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Question: 1

Pulse oximetry readings may NOT be reliable in which of the following scenarios?

- A. Administration of vasoconstrictive medication
- B. Monitoring a patient during a conscious sedation procedure
- C. Evaluating response to an intravenous pain medication
- D. Monitoring a patient at risk for hypoxia

Answer: A

Explanation:

Correct answer: Administration of vasoconstrictive medication

Pulse oximetry is a noninvasive and painless test that measures oxygen saturation level of a patient's hemoglobin. It can rapidly detect even small changes in how efficiently oxygen is being carried to the extremities furthest from the heart, including the legs and the arms. Normal values range from 95% to 100%, while readings of 85% or less may indicate inadequate tissue oxygenation. Pulse oximetry is useful when monitoring a patient during procedures such as surgery or conscious sedation, evaluating the response to an intervention, or continuous monitoring of a patient at risk for desaturation and hypoxia.

Due to the narrowing of the blood vessels and subsequent decreased blood flow to the extremities, a pulse oximetry reading may not be reliable when administering vasoconstrictive medications.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 186.

Question: 2

If a patient has a persistent habit of eating non-nutritive substances, which eating disorder does the patient MOST likely have?

- A. Pica
- B. Rumination disorder of infancy
- C. Anorexia nervosa
- D. Bulimia nervosa

Answer: A

Explanation:

Correct answer: Pica

Pica is an eating disorder in which an individual persistently eats non-nutritive substances. Bulimia nervosa is characterized by repeatedly overeating, then inducing vomiting or laxative consumption.

Rumination disorder of infancy occurs in infants, and is characterized by repetitively regurgitating or rechewing food. Anorexia nervosa is characterized by weight loss that is induced by the individual.

Reference:

Emergency Nursing Core Curriculum, 7th Edition. Pg 444.

Question: 3

A 60-year-old male with a history of type II diabetes mellitus presents to the ED with a new foot wound. On assessment, you find the following: deep laceration with bone exposure, fever of 101.8 degrees Fahrenheit, and WBC of 21,000. You would be most suspicious of which of the following?

- A. Venous ulcer
- B. Cellulitis
- C. Osteomyelitis
- D. Thrombophlebitis

Answer: C

Explanation:

Correct answer: Osteomyelitis

Osteomyelitis is an infection in the bone. It can be caused by a blood stream infection spreading to the bone, or exposure of the bone through a break in the skin. It can be acute or chronic and symptoms may vary for each. In the acute setting, osteomyelitis should be considered when the following symptoms are present: fever, high WBC, high erythrocyte sedimentation rate (ESR), and an ulcer to the bone, or with bony exposure. Patients with diabetes are at high risk for developing osteomyelitis.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 158.

Question: 4

The rhythm change associated with hypercalcemia includes all of the following EXCEPT:

- A. Bradycardia
- B. Heart blocks
- C. Shortened ST segment
- D. Prolonged QT interval

Answer: D

Explanation:

Correct answer: Prolonged QT interval

Hypercalcemia is most often seen as a complication of a malignancy, such as multiple myeloma and T cell lymphoma.

ECG changes include a shortened ST segment and shortened QT interval. A flat T wave may also be present. Bradycardia, heart blocks, paroxysmal atrial fibrillation, cardiac standstill or cardiac arrest may result. Treatment involves identification of the underlying cause and reducing serum levels with rehydration.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 312.

Question: 5

A patient with suspected carbon monoxide poisoning has an SpO₂ of 98% on 2L per nasal cannula. In this case, which of the following is correct?

