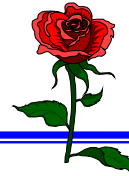


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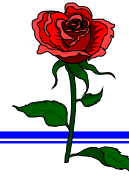
## UNIT 8 - MEDICAL/SURGICAL NURSING

### 8. CRASH EXAMINATION -#6

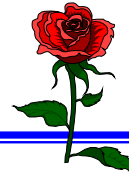
1. Jill Means, 36, has had a vaginal radium implant placed as one of the treatments for her cervical cancer. She calls to tell you that during a coughing spell it has 'been pushed out'. You should:
- A. place signs on the door stating radioactivity danger.
  - B. have Jill reinsert the applicator like a tampon.
  - C. call the physician and apprise him of the situation.
  - D. use forceps to place the applicator in the receptacle.
- (D)
- A. Signs should be placed on the door after the implant has been done, and not just when the implant is dislodged.
  - B. By picking the applicator up, Jill would experience burns on her fingers/hands that would be avoidable, so need to teach her not to do so. The applicator has been contaminated, it would not be replaced in any case.
  - C. Calling the physician and apprising him would certainly be necessary, but would be done after the applicator has been taken care of.
  - D. Lead containers should be available to place the applicator in, and forceps would be used to do so to protect from radiation burns.
- #2. Which of the following would you include as risk factors for the development of skin cancer when assessing the integumentary system?
- A. Advancing age
  - B. Positive family history
  - C. Dark pigmentation
  - D. White collar job
- (B)
- A. Advancing age by itself is not a risk factor. If that person has been exposed to a lot of sun there may be increased risk, but that information is not given here.
  - B. There is a known genetic risk, with some cancers being seen to be present in families with low risk factors.
  - C. Those with dark pigmentation develop skin cancer, but at a lower rate than those with low amounts of pigmentation.
  - D. White collar jobs, which occur in offices and inside buildings, are a low risk for skin cancer.



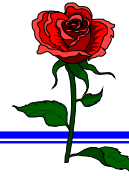
3. During a shower three days ago, Jeremy Robb, 19, discovered a firm lump in his left testis. He went to the student health center at his university, was referred to a local physician and was admitted to the hospital for a left orchiectomy and lymph node resection. Risk factors for cancer of the testes include:
- A. smoking.
  - B. undescended testicle.
  - C. multiple sex partners.
  - D. genital trauma.
- (B)
- A. Smoking has been linked to cancer of the lungs, bladder, and pancreas, but has not been linked directly to cancer of the testes.
  - B. Males who had undescended testicle(s) have been found to have a higher incidence of cancer of the testes later. It is theorized that the internal heat the testes are exposed to while in the abdomen causes the damage to the testes.
  - C. Multiple sex partners is a risk for genital warts, AIDS, and sexually transmitted diseases, but has not been shown to be a risk for cancer of the testes.
  - D. Genital trauma more likely causes bladder and ureteral damage.
4. Ramona Gunther, 18, was diagnosed with Stage II Hodgkins disease and is preparing to receive external radiation therapy. She tells the nurse she is scared 'about having to get radiation treatments all over my body.' Which of the following is the most appropriate response?
- A. 'The dose will be very low based on the disease staging.'
  - B. 'With Stage II, you'll only have radiation over half your body.'
  - C. I know it's scary, but it will help to decrease the potential of fractures.'
  - D. 'You know you don't have to worry about being radioactive.'
- (B)
- A. The dose of radiation is not based on the staging of the disease alone, and there is not enough information to know that the dose will be low.
  - B. With Stage II, the involved lymph nodes are all on the same side of the diaphragm, so the radiation will be given on that part of the body.
  - C. The potential of fractures occurs because of the cancer, but the radiation is not given for that reason.
  - D. She has not stated that she's afraid of being radioactive, so this answer does not address her concern.
5. Stephen Douglas has been in an automobile accident. The most effective IV solution for a patient having hypovolemic shock would be:
- A. hypertonic.
  - B. isotonic.
  - C. hypotonic.
  - D. colloids.
- (B)



