

M_CNSAdultGeronPQ (300+ Questions) - Quiz

Questions with Answers

1.

If the CNS is caring for a patient who has a history of cocaine abuse, for which of the following health problems should the CNS be alert?

Memory impairment and respiratory depression.

Uncontrolled tremors, cardiac dysrhythmias, and impaired cognition.

Sexual dysfunction, gastric ulcers, and glomerulonephritis.

Nasal sores, septal perforation, and cardiac dysrhythmias.

Explanation:

If the CNS is caring for a patient who has a history of cocaine abuse, the health problems for which the CNS should be alert include nasal sores and septal perforation (from snorting the drug) and cardiac dysrhythmias. The patient may also develop chronic sinusitis. Opioid use is characterized by sexual dysfunction, gastric ulcers, and glomerulonephritis. Amphetamines may result in uncontrolled tremors, cardiac dysrhythmias, and impaired cognition; sedative/hypnotics may result in memory impairment and respiratory depression.

2.

If the CNS is conducting clinical research and intends to select participants who will be able to provide a particular perspective related to the research question, this type of sampling is referred to as:

purposeful.

nominated.

convenience.

theoretical.

Explanation:

If the CNS is conducting clinical research and intends to select participants that will be able to provide a particular perspective related to the research question, this type of sampling is referred to as purposeful because selection is based on the needs of the study. Nominated sampling enrolls participants through recommendations of those already enrolled. Convenience or volunteer sampling requires finding participants through solicitation or advertising. Theoretical sampling is a form of purposeful sample that uses participants to build a theory.

3.

A patient underwent a right pneumonectomy because of malignant lesions. Six days after surgery, the patient exhibits increasing dyspnea and fever and begins to cough up serosanguineous sputum. Chest x-ray shows sudden increased fluid level in the right pleural space. Which of the following complications does the CNS suspect?

Acute respiratory failure.

Hemorrhage.

Bronchopleural fistula.

Pulmonary edema.

Explanation:

If a patient underwent a right pneumonectomy because of malignant lesions and 6 days after surgery exhibits increasing dyspnea and fever and begins to cough up serosanguineous sputum, and the chest x-rays show sudden increased fluid level in the right pleural space, the CNS should suspect bronchopleural fistula. A bronchopleural fistula occurs when the suture line of the bronchial stump fails and an opening occurs between the bronchial stump and the pleural space. Emergent surgical repair is necessary to prevent the remaining lung from filling with fluid.

4.

According to the Star Model of systems thinking, if the CNS makes a change in one area of nursing care within an organization, the CNS should expect that this will:

necessitate a change in another area.

result in discord within the organization.

have little effect on the organization as a whole.

result in positive or negative outcomes.

Explanation:

According to the Star Model of systems thinking, if the CNS makes a change in one area of nursing care within an organization, the CNS should expect that this will necessitate a change in another area. The Star Model is based on a diagram with 5 elements (strategy, structure, human resources, incentives, and information/decision-making) that surround core culture and values. In this model, one element is as important as the others, and change in organization culture and

values requires indirect action through one of the elements, although ingrained culture and values can stand in the way of progress.

5.

If the CNS feels that the organization is not receptive to change and wants to use a systems approach to facilitating change, the first step is to:

describe behavior patterns.

establish cause and effect relationships.

define the issue.

define patterns of performance.

Explanation:

If the CNS feels that the organization is not receptive to change and wants to use a systems approach to facilitating change, steps include:

- 1. Defining the issue: This first step should be done without judgment or solutions.*
- 2. Describing patterns of behavior: Factors that relate to the problem.*
- 3. Establishing cause and effect relationships. May utilize 5 whys or other root cause analysis.*
- 4. Defining patterns of performance/behavior: Relationship of variables and outcomes.*
- 5. Finding solutions: Possible solutions to problems and outcomes.*
- 6. Instituting performance improvement activities: Make and monitor changes.*

6.

If the CNS needs to delegate a task to an LVN/LPN but is unsure how the nurse performs because the CNS has not worked with this LVN/LPN before, the *best* initial approach is to:

assign the task and try to observe the LVN/LPN.

ask the LVN/LPN how he or she would go about doing the task.

ask the opinion of nurses who have worked with the LVN/LPN.

outline specific steps to carrying out the task.

Explanation:

If the CNS needs to delegate a task to an LVN/LPN but is unsure how the nurse performs because the CNS has not worked with this LVN/LPN before, the best initial approach is to ask the LVN/LPN how the person would go about doing the task. Then, the CNS should share expectations and any specific instructions, including under what conditions and when the LVN/LPN needs to report to the CNS and how the CNS will supervise.

7.

If the CNS notes that staffing patterns do not always match workload, the first step to a solution is to:

complain to management.

organize staff members to demand changes.

determine how staffing decisions are made.

prepare a list of potential changes.

Explanation:

If the CNS notes that staffing patterns do not always match workload, the first step to a solution is to determine how staffing decisions are made. The CNS should always take action based on relevant information and data. The CNS should try to understand the views of management as well as personal and staff views in order to identify areas of agreement and possible compromise before researching staffing alternate methods and making suggestions for change.

8.

The CNS notes that one nursing team member often avoids taking care of older patients and sometimes makes disparaging remarks about them. The *most* appropriate response is for the CNS to:

advise the nurse that ageism is inappropriate.

discuss attitudes toward aging with the nurse.

file a complaint against the nurse.

avoid assigning the nurse to older patients.

Explanation:

If the CNS notes that one nursing team member often avoids taking care of older patients and sometimes makes disparaging remarks about them, the most appropriate response is for the CNS to discuss attitudes toward aging with the nurse. People who exhibit ageism are often concerned about their own aging and may be unaware of their bias against older adults. However, the CNS should also make clear that older patients must receive the same quality of care as younger patients and that negative comments about elderly patients are inappropriate.

9.

According to the Payne-Martin classification system for skin tears, an example of a category II skin tear is:

scant tissue loss: partial thickness injury and $\leq 25\%$ of epidermal flap lost.

linear: full-thickness wound in wrinkle or furrow with epidermis and dermis pulled apart.

flap: partial thickness wound with a flap that can cover wound with ≤ 1 mm of dermis exposed.

complete partial thickness injury with loss of epidermal flap.

Explanation:

Scant tissue loss: Partial thickness injury and $\leq 25\%$ of epidermal flap lost. Payne-Martin classification for skin tears:

Category I

-Linear: full-thickness wound in wrinkle or furrow with epidermis and dermis pulled apart (incisional appearance)

Skin tear without tissue loss

-Flap: partial thickness wound with a flap that can cover wound with ≤ 1 mm of dermis exposed

Category II

-Scant tissue loss: partial thickness injury and $\leq 25\%$ of epidermal flap lost

Skin tear with partial tissue loss

-Moderate-large tissue loss: partial thickness injury with $> 25\%$ epidermal flap lost

Category III

Skin tear with complete tissue loss

-Complete partial thickness injury with loss of epidermal flap

The CNS must irrigate an open wound with normal saline as part of routine dressing changes. During irrigation, the psi of the irrigant should be no greater than:

4.5 psi.

8 psi.

15 psi.

20 psi.

Explanation:

If the CNS must irrigate an open wound with normal saline as part of routine dressing changes, the psi during irrigation should be no greater than 15 psi because a greater pressure may cause tissue damage, but psi below 4 is inadequate. A bulb syringe produces about 4.5 psi. The pressure varies according to syringe size and needle size if using syringe and needle:

Syringe mL Gauge psi

35 25 4

35 21 6

35 19 8

12 22 13

12 19 20

6 19 30

An 80-year-old patient with a history of intraabdominal surgery and diverticulosis has simple incomplete small bowel obstruction (without compromised blood flow) and has had nausea and vomiting for 2 days. Which of the following initial interventions are most indicated?

Immediate surgical repair.

NG decompression and IV fluids.

NG decompression and antibiotic therapy.

NG decompression only.

Explanation:

If an 80-year-old patient with a history of intraabdominal surgery and diverticulosis has simple incomplete small bowel obstruction (without compromised blood flow) and has had nausea and vomiting for 2 days, the initial interventions that are most indicated are NG decompression and IV fluids (isotonic). The patient will likely also require potassium replacement because hypokalemia is commonly associated with bowel obstruction and vomiting. The most likely cause (and the most common) for the small bowel obstruction is adhesions.

12.

If the CNS observes unlicensed assistive personnel (UAP) massaging the reddened heels of an immobile patient, the CNS should:

file a complaint about the UAP's lack of competence.

compliment the UAP for providing good preventive care.

take no action as this is part of routine care.

explain how massaging reddened tissue may cause tissue damage.

Explanation:

If the CNS observes a certified nursing assistant (CNA) massaging the reddened heels of an immobile patient, the CNS should explain how massaging reddened tissue may cause tissue damage. This was at one time a common practice, so the CNS should use this opportunity to update the CNA on evidence-based skin care guidelines and should provide guidance to the CNA regarding measures to relieve pressure, including the use of heel protectors, positioning, and frequent turning.

13.

The CNS is leading an ad hoc team that is utilizing failure mode and effects analysis (FMEA) to identify potential failures in the system that may result in increased healthcare-associated infections. Once a list of potential failures is compiled, calculation of the risk priority number (RPN) is based on:

objectives and goals.

severity, occurrence, and detection.

inputs, throughputs, and outputs.

analysis, design, and development.

Explanation:

If the CNS is leading an ad hoc team that is utilizing failure mode and effects analysis (FMEA) to identify potential failures in the system that may result in increased healthcare-associated infections, once a list of potential failures is compiled, calculation of the risk priority number (RPN) ($S \times O \times D = RPN$) is based on:

- *Severity: Each potential failure is rated on a scale of 1 to 10 (1 equal to a slight problem and 10 equal to death).*

- *Occurrence: Each potential failure is rated on a scale of 1 to 10 according to the likelihood that the failure will occur within a specified period of time (such as a year).*
- *Detection: Each potential failure is rated on a scale of 1 to 10 according to the likelihood that the problem will be detected before it occurs.*

14.

A patient's friend is visiting and expresses concern about the patient and asks for an update on the patient's prognosis. The CNS should:

provide a general update about the patient without going into detail.

tell the visitor it is not appropriate to ask for information about the patient.

tell the visitor the CNS cannot discuss the patient's condition.

deny knowledge of the patient's prognosis.

Explanation:

If a patient's friend is visiting and expresses concern about the patient and asks for an update on the patient's prognosis, the CNS should tell the visitor the CNS cannot discuss the patient's condition. Doing so would be a HIPAA violation. The CNS can only discuss a patient's condition with a parent/caregiver of a minor child, a spouse, or a person with the patient's power of attorney without permission from the patient.

15.

If a patient has suspected kidney disease, the test that will provide the *best* information about the renal function and the glomerular filtration rate is the:

BUN.

serum creatinine.

urinalysis.

creatinine clearance rate.

Explanation:

If a patient has suspected kidney disease, the test that will provide the best information about renal function and the glomerular filtration rate (GFR) is the serum creatinine. Serum creatinine levels only increase in the presence of renal impairment, so it is more sensitive than the blood urea nitrogen (BUN), which can also be used to estimate the GFR. The creatinine clearance rate shows how efficiently the kidneys remove creatinine from the blood, so if the serum creatinine increases, the creatinine clearance rate decreases.

16.

According to systems theory (Bertalanffy), the 5 elements of a system include (1) input, (2) throughput, (3) output, (4) evaluation, and (5):

improvement.

organization.

chaos.

feedback.

Explanation:

According to systems theory (Bertalanffy), the 5 elements of a system include:

- *Input: This is what goes into a system in terms of energy or materials.*
- *Throughput: These are the actions that take place in order to transform input.*
- *Output: This is the result of the interrelationship between input and processes.*
- *Evaluation: Monitoring success or failure.*
- *Feedback: This is information that results from the process and can be used to evaluate the end result.*

17.

An 18-year-old patient became angry at her parents and ingested 10,000 mg of extra-strength acetaminophen and was found by her mother 12 hours later. The patient was pale, nauseated, and diaphoretic but had not vomited. The CNS should recognize that the patient is at risk of:

renal failure.

liver failure.

intestinal obstruction.

GI bleeding.

Explanation:

If an 18-year-old patient ingested 10,000 mg of extra-strength acetaminophen and was found by her parents 12 hours later, pale, nauseated, and diaphoretic but without vomiting, the CNS should recognize that the patient is at risk of liver failure. The maximum dose for acetaminophen in 24 hours is 4,000 mg, and severe liver damage can occur at 7,000 mg. The chance for recovery is good if treatment is instituted within 8 hours of ingestion.

18.

The hospital administration has collected patient surveys to determine the needs that patients feel are most important. The next step in the quality improvement process should be to:

collect data regarding current status of these needs.

determine measurable outcomes.

develop a plan.

assemble a multidisciplinary team.