- A. The target SpO₂ is 100% when treating carbon monoxide poisoning
- B. SpO₂ readings are unreliable when carbon monoxide poisoning has occurred
- C. This SpO₂ reading indicates that carbon monoxide poisoning is unlikely
- D. The SpO₂ should be maintained at 95% or greater

Answer: B

Explanation:

Correct answer: SpO₂ readings are unreliable when carbon monoxide poisoning has occurred

SpO₂ readings are unreliable when carbon monoxide poisoning has occurred, because the SpO₂ monitor cannot distinguish between hemoglobin bound to oxygen and hemoglobin bound to carbon monoxide. Treatment decisions should not be made based on the SpO₂ value, and an acceptable SpO₂ value should not be used to rule out potential carbon monoxide poisoning.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 224.

Question: 6

Of the following blood products, which contains platelets, granulocytes, and plasma?

- A. Whole blood
- B. Platelets
- C. Plasma protein fraction
- D. Fresh frozen plasma

Answer: B

Explanation:

Correct answer: Platelets

The blood product that contains platelets, granulocytes, and plasma is platelets. Platelet transfusions can be pooled platelets or apheresis (single donor) platelets. The WBCs in platelet transfusions have the

potential to cause transfusion reactions. Therefore, it is important to monitor the patient closely during transfusion.

Whole blood contains red blood cells, white blood cells, platelets, plasma, and clotting factors. Fresh frozen plasma contains water, plasma, proteins, and clotting factors. Plasma protein fraction contains albumin and globulin in a saline solution.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 317.

Emergency Nursing Core Curriculum, 7th Edition. Pg 303.

Question: 7

The main difference between hyperosmolar hyperglycemic syndrome (HHS) and diabetic ketoacidosis (DKA) is:

- A. HHS consists of a less severely elevated glucose, and ketoacidosis is present
- B. HHS consists of a less severely elevated glucose, and ketoacidosis is not present
- C. HHS consists of a more severely elevated glucose, and ketoacidosis is not present
- D. HHS consists of a more severely elevated glucose, and ketoacidosis is present

Answer: C

Explanation:

Correct answer: HHS consists of a more severely elevated glucose and ketoacidosis is not present

The main difference between HHS and DKA is that HHS consists of a more severely elevated glucose without ketoacidosis. There are additional differences between HHS and DKA. HHS occurs most commonly in type 2 diabetics, while DKA occurs most often in type 1 diabetics. Additionally, HHS carries a higher mortality rate than DKA.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 307.

Question: 8

Ludwig's angina occurs:

- A. On the tongue
- B. In the periorbital area
- C. In the maxillary sinus
- D. On the floor of the mouth

Answer: D

Explanation:

Correct answer: On the floor of the mouth

Ludwig's angina is a potentially life-threatening, gangrenous cellulitis on the floor of the mouth. It is the result of a bacterial infection, often caused by infections of the second or third molars. Progressive swelling may lead to airway obstruction. Therefore, early treatment and intervention is critical. Antibiotics should be initiated as soon as possible, and the airway secured.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 282.

Question: 9

Which of the following is LEAST likely to increase the risk of an aortic dissection?

- A. Heroin use
- B. Marfan syndrome
- C. Being 65 years old
- D. Syphilis

Answer: A

Explanation:

Correct answer: Heroin use

Heroin use is unlikely to increase the risk of an aortic dissection. While stimulant use can increase the pressure on the aorta, depressants like heroin do not create the same risk. Marfan syndrome does significantly increase the risk of aortic dissection. Ages over 60 years and a history of syphilis are both risk factors for developing aortic dissection.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 206.

Question: 10

If a patient is diagnosed with urinary retention, what type of diagnostic study would be conducted?

- A. Urine culture
- B. Urinalysis
- C. Urine dip
- D. Bladder scan

Answer: D

Explanation:

Correct answer: Bladder scan

Urinary retention is a mechanical or a physiologic obstruction that causes the inability to pass urine. It can lead to repeated infections, which in turn can cause pain and damage to renal structures. The diagnostic study that is conducted for urinary retention is a bladder scan. A bladder scan is performed in order to determine the bladder's volume. It consists of a non-invasive ultrasound device that provides a

3D image of the bladder, and will determine the volume of urine within the bladder. The scan is typically performed 10 minutes after the patient has voided.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 355.