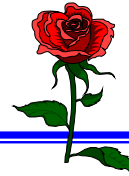
- A. Hypertonic IV fluids would be used to draw fluid off tissue in edematous situations such as third spacing.
  - B. Isotonic solutions are used to increase intravascular volume, to increase perfusion of vital organs.
  - C. Hypotonic fluids are used to rehydrate tissue in those with severe, or prolonged fluid deprivation.
  - D. Colloids increase tonicity of intravascular fluids, pulling water into the vascular system from tissue.
6. Alex Rowe develops hives after having eaten strawberries. He states he has strawberries before, and has never had a problem with them before. This is an example of:
- A. an idiosyncratic response to food.
  - B. an autoimmune disorder.
  - C. a Type I hypersensitivity response.
  - D. an example of immunosuppression.
- (C)
- A. Idiosyncratic response means it occurs because of an unknown reason. This response to something the body has been exposed to before is not unknown.
  - B. Autoimmune disorders are ones in which the body attacks self-cells. This example is an outside antigen.
  - C. Type I hypersensitivities are those that occur when the body, previously sensitized to a substance, is then exposed a second time and reacts.
  - D. Immunosuppression occurs when the immune system is not working. Mr. Rowe's immune system responded to the antigen, so it is not suppressed.
- #7. Allison Lynn, 20, is a student in a health sciences class and asks you to further explain the reason for lack of insulin in Type I Diabetes. You state that the most accepted theory is that:
- A. the insulin produced is not effective at the tissue level.
  - B. not enough insulin is made to manage the metabolic needs.
  - C. inflammation of the pancreas causes irregular release of insulin.
  - D. the body's immune system destroyed the cells that make insulin.
- (D)
- A. Type I diabetes is the definition of that disease process that occurs when no insulin is produced, so there is no insulin to get to the cell level. Some Type II diabetes occurs because of insulin resistance.
  - B. No insulin is being produced. This is one pathophysiological cause of Type II diabetes.
  - C. Pancreatitis does cause irregular release of insulin, but not all people with pancreatitis develop Type I diabetes
  - D. An autoimmune process is the most accepted theory of the root cause of Type I diabetes. The body produces an antibody which attacks and destroys the beta cells, leading to a lack of insulin.



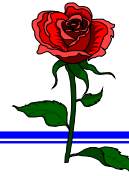
- #8. Justin Mack, 20, was critically injured in a motorcycle accident and is not expected to survive. His parents, after arriving at the hospital from several hundred miles away, are asked to give important information about Justin, including:
- A. his childhood immunization schedule.
  - B. whether Justin wanted to be an organ donor.
  - C. the number of siblings Justin had.
  - D. previous hospitalizations and surgeries.
- (B)
- A. Finding out about his childhood immunizations is of minor importance, given the prognosis.
  - B. Getting information about whether Justin expressed the desire to donate his organs would be important at this time.
  - C. Asking about the number of siblings might be a conversation opener, but is not of high importance to Justin's care.
  - D. Previous hospitalizations and surgeries are irrelevant unless the organ donation is being considered, and this would then be important to learn.
9. Total parenteral nutrition(TPN), is one of the home therapies being used for Chelsea Mann, 35, with acute ulcerative colitis causing massive diarrhea. She and her family will need instruction about:
- A. caring for the central catheter.
  - B. how to mix the TPN solution.
  - C. fixing malfunctions occurring in the IV pump.
  - D. teaching the neighbors how to care for her.
- (A)
- A. Prevention of infection, and potential septicemia, is of prime importance for someone with a central catheter.
  - B. Mixing TPN is a very specialized procedure, and should be done under laminar airflow by a pharmacist.
  - C. IV pumps are machines that do malfunction, but the safest thing to do would be to get the manufacturer to do the repair.
  - D. Having neighbors be a support to Chelsea and her family may not be possible. More information would be necessary prior to choosing this as an option for a nursing diagnosis.
10. Ken Thom needs instruction on the medications he is taking for his hypothyroidism. You would include which of the following in a teaching plan?
- A. Take medications with meals or with food.
  - B. Take medications in the evening or at bedtime.
  - C. Report excess weight loss and leg cramps.
  - D. Increase the use of iodized salt and spinach.
- (C)



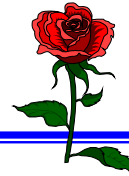
- A. Thyroid medications will be absorbed better if taken on an empty stomach.
  - B. Thyroid medications would best be taken in the morning, as they may cause difficulty in sleeping when taken at night.
  - C. Weight loss should occur, but the patient should be taught to report an excessive loss. Leg cramps may indicate a calcium disturbance that needs correction.
  - D. Iodine is an antithyroid, decreasing thyroid function. Increasing intake of thyroid would effectively act as an antidote to the thyroid medications Mr. Thom is taking.
11. A 64-year-old male client is admitted to the hospital with benign prostatic hypertrophy (BPH). The client has a history of adult onset diabetes mellitus and hypertension. He is scheduled to undergo a resection of the prostate. The most serious symptom that may accompany BPH is:
- A. acute urinary retention.
  - B. hesitancy in starting urination.
  - C. increased frequency of urination.
  - D. decreased force of the urinary stream.
- (A)
- A. Acute urinary retention is a symptom of BPH, is serious, and requires urgent medical attention.
  - B. Hesitancy in starting urination is a symptom of BPH, but it is not serious or life-threatening.
  - C. Increased frequency of urination is a symptom of BPH, but it is not serious or life-threatening.
  - D. Decreased force of the urinary stream is due to an obstruction, but it is not serious or life-threatening.
12. A 72-year-old female client is lifted to the surgery table in preparation for a total knee replacement. The client is in stage III of inhalation anesthesia. An appropriate nursing action for this client is:
- A. to prevent injury by assisting the anesthesiologist to restrain the client, if necessary.
  - B. to prepare the operative site.
  - C. to promote restoration of ventilation and vasomotor tone.
  - D. to reduce external stimuli.
- (B)
- A. Preventing injury by restraining the client, if necessary, is a nursing action of stage II, which extends from loss of consciousness to relaxation.
  - B. Stage III extends from the loss of lid reflex to cessation of voluntary respirations. Operative procedures are performed during stage III of inhalation anesthesia.
  - C. Promoting restoration of ventilation and vasomotor tone is a nursing action for stage IV in which an overdose has occurred. Respiratory arrest and vasomotor collapse result from medullary paralysis.
  - D. Reduction of external stimuli is a nursing action for stage I, which extends from induction to loss of consciousness.