Explanation:

If the hospital administration has collected patient surveys to determine the needs that patients feel are most important, the next step in the quality improvement process should be to assemble a multidisciplinary team to review the results of the survey. Next, the team should collect data about the current status of these needs and determine measurable outcomes and quality indicators. Then, the team should select a plan, implement the plan, and collect data to evaluate outcomes.

19.

As part of clinical inquiry, the CNS is researching evidence-based practice. Which of the following is a free abstract database that does not require subscription and has many links to publisher's websites?

EMBASE.

EBSCO.

PubMed.

OVID.

Explanation:

If, as part of clinical inquiry, the CNS is researching evidence-based practice, PubMed is a free abstract database that does not require subscription and contains over 26 million citations for biomedical articles. PubMed includes Medline, which indexes over 5600 medical journals according to subject heading. While PubMed does not provide full-text articles, if these are available, PubMed provides a link. PubMed was developed by the National Center for Biotechnology Information (NCBI) at the US National Library of Medicine (NLM).

20.

If the CNS is newly hired at a healthcare organization and believes that there is a need for improvement, the first thing the CNS should assess is the:

workplace culture.

available resources.

knowledge base of staff.

administrative support.

Explanation:

If the CNS is newly hired at a healthcare organization and believes that there is a need for improvement, the first thing the CNS should assess is the workplace culture. The CNS should determine which members of the staff have the most influence over decisions and should determine the values, attitudes, and beliefs of the organization and staff and the degree to which the culture is receptive to change. Immediately proposing changes without first understanding the workplace culture may lead to discord and resistance.

21.

The CNS is encouraging team members to use the STAR approach to patient safety. The CNS explains that the STAR approach begins by:

safeguarding patients.

stopping to concentrate on tasks.

securing needed equipment/tools.

selecting appropriate tasks.

Explanation:

If the CNS is encouraging team members to use the STAR approach to patient safety, the CNS explains that the STAR approach includes the following steps:

S Stop to concentrate on the task at hand.

T Think about the best way to carry out the task.

A Act to accomplish the necessary task.

R Review the success of or problems with the task completion.

22.

The CNS is concerned that a number of patients have fallen and has convinced the administration to purchase additional lift equipment and assistive devices. The CNS's next step should be to:

post memos stating a zero tolerance for patient falls.

advise the staff members to use the equipment.

develop safety protocols for lifting/handling patients.

post directions for use of lift equipment and assistive devices.

Explanation:

If the CNS is concerned that a number of patients have fallen and has convinced the administration to purchase additional lift equipment and assistive devices, the CNS's next step should be to develop safety protocols for lifting/handling patients. The CNS should engage other staff members in this process of developing protocols so that they understand the rationale and benefits, and then train staff members so that they know how to use the equipment and to follow the protocols.

23.

If the CNS notes that a patient's BP has fallen precipitously and pulse rate has increased, but he or she fails to inform the patient's physician and the patient suffers permanent injury as a result, the element of malpractice that applies to the CNS is:

causation.

foreseeability.

breach of the duty owed.

duty owed to the patient.

Explanation:

If the CNS notes that a patient's BP has fallen precipitously and the pulse rate has increased but fails to inform the patient's physician and the patient suffers permanent injury as a result, the element of malpractice that applies to the CNS is breach of duty owed. Duty owed to the patient is usually established by employment records or agreements to provide care, and breach of duty owed to the patient occurs when a nurse who has a duty to care for a patient provides care that is below standard.

24.

Which of the following statements by a patient indicates that the CNS needs to provide education?

"I take all kinds of herbal medicines because I know they're always safe."

"I stopped eating grapefruit because it interacts with so many medications."

"I always try to look up the side effects of medicines I'm taking."

"I take acetaminophen for headache instead of NSAIDs or aspirin."

Explanation:

The statement by a patient that indicates that the CNS needs to provide education is: "I take all kinds of herbal medicines because I know they're always safe." The CNS should advise the patient that herbal medicines can interact with prescribed medicines, so the patient should always discuss herbal medicines with healthcare providers before taking them and be sure to follow directions regarding recommended dosages. Additionally, some herbal preparations can cause serious adverse effects.

25.

Which of the following minors may give valid informed consent?

A 17-year-old wanting a rhinoplasty for cosmetic purposes.

A 14-year-old giving consent for transfusions against parents' wishes.

A 15-year-old male who needs surgery for a fractured femur.

A 16-year-old married female.

Explanation:

Minors may give valid informed consent under only a few circumstances, including those who have been granted emancipation by the courts. The age of adult status is determined by the state and is generally 18. However, adult status is conferred on those who are legally married, regardless of age. In most states, minors can give informed consent for treatment for STDs, pregnancy, and substance abuse. Laws regarding the right to consent to abortion vary from state to state.

26.

If 2 members of the CNS's team have become embroiled in a conflict, which of the follow strategies is an example of the defensive mode of conflict management?

Assign the 2 members to different schedules.

Help the 2 members to arrive at a compromise.

Try to help the 2 members reach a consensus agreement.

Model effective conflict management.

Explanation:

If 2 members of the CNS's team have become embroiled in a conflict, an example of the defensive mode of conflict management would be if the CNS assigned the 2 members to different schedules. The defensive mode usually does not serve to solve the conflict but rather to avoid it. Compromise and problem solving are more effective, but if these fail, the defensive mode may be the only way to manage the destructiveness of the conflict.

27.

If the CNS discovers that a patient faces various problems in returning home after discharge, including lack of adequate income and impaired ability to prepare food, and refers the patient to a social worker for assistance, the type of power that the CNS is exhibiting is:

transformational power.

advocacy power.

affirmative power.

integrative power.

Explanation:

If the CNS discovers that a patient faces various problems in returning home after discharge, including lack of adequate income and impaired ability to prepare food, and refers the patient to a social worker for assistance, the type of power that the CNS is exhibiting is advocacy power because the CNS is assisting the patient to overcome obstacles. Integrative power helps the patient return to normal life. Transformational power helps patients transform their self-image. Affirmative power is the strength the CNS gains from caring for patients. Advocacy power is removing obstacles.

28.

Generally, the cultural context of patients from which of the following countries would be considered *low* context, that is the meaning comes explicitly from spoken or written words?

Russia.

China.

Japan.

Mexico.

Explanation:

Generally, the cultural context of a patient from Russia would be considered low context, that is the meaning comes from the explicit spoken or written words, as opposed to high context, where the meaning derives from the situation itself (context) and much is omitted from words. People from cultures with low context (including most Americans) tend to be more verbal in describing problems or concerns and have more concern for the individual as opposed to the group.

29.

When working with a diverse group of staff members, the CNS should recognize that the generational group that is most likely to look at duty in terms of personal needs, enjoy teamwork, and expect positive feedback is:

Silent Generation.

Baby Boomers.

Generation X.

Millennials.

Explanation:

When working with a diverse group of staff members, the CNS should recognize that the generational group that is most likely to look at duty in terms of personal needs, enjoy teamwork, and expect positive feedback despite the level of performance is the Millennials (also called Generation Y). This group was born between about 1980 and 2000, and its members have grown up as part of the digital world, often preferring information in small "bites."

30.

Considering the elements of a system and how it relates to health care, nursing services provided by the CNS would be considered part of:

inputs.

throughputs.

outputs.

feedback.

Explanation:

Considering the elements of a system and how it relates to health care, nursing services provided by the CNS would be considered part of throughputs. System elements include:

- *Inputs: Money, individuals, technology, resources.*
- *Throughputs: Processes and interactions, including nursing services.*
- *Outputs: Clinical outcomes.*

- *Feedback: Accreditation, regulations, malpractice suits, patient satisfaction, staff satisfaction.*

31.

If the CNS is in a management position and is basing management strategies on the contingency theory, the leadership style that the CNS would utilize would be:

dependent on the situation.

the same under all circumstances.

determined by consensus.

dictated by administration.

Explanation:

If the CNS is in a management position and is basing management strategies on the contingency theory, the leadership style that the CNS would utilize would be dependent on the situation. For example, in an emergency situation, the autocratic style of management may be more effective and allow for rapid decision making, while for other concerns, a more democratic or consultative management style may produce better results.

32.

The CNS has instituted staff rounding with a goal of meeting with each staff member at least once weekly. The purpose of staff rounding is to:

update staff members on changes and/or needs.

discuss the staff member's performance issues.

improve communication and support staff members' needs.

eliminate small problems before they become large.

Explanation:

If the CNS has instituted staff rounding with the goal of meeting with each staff member at least once weekly, the purpose of staff rounding is to improve communication and support staff member's needs. Typical questions include asking about what's working well, who should be recognized for good work, what needs improved, whether the staff member has needed tools, and equipment, and whether the person needs help. The overall goal is to improve staff satisfaction and reduce turnover.

33.

If the CNS wants to initiate a process of change in an organization, the CNS must realize that the first essential element of the change is the:

decision to bring about change.

understanding the process of change.

taking actions that lead to change.

belief in the possibility of change.

Explanation:

If the CNS wants to initiate a process of change in an organization, the CNS must realize that the first essential element of the change process is the belief in the possibility of change. Without this belief, staff members are not willing to put forth effort that they feel will be for nothing. Once the belief is present, then a decision can be made and actions taken to lead to change. The results of change should be evaluated, as this helps lead to an understanding of the entire change process.

34.

When reviewing staffing needs, the CNS finds that staff members' time is most impacted by answering patients' call lights and responding to their needs. Which of the following strategies is likely to be most effective for time saving?

Rounding on patients hourly.

Grouping patients by severity.

Reminding patients to use the call light only for medical needs.

Assigning one staff member to answer call lights.

Explanation:

If, when reviewing staffing needs, the CNS finds that staff members' time is most impacted by answering patients' call lights and responding to their needs, the strategy that is likely to be most effective for time saving is rounding on patients hourly. Rounding involves actually visiting each patient briefly to ask about and attend to needs, such as for pain control or toileting. Studies indicate that hourly rounding decreases call lights, falls, and pressure sores, and increases patient satisfaction.

35.

A 49-year-old man has severe chest pain radiating to the left shoulder and arm. Vital signs include BP 152/92 mm Hg, pulse rate of 96 bpm, and respiratory rate of 20 breaths/minute. Oxygen

saturation is 94% and temperature is 38°C (100.4°F). The patient is nauseated, and the skin is clammy. ECG shows anterior STEMI. Treatment priority should include:

beta-blocker.

ACE inhibitor.

oxygen.

ASA and nitrate.

Explanation:

If a 49-year-old man has severe chest pain radiating to left shoulder and arm, and vital signs include BP 152/92 mm Hg, pulse rate of 96 bpm, respiratory rate 20 breaths/minute, oxygen saturation 94%, and temperature 38°C (100.4°F), and he is nauseated, his skin is clammy, and his ECG shows anterior STEMI, the treatment priority should include aspirin (ASA) 324 mg and a nitrate sublingually every 5 minutes as needed up to 15 minutes. If the nitrate is ineffective in relieving pain, then morphine should be administered. Oxygen may be necessary, although oxygen saturation at 94% is only slightly outside normal parameters (95% to 100%).

36.

If an organization has instituted Individualized Patient Care and one of the patients tells the CNS that his idea of excellent care is “to be left in peace and quiet,” the CNS should:

tell staff members to leave the patient undisturbed.

limit visitors to brief visits only.

clarify what the patient means.

assume the patient is being sarcastic.

Explanation:

If an organization has instituted Individualized Patient Care and one of the patients tells the CNS that his idea of excellent care is "to be left in peace and quiet," the CNS should clarify what the patient means. It is possible the patient simply wants to take a nap or is expressing grief about being ill through anger or withdrawal, but the patient may also need to express feelings, and this presents an opportunity to encourage the patient to do so.

37.

If a patient is diagnosed with a non-Q-wave myocardial infarction, which of the following characteristics should the CNS anticipate?

Abnormal Q waves are evident on ECG.

Reperfusion will occur spontaneously.

Infarction will result in necrosis.

That the MI is transmural.

Explanation:

If a patient is diagnosed with a non-Q-wave myocardial infarction, the CNS should anticipate that reperfusion will occur spontaneously because the MI is rarely transmural and the infarction is usually small in size, with coronary occlusion occurring in only 20% to 30%. The ECG is characterized by ST depression. While mortality rates are only 2% to 3%, reinfarction frequently occurs. Peak creatine kinase (CK) levels occur in about 12 to 13 hours (compared with 27 hours for Q-wave MIs).

38.

A patient with immune thrombocytopenic purpura (ITP) has a platelet count of $70,000/\text{mm}^3$ and is scheduled for a breast biopsy. The CNS notifies the surgeon about the level and should expect the biopsy:

to be cancelled because of the low platelet count.

to be carried out after administration of a platelet transfusion.

to be carried out after administration of prednisone.

to be carried out without further treatment.