Question: 11

A patient has a hernia that you are able to push back into place. The patient's hernia is considered to be which of the following?

- A. Umbilical
- B. Strangulated
- C. Reducible
- D. Irreducible

Answer: C

Explanation:

Correct answer: Reducible

A reducible hernia is one that is able to be pushed back into place. Reducing the hernia not only provides symptom relief, but reduces the potential for future incarceration of the hernia. An irreducible hernia is a hernia that is unable to be pushed back into place. A strangulated hernia is a hernia that requires emergency surgery, because it is cutting off the blood supply. An umbilical hernia is a hernia that takes place through the umbilicus.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 570.

Question: 12

Which of the following BEST describes how cardiogenic shock occurs?

- A. Cardiogenic shock occurs when extreme emotion causes alterations in cardiac conduction
- B. Cardiogenic shock occurs when a patient is in a traumatic accident and loses a lot of blood
- C. Cardiogenic shock occurs when a patient's heart is not pumping blood effectively
- D. Cardiogenic shock occurs when a patient has a severe allergic reaction

Answer: C

Explanation:

Correct answer: Cardiogenic shock occurs when a patient's heart is not pumping blood effectively

Cardiogenic shock occurs when a patient's heart is not pumping blood effectively. It can also occur as a result of myocardial pump failure, decreased cardiac output, and inadequate tissue perfusion in the presence of adequate intravascular volume. Common etiologies of cardiogenic shock include myocardial

infarction, blunt trauma, sustained cardiac dysrhythmias, end stage cardiomyopathy, and valve dysfunction.

Hypovolemic shock occurs when a patient is in a traumatic accident and loses a lot of blood.

Anaphylactic shock occurs when a patient has a severe allergic reaction.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 218.

Question: 13

If a patient's trigeminal nerve is damaged, with which sensory function could the patient have complications?

- A. Equilibrium and balance
- B. Sensation of the cheek
- C. Hearing
- D. Taste on the anterior two-thirds of the tongue

Answer: B

Explanation:

Correct answer: Sensation of the cheek

If a patient's trigeminal nerve is damaged, the patient could have complications with the sensation of the scalp, face, and cornea of the eye. The acoustic nerve is linked to one's equilibrium, balance, and hearing. The facial nerve is linked to one's taste on the anterior two-thirds of the tongue.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 267.

Question: 14

Which of the following BEST describes when colloids should be used for shock?

- A. Colloids should be used for sepsis
- B. Colloids should be used for burns during the first 24 to 48 hours
- C. Colloids should be used for anaphylaxis
- D. Colloids should be used when a patient's initial response to crystalloids is insufficient

Answer: D

Explanation:

Correct answer: Colloids should be used when a patient's initial response to crystalloids is insufficient

Colloids are large molecule solutions that are used when a patient's initial response to crystalloids is insufficient. Colloids are known to stay in the vascular space better than crystalloids, and may be used in hypovolemic shock or neurogenic shock. Colloids should not be used in the first 24 to 48 hours when capillary permeability is increased, such as with sepsis, anaphylaxis, or burns.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 217.

Question: 15

Which of the following is LEAST likely to cause an ultraviolet radiation burn to the eye?

- A. Welding
- B. A sun lamp
- C. Skiing all day
- D. A laser pointer

Answer: D

Explanation:

Correct answer: A laser pointer

Laser pointers are likely to cause infrared radiation burns of the eye, not ultraviolet radiation burns. Light from the sun, or a source designed to mimic the sun, can cause ultraviolet radiation burns when concentrated on the eye. Exposure to large, reflective surfaces, like fresh snow, can cause this type of damage, as can exposure to sun lamps. Welding causes ultraviolet radiation that can lead to ocular burns.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 372.

Question: 16

Which of the following is most essential when handing off care during a care transition?