- #13. A 27-year-old male client develops malignant hyperthermia during a herniorrhaphy; his temperature is 105.4 degrees F. The client has had no previous health problems other than hypertension. A nurse orienting in the OR says, 'I thought only people with brain tumors had this problem.' Which of the following answers explains malignant hyperthermia?
- A. 'Epinephrine increased the basal metabolic rate as soon as the general anesthesia was administered.'
  - B. 'The blood flow to active muscles increased with a concurrent decrease in the blood flow to the organs not needed for rapid activity.'
  - C. 'The catecholamines released led to activation of the sympathetic nervous system.'
  - D. 'Malignant hyperthermia is an inherited disorder of muscle metabolism that causes fever, increased heart rate, and rapid breathing.'
- (D)
- A. Epinephrine is a hormone employed in the fight-or-flight stress response. It does not contribute to malignant hyperthermia.
  - B. Stimulation of the sympathetic adrenal medullary mechanism helps the body cope with stress. It does not contribute to malignant hyperthermia.
  - C. Catecholamine release is one of the physiological effects of stress. It does not contribute to malignant hyperthermia.
  - D. Malignant hyperthermia is an inherited disorder of muscle metabolism that increases intracellular calcium, which causes generalized muscle rigidity, fever, tachycardia, and tachypnea.
- #14. A 35-year-old female client has returned to her room following surgery on her right femur. She has an IV of D5 1/2 NS infusing at 125 cc/hr, and is receiving morphine sulfate 10-15 mg IM q4h prn for pain. The client last voided 5 1/2 hours ago when she was given her preoperative medication. To monitor and promote the return of urinary function after surgery, the nurse should:
- A. provide food and fluids at the client's request.
  - B. maintain the IV, increasing the rate hourly until the client voids.
  - C. report to the surgeon if the client is unable to void within 8 hours of surgery.
  - D. hold the morphine sulfate injections for pain until the client voids, explaining to the client that morphine sulfate can cause urinary retention.
- (C)
- A. Provision of food and fluids promotes bowel elimination. Postoperative nutritional needs are physician determined, not client determined.
  - B. Increasing IV fluids postoperatively will not cause a client to void. Any change in the rate of administration of IV fluids is determined by the physician, not the nurse.
  - C. If the postoperative client with normal kidney function cannot void 8 hours after surgery, the client is retaining urine. The client may need catheterization or medication. The physician will provide orders for either, as necessary.
  - D. While morphine sulfate can cause urinary retention, withholding pain medication will not ensure that the client will void. The client with uncontrolled pain will probably not be able to void.

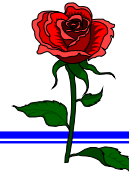


- #15. Following a gastric resection, a 70-year-old male client is admitted to the Post-Anesthesia Care Unit (PACU). The client was extubated prior to leaving the OR suite. Upon arrival at the PACU, the nurse should first:
- A. check the client's airway to feel for the amount of air exchange, noting the rate, depth, and quality of respirations.
  - B. obtain pulse and blood pressure readings, noting the rate and quality of the client's pulse.
  - C. reassure the client that his surgery is over and that he is in the recovery room.
  - D. review the doctor's orders to administer any medications ordered.
- (A)
- A. Adequate air exchange and tissue oxygenation depends upon competent respiratory function. Checking the airway is the nurse's priority action.
  - B. Obtaining the vital signs is an important action, but is secondary to airway management.
  - C. Re-orienting a client to time, place, and person and knowing that their surgery is over is important, but is secondary to airway management and taking vital signs.
  - D. Airway management takes precedence over the physician's orders, unless the orders specifically relate to airway management.
16. A very obese female client returns to her room after abdominal surgery. The client is drowsy, but oriented; her abdominal dressing is dry and intact; and her vital signs are T 98.4, P 87, R 18, and BP 146/72. An appropriate postoperative nursing diagnosis would be:
- A. that airway clearance is ineffective.
  - B. noncompliance.
  - C. altered nutrition, less than her body requirements.
  - D. alteration in comfort, abdominal pain.
- (D)
- A. The assessment information provided does not suggest a postoperative airway problem or a problem with compliance.
  - B. The assessment information provided does not suggest a problem with compliance or a postoperative airway problem.
  - C. While the client is obese and has altered nutrition, the nutritional problem is more than her body requirements, not less.
  - D. Pain is a common phenomenon in clients who have had surgery. Postoperative pain is related to the manipulation of and the injury to tissues during the surgical procedure.
17. A 44-year-old female client had an emergency cholecystectomy three days ago for a ruptured gallbladder. The client has severe abdominal pain, abdominal rigidity, distension, increased temperature, tachycardia and an elevated white blood count (WBC). The client has probably developed:
- A. gastritis.
  - B. evisceration.
  - C. peritonitis.
  - D. a pulmonary embolism.