Explanation:

If a patient with immune thrombocytopenic purpura (ITP) has a platelet count of $70,000/\text{mm}^3$ and is scheduled for a breast biopsy, and the CNS notifies the surgeon about the level, the CNS should expect the biopsy to be carried out with further treatment. While normal values range from $150,000$ to $450,000/\text{mm}^3$, the critical value at which the risk of bleeding may occur is $50,000/\text{mm}^3$ but complex surgeries, such as cardiac surgery, may best be done at $100,000/\text{mm}^3$. Minor procedures may often safely be done at levels of $20,000$ to $30,000/\text{mm}^3$.

39.

A patient who developed polyarthralgia was recently diagnosed with systemic lupus erythematosus. When educating the patient about lifestyle changes, the CNS should plan to include:

dietary modifications.

weight loss and exercise regimens.

energy conservation and skin protection.

bowel care regimens.

Explanation:

If a patient who developed polyarthralgia was recently diagnosed with systemic lupus erythematosus, when educating the patient about lifestyle changes, the CNS should plan to include energy conservation and skin protection. Fatigue is a chronic problem, so the patient must learn to pace activities and schedule periods of rest. Patients must ensure skin integrity by avoiding exposure to the sun, inspecting skin routinely, and using sunscreens. Patients also require education regarding management of chronic pain through analgesic and non-analgesic means.

40.

The CNS should advise a patient who has had a gastrectomy to be monitored routinely for:

diabetes mellitus.

anemia.

hypertension.

heart disease.

Explanation:

The CNS should advise a patient who has had a gastrectomy to be monitored routinely for anemia. Patients are especially at risk of pernicious anemia because of a lack of or inadequate supply of intrinsic factor so that vitamin B₁₂ is not adequately absorbed. The decrease in gastric acid, which is needed to promote absorption of dietary iron by the intestines, can result

in iron deficiency anemia as well. Patients should also be advised of increased risk of osteoporosis because of impaired calcium absorption.

41.

The CNS has taught a patient's spouse to change the patient's dressing and to understand signs of both healing and infection. The *best* method to ensure that the patient's spouse is able to carry out the dressing change and monitor the wound is to ask for a:

written test.

verbal description of the procedure.

return demonstration.

follow-up wound assessment.

Explanation:

If the CNS has taught a patient's spouse to change the patient's dressing and to understand signs of both healing and infection, the best method to ensure that the patient's spouse is able to carry out the dressing change and monitor the wound is to ask for a return demonstration. The CNS should ask the spouse to change the dressing while the CNS observes and to "talk through" the steps during the procedure, including a description of the wound.

42.

An 18-year-old football player experienced blunt trauma to his left lower leg during a tackle. The patient was able to walk initially with no difficulty. The patient comes to the hospital about an hour later with severe pain and tightness in the lower leg as well as a sensation of burning. The lower leg is edematous and skin taut, although distal pulse is palpable and capillary refill time is within normal limits. The priority intervention should be to:

measure compartment pressure.

take an x-ray of the leg.

take CT of the leg.

apply ice packs and elevate the leg.

Explanation:

If an 18-year-old football player experienced blunt trauma to his left lower leg during a tackle and was able to walk initially with no difficulty but comes to the hospital about an hour later with severe pain and tightness in the lower leg, a sensation of burning, and the lower leg is edematous and skin taut, although distal pulse is palpable and capillary refill time is within normal limits, the priority intervention should be to measure compartment pressure to confirm compartment syndrome. Distal pulses and capillary refill time may remain intact until the damage is irreversible.

43.

A 32-year-old patient suffered carbon monoxide (CO) toxicity and is receiving 100% oxygen per nonrebreather mask. The patient should be maintained on 100% oxygen therapy until asymptomatic and the hemoglobin CO level falls to below:

20%.

10%.

5%.

2%.

Explanation:

If a 32-year-old patient suffered carbon monoxide (CO) toxicity and is receiving 100% oxygen per nonrebreather mask, the patient should be maintained on 100% oxygen therapy until she is asymptomatic and the hemoglobin CO level falls to below 10%. If the initial level was above 15%, the patient should be evaluated for cardiovascular complications. Patients with level of greater than 40% and pregnant patients with levels greater than 15% should be referred for hyperbaric treatment.

44.

An 80-year-old female patient who developed a urinary tract infection now has a temperature of 39°C (102.2°F), pulse of 108 bpm, respiratory rate of 26 breaths/minute, and white blood cell count of 15,000 with 12% bands. Blood cultures are pending. The CNS would classify the patient's stage of infection as:

systemic inflammatory response syndrome (SIRS).

severe sepsis.

septic shock.

sepsis.

Explanation:

If an 80-year-old female patient who developed a urinary tract infection now has a temperature of 39°C (102.2°F), heart rate of 108 bpm, respiration rate 26 breaths/minute, and white blood count of 15,000 with 12% band with blood cultures pending, the CNS would classify the patient's stage of infection as systemic inflammatory response syndrome (SIRS). The condition is reclassified as sepsis when confirmed by culture. Severe sepsis is a progression with organ dysfunction, hypotension, or hypoperfusion, and septic shock includes both hypotension

(despite resuscitation efforts) plus hypoperfusion. Multiorgan dysfunction syndrome (MODS) is progressive failure of 2 or more organ systems.

45.

If a 73-year-old patient is admitted from a residential care facility with a coccygeal pressure ulcer that is 6 cm by 4 cm and extends to the muscle and is partially covered with black necrotic tissue, the CNS would classify the pressure ulcer with NPUAP staging as:

stage 1.

stage 2.

stage 3.

stage 4.

Explanation:

If a 73-year-old patient has a 6 cm by 4 cm coccygeal pressure ulcer that extends to the muscle and is partially covered with black necrotic tissue, the CNS would classify the pressure ulcer as stage IV. Stages:

NPUAP Pressure Ulcer Classification

Suspected Blood blister, discolored skin, pain, texture change, or temperature change.

Stage I Localized non-blanching reddened area.

Stage II Partial thickness skin loss involving epidermis and dermis; abrasion/blistered appearance.

Stage III Exposure of subcutaneous tissue, but not of muscle or bone.

Stage IV Extends to muscle, bone, tendons, or joints with extensive damage and necrosis.

Unstageable Slough and/or eschar in wound makes staging impossible until debridement.

46.

If a 64-year-old female patient has persistent overflow incontinence, the treatment that the CNS should recommend is:

urinary diversion.

Foley catheter.

intermittent catheterization.

protective pads.

Explanation:

If a 64-year-old female patient has persistent overflow incontinence resulting from an areflexic detrusor muscle, the treatment that the CNS should recommend is intermittent catheterization if the patient is able to carry out the procedure. A Foley catheter may be inserted but increases the risk of infection because colonization of bacteria usually occurs within 14 days. A Foley catheter should be routinely changed at least once monthly as encrustations may cause blockage and bladder spasms.

47.

A patient involved in a motorcycle accident fractured the right tibia and fibula and has a new plaster cast that is still damp. The patient says that the cast feels "hot." The CNS should understand that this likely indicates:

infection.

bleeding.

circulatory impairment.

normal sensation.

Explanation:

If a patient involved in a motorcycle accident fractured the right tibia and fibula, has a new plaster case that is still damp, and says that the cast feels "hot," the CNS should understand that this likely indicates normal sensation from the heat radiating from the skin. The patient should be cautioned to keep the cast uncovered during the drying process so that air can circulate. The patient should be turned at least every 2 hours so that new areas of the cast are exposed and the cast dries evenly.

48.

The CNS intends to implement a new procedure in the delivery of patient care, understanding that the biggest threat to implementation of change is usually:

staff resistance.

lack of adequate preparation.

poor change design.

insufficient supporting data.

Explanation:

If the CNS intends to implement a new procedure in the delivery of patient care, the CNS should understand that the biggest threat to implementation of change is usually staff resistance. For this reason, it is important for the CNS to obtain "buy in" as part of preparation and to identify and recruit key individuals who are likely to influence others to promote change. Staff resistance can be passive (lack of enthusiasm, complaining) or active (refusing to participate, undermining efforts).

49.

The stages of team development include (1) forming, (2) storming, (3) norming, (4) _____, and (5) mourning. The fourth stage is:

producing.

completing.

accepting.

performing.

Explanation:

Performing. The 4 stages of team development include:

- 1. Forming: Leader is most active. Characteristics include anxiety, testing, and excitement.*
- 2. Storming: Opinions begin to diverge. Characteristics include stress, resistance, and competitiveness.*
- 3. Norming: Members feel positive toward each other and identify with the group. Characteristics include satisfaction, trust, mutual respect, and shared decision making.*
- 4. Performing: Leader's role decreases. Characteristics include optimism and confidence.*
- 5. Mourning: Members feel sad when group process ends or members leave the group.*

50.

Which of the following countertransference reactions is the CNS exhibiting if the CNS comes to work early to see a patient who reminds her of her mother, brings the patient small gifts, and is judgmental about the patient's family members' actions?

Rescue.

Misuse of honesty.

Over-involvement.

Over-identification.

Explanation:

If the CNS comes to work early to see a patient who reminds her of her mother, brings the patient small gifts, and is judgmental about the patient's family members' actions, the CNS is exhibiting the countertransference reaction of over-involvement. Countertransference is the inappropriate (and often unconscious) transfer of feelings and behaviors from a person in the CNS's life onto a patient. Countertransference interferes with the therapeutic relationship and disempowers the patient.

51.

A patient with osteomyelitis has not responded adequately to IV antibiotics and is to continue with oral ciprofloxacin after discharge. The patient asks the CNS how progress toward healing will be monitored. The CNS should advise the patient that osteomyelitis is usually monitored with:

bone x-rays.

CBC and bone biopsy.

bone biopsy and erythrocyte sedimentation rate (ESR).

bone scans/MRI and ESR.

Explanation:

If a patient with osteomyelitis has not responded adequately to IV antibiotics and is to continue with oral ciprofloxacin after discharge, and the patient asks the CNS how progress toward healing will be monitored, the CNS should advise the patient that osteomyelitis is usually monitored with periodic bone scans (such as CT scans) or MRI and the erythrocyte sedimentation rate (ESR). Bone x-rays will not show the extent of soft tissue involvement.

52.

A patient has a temporary external transcutaneous pacemaker in place for bradycardia. After the CNS has adjusted the pacemaker rate setting and identified the pacing threshold, the output setting should be set at:

equal to the measured threshold.

2 to 3 times the measured threshold.

3 to 4 times the measured threshold.

4 to 5 times the measured threshold.

Explanation:

If a patient has a temporary external transcutaneous pacemaker in place for bradycardia and the CNS has adjusted the pacemaker rate setting and identified the pacing threshold, the output setting should be set at 2 to 3 times the measured threshold because thresholds often vary over time. When determining the pacing threshold, the CNS should begin by increasing the rate

setting so that the patient is 100% paced and then decreasing the setting until capture is lost and increasing slowly again until recapture occurs.

53.

The CNS is caring for a patient with kidney failure. The patient's GFR has been falling and is 28 ml/min/1.73 m². At what GFR should the CNS expect that the patient will need to begin renal replacement therapy?

< 30 mL/min/1.73 m².

< 25 mL/min/1.73 m².

< 20 mL/min/1.73 m².

< 15 mL/min/1.73 m².

Explanation:

If the CNS is caring for a patient with kidney failure and a falling GFR of 28 mL/min/1.73 m², the CNS should recognize that the patient is at stage 3 and will need renal replacement therapy when the GFR is less than 15 mL/min/1.73 m². Stages:

1. GFR > 90 mL/min/1.73 m². Usually asymptomatic.
2. GFR 60 to 89 mL/min/1.73 m². Mild anemia/electrolyte imbalances.
3. GFR 30 to 59 mL/min/1.73 m². Increasing fatigue, anemia, fluid retention, and blood pressure.
4. GFR 15 to 29 mL/min/1.73 m². Profound disease.
5. GFR < 15 mL/min/1.73 m². Kidney failure.

54.

A patient with a history of aggression begins swearing and pacing back and forth, shouting, "You can't make me stay here!" The *best initial* response from the CNS is to:

Speak calmly and quietly to the patient.

tell the patient this behavior is inappropriate.

leave the room.

call security to restrain the patient.

Explanation:

If a patient with a history of aggression begins swearing and pacing back and forth, yelling, "You can't make me stay here!" the best initial response from the CNS is to speak calmly and quietly to the patient. The CNS should remain in control and avoid reactions that suggest fear or anger. The nurse should stand if sitting but avoid moving aggressively toward the patient but should move toward the door if the situation appears to be escalating and it is safe to do so.

