter the room. This, paired with proper air exchanges and other environmental controls, helps reduce surgical-site infections.

154.

A circulating RN's patient is having an exploratory laparotomy in the supine position. When the patient is in a supine position with arms extended, how should his palms be placed?

They should face up (supination).

They should face down (pronation).

Positioning the hands is not important.

They should be placed lateral facing toward the body.

Explanation:

Supination, or palms facing up, when the arms are extended helps to prevent ulnar nerve damage in the supine position. All other answers could result in injury.

155.

How should a pregnant patient in the supine position be positioned differently than a nonpregnant patient?

She should have a wedge placed under her left side.

She should have a pillow placed under her lower back.

She should have a wedge placed under her right side.

She should have a shoulder roll placed under her neck.

Explanation:

A wedge under the patient's right side helps relieve uterine pressure off the vena cava. Laying in the other positions can risk the compression of the vena cava, which can result in both maternal and fetal decline.

156.

A circulating RN is caring for an obese patient that needs to be placed in a right lateral position. Multiple staff members and the surgeon come in to help with proper positioning. Which of the following is the most important regarding documentation of positioning?

The number of people required to properly position.

Names of all team members and physicians involved with positioning the patient.

Preoperative skin condition.

Any invasive lines or drains that the patient came into the OR with.

Explanation:

It is important to document everyone present in the positioning of the patient because the patient's chart is a legal document. This information could become important should the patient sustain an injury attributed to the positioning during the surgery.

157.

A patient is scheduled for an arteriovenous (AV) fistula creation. She is a 62-year-old female with Type 1 diabetes. Which potential complication should the circulating nurse be aware of intraoperatively?

Infection.

Delayed wound healing.

Hypotension.

Hypertension.

Explanation:

Type 1 diabetic patients have a potential for dehydration, electrolyte imbalance, and inadequate circulation. These factors, among others, can cause hypertension in these patients

intraoperatively. Infection and delayed wound healing are potential postoperative complications with diabetic patients.

158.

Operating room bed mattresses are made of different materials. In reference to prevention of pressure ulcers, which of the following is an effective OR table mattress material?

Foam.

Synthetic down.

Springs.

Gel.

Explanation:

Gel has been found to be more helpful in the prevention of pressure sore formation than the traditional foam mattress. Gel is supportive to pressure points, where foam collapses. These mattresses are also less likely to crack like their foam counterparts, which can cause skin damage and create potential for infection.

159.

The preoperative nurse knows her patient, who is a smoker, has additional healthcare risks to take in account when planning his plan of care. Compared to the other patients, what are smokers' risks for developing pressure ulcers during a long surgical procedure?

They are at higher risk for pressure ulcer formation.