- (C)
- A. Assessment findings of gastritis would reveal anorexia, nausea and vomiting, epigastric fullness and tenderness, and discomfort.
  - B. Evisceration is the extrusion of abdominal viscera as a result of trauma or sutures failing in a surgical incision.
  - C. Peritonitis, inflammation of the peritoneum, can occur when an abdominal organ, such as the gallbladder, perforates and leaks blood and fluid into the abdominal cavity, which causes infection and irritation.
  - D. Assessment findings of a pulmonary embolism would reveal severe substernal chest pain, tachycardia, tachypnea, shortness of breath, anxiety or panic, and wheezing and coughing, often accompanied by blood-tinged sputum.
- #18. A 27-year-old client who is three hours postoperative complains of right leg pain after knee reduction surgery. The first action by the nurse should be to:
- A. assess vital signs.
  - B. elevate the extremity.
  - C. perform a lower extremity neurovascular check.
  - D. remind the client of the PCA pump and re-instruct the client on its use.
- (C)
- A. Vital signs may be altered if there is acute pain or complications related to bleeding or swelling, but it should not be assessed before checking the affected extremity.
  - B. The extremity can be elevated if ordered by the physician.
  - C. Assessment of the postoperative area is important to determine the presence of bleeding, swelling, or decreased circulation.
  - D. Reinforcement of teaching on the use of the patient-controlled anesthesia (PCA) pump is important, but it is not the first action.
19. A client is considering laser abdominal surgery and asks the nurse if there is any advantage in having this type of surgery. The nurse's response should be based upon the knowledge that laser surgery:
- A. has a smaller postoperative infection rate than routine surgery.
  - B. will eliminate the need for preoperative sedation.
  - C. will result in less operating time.
  - D. generally eliminates problems and complications.
- (A)
- A. A lower postoperative infection rate has been documented as a result of laser therapy versus routine surgery.
  - B. Clients who choose laser surgery will still need preoperative sedation to facilitate anxiety reduction.
  - C. Operating time may actually increase in some laser surgeries.
  - D. The client who chooses laser surgery must still be observed for postoperative complications.





#20. A 44-year-old male client had abdominal surgery this morning. The nurse noticed a small amount of bloody drainage on the client's surgical dressing. This type of drainage is:

- A. serosanguineous.
- B. purulent.
- C. sanguineous.
- D. catarrhal.

(C)

- A. Drainage from a surgical incision is initially sanguineous (red), proceeding to serosanguineous (pink), then to serous (straw-colored).
- B. Purulent drainage usually indicates infection. This drainage should not be seen initially from a surgical incision.
- C. An incision with a Penrose drain may be expected to have a moderate amount of serosanguineous drainage in the first 24 hours, but in general drainage from a surgical incision is initially sanguineous (red), proceeding to serosanguineous (pink), then to serous (straw-colored).
- D. Catarrhal is a type of exudate seen in upper respiratory infections, not in surgical incisions.

21. A client had a hemicolectomy performed two days ago. Today, the nurse assessed the incision and discovered a small part of the abdominal viscera protruding through the incision. This complication of wound healing is known as:

- A. excoriation.
- B. dehiscence.
- C. decortication.
- D. evisceration.

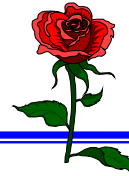
(D)

- A. Excoriation is an abrasion of the epidermis, or of any organ coating of the body, caused by trauma, chemicals, burns, or other causes.
- B. Dehiscence is a partial to complete separation of the wound edges with no abdominal tissue protrusion.
- C. Decortication is removal of the surface layer of an organ or structure, such as removing the fibrinous peel from the visceral pleura in thoracic surgery.
- D. Evisceration occurs when the incision separates and the contents of the cavity spill out.

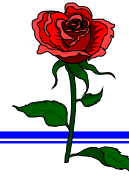
#22. The nurse documents a client's surgical incision as having red granulated tissue. This indicates that the wound is:

- A. infected.
- B. not healing.
- C. necrotic.
- D. healing.