55.

 graphic for question

If the CNS is monitoring the waveform during insertion of a pulmonary artery catheter and observes this waveform, the CNS should recognize it as the:

right atrial waveform.


right ventricular waveform.

pulmonary arterial waveform.

pulmonary artery occlusion (wedge) waveform.

Explanation:

If the CNS is monitoring the waveform during insertion of a pulmonary artery catheter and observes the waveform in the graphic, the CNS should recognize it as the right ventricular waveform. The first visible waveform during insertion is the right atrial waveform, indicating the catheter has advanced into the right atrium. This is followed by the right ventricular waveform and then the pulmonary artery waveform. Once the balloon is inflated in the pulmonary artery and advanced to wedge position, the pulmonary artery occlusion waveform should be evident.

 graphic for question

56.

A patient who reports having the “flu” with 3 days of nausea, vomiting, diarrhea with watery stools, and inability to eat or drink anything excepts sips of ginger ale has vital signs of BP 106/82 mm Hg, pulse rate of 90 bpm, and respiratory rate of 24 breaths/minute. Urine specific gravity is 1.036 and serum sodium is 152 mEq/L (152 mmol/L). Serum potassium is 3.1 mEq/L. The CNS should note that the patient’s priority treatment is for:

hypokalemia only.

deficient fluid volume only.

hyponatremia and hypokalemia.

deficient fluid volume and hypokalemia.

Explanation:

A patient who reports having the “flu” with 3 days of nausea, vomiting, diarrhea with watery stools, and inability to eat or drink anything excepts sips of ginger ale has vital signs of BP 106/82 mm Hg, pulse rate of 90 bpm, respiratory rate of 24 breaths/minute, urine specific gravity of 1.036, serum sodium 152 mEq/L (152 mmol/L), and serum potassium of 3.1 mEq/L

(3.1 mmol/L). The patient's priority treatment is for IV fluids for deficient fluid volume and potassium for hypokalemia. Deficient fluid volume is consistent with hypernatremia (normal value 135 to 145 mEq/L) and increased specific gravity (normal value 1.005 to 1.03). Hypokalemia (normal value 3.5 to 5.3 mEq/L) requires treatment to prevent cardiac abnormalities.

57.

The CNS is working on a unit that has been understaffed. One of the nurses on the unit states that his blood pressure has increased because he dreads coming to work and feels that the organization does not value nurses or care about patients and that nothing will change. The CNS should recognize that the nurse is most at risk for:

workplace violence.

burnout.

accidental injury.

negligent patient care.

Explanation:

If the CNS is working on a unit that has been understaffed and one of the nurses on the unit states that his blood pressure has increased because he dreads coming to work and feels that the organization does not value nurses or care about patients and that nothing will change, the CNS should recognize that the nurse is most at risk for burnout. Stages of stress include:

- 1. Fight or flight response.*
- 2. Emotional reaction: anger, shock, surprise.*
- 3. Negative thinking.*
- 4. Physical reaction.*
- 5. No change in stressor or person.*
- 6. Burnout.*

58.

A patient with weakness and ascending paralysis reports that he began experiencing symptoms, including tingling and numbness in the lower extremities, a few days before hospitalization. The peripheral reflexes are absent, and the patient is increasingly dyspneic. The patient is diagnosed with Guillain-Barré syndrome and placed on mechanical ventilation. A priority intervention would be:

antibiotic therapy.

antiviral therapy.

high-dose immunoglobulin.

corticosteroids.

Explanation:

If a patient with Guillain-Barré syndrome is hospitalized and placed on mechanical ventilation because of ascending paralysis and increasing dyspnea, the priority intervention should be high-dose immunoglobulin. The immunoglobulin helps to fight the infection. An alternate treatment is plasmapheresis, which is more complicated but equally effective. No advantage has been found from using both treatments. With severe paralysis, patients may require mechanical ventilation until paralysis recedes and may have permanent neurological impairment. Steroids may worsen the condition, and antibiotics and antivirals are ineffective.

59.

The CNS overhears another nurse complaining that an adult female Hmong patient is subservient and dependent because she allows her father to make decisions about her health care and that the nurse tried without success to convince the patient to make her own decisions. This type of intervention would *best* be described as:

ethnocentrism.

cultural imposition.

stereotyping.

cultural competence.

Explanation:

If the CNS overhears another nurse complaining that an adult female Hmong patient is subservient and dependent because she allows her father to make decisions about her health care and that the nurse tried without success to convince the patient to make her own decisions, this type of intervention would best be described as cultural imposition. The nurse is trying to impose a cultural norm that is different from that of the patient. In the Hmong community, the eldest male in the family is usually the one to make decisions, and this is a respected tradition.

60.

When the CNS is assessing a patient with neurological injury, which of the following indicates an upper motor neuron lesion?

Muscle spasticity.

Muscle flaccidity.

Muscle atrophy.

Absent reflexes.

Explanation:

When the CNS is assessing a patient with neurological injury, an upper motor neuron lesion is indicated by muscle spasticity. Other indications include hyperactive reflexes, loss of voluntary muscle control, and increased muscle tone but no evidence of muscle atrophy. However, with a lower motor neuron lesion, while the patient also lacks voluntary muscle control, decreased muscle tone and muscle flaccidity as well as decreased or absent reflexes and atrophy of muscles are also exhibited.

61.

A patient who experienced tonic-clonic seizures is newly diagnosed with epilepsy and has started on anti-seizure medication. When the CNS is educating the patient about the disease, the most important advice is to:

avoid all exercise.

tell all family, friends, and associates about the diagnosis.

follow a healthy lifestyle.

never stop taking the medication abruptly.

Explanation:

If a patient who experienced tonic-clonic seizures is newly diagnosed with epilepsy and has started antiseizure medication, when the CNS is educating the patient about the disease, the most important advice is to never stop taking the medication abruptly as this can trigger status epilepticus, which is life-threatening. The patient should be advised to consult the physician if unable to take medication for any reason, such as illness. The patient should exercise in moderation, avoid excessive heat, and try to distinguish triggers and auras related to seizures to better manage the disorder.

62.

If the CNS is working the night shift and finds it increasingly difficult to stay awake during the night, the *best* way to ensure the CNS is alert during the night is to:

sleep immediately after the end of the night shift.

sleep immediately before beginning the night shift.

take short naps during break time.

drink highly caffeinated liquids.

Explanation:

If the CNS is working the night shift and finds it increasingly difficult to stay awake during the night, the best way to ensure the CNS is alert during the night is to sleep immediately before beginning the night shift. If it is not possible to schedule a long period of sleep at this time, then the CNS should try to nap for at least 2 hours before going to work. Lack of sleep and tiredness are safety issues because the CNS may have impaired cognition as a result of fatigue.

63.

If a 25-year-old patient's BMI is 17.5 and the albumin level is normal at 3.8 g/dL (38 g/L) (normal value 3.5 to 5.5 g/dL or 35 to 55 g/L) and prealbumin shows moderate deficiency of 6 mg/dL (60 mg/L) (normal 16 to 40 mg/dL or 160 to 400 mg/L), these findings suggest:

long-term protein malnutrition.

short-term protein malnutrition.

adequate protein but inadequate calories.

adequate calories but inadequate protein.

Explanation:

If a 25-year-old patient's BMI is 17.5 (normal 18.5 to 24.9), the patient is underweight and likely lacks adequate caloric intake. The patient's albumin level is within normal limits at 3.8 g/dL (38 g/L), reflecting adequate long-term protein intake; however, the prealbumin level is low at 6 mg/dL (60 mg/L) (normal 16 to 40 mg/dL [160 to 400 mg/L]). Prealbumin has a half-life of 2 to 3 days (compared with 18 to 20 for albumin), so it reflects acute (short-term) protein malnutrition.

64.

If a patient with acute appendicitis awaiting surgery has pain despite analgesia, a non-analgesic measure that may help to alleviate discomfort is:

bending the right knee.

turning onto the left side.

lying in flat, supine position.

applying a heating pad to the abdomen.

Explanation:

If a patient with acute appendicitis awaiting surgery has pain despite analgesia, the position that may help to alleviate discomfort is bending the right knee to relieve tension on the abdominal muscles. However, if the knee is elevated against pressure, this causes tensing of the psoas muscle that is near the appendix and increases pain. Heating pads should be avoided as they may increase the risk of rupture of the appendix.

65.

In evaluating research as part of the development of evidence-based practice guidelines, the four evaluative/trustworthiness criteria are (1) credibility, (2) dependability, (3) transferability, and (4):

controllability.

applicability.

accountability.

confirmability.

Explanation:

Confirmability. In evaluating research as part of the development of evidence-based practice guidelines, the 4 evaluative/trustworthiness criteria are:

- *Credibility: Documentation supports accuracy and validity.*
- *Dependability: Evidence shows how conclusions are reached and whether others should expect to reach the same conclusions.*
- *Transferability: The extent to which the results can apply to others in similar situations.*
- *Confirmability: The data are clear and show how conclusions are reached.*

66.

A patient who works in a daycare center and handles food is diagnosed with hepatitis A after developing flu-like symptoms. How long prior to onset of symptoms was the patient likely contagious?

1 week.

2 weeks.

4 weeks.

8 weeks.

Explanation:

If a patient who works in a daycare center and handles food is diagnosed with hepatitis A after developing flu-like symptoms, the patient was likely contagious for 2 weeks prior to onset of symptoms. The patient may remain contagious for 1 to 2 weeks after onset as well. Hepatitis A is primarily spread through the fecal-oral route, although the virus is present in the blood for a short period of time.

67.

A 66-year-old male patient has increasing abdominal pain and has been passing 3 to 4 sticky, black, foul-smelling stools for 3 to 4 days. The patient's vital signs are BP 116/78 mm Hg supine, pulse rate 112 bpm, respiratory rate of 22 breaths/minute, and temperature 37°C (98.6°F). Standing BP dropped to 88/58 mm Hg, and the patient experienced dizziness. The patient's hemoglobin is 9.2 mg/dL (92 mmol/L), hematocrit 28%, MCV 90 fL, and BUN 46 mg/dL (16.4 mmol/L). Based on these observations, the CNS should suspect:

iron deficiency anemia and intestinal perforation.

hemolytic anemia and gastritis.

iron deficiency anemia and upper GI bleeding.

iron deficiency anemia and lower GI bleeding.

Explanation:

A 66-year-old male patient has increasing abdominal pain and has been passing 3 to 4 sticky, black, foul-smelling stools for 3 to 4 days. His vital signs are 116/78 mm Hg supine, pulse rate

112 bpm, respiratory rate 22 breaths/minute, and temperature 37°C (98.6°F), while standing BP dropped to 88/58 mm Hg with dizziness, and hemoglobin is 9.2 mg/dL (92 mmol/L), hematocrit 28%, mean corpuscular volume (MCV) 90 fL, and BUN 46 mg/dL (16.4 mmol/L), the CNS should suspect iron deficiency anemia with upper GI bleeding. The anemia occurs from blood loss (low hemoglobin and hematocrit with normal MCV) and the melena is from blood in the upper GI tract that is exposed to digestive enzymes. The elevated BUN reflects absorption of blood.

68.

As team leader, the CNS must work collaboratively with a number of team members. When the CNS is delegating a task, the delegation process should begin with:

specific timeline for completion of the task.

identification of necessary resources.

identification of priorities.

the task to be delegated and the expected outcomes.

Explanation:

When the CNS is delegating a task, the delegation process should begin with the task to be delegated and the expected outcomes. The CNS should identify priorities if a number of steps or tasks are involved and advise the other team members of monitoring that the CNS may carry out as well as any specific time frame that may be necessary for completion of the task. The team members should be aware of reporting parameters, such as critical information that must be reported immediately.

69.

A patient with multiple sclerosis tells the nurse that she is upset that she can no longer continue her employment because her job is too physically demanding and she is concerned about how she will

support herself. Which of the following responses focuses on problem solving as a response to stress?

"What plans do you have for finding a new job?"

"You might be eligible for public assistance."

"I'm sure there is other work you can do."

"I can see how upsetting that is for you."

Explanation:

If a patient with multiple sclerosis tells the nurse that she is upset that she can no longer continue her employment because her job is too physically demanding and is concerned about how she will support herself, the response that focuses on problem solving as a response to stress is, "What plans do you have for finding a new job?" This response does not suggest a solution, such as public assistance, but indirectly suggests that the patient can take control to solve the problem.

70.

A patient who recently returned from serving in the military in the Middle East is hospitalized with post-traumatic stress disorder. The patient has recurring flashbacks and nightmares and is constantly vigilant and anxious. The patient tells the CNS repeatedly that he should have died with his friends. Which of the following is the *most appropriate* response?

"You have a lot to live for."

"You won't always feel that way, I'm sure."

"Why do you feel that way?"

"Are you thinking about killing yourself?"