- A. Communication
- B. Medication reconciliation
- C. Patient education
- D. Completion of documentation

Answer: A

Explanation:

Correct answer: Communication

Communication is the core, essential component of a handoff. Good communication is necessary to ensure that all the necessary information is understood by the receiving care team. Medication reconciliation, complete documentation, and patient education are all important during handoff, but only because they are components of good communication.

Reference:

Emergency Nursing Core Curriculum, 7th Edition. Pg 648.

Question: 17

A 26-year-old female presents to the ED with vaginal bleeding, abrupt onset of unilateral pelvic pain, nausea and vomiting, and positive Kehr's sign. She states that her last period was five weeks ago. Which of the following medications should the nurse prepare to administer?

- A. Rho(D) immune globulin (human RhoGAM)
- B. Betamethasone
- C. Methotrexate
- D. Magnesium sulfate

Answer: A

Explanation:

Correct answer: Rho(D) immune globulin (human RhoGAM)

This patient is exhibiting signs of an ectopic pregnancy. Furthermore, a positive Kehr's sign (shoulder pain) is indicative that a rupture has occurred. Diagnostic procedures include obtaining hCG and serum progesterone levels to confirm the presence of a pregnancy, even if the patient denies being sexually active. A positive pregnancy test, low progesterone level, and the absence of an intrauterine gestational sac on ultrasound are all indicators of an ectopic pregnancy. A CBC and type and crossmatch with Rh should also be performed. Rho(D) immune globulin would be necessary, but only if the patient is Rh negative.

Methotrexate would only be given to disrupt and inhibit further growth of the pregnancy for unruptured ectopic pregnancies, and for patients who are not actively bleeding. It is not appropriate to administer magnesium sulfate or betamethasone in the case of an ectopic pregnancy.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 483.

Question: 18

Which of the following conditions is a patient who survives a pulmonary embolism MOST at risk for developing?

- A. Reoccurring pneumonia
- B. Chronic obstructive pulmonary disorder (COPD)
- C. Pulmonary hypertension
- D. Right sided heart failure

Answer: C

Explanation:

Correct answer: Pulmonary hypertension

Up to 70% of patients who survive a pulmonary embolism are likely to develop pulmonary hypertension. Reoccurring pneumonia or chronic obstructive pulmonary disorder (COPD) are unlikely to occur due to

pulmonary embolism, as this condition affects pulmonary vasculature, not the airways. Right sided heart failure is a risk of pulmonary hypertension. However, the risk of pulmonary hypertension is higher than the risk of a condition that will only occur in some patients who develop pulmonary hypertension.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 470.

Question: 19

Costochondritis is the inflammation of a rib and sternal junction, which causes tenderness and pain. Which of the following would cause costochondritis-related pain to worsen?

- A. Application of heat
- B. Decreased movement
- C. Shallow breathing
- D. Coughing

Answer: D

Explanation:

Correct answer: Coughing

Coughing, trunk movement, and deep inspirations would cause costochondritis-related pain to worsen. Decreased movement, shallow breathing, and the application of heat would cause costochondritis-related pain to lessen. If a patient has costochondritis, you will notice redness and warmth at the location of tenderness, but you should not notice swelling. If swelling is present, the patient would have Tietze syndrome, not costochondritis.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 394-395.

Question: 20

The emergency nurse understands that withdrawal from which substance is the MOST dangerous?

- A. Alcohol
- B. Cocaine
- C. Opioids
- D. Benzodiazapines

Answer: A

Explanation:

Correct answer: Alcohol

Alcohol withdrawal is the most dangerous form of withdrawal due to the risk of delirium tremens and seizures. Benzodiazapine withdrawal may cause a risk of seizures; however, delirium tremens will not

occur with this form of withdrawal. While opioid withdrawal and cocaine withdrawal may be uncomfortable, they are rarely dangerous.

Reference:

Emergency Nursing Core Curriculum, 7th Edition. Pg 437.

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