(D)



- A. The wound is not infected. An infected wound would contain pus, debris, and exudate. A necrotic wound would appear black or brown.
- B. The wound is healing properly. It is filled with red granulated tissue and fragile capillaries.
- C. A necrotic wound would appear black or brown.
- D. The wound is healing properly. It is filled with red granulated tissue and fragile capillaries.
23. A male client has returned to the Unit following a left femoral popliteal bypass graft. Six hours later, the client's dorsalis pedis pulse cannot be palpated and his foot is cool and dusky. The nurse should:
- A. continue to monitor the foot.
- B. immediately notify the physician.
- C. notify the head nurse.
- D. assure the client that his foot is fine.
- (B)
- A. The client is losing the blood supply to his left foot. Continuing to monitor will not restore the blood supply to the foot.
- B. The physician should be notified immediately because the client is losing the blood supply to his left foot and is in danger of losing his foot and/or his leg.
- C. It is the responsibility of the nurse caring for the client to notify the physician, not the head nurse.
- D. This would be giving the client false assurances, which is unethical, demeaning, and could have legal consequences.
- #24. A client returns to the Cardiovascular Intensive Care Unit following a coronary artery bypass graft (CABG). In planning the client's care, the most important electrolyte to monitor is:
- A. chloride.
- B. bicarbonate.
- C. potassium.
- D. sodium.
- (C)
- A. Chloride, bicarbonate, and sodium will need to be monitored, but they are not as important as potassium.
- B. Chloride, bicarbonate, and sodium will need to be monitored, but they are not as important as potassium.
- C. Potassium will need to be closely monitored, because of its effects on the heart. Hypokalemia could result in supraventricular tachyarrhythmias.
- D. Chloride, bicarbonate, and sodium will need to be monitored, but they are not as important as potassium.
25. After a thyroidectomy, a female client is returned to the unit from the recovery room. A major complication after a thyroidectomy is:
- A. respiratory obstruction.
- B. hypercalcemia.



- C. fistula formation.
- D. myxedema.

(A)

- A. Respiratory obstruction due to edema of the glottis, bilateral laryngeal nerve damage, or tracheal compression from hemorrhage is a major complication after a thyroidectomy.
- B. Hypocalcemia and tetany from accidental removal of one or more parathyroid glands are major complications; not hypercalcemia.
- C. Fistula formation is not a major complication associated with a thyroidectomy. Fistula formation is a major complication with a laryngectomy.
- D. Myxedema is hypothyroidism occurring in adults. It is not a complication of a thyroidectomy. A thyroidectomy client tends to develop thyroid storm from an excess of the thyroid hormones released during surgery.

26. Yesterday, a male client had a transurethral resection of the prostate (TURP). Today, the client is concerned about the small amount of blood found in his urine. The nurse should explain to the client that the blood:

- A. should not be there on the second day.
- B. will stop when the Foley catheter is removed.
- C. is normal and he should not be concerned.
- D. can be removed by irrigating the bladder.

(C)

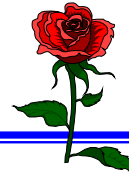
- A. Some hematuria is usual for several days after surgery. The client should not be concerned, unless the amount increases.
- B. The client will continue to have a small amount of hematuria even after the Foley catheter is removed.
- C. Some hematuria is usual for several days after surgery. The client should not be concerned, unless the amount increases.
- D. Irrigating the bladder will not remove the hematuria. Irrigation is performed to remove blood clots and to facilitate urinary drainage.

27. A 72-year-old male client had the Foley catheter removed today, which was inserted during the transurethral resection of the prostate (TURP). The client is concerned about the urinary incontinence he has experienced since removal of the Foley catheter. The nurse should explain to the client that:

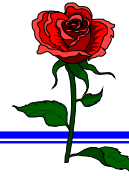
- A. he should not be concerned, because it will be quickly resolved.
- B. urinary incontinence is usually temporary.
- C. he should notify the nurse when this happens.
- D. this is related to the bladder spasms and will soon stop.

(B)

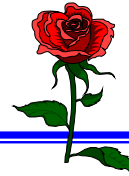
- A. Urinary incontinence is usually temporary, but the problem may take some time to resolve, especially in an older male. Bladder spasms are not the cause of the client's incontinence.



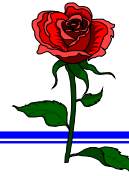
- B. Urinary incontinence is usually temporary, but the problem may take some time to resolve, especially in an older male. Bladder spasms are not the cause of the client's incontinence, as the incontinence is related to poor sphincter control.
- C. Notifying the nurse will not resolve the incontinence.
- D. Bladder spasms are not the cause of the client's incontinence. Urinary incontinence is usually temporary, but the problem may take some time to resolve, especially in an older male.
28. A client is having a left pneumonectomy. In planning this client's postoperative care, nursing interventions for a postoperative left pneumonectomy would include:
- A. monitoring the chest tubes.
- B. positioning the client on the right side.
- C. positioning the client in the semi-Fowler's position with a pillow under the shoulder and back.
- D. monitoring the right lung for an increase in rates.
- (D)
- A. Chest tubes are not usually necessary in a pneumonectomy, because there is no lung to re-expand on the operative side.
- B. The pneumonectomy client should be positioned on the back or operated side, because the sutured bronchial stump may open, which would allow fluid to drain into the unoperated side and drown the client.
- C. The client should not have a pillow under the shoulder and back, because of the subscapular incision.
- D. Rates are commonly heard over the base of the remaining lung. An increase could indicate circulatory overload. Rates should be closely monitored.
29. A female postoperative client has returned to the Unit following a pneumonectomy. In assessing the client's incision, twenty-four hours postoperatively, the nurse notices fresh blood on the dressing. The nurse should first:
- A. reinforce the dressing.
- B. continue to monitor the dressing.
- C. notify the physician.
- D. note the time and amount of blood.
- (C)
- A. The dressing should not be reinforced without notifying the physician. The physician may decide to reinforce the dressing after assessing the amount of bleeding.
- B. Blood on the dressing is unusual, which should alert the nurse to do more than monitor the dressing.
- C. The physician should be notified immediately. If the bleeding persists, the client may need to return to surgery.
- D. The time and amount of blood needs to be recorded, but only after the physician is notified.