Explanation:

If a patient recently returned from serving in the military in the Middle East is hospitalized with post-traumatic stress disorder and has recurring flashbacks and nightmares and is constantly vigilant and anxious, telling the CNS repeatedly that he should have died with his friends, the most appropriate response is, "Are you thinking about killing yourself?" When a patient gives clues about suicidal ideation, it is the CNS's responsibility to address the issue with the patient, and patients often want to talk about their feelings.

71.

The CNS is screening patients for referral to a case manager. Which of the following patients is *most likely to benefit from case management?*

An 18-year-old patient with second-degree burns on the hands.

A 62-year-old patient with repeated hospitalizations for COPD and diabetes.

A 38-year-old patient post-mastectomy for breast cancer.

A 52-year old patient post knee replacement.

Explanation:

If the CNS is screening patients for referral to a case manager, the patient that is most likely to benefit from case management is the 62-year-old patient with repeated hospitalizations from COPD and diabetes. Criteria for case management include patients with severe chronic illness and comorbidities, especially those with a history of repeated hospitalizations or

noncompliance with treatment and those who are elderly, disabled, or impaired and lack an adequate support system.

72.

The CNS is supervising a novice nurse. Which of the following actions by the nurse should cause the CNS to intervene?

The nurse works more slowly than more experienced nurses.

The nurse frequently asks for advice about care planning.

The nurse administers medications without checking patient IDs.

The nurse checks the procedure manual before carrying out procedures.

Explanation:

If the CNS is supervising a novice nurse, the action by the nurse that should cause the CNS to intervene is if the nurse administers medications without checking patient IDs. The nurse must check 2 forms of identification (such as by asking the name or birthdate and verifying the ID name and number) every time medication or treatment is administered even if the nurse is familiar with the patient. The purpose is to ensure that the correct medication/treatment is being administered to the correct patient.

73.

When the CNS is researching evidence-based practice, which research design provides the *best* information about cause and effect relationships?

One group, post-test only.

Crossover/Counterbalancing.

Descriptive.

Randomized controlled trials.

Explanation:

When the CNS is researching evidence-based practice, the research design that provides the best information about cause and effect relationships is one that utilizes randomized controlled trials (RCT). Randomized controlled trials are designs used in quantitative research. A systematic review of multiple RCTs that have homogeneity (agreement) is the strongest evidence that an intervention will bring about positive and expected outcomes. When researching, the CNS must consider both the clinical significance of the findings and statistical significance.

74.

The CNS is teaching a patient with amyotrophic lateral sclerosis (ALS) to manage the disease. Which of the following is an example of the CNS using the tool of *negotiating*?

CNS presents the pros and cons of treatment.

CNS utilizes motivational interviewing.

CNS helps patient to obtain information.

CNS conducts follow-up with patient.

Explanation:

If the CNS is teaching a patient with amyotrophic lateral sclerosis (ALS) to manage the disease, an example of the CNS using the tool of negotiating is when the CNS presents the pros and cons of treatment. The purpose of negotiating is to help the patient to choose the best course of action through provision of information and clear explanations while respecting the wishes and needs of the patient. Other tools the CNS can utilize include coaching (helping patients obtain information needed to manage their own care) and motivating (using strategies, such as motivational interviewing to encourage participation).

75.

The CNS is preparing patient education materials as part of a series of health classes being offered to patients with chronic illness. When developing instructional materials, the 3 major components that the CNS must consider are the:

cost, time, and effort.

delivery system, content, and presentation.

simplicity, effectiveness, and content.

cost, delivery system, and content.

Explanation:

If the CNS is preparing patient education materials as part of a series of health classes being offered to patients with chronic illness, when developing instructional materials, the 3 major components that the CNS must consider are the:

- *Delivery system: paper, computer, audio, visual, slide show, video*
- *Content: Information that is to be communicated.*
- *Presentation: The manner in which the information is presented, from concrete (realia) to abstract (symbolic representation).*

76.

The CNS has proposed use of the SBAR format for hand-off communication but is encountering resistance from long-time staff members who dislike change. The *best* method of dealing with resistance is to:

ignore the complaints.

inform resistant staff members that they are impeding process.

encourage staff to express opinions and discuss concerns.

propose a vote regarding the use of SBAR.

Explanation:

If the CNS has proposed use of the SBAR (Situation-Background-Assessment-Recommendation) format for hand-off communication but is encountering resistance from long-time staff members who dislike change, the best method of dealing with resistance is to encourage staff members to express opinions and discuss concerns. The CNS should answer any questions, provide evidence of benefit, and respond to misperceptions. When change is evidence based and in the best interests of patients, leadership may require change without voting.

77.

The CNS is giving an interview to a reporter of a local newspaper about a community health prevention program that the CNS is spearheading. The CNS should:

avoid scientific jargon.

suggest a story angle.

ask for a prepublication copy of article.

discuss only positive aspects of the program.

Explanation:

If the CNS is giving an interview to a reporter of a local newspaper about a community health prevention program that the CNS is spearheading, the CNS should avoid scientific jargon and define any medical terms as they occur rather than waiting for the reporter to ask for definitions. The CNS should not suggest a story angle or ask for a prepublication, and should discuss positive aspects of the program but should also include any negative aspects or concerns.

78.

A patient with dilated cardiomyopathy is on the transplant list for a heart but none has become available. The patient's ejection fraction has fallen to 22%, and the patient's functional ability is markedly decreased. The CNS recognizes that the patient may benefit most from a(n):

pacemaker.

LVAD.

IABP.

ICD.

Explanation:

If a patient with dilated cardiomyopathy is on the transplant list for a heart but none has become available, the patient's ejection fraction has fallen to 22%, and the patient's functional ability is markedly decreased, the CNS should recognize that the patient may benefit most from a left ventricular assist device (LVAD). The LVAD is usually implanted in patients whose ejection

fraction is below 25% (normal values range from 55% to 65%). The LVAD augments the heart's ability to pump blood and can be used as a bridge to transplant or as destination treatment for those who are not candidates for transplant.

79.

The CNS walks by a patient's room and notes that the patient's upper side rails are elevated and the patient's bed is in high position while the patient is unattended. The CNS should lower the bed and:

discuss safety issues with staff members.

determine who left the bed in high position.

notify the supervisor.

take no further action.

Explanation:

If the CNS walks by a patient's room and notes that the patient's upper side rails are elevated and the patient's bed in high position while the patient is unattended, the CNS should lower the bed, immediately resolving the safety issue, and discuss safety issues with staff members, including the importance of keeping beds in the low position unless actively caring for the patient. This type of safety issue is rarely intentional, so trying to assign blame serves little useful purpose.

80.

When analyzing data as part of clinical research, the CNS includes only those cases that relate specifically to the requirement of the measurement and excludes cases that are similar but associated with a different population in order to decrease the number of false positive. The issue that the CNS is addressing is:

sensitivity.

reliability.

specificity.

validity.

Explanation:

If, when analyzing data as part of clinical research, the CNS includes only those cases that relate specifically to the requirement of the measurement and exclude cases that are similar but associated with a different population in order to decrease the number of false-positives, the issue that the CNS is addressing is specificity. Sensitivity requires data that include all positive cases. Reliability requires that results be reproducible. Validity means that the results can be used to predict because the data and results measure the target adequately.

81.

According to NANDA guidelines, which of the following is an example of a problem-focused nursing diagnosis?

Risk of aspiration as evidenced by dysphagia and impaired cough reflex.

Risk of DVT as evidenced by immobility and peripheral edema.

Readiness for discharge as evidenced by independence in self-care.

Pain related to abdominal incision with inflammation (erythema, edema) as evidenced by

verbalization of pain, guarding, and social withdrawal.

Explanation:

According to NANDA guidelines, an example of a problem-focused nursing diagnosis is: Pain related to abdominal incision with inflammation (erythema, edema) as evidenced by verbalization of pain, guarding, and social withdrawal. This is a 3-part nursing diagnosis that follows the PES format: **P**roblem, **E**tiology, and **S**igns and symptoms. Examples of risk-focused diagnoses are: Risk for aspiration as evidenced by dysphagia and impaired cough reflex AND Risk for DVT as evidenced by immobility and peripheral edema. An example of a health promotion nursing diagnosis is: Readiness for discharge as evidenced by independence in self-care.

82.

A patient with chronic low back pain states he wants to try complementary therapy to relieve pain as medications have been ineffective and asks CNS which of the therapies are likely to relieve discomfort. The CNS should reply that therapy that has documented effectiveness is:

acupuncture.

herbal medicines.

homeopathic medicines.

healing touch.

Explanation:

If a patient with chronic low back pain states he wants to try complementary therapy to relieve pain because medications have been ineffective and asks the CNS which of the therapies are likely to relieve discomfort, the CNS should reply that the therapy that has documented effectiveness is acupuncture. Acupuncture appears to stimulate the production of endorphins.

Acupuncture is generally safe and has no adverse effects if done by an experienced practitioner. There is little discomfort involved in treatment.

83.

Which of the following is the most important factor in determining whether an event is a stressor to a patient?

Patient's education.

Patient age.

Patient's perception.

Patient's support system.

Explanation:

The most important factor in determining whether an event is a stressor to a patient is the patient's perception. For example, if 2 patients have kidneys removed for cancer and both are stage I, one patient may be relieved that the stage is low and feel very positive about recovery while the second patient may be overwhelmed with anxiety and fear at the thought of any cancer and may obsess over the possibility of recurrence.

84.

If a CNS was exposed to tuberculosis at work and developed active pulmonary TB, the CNS must be excluded from work until treatment is completed OR:

1 sputum test is negative.

2 sputum tests are negative.

3 sputum tests are negative.

4 sputum tests are negative.

Explanation:

If a CNS was exposed to tuberculosis at work and developed active pulmonary TB, the CNS must be excluded from work until treatment is completed OR 3 sputum tests are negative. Most work-related cases result from delayed diagnosis of infected patients. When a healthcare worker becomes infected, all those at risk (including nurses, physicians, therapists, volunteers, and housekeeping staff) must be tested as well as patients to whom infected staff members may have passed the infection.

85.

If the CNS hears a patient's physician complaining that a patient is "difficult and impatient," and the CNS tells the physician that the patient is very frightened and acting defensively, the aspect of care that the nurse is exhibiting is:

advocacy.

patient equality.

human dignity preservation.

caring practice.

Explanation:

If the CNS hears a patient's physician complaining that a patient is "difficult and impatient," and the CNS tells the physician that the patient is very frightened and acting defensively, the aspect of care that the nurse is exhibiting is advocacy. The nurse is speaking up in defense of the patient and acting for the patient's benefit in trying to help the physician have a more balanced view of the patient's behavior.

86.

Which of the following is a realistic goal for the CNS to include in the care plan of a patient with diabetes mellitus?

A1c < 5%.

A1c < 7%.

Preprandial glucose of 60 to 100 mg/dL.

Postprandial glucose of < 120 mg/dL.

Explanation:

A realistic goal to be included in the care plan of a patient with diabetes mellitus is A1c of less than 7%. Other goals should include maintaining a preprandial glucose level of 70 to 130 mg/dL (3.9 to 7.2 mmol/L) and a peak postprandial glucose level of less than 180 mg/dL (10 mmol/L). While these goals are ideal, they may need to be modified for the individual patient, depending on the severity of diabetes, comorbidities, age, and other factors.

87.

A patient newly diagnosed with tuberculosis is taking isoniazid (INH). Which vitamin should the CNS advise the patient to take prevent peripheral neuropathy?

Vitamin C.

Vitamin A.

Vitamin B6 (pyridoxine).

Vitamin B12 (cobalamin).

Explanation:

A patient newly diagnosed with tuberculosis and taking isoniazid (INH) should take vitamin B₆ (pyridoxine) with the INH to prevent peripheral neuropathy. The patient should be advised to take medications exactly as prescribed and to avoid alcoholic beverages during treatment. The patient should also have a good understanding of adverse effects associated with anti-tubercular treatment and advise healthcare providers of any other medications the patient is prescribed or taking because of possible drug interactions.

88.

According to his son, a 70-year-old man whose wife died 6 months earlier appeared to grieve little and manage well after her death, resuming an active social life, but has become increasingly withdrawn in the past month, eating and sleeping poorly and wandering the house at night. The patient is hospitalized with depression. Which of the following is a priority intervention for the CNS?

Encourage the patient to think about the future.

Encourage the patient to talk about his wife and her death.

Encourage the patient to eat nutritious meals.

Encourage the patient to establish a sleeping schedule.

Explanation:

If, according to his son, a 70-year-old man whose wife died 6 months earlier appeared to grieve little and manage well after her death, resuming an active social life, but has become increasingly withdrawn in the past month, eating and sleeping poorly and wandering the house at night, resulting in hospitalization for depression, the priority intervention for the CNS should be to encourage the patient to talk about his wife and her death. The patient is likely having a delayed grief response and dysfunctional grieving.