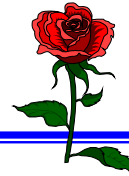
30. A postoperative priority nursing diagnosis for a client having a vertical partial laryngectomy would be:
- A. activity intolerance.
  - B. ineffective airway clearance.
  - C. high-risk for infection.
  - D. an altered oral mucous membrane.
- (B)
- A. The laryngectomy client should be able to gradually increase activities without difficulty.
  - B. The laryngectomy client may have copious amounts of secretions, which will require suctioning for the first 24-48 hours. Because the mucous collects in the cannula, it will require cleaning after the first 24 hours.
  - C. Even though the client does have a potential for infection, this is not more important than the ineffective airway clearance.
  - D. An altered mucous membrane problem is not more important than ineffective airway clearance. The client's mouth may become dry, but can be taken care of with good oral care.
31. A 47-year-old client is admitted for colon surgery. Intravenous antibiotics are started two hours prior to surgery even though the client has no known infection. The reason for giving antibiotics prior to surgery is to:
- A. provide a cathartic action within the colon.
  - B. reduce the risk of wound infection from anaerobic bacteria.
  - C. relieve anxiety.
  - D. reduce the risk of intraoperative fever.
- (B)
- A. Cathartics, not antibiotics, promote the evacuation of intestinal contents.
  - B. The client undergoing intestinal surgery is at an increased risk for infection from large numbers of anaerobic bacteria that inhabit the intestines. Administering antibiotics prophylactically can reduce the client's risk for infection.
  - C. Antibiotics are indicated in the treatment of infections and have no effect on emotions.
  - D. Antipyretics are useful in the treatment of elevated temperatures. Antibiotics would have an effect on an infection which causes a temperature elevation, but they would not directly affect the temperature elevation.
32. A 25-year-old client is admitted for a tonsillectomy and informs the nurse of having had episodes of muscle cramps, weakness, and an unexplained temperature elevation. Many years ago, the client's father died shortly after surgery subsequent to developing a high fever. The surgeon has ordered dantrolene sodium (Dantrium) prophylactically prior to the tonsillectomy to reduce the risk of:
- A. a postoperative infection.
  - B. malignant hyperthermia.
  - C. neuroleptic malignant syndrome.
  - D. a postoperative fever.



- (B)
- A. Dantrolene sodium (Dantrium) is a peripheral skeletal muscle relaxant and would have no effect on a postoperative infection.
  - B. Dantrolene sodium (Dantrium) is indicated prophylactically for clients with malignant hyperthermia or with a family history of the disorder. The mortality rate for malignant hyperthermia is high.
  - C. Neuroleptic malignant syndrome is an exercise-induced muscle pain and spasm and is not related to malignant hyperthermia.
  - D. Dantrolene sodium (Dantrium) is a peripheral skeletal muscle relaxant and would have no effect on a postoperative fever.
33. A 54-year-old client has cholelithiasis and is admitted for an elective cholecystectomy. The client is 5 feet 3 inches tall, weighs 205 pounds, and has smoked one pack of cigarettes per day for 35 years. The client will be NPO at midnight. When the client's spouse asks why the client cannot have breakfast the morning before surgery, the nurse should explain:
- A. 'Your spouse is a good-sized person and it won't hurt to miss breakfast.'
  - B. 'Eating breakfast and having food in the stomach could cause vomiting and aspiration during surgery.'
  - C. 'Your spouse will be too busy in the morning preparing for surgery to have time to eat breakfast.'
  - D. 'Not eating breakfast will prevent fecal contamination of the abdominal operative site.'
- (B)
- A. The client's size has nothing to do with an NPO status.
  - B. Clients are at greatest risk for aspiration and vomiting during surgery when food and/or liquids are in the stomach.
  - C. Preparation on the morning of surgery is time consuming, but it does not affect a client's NPO status.
  - D. The gallbladder lies under the surface of the liver and is a part of the biliary tract, not the intestinal tract. Cholecystectomy does not involve the intestinal tract or its contents.
34. A 29-year-old client is scheduled for an arthrotomy of the right knee following a football injury. The client describes his state of health as excellent and states that he does not use any medication. In providing psychological support for the client during the preoperative period, the nurse should:
- A. teach coughing and deep breathing exercises.
  - B. provide for spiritual care, if appropriate.
  - C. perform a head to toe assessment including height and weight.
  - D. administer preoperative medication as ordered.
- (B)
- A. Teaching coughing and deep breathing is a component of preoperative teaching, but it does not necessarily provide psychological support.
  - B. Spiritual care, a component of psychological support, can reduce the client's fears and anxieties related to the surgical experience.