89.

If the CNS is promoting evidence-based practice and using the PICOT format to pose a clinical question, the CNS would first focus on:

personal interests.

philosophy of care.

placement of resources.

patient population.

Explanation:

If the CNS is promoting evidence-based practice and using the PICOT format to pose a clinical question, the CNS would first focus on the patient population. PICOT:

PICOT format

Patient population

What is the target population (adults, children, homeless) or setting (home care, inpatient, outpatient)?

Intervention/Area of interest

What is the potential intervention?

Comparison

What are other interventions?

Outcome

What are strategies for measuring outcomes?

Time

What is the time frame for intervention?

90.

A patient being treated for endocarditis has developed sudden onset of hematuria. The CNS should alert the physician regarding possible:

renal embolization.

urinary tract infection.

drug reaction.

bladder hemorrhage.

Explanation:

If a patient being treated for endocarditis has developed sudden onset of hematuria, the CNS should alert the physician regarding possible renal embolization. Embolization is a high risk during the first 3 months of treatment and may result in stroke, pulmonary embolus, and splenic embolization as well as renal embolization. Endocarditis can result from bacteremia, transient or chronic, and may occur in patients who are IV drug users or those with prosthetic heart disease, rheumatic heart disease, mitral valve prolapse, and other cardiac abnormalities.

91.

A volunteer who is a native speaker of the language of a priority population translated health education program materials for the CNS without being asked. Before utilizing the materials, the CNS should:

assume the materials are translated correctly.

verify the translations with a professional translator.

ask English speakers among the priority population to check translation.

assume the materials are translated incorrectly.

Explanation:

If a volunteer who is a native speaker of the language of a priority population translated materials for a health education program for the CNS without being asked, the CNS should verify the translations with a professional translator before using the materials. People's ability to translate varies widely and even one wrong word or phrase may substantially alter the meaning. If a local translator is not available, translation services are often available through the Internet.

92.

If the CNS is conducting classes regarding infection control and is developing goals, objectives, strategies, and lesson plans, which of the following would be a *strategy*?

Increase compliance with handwashing standards.

Observe 100% compliance with handwashing.

Place handwashing posters in all nursing units.

Discussion period—the nurse’s role in reducing infection.

Explanation:

If the CNS is conducting classes regarding infection control, the following are included:

- *Goals: Increase compliance with handwashing standards.*
- *Objectives: Observe 100% compliance with handwashing.*
- *Strategies: Place handwashing posters in all nursing units.*
- *Lesson plans: Discussion period—The nurse’s role in reducing infection.*

The goal is the overall purpose of the class while the objectives should be measurable as they are used to determine if the purpose has been met. Strategies are the methods used and lesson plans are the specific way the material is presented.

93.

If a patient is undergoing thrombolytic infusion for pulmonary emboli and must have a venipuncture for laboratory tests, manual pressure should be applied to the venipuncture site for at least:

5 minutes.

10 minutes.

15 minutes.

30 minutes.

Explanation:

If a patient is undergoing thrombolytic infusion for pulmonary emboli and must have a venipuncture for laboratory tests, manual pressure should be applied to the venipuncture site

for at least 30 minutes because the anticoagulation may result in prolonged bleeding. The patient must be carefully monitored during thrombolytic therapy with vital signs assessed frequently. The patient should remain on bedrest. The patient's INR and PTT are generally checked 3 to 4 hours after the infusion is completed.

94.

A 70-year-old woman with COPD has experienced an exacerbation after contracting an upper respiratory infection. The patient's oxygen saturation level on admission is 84%. Blood gases are pH 7.29, PaCO₂ 52 mm Hg, PaO₂ 53 mm Hg, and HCO₃ 25 mEq/L. Based on these findings, the acid-base imbalance the patient is experiencing is:

respiratory alkalosis.

respiratory acidosis.

metabolic alkalosis.

metabolic acidosis.

Explanation:

If a 70-year-old woman with COPD has experienced an exacerbation after contracting an upper respiratory infection and her oxygen saturation level is 84%, pH 7.29, PaCO₂ 52 mm Hg, PaO₂ 53 mm Hg, and HCO₃ 25 mEq/L, the acid-base imbalance that the patient is experiencing is respiratory acidosis. The pH is acidotic (< 7.35), the PaCO₂ is elevated (normal 35 to 45 mm Hg), and the PaO₂ is at the low end of normal (normal ≥ 80 mm Hg), indicating the problem is respiratory in nature. The HCO₃ remains within normal range but near the upper limit (normal 22 to 26 mEq/L). These findings indicate a sudden decrease in ventilation.

95.

The CNS works with a group of ethnically diverse staff members, but a number of conflicts have arisen because of different methods of communication and attitudes toward authority. The *best* solution is likely to:

initiate a discussion about cultural differences.

issue guidelines regarding effective communication.

ignore the situation and give it time to resolve.

seek outside assistance in conflict resolution.

Explanation:

If the CNS works with a group of ethnically diverse staff members, but a number of conflicts have arisen because of different methods of communication and attitudes toward authority, the best solution is likely to initiate a discussion about cultural differences, including direct versus indirect communication. Ignoring the situation or issuing guidelines is not likely to alter the situation unless the problem is dealt with directly by those involved. Through discussion, better approaches to communication may develop.

96.

A 27-year-old male patient has had increased thirst and frequency of urination, including nocturia. He has had increased appetite but lost 4 pounds in the previous 2-week period. Laboratory tests show glucose level of 526 mg/dL (29.2 mmol/L), urine positive for glucose and ketones, and blood pH of 7.22. The blood pH is the result of:

a normal finding.

increased urinary output.

increased fluid intake.

increased ketone levels in blood.

Explanation:

If a 27-year-old male patient has had increased thirst and frequency of urination, including nocturia, increased appetite but recent weight loss and laboratory tests show glucose of 526 mg/dL (29.2 mmol/L), urine positive for glucose and ketones, and blood pH of 7.22 (normal 7.35 to 7.45), the blood pH is the result of increased ketone levels in the blood. Because insulin supply is inadequate and glucose level high, the body breaks down fat to use as a source of energy. As the blood lipid level increases, these lipids are metabolized, resulting in ketones as byproducts, including acetoacetic acid and beta-hydroxybutyric acid. These acidic byproducts increase acidity of the blood.

97.

If the CNS needs to interview a patient and the patient is lying supine in bed because of a back injury, the *best* means of ensuring a therapeutic interaction is for the CNS to:

stand and talk to the patient.

assist the patient to sit up.

pull up a chair and sit at bedside.

return when the patient is out of bed.

Explanation:

If the CNS needs to interview a patient who is lying supine in bed because of a back injury, the best means of ensuring a therapeutic interaction is for the CNS to pull up a chair and sit at bedside. This puts the CNS at approximately the same level as the patient, facilitating eye

contact and interactions. The CNS should avoid power positions, such as standing and looking down on the patient, if possible.

98.

A 24-year-old patient was diagnosed with type 1 diabetes mellitus after presenting with a glucose level of 468 mg/dL (26 mmol/L), polyuria, polydipsia, and weight loss. His condition has stabilized since starting insulin injections, and the patient now appears to be able to manage the diabetes with very little insulin. The CNS should suspect that:

the patient's insulin needs will increase again.

the patient will no longer need to take insulin.

the patient was misdiagnosed and has type 2 diabetes.

the patient's condition will remain stable at this level.

Explanation:

If a 24-year-old patient diagnosed with type 1 diabetes mellitus with a glucose level of 468 mg/dL (26 mmol/L), polyuria, polydipsia, and weight loss has stabilized since starting insulin injections and now appears to be able to manage the diabetes with very little insulin, the CNS should suspect that the patient's insulin needs will increase again. Symptoms of diabetes usually do not occur until about destruction of 90% of the pancreatic islet. Once stabilized, the patient often undergoes a "honeymoon" period when the remaining cells seem to produce enough insulin, but the same process of cell destruction and increased blood glucose will continue.

99.

If a patient is on bedrest with myocarditis, the toileting option that the CNS should recommend is:

Foley catheter and bedpan.

bedpan.

bedside commode.

bathroom privileges.

Explanation:

If a patient is on bedrest with myocarditis, the toileting option that the CNS should recommend is usually the use of a bedside commode. While rest is critical for healing of the cardiac muscle, using a bedpan is likely to induce more stress on the heart than getting out of bed to use the commode. The patient should be assisted to sitting position and onto the commode, which should be placed adjacent to the bed.

100.

If the CNS is collaborating with the public health department on an initiative to collect data about community needs, the first step should be to define the:

methodology.

resources.

needs.

population.

Explanation:

If the CNS is collaborating with the public health department in an initiative to collect data about community needs, the first step should be to define the population. For example, the target population may be one particular ethnic group (such as Mexican immigrants), one social group (the homeless), or a population in one area (rural, urban, suburban). A decision should be made whether the entire population should be targeted or a sampling of the larger population.

101.

A 32-year-old woman reports repeated episodes of palpitation 6 to 10 times daily. The patient has experienced increased irritability, insomnia, heat intolerance, and eye irritation. The patient has lost 5 pounds in the previous month. Vital signs are BP 170/86 mm Hg, pulse rate of 114 bpm, and respiratory rate 20 breaths/minute. Temperature is 37.5°C (99.5°F), and ECG shows atrial fibrillation. Which of the following diagnostic tests are most indicated?

Renal function tests.

Cardiac enzymes.

Thyroid function tests.

Liver function tests.

Explanation:

If a 32-year old woman reports 6 to 10 episodes of palpitation daily, irritability, insomnia, heat intolerance, eye irritation, increased appetite coupled with weight loss; vital signs are BP 170/86 mm Hg, pulse 114 bpm, respiratory rate of 20 breaths/minute, and temperature 37.5°C (99.5°F), and ECG shows atrial fibrillation, the patient should undergo thyroid function tests (T3, T4, and TSH) as these signs and symptoms are indicative of hyperthyroidism. Hyperthyroidism may be associated with Graves disease (an autoimmune disorder), thyroiditis, or pituitary tumors.

102.

If a 19-year-old female patient with sickle cell disease experienced an aplastic crisis and has a hemoglobin level of 5.6 g/dL (56 mmol/L), the patient will likely receive transfusions of packed red blood cells until the patient's hemoglobin reaches:

8 g/dL (80 mmol/L).

10 g/dL (100 mmol/L).

12 g/dL (120 mmol/L).

14 g/dL (140 mmol/L).

Explanation:

If a 19-year-old female patient with sickle cell disease experienced an aplastic crisis and has a hemoglobin of 5.6 g/dL (56 mmol/L), she will likely receive transfusions of packed red blood cells until her hemoglobin reaches 10 g/dL (100 mmol/L). Hemoglobin levels of 6 to 9 g/dL (60 to 90 mmol/L) are common in patients with sickle cell disease because their RBC survive only 10 to 12 days rather than the 120 that is normal.

103.

A 46-year-old patient suffered blood loss in a motor vehicle accident. The patient's hemoglobin is 14.1 and hematocrit is 43%, ECG shows slight ST depression, BUN is 28 mg/dL (11.42 mmol/L), creatinine 2 mg/dL (221 micromol/L), ALT 42 IU/L, and AST 49 IU (0.83 microkat/L). These findings most likely represent:

hypovolemia and liver ischemia.

normal values.

minor anemia related to blood loss.

acute renal injury.

Explanation:

If a 46-year-old patient suffered blood loss in a motor vehicle accident and the patient's hemoglobin is 14.1 g/dL (141 mmol/L) and hematocrit 43%, ECG shows slight ST depression, BUN is 32 mg/dL (11.42 mmol/L), creatinine 2.5 mg/dL (221 micromol/L), ALT 42 U/L and AST 49 U/L (0.83 microkat/L), these findings most likely represent hypovolemia and liver ischemia. Hemoglobin and hematocrit remain stable initially, but the elevated BUN and creatinine indicate that blood flow to the kidneys is impaired, suggestive of hypovolemia. The elevated ALT and ST indicate that circulation of blood to the liver is impaired, resulting in ischemia.

104.

A 78-year-old patient with COPD is hospitalized with acute respiratory distress syndrome (ARDS) and pronounced wheezing, fever (38.6°C [101.5°F]), and cough. Arterial blood gases are pH 7.24, PaO₂ 49 mm Hg, and PaCO₂ 61 mm Hg. The patient is provided steroids and bronchodilators and is alert and able to follow directions but unable to speak because of dyspnea. Which treatment is *most appropriate* to relieve respiratory distress?

Oxygen therapy only.

Intubation and assist/control (AC) ventilation.

Intubation and synchronized intermittent mandatory ventilation (SIMV).

Non-invasive ventilation (NIV).

Explanation:

If a 78-year-old patient with COPD is hospitalized with acute respiratory distress syndrome (ARDS), pronounced wheezing, fever (38.6°C [101.5°F]), and cough; and arterial blood gases are pH 7.24, PaO₂ 49 mm Hg, and PaCO₂ 61 mm Hg, and the patient is provided steroids and bronchodilators, is alert and able to follow directions but unable to speak because of dyspnea, the treatment that is most appropriate to relieve respiratory distress is non-invasive ventilation (NIV). NIV does not require intubation but delivers forced air through a facemask, nasal mask, or helmet mask.

105.

Which of the following characteristics helps to distinguish an asthma attack from a COPD exacerbation?

Asthma lacks a genetic component.

Most asthma patients are smokers.

Onset of asthma is usually younger than 30 years.

Asthma attacks respond less quickly to treatment.

Explanation:

While asthma attacks and COPD exacerbations may be difficult to distinguish based on x-rays, signs and symptoms, and laboratory tests, some characteristics can help to distinguish the two:

- Onset of asthma is at a younger age, usually younger than 30 years, than COPD, which most often occurs after age 40.*
- Asthma attacks can usually be fairly quickly resolved with treatment, but COPD responds more slowly and often only temporarily.*
- Asthma has a genetic component, but COPD generally does not.*
- Asthma patients are much less likely to have been smokers while almost all COPD patients have smoked.*

106.

Which of the following clinical signs or symptoms observed by the CNS may indicate that an abdominal aortic aneurysm rupture is imminent?

Bounding pulses distal to aneurysm.

Sudden lumbar pain radiating to the flank and groin.

Tenderness over area of aneurysm.

Hypertensive crisis.

Explanation:

Sudden lumbar pain radiating to the flank and groin area may be an indication that an abdominal aortic aneurysm rupture is imminent as the pain occurs as the aneurysm begins to rapidly enlarge. This is an emergent situation that requires immediate surgical repair. If the aneurysm ruptures and hemorrhaging into the peritoneal cavity occurs, the patient may have severe abdominal and/or back pain. If the aneurysm ruptures into the duodenum, massive GI bleeding may occur.

107.

A patient was hit in the head with a hard ball and lost consciousness for a brief period but was then alert and responsive. However, the patient became unstable 2 hours later with severe headache, visual disturbances, nausea and vomiting, and seizures. Which of the following tests should the patient undergo to confirm a diagnosis of epidural hematoma?

MRI.

X-ray.

CT.

Cerebral angiograms.

Explanation:

If a patient was hit in the head with a hard ball and lost consciousness for a brief period but was then alert and responsive but became unstable 2 hours later with severe headache, visual disturbances, nausea and vomiting, and seizures, the patient should undergo a CT to confirm a possible epidural hematoma. An MRI may also provide accurate information, but it requires longer and is not recommended for unstable patients. Angiography may be indicated for some patients. X-rays provide information only about overlying skull fractures.

108.

A patient who was the victim of a violent assault and rape is shaking and crying and appears terrified. Which of the following responses is most therapeutic at the initial encounter with the patient?

“Why are you crying?”

“I can see you are still frightened.”

“What can I do to help you?”

“You are safe now.”

Explanation:

If a patient who was a victim of a violent assault and rape is shaking and crying and appears terrified, the most therapeutic response at the time of the initial encounter with the patient is, “You are safe now.” The patient is likely still in the “fight or flight” mode with increased adrenaline from having to deal with the assault and rape, police intervention, and now a medical

examination, so it is important for the CNS to provide calm reassurance to the patient to try to allay fears.

109.

Which of the following teaching strategies is the most efficient approach for a group of 8 patients regarding the need for lifestyle changes required to manage hypertension and heart disease?

Discussion.

Lecture-discussion.

Role playing.

Demonstration/Return demonstration.

Explanation:

The teaching strategy that is the most efficient approach for a group of 8 patients regarding the need for lifestyle changes needed to manage hypertension and heart disease is lecture-discussion. This format allows the CNS to provide information in a short lecture format and then provides the patients with time to ask questions and discuss the information shared. Supplemental printed materials may be provided to the patients. The CNS should cover no more than 5 to 7 different topics in one session.

110.

A 33-year-old woman is hospitalized for treatment of acute pyelonephritis and has been receiving IV fluids and ampicillin plus aminoglycoside for the past 5 days, but the patient's temperature remains elevated and the patient is still in pain and nauseated. The patient should likely be evaluated for:

perinephric abscess.

pelvic inflammatory disease.

allergic reaction to drugs.

urinary tract obstruction.

Explanation:

If a 33-year-old woman is hospitalized for treatment of acute pyelonephritis and has been receiving IV fluids and ampicillin plus aminoglycoside for the past 5 days but her temperature remains elevated and she is still in pain and nauseated, she should likely be evaluated for perinephric abscess. With perinephric abscess, the onset of symptoms is usually slower than with acute pyelonephritis, and fever often persists for more than 4 days.

111.

The CNS examines a patient's functional ability and notes that the patient's gait is characterized by shuffling of the feet with periodic short, rapid steps while the neck, trunk, and knees are flexed, while the patient leans forward, increasingly walking faster. This CNS should recognize this gait as characteristic of:

Parkinson's disease.

cerebral palsy.

hemiplegia.

developmental dysplasia of the hip.

Explanation:

If the CNS examines a patient's functional ability and notes that the patient's gait is characterized by shuffling of the feet with periodic short rapid steps while the neck, trunk, and knees are flexed and the patient leans forward, increasingly walking faster, the CNS should recognize this gait as characteristic of Parkinson's disease. The patient may also exhibit a blank facial expression, slow monotonous or slurred speech, and tremors. Classic manifestations include the triad of tremor, rigidity, and bradykinesia.

112.

When conducting a history and physical exam of a patient with dyspnea, the CNS discovers that the patient has smoked 1.5 packs (30) cigarettes daily for at least 15 years. How many pack-years does this represent?

10.

20.

30.

40.

Explanation:

If, when conducting a history and physical exam of a patient with dyspnea, the CNS discovers that the patient has smoked 1.5 packs (30) cigarettes daily for at least 15 years, this represents 30 pack-years. One pack-year is equal to smoking 1 pack (20) of cigarettes daily for a year. The greater the number of pack-years, the higher the risk of developing COPD. Most patients with COPD have smoked for 40 pack-years, and symptoms are not usually evident until more than 20 pack-years of smoking.

113.

A patient with fractured ribs resulted in a left pneumothorax of about 12%. The CNS anticipates that the treatment will include:

needle aspiration.

chest tube insertion at left 4th or 5th intercostal space on the midaxillary line.

chest tube insertion at the left 2nd intercostal space on midclavicular line.

supplemental oxygen.

Explanation:

If a patient has fractured ribs that resulted in a left pneumothorax of about 12%, the CNS should anticipate that the treatment will include supplementary oxygen only and observation unless the pneumothorax increases over 15%. With a larger pneumothorax, a needle aspiration may be done and either a small bore (12 to 20 Fr) or a large bore (24 to 40 Fr) chest tube inserted. The chest tube is then attached to a Heimlich one-way valve that allows air to leave the pleural space but not to enter or to an underwater seal system.

114.

A patient with HIV/AIDS and a history of drug abuse has moved home with aging parents who are not supportive. The patient has become quite depressed and requires assistance with ADLs and treatment, frequently misses appointments, and fails to follow treatment regimen, the patient's characteristic is *best* described as:

resilient.

vulnerable.

complex.

stable.

Explanation:

If a patient with HIV/AIDS and a history of drug abuse has moved home with aging parents who are not supportive, and he requires assistance with ADLs and treatment, frequently misses appointments, and fails to follow treatment regimen, the patient's characteristic is best described as complex. Multiple factors are at play (family dynamics, patient's HIV status, patient's depression, treatment requirements) and must be considered when assisting the patient with the plan of care.

115.

If a patient with a suspected brain tumor exhibits lack of coordination, memory loss, and speech difficulties, the most likely tumor location is the:

frontal lobe.

temporal lobe.

parietal lobe.

occipital lobe.

Explanation:

If a patient with a suspected brain tumor exhibits lack of coordination, memory loss, and speech difficulties, the most likely tumor location is the temporal lobe. A tumor in the frontal lobe may result in mood and personality changes as well as hemiparesis. A tumor in the parietal lobe may cause impaired sensation and loss of fine motor skills and half-body awareness. A tumor in the occipital lobe may cause vision disturbances and visual hallucinations. Cerebellar tumors affect coordination and balance while brain stem tumors result in cranial nerve dysfunction, facial pain, and dysphagia.

116.

A patient is experiencing an acute episode of asthma and is anxious, sitting in tripod position with audible wheezing resulting from upper airway obstruction. The patient's peak flow is 65% of normal and oxygen saturation is 92%. The initial rescue protocol should begin with:

albuterol.

prednisone or methylprednisolone.

antihistamine, such as diphenhydramine.

theophylline.

Explanation:

If a patient experiencing an acute episode of asthma is anxious, sitting in tripod position with audible wheezing resulting from upper airway obstruction with a peak flow of 65% of normal and oxygen saturation of 92%, the initial treatment should be the rescue protocol that generally begins with an inhaled short-acting beta-2 agonist, such as albuterol (Proventil HFA), to relax smooth muscles. An anticholinergic, such as ipratropium bromide (Atrovent HFA), may also be given to relieve bronchospasm. If there is no improvement within 10 minutes, then prednisone or methylprednisolone is usually administered.

117.

If a patient with acute pericarditis has severe sternal pain radiating to the neck and increasing on inspiration, the CNS should advise the patient to:

lie flat in supine position.

lie in left lateral Sims position.

sit in semi-Fowler's position.

sit up and lean forward.

Explanation:

If a patient with acute pericarditis has severe sternal pain radiating to the neck and increasing on inspiration, the CNS should advise the patient to sit up and lean forward. This position allows the heart to pull slightly away from the diaphragmatic pleurae, relieving some of the discomfort. The patient should be carefully assessed because increased pain, especially if accompanied by pallor, hypotension, paradoxical pulse, dyspnea, and/or jugular venous distention, may indicate cardiac tamponade.

118.

A 60-year-old African American patient presented with BMI of 32 kg/m^2 , hemoglobin A1c level of 7.1, fasting serum glucose of 152 mg/dL (8.4 mmol/L), triglyceride level of 168, and HDL 24 mg/dL. The patient is diagnosed with insulin resistance and diabetes mellitus, type 2. Which of the following is usually the drug of choice to initiate therapy?

Sulfonylureas, such as glimepiride.

Biguanide, such as metformin.

Meglitinide, such as repaglinide.

Alpha-glucosidase inhibitor, such as acarbose.

Explanation:

If a 60-year-old African American patient has a BMI of 32 kg/m^2 , hemoglobin A1C level of 7.1 (71 mmol/L), fasting serum glucose 152 mg/dL (8.4mmol/L), triglyceride level of 168 and HDL 24 mg/dL, and the patient is diagnosed with insulin resistance and diabetes mellitus, type 2, the

drug of choice for initiating therapy is usually a biguanide, typically metformin. Metformin is usually tolerated well and does not cause hypoglycemia. If the A1c levels have not fallen to below 7% within about 3 months, an additional medication is prescribed.

119.

According to the WHO three-step ladder approach to pain management, if a patient's abdominal pain associated with pancreatic cancer varies from 4 to 8 on the pain scale, pain control should be initiated at:

step 1.

step 2.

step 3.

whichever step is appropriate at the time of initiation.

Explanation:

According to the WHO three-step ladder approach to pain management, if a patient's abdominal pain associated with pancreatic cancer varies from 4 to 8 on the pain scale, pain control should be initiated at whichever step is most appropriate for the level of pain at the time and then may later be adjusted to a higher or lower step. While this is a three-step process, it is not necessary to start all pain control at step one.

120.

A patient under end-of-life hospice care for stage 4 multiple myeloma has developed severe skeletal pain and is scheduled to undergo radiation therapy to reduce discomfort. How will this treatment affect hospice care?

Hospice care must be discontinued.

Hospice care is put on hold until treatment finished and then resumed.

Hospice care will continue without interruption.

Hospice care may be continued if preauthorization is received.

Explanation:

If a patient under hospice care for end-of-life care for stage 4 multiple myeloma has developed severe skeletal pain and is scheduled to undergo radiation therapy to reduce discomfort, this treatment does not affect hospice care because although radiation may be an active treatment in some cases, the intent of the treatment is to provide palliation rather than to delay disease progress or to cure the disease. While there is no preauthorization process for treatment under hospice, there are appeal processes that are utilized after hospice service has been denied.

121.

A patient who suffered a stroke has persistent dysphagia and cough, and the CNS is concerned that the patient may aspirate. Which of the following referrals is *most appropriate*?