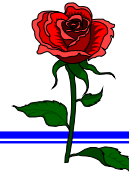


- C. Performing a physical assessment is part of the physical preparation for surgery, not the psychological preparation.
- D. Providing the preoperative medication is a part of the preparation immediately before surgery. While the medication will sedate and relax the client, it is not considered to be psychological support.
35. A 35-year-old client is admitted for elective tubal ligation. During the preoperative teaching, the client states, 'The anesthesiologist said she was going to give me balanced anesthesia. What exactly is that?' The best explanation by the nurse is that balanced anesthesia:
- A. is a type of regional anesthesia.
- B. uses equal amounts of inhalation agents and liquid agents.
- C. does not depress the central nervous system.
- D. is a combination of several anesthetic agents or drugs, which produce a smooth induction with minimal complications.
- (D)
- A. A regional anesthesia does not produce loss of consciousness and is indicated for excision of moles, cysts, and endoscopic surgeries.
- B. Varying amounts of anesthetic agents are used when employing balanced anesthesia. The amounts used depend on the age, weight, condition of the client and the surgical procedure.
- C. General anesthesia is a drug induced depression of the central nervous system, which produces loss of consciousness and decreased muscle activity.
- D. Balanced anesthesia is a combination of a number of anesthetic agents that produce a smooth induction, appropriate depth of anesthesia, and appropriate muscle relaxation with minimal complications.
- #36. A 29-year-old client is admitted for a hysterectomy and is expressing concern regarding the procedure. Shortly into the preoperative teaching, the client complains of a tightness in the chest, feelings of suffocation, light-headedness, and tingling in the hands. The client's respirations are rapid and deep. The nursing assessment reveals that this client is:
- A. having a heart attack.
- B. wanting attention from the nurses.
- C. suffering from complete upper airway obstruction.
- D. hyperventilating.
- (D)
- A. Classic symptoms of a heart attack include a heaviness or squeezing pain in the chest, pain spreading to the jaw, neck, and arm. Nausea and vomiting, sweating, and shortness of breath may also be present. However, the client does not exhibit these symptoms.
- B. Clients suffering from anxiety or fear prior to surgical procedures may develop hyperventilation. This client is not seeking attention.
- C. Symptoms of complete airway obstruction include not being able to speak, lack of airflow between the nose and mouth, and absent breath sounds.

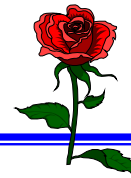


- D. A tightness in the chest, feelings of suffocation, light-headedness, tingling in the hands, and rapid deep respirations are signs and symptoms of hyperventilation, which is almost always a manifestation of anxiety.
37. A client is experiencing episodes of hyperventilation related to the surgery scheduled for tomorrow. The appropriate nursing action to help control hyperventilation is to:
- A. administer Valium 10-15 mg PO q4h and q1h prn.
  - B. keep the temperature in the client's room high to reduce respiratory stimulation.
  - C. have the client hold their breath or breathe into a paper bag when the hyperventilation episodes occur.
  - D. use distractions.
- (C)
- A. An adult Valium dosage for treatment of anxiety is 2-10 mg PO from two to four times daily. As written, the order would place a client at risk for an overdose.
  - B. A high room temperature could increase the hyperventilating episodes by stimulating the respiratory system.
  - C. Holding one's breath and breathing into a paper bag may be useful in controlling hyperventilation. Both measures increase CO<sub>2</sub> retention.
  - D. Distraction will not prevent or control hyperventilation, which is caused by anxiety or fear.
38. A client is scheduled for a coronary artery bypass graft (CABG) in the morning using a saphenous vein. The physician does not use the internal mammary artery for the bypass graft, because the internal mammary artery:
- A. takes more time to remove.
  - B. has a greater risk of becoming reoccluded.
  - C. is smaller in diameter.
  - D. has too many valves.
- (A)
- A. Many physicians do not use the internal mammary artery because it is time consuming.
  - B. Removing the internal mammary artery does not pose a greater risk of reocclusion. In fact, it may stay patent longer.
  - C. The internal mammary artery is larger in diameter than the saphenous vein.
  - D. The internal mammary artery does not have too many valves.
- #39. A client is scheduled for a cholecystectomy in the morning. In planning the postoperative care, the priority nursing diagnosis for the client will be at high-risk for:
- A. knowledge deficit.
  - B. urinary retention.
  - C. impaired physical mobility.
  - D. ineffective breathing pattern.
- (D)





- A. The client may have a knowledge deficit, but reducing the risk for knowledge deficit is not a postoperative priority nursing diagnosis.
- B. The client will have a Foley catheter for a day or two after the surgery. Urinary retention is usually not a problem once the Foley catheter is removed.
- C. A client having a cholecystectomy should not be physically impaired. The client is encouraged to begin ambulating soon after surgery.
- D. Because of the location of the incision, the cholecystectomy client is reluctant to breath deeply and is at risk for developing pneumonia. These clients have to be reminded and encouraged to take deep breaths.
40. The client has received preoperative teaching for a vertical partial laryngectomy. The nurse determines that the teaching has been effective when the client states:
- A. 'I know I will need special swallowing training after my surgery.'
- B. 'The quality of my voice will be excellent after surgery.'
- C. 'I will have very little difficulty swallowing after surgery.'
- D. 'I may also have to have a radical neck dissection done.'
- (C)
- A. Special swallowing training is required for a client with a supraglottic (horizontal partial) laryngectomy, not a vertical partial laryngectomy.
- B. The quality of the client's voice will be altered, but it will be adequate for communication.
- C. The client will have minimal difficulty swallowing.
- D. A radical neck dissection may be done with a total laryngectomy, not with a partial laryngectomy.
41. A client is scheduled for a pneumonectomy in the morning. The client has had a previous negative surgical experience, is talking rapidly, and has an increased pulse and respiratory rate. Nursing interventions for this client should include:
- A. providing opportunities for questions and talking about the client's concerns.
- B. providing distractions such as reading or watching television.
- C. assuring the client that everything will be all right.
- D. reminding the client that the surgery is not as extensive as the client's past surgery.
- (A)
- A. Providing an opportunity for an open discussion will help to clarify any misunderstandings about the surgery and gives the client a chance to verbalize any concerns about the surgery.
- B. Distractions will not alleviate the client's preoperative anxiety; it denies the anxiety the client is experiencing.
- C. Giving false assurance is not appropriate and it denies that anxiety is a normal response to the threat of surgery.
- D. Psychological responses are not directly related to the severity of the surgery; they are influenced by the client's experience.
42. Trevor Gilbert, 59, arrives at the ambulatory surgery department as instructed prior to his back surgery. The baseline history taken on Mr. Gilbert should include:
-



- A. experiences he's had with hospitalizations.
- B. reactions to his childhood immunizations.
- C. what type of diet he's on and his compliance with it.
- D. what he believes will happen as a result of the surgery.

(D)

- A. A preoperative assessment should include the patient's history, but the focus should be particularly on his expectations of this particular hospitalization.
- B. Knowledge about whether he received his childhood immunizations is important, but his reactions to those, even if he knows what they were, is not the most important information to gain today.
- C. The type of diet he's on is good information, but again not the most important information listed here.
- D. It is vital to determine the patient's expectations of his surgery, in order to correct any misperceptions he may have about the outcome, or reason, for this invasive treatment.

43. In the assessment of a trauma client, which of the following laboratory values would differentiate acute from chronic respiratory acidosis?

- A. Increased PaCO<sub>2</sub>
- B. Decreased PaO<sub>2</sub>
- C. Increased HCO<sub>3</sub>
- D. Decreased base excess

(C)

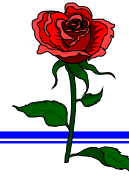
- A. Increased CO<sub>2</sub> will occur in both acute and chronic respiratory acidosis.
- B. Hypoxia does not determine acid/base status.
- C. The elevation of HCO<sub>3</sub> is a compensatory mechanism, which begins almost immediately following respiratory acidosis, but it takes hours to display any effect and days to reach maximum compensation. Renal disease and diuretic therapy may impair the ability of the kidneys to compensate.
- D. Base excess is a nonrespiratory contribution to acid/base balance and increases to compensate for acidosis.

#44 If not corrected, dehydration caused by hyperemesis results in fluid and electrolyte imbalance. Which of the following signs indicates a problem other than dehydration?

- A. Dry mucous membranes
- B. Bulging fontanel
- C. Decreased urine output
- D. Poor skin turgor

(B)

- A. Dry mucous membranes are a sign of dehydration.
- B. A bulging fontanel indicates increased intracranial pressure, whereas a sunken fontanel indicates fluid deficiency.
- C. Oliguria is a sign of dehydration, as well as concentrated scant urine.



- D. Loss of skin turgor is a sign of dehydration caused by fluid deficit in the tissue.
- 45 A 50-year-old client is being treated for congestive heart failure. The client's medical regimen consists of digoxin (Lanoxin) 0.25 mg PO daily and furosemide (Lasix) 20 mg PO bid. Which of the following laboratory tests should the nurse monitor?
- A. Intake and output  
B. Calcium (Ca+)  
C. Potassium (K+)  
D. Magnesium (Mg+)
- (C)
- A. Intake and output monitoring are not laboratory tests.  
B. Serum calcium levels are not affected by Lanoxin or Lasix.  
C. Lasix, a loop diuretic, is not potassium-sparing. Hypokalemia is a common side effect of Lasix and may enhance Lanoxin toxicity.  
D. Serum magnesium levels are not affected by Lanoxin or Lasix.

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