Physical therapist.

Occupational therapist.

Respiratory therapist.

Speech pathologist.

Explanation:

If a patient who suffered a stroke has persistent dysphagia and cough and the CNS is concerned that the patient may aspirate, the most appropriate referral is to a speech pathologist. The speech pathologist is able to assess the strength of the mouth, including the lips, the tongue, the palate, and the jaw. The speech pathologist may suggest preventive measures, including positioning and diet modifications, and may prescribe exercises and/or neurological stimulation or thermostimulation.

122.

Following lunch at a restaurant, a 72-year-old female experiences a sudden episode of loss of vision in the right eye. At the same time, the patient feels dizzy and weak, and her speech is slightly garbled, but the symptoms clear within 15 to 20 minutes. The most likely diagnosis is:

transient ischemic episode (TIE).

stroke.

allergic reaction.

panic attack.

Explanation:

Following lunch, if a 72-year-old woman experiences a sudden episode of loss of vision in the right eye during which she feels dizzy and weak, and her speech is slightly garbled, but the symptoms clear within 15 to 20 minutes, the most likely diagnosis is transient ischemic episode (TIE). Transient impaired vision of one eye (amaurosis fugax) is a common finding with TIE, which is often a precursor to a stroke; the patient should undergo a complete examination.

123.

A patient being treated for cardiogenic shock after an acute myocardial infarction has an intra-aortic balloon pump (IABP) in place, and the radiology technician has arrived in the unit to take a portable chest x-ray in order to evaluate the degree of pulmonary edema. When the CNS observes the technician preparing to sit the patient upright in order to place the cassette film holder behind the patient's back, the CNS should:

assist the technician.

remind the patient to flex the knees.

immediately stop the technician.

monitor the patient's VS during the procedure.

Explanation:

If a patient being treated for cardiogenic shock after an acute myocardial infarction has an IABP in place and the radiology technician has arrived in the unit to take a portable chest x-ray to evaluate the degree of pulmonary edema, when the CNS observes the technician preparing to sit the patient upright in order to place the cassette film hold behind the patient's back, the CNS should immediately stop the technician. If the patient is placed in sitting position when the balloon is inflated, the pressure can cause rupture of the aorta. Additionally, the patient should not flex the hips as this may damage or displace the catheter.

124.

If a patient is admitted to the ED for an ischemic stroke, the most essential laboratory tests prior to thrombolysis are:

complete blood cell count.

renal function tests.

serum glucose and coagulation studies.

liver function tests.

Explanation:

If a patient is admitted to the ED for an ischemic stroke, the most essential laboratory tests prior to thrombolysis are the glucose level and coagulation studies. Patients with hypoglycemia may have clinical indications that are similar to those experienced with a stroke, so the level should be above 50 mg/dL (2.8 mmol/L). Hyperglycemia can worsen the effects of the stroke and result in a poor outcome, so treatment may include insulin to bring glucose level to less than 140 mg/dL (7.8 mmol/L). Coagulation studies must be done to assess risk of bleeding with thrombolysis.

125.

If a patient involved in a motor vehicle accident has bruising over the area of the mastoid process (Battle's sign) as well as bilateral "raccoon eyes" (swollen, ecchymotic), the injury consistent with the clinical signs is:

frontal skull fracture.

basilar skull fracture.

temporoparietal skull fracture.

occipital skull fracture.

Explanation:

If a patient involved in a motor vehicle accident has bruising over the area of the mastoid process (Battle's sign) as well as bilateral "raccoon eyes" (swollen ecchymotic), the injuries are consistent with the clinical signs of a basilar skull fracture. Basilar skull fractures may occur

with impact to the occipital or mandibular areas or may extend from fractures of the cranial vault. Patients may also develop rhinorrhea or otorrhea from leakage of cerebrospinal fluid through the torn dural membrane.

126.

Which of the following patients is most at risk of development of a chronic subdural hematoma 3 to 4 weeks after initial injury?

18-year-old patient who developed a concussion from a football injury.

28-year old patient who struck her head on a water ski.

46-year-old patient who had lacerations of the forehead in a motor vehicle accident.

78-year-old patient who fell and hit the head on the floor but experienced only a slight headache.

Explanation:

The patient most at risk of development of a chronic subdural hematoma 3 to 4 weeks after initial injury is the 78-year-old patient who fell and hit the head on the floor but experienced only a slight headache at the time. Chronic subdural hematomas are most common in elderly patients, probably because atrophy of the brain allows for more movement during injury, and this can tear vessels. In many cases, patients do not recall any prior injury.

127.

The AVPU assessment is done after head injury to determine the patient's:

level of consciousness.

intracranial pressure.

degree of brain injury.

motor abilities.

Explanation:

The AVPU assessment is done after a head injury to determine the patient's level of consciousness. This is a rapid assessment tool used when initially examining a patient.

AVPU

A Alert and awake, oriented to person, place, time, and condition Yes No

V Responds to verbal stimuli Yes No

P Responds to painful stimuli but not verbal Yes No

U Unconscious, does not respond to painful or verbal stimuli Yes No

128.

The medical-surgical unit has experienced an outbreak of *Clostridium difficile* infections involving 10 patients over a 2-week period. In order to reduce further transmission of the infection, the CNS is working with staff members and should concentrate efforts on:

contact precautions/hand hygiene.

antibiotic stewardship.

testing patient stool specimens.

limiting patient contacts.

Explanation:

If the medical-surgical unit has experienced an outbreak of Clostridium difficile infections involving 10 patients over a 2-week period, in order to reduce transmission of the infection, the CNS is working with staff members and should concentrate efforts on the utilization of proper contact precautions and hand hygiene as the infection is easily spread through contaminated hands. The spores can remain viable on environmental surfaces for long periods of time. Housekeeping procedures should also be reviewed.

129.

A patient was stung by a bee and has pain and itching around the site of the bee sting with erythema and edema extending about 8 cm diameter around the site. The patient has no systemic manifestations. What initial medication is indicated in addition to removal of the stinger and application of an ice pack?

Epinephrine.

Antihistamine, such as diphenhydramine (Benadryl).

Corticosteroid, such as prednisone.

No medication is indicated.

Explanation:

If a patient was stung by a bee and has pain and itching around the site of the bee sting with erythema and edema extending about 8 cm diameter around the site, but the patient has no systemic manifestations, the initial medication should be an antihistamine, such as

diphenhydramine (Benadryl). Diphenhydramine will help to control local allergic response and to relieve itching. A topical corticosteroid may also be applied to relieve itching. Epinephrine and corticosteroids are reserved for systemic reactions and those at risk of anaphylaxis.

130.

Using the Rule of 9s to estimate the body surface area (BSA) of a patient who experienced burns from toxic chemicals, if the patient has burns covering the chest (but not the abdomen) and the anterior surface of the left arm, the BSA with burns is approximately:

27%.

18%.

13.5%.

9%.

Explanation:

Using the Rule of 9s, if a patient has burns from toxic chemicals covering the chest (but not the abdomen) and the anterior surface of the left arm, the BSA with burns is approximately 13.5%. Each arm accounts for about 9%, with 4.5% for the anterior surface and 4.5% for the posterior surface. The anterior trunk covers 18%, but since only the chest was burned, this is 9%. The BSA of the back is 18% and each leg is 18%, with 9% for the anterior surface and 9% for the posterior. The genital area is 1%.

131.

A patient involved in a motor vehicle accident had multiple injuries, including fractured ribs, an unstable posterior ring pelvic fracture, and blunt trauma to the liver. The patient required transfusions for blood loss, and the pelvic fracture was stabilized by external fixation. The liver trauma was treated with non-operative management. During the recovery period, the patient is most at risk of:

hemorrhage.

infection.

disseminated intravascular coagulopathy (DIC).

deep vein thrombosis (DVT).

Explanation:

If a patient involved in a motor vehicle accident had multiple injuries, including fractured ribs, an unstable posterior ring pelvic fracture, and blunt liver trauma, and received transfusions, external fixation of pelvic fracture, and nonoperative management of liver trauma, during the recovery period, the patient is most at risk of deep vein thrombosis and pulmonary embolus. Once the patient has stabilized, DVT prophylaxis, such as warfarin or low-molecular-weight heparin, may be administered. The patient should be mobilized as quickly as possible.

132.

If a 56-year-old patient is admitted for possible pancreatitis, which of the following laboratory tests are needed on admission in order to apply Ranson's criteria?

WBC, troponin, and calcium.

WBC, BUN, calcium, and glucose.

WBC, glucose, AST, and LDH.

WBC, BUN, AST, and LDH.

Explanation:

If a 56-year-old patient is admitted for possible pancreatitis, the laboratory tests that are needed on admission to apply Ranson's criteria are WBC, glucose, AST, and LDH. One point is awarded for each item; at least 3 points is predicted mortality of 11% to 15% and at least 6 points is 40%:

Ranson's Criteria for Predicting Severity of Pancreatitis

Criteria on admission

Age > 55 years

WBC > 16,000/mcL

Glucose > 200 mg/dL (10 mmol/L)

AST > 250 U/L (4.25 microkat/L)

LDH > 350 U/L

Criteria within 48 hours

Hematocrit drop > 10% from admission

BUN increase > 5 mg/dL (> 1.7 mmol/L) despite fluids

Calcium < 8 mg/dL (< 2 mmol/L)

Arterial pO₂ < 60 mm Hg

Base deficit > 4 mEq/L

Fluid requirement > 6 L

133.

A patient taking sertraline for depression noted a decrease in urinary output over a 1-month period. Serum sodium level was 120 mEq/L (120 mmol/L). The patient exhibited mild confusion, anorexia, and nausea, and was diagnosed with SIADH. Sertraline, which is associated with hyponatremia, was discontinued and patient's sodium levels monitored. What first-line intervention does the CNS expect?

Fluid limitation.

IV sodium.

Oral sodium.

Loop diuretic.

Explanation:

If a patient developed SIADH after taking sertraline, which is associated with hyponatremia, and her serum sodium level is 120 mEq/L (120 mmol/L), and she exhibits mild confusion, anorexia, and nausea, in addition to discontinuation of the sertraline, the first-line intervention is to limit fluid intake. Severe neurological damage can occur if the sodium level is increased too rapidly, so the patient must be carefully monitored. Normal values for serum sodium are 135 to 145 mEq/L (135 to 145 mmol/L) with hyponatremia of less than 120 mEq/L (120 mmol/L) a critical finding.

134.

An older patient tells the CNS that she is very concerned that her end-of-life care provides comfort and avoids unnecessary interventions. Which of the following is the *best* recommendation for the patient?

Power of attorney.

Advance directive.

DNR request form.

Will.

Explanation:

If an older patient tells the CNS that she is very concerned that her end-of-life care provides comfort and avoids unnecessary interventions, the best recommendation for the patient is to prepare an advance directive that outlines in detail the type of end-of-life care the patient wants. The patient should also be advised to share the advance directive with family members because in most states, if the patient is incapacitated, the advance directive is not legally binding and may be overridden by family members.

135.

If a patient is admitted to the hospital with a diagnosis of left ventricular heart failure, which of the following clinical indications does the CNS expect?

Abdominal distention.

Ankle edema.

Weight gain.

Dyspnea and cough.

Explanation:

If a patient is admitted to the hospital with a diagnosis of left ventricular heart failure, the CNS should expect the clinical indications to include dyspnea and cough as well as generalized weakness and fatigue. With left-sided failure, the left ventricle becomes enlarged because of increased workload and end-diastolic volume. The impaired function results in blood pooling in the ventricles and backing up into the pulmonary veins, resulting in engorgement of the pulmonary circulation and pulmonary edema.

136.

A patient's cardiac monitor shows the following heart pattern:

 graphic for question

Based on this ECG recording, what emergent treatment should the CNS anticipate?

Observation only.


Beta-blocker.

Defibrillation.

Amiodarone.

Explanation:

If a patient's cardiac monitor shows the following heart pattern, the CNS should recognize this ECG recording as ventricular fibrillation (VF) and anticipate that the patient will require defibrillation. With VF, the ventricular rate may be greater than 300 beats per minute with no atrial activity observable. If no pulse is palpable or audible, then VF is life-threatening. VF may occur if ventricular tachycardia is left untreated. VF may also result from electrical shock as well as coronary artery disease. It may be triggered by caffeine or nicotine.

 graphic for question

137.

A patient with end-stage renal disease develops a hypertensive crisis with BP 182/108 mm Hg, pulse rate of 104 bpm, respiratory rate of 18 breaths/minute, and oxygen saturation 98%. The patient is anxious and complains of headache, but there is no indication of organ damage. The patient is administered labetalol by infusion. How much reduction in BP should the CNS expect over the first 6 hours after treatment is initiated?

10%.

33%.

66%.

100%.

Explanation: