

Nursing AORN-CRNFA

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Question: 1

Wound debridement:

- A. closes a wound.
- B. removes dead tissue from a wound.
- C. cleans a wound.
- D. keeps a wound moist.

Answer: B

Explanation:

Wound debridement is performed in order to remove dead or devitalized tissue from a wound. This is important in order to prevent infection caused by the dead tissue. There are several debridement options including surgical wound debridement, biologic debridement (i.e., sterile maggot therapy), mechanical debridement (i.e., wet-to-dry dressings), chemical or enzymatic debridement (i.e., using a pharmaceutical version of collagenase), or autolytic debridement (i.e., using dressings to help the body use its own abilities to dissolve the dead tissue).

Question: 2

A risk associated with prolonged prone positioning includes:

- A. substantial blood loss.
- B. wound dehiscence.
- C. eye injury including temporary or permanent blindness.
- D. increased post-operative pain.

Answer: C

Explanation:

Ischemic optic neuropathy (ION) is the most common cause of perioperative visual loss. Increased intraocular pressure can occur when there is indirect or direct pressure on the globe of the eye. The prone position increases intraocular pressure, especially when prone Trendelenburg's position is used. Prolonged procedures, which can contribute to decreased perfusion to the optic nerve and excessive blood loss, are additional risk factors, as are patient co-morbidities of diabetes, hypertension, and anemia. Prevention is key as there is no current established treatment for ION.

Question: 3

Which stitches are tied in a continuous suture?

- A. Every third stitch
- B. The first and last stitch
- C. Every other stitch
- D. The last stitch

Answer: B

Explanation:

A continuous suture is made with one uninterrupted length of suture. Only the first and last stitches are tied. A continuous suture would be used to close tissue that needs a tight closure, such as on blood vessels to prevent leakage. Other types of sutures include an interrupted suture in which each stitch is tied individually, a stay or retention suture which is used to reinforce the primary suture, subcuticular sutures in which the stitch is placed under the epidermal skin layer, and the purse-string suture which surrounds a circular wound opening.

Question: 4

The nurse explained to the patient that after her needle biopsy of the liver she should maintain bed rest. The patient questioned why she must maintain bed rest following the procedure. What should the nurse teach the patient?

- A. Since anesthesia will be given, bed rest will prevent the patient from falling down.
- B. There is a high risk of bleeding post biopsy due to liver vascularity.
- C. The patient will be tired after the procedure and should get some rest.
- D. Bed rest is maintained in order to prevent stitches from opening.

Answer: B

Explanation:

Due to liver vascularity there is a high risk of bleeding or hemorrhage following a liver biopsy. Bed rest can help prevent injury and promote healing. The patient should lie on the right side for a minimum of two hours following the biopsy and maintain bed rest for up to 12 hours. Recovery is expected within one to two days; however, pain at the incision site may persist for several days and should be managed with prescribed pain medication.

Question: 5

Which of the following is the antidote to warfarin (Coumadin)?

- A. Magnesium sulfate
- B. Protamine sulfate
- C. Vitamin K
- D. Saline

Answer: C

Explanation:

Vitamin K is the antidote to warfarin. Warfarin is an anticoagulant that inhibits the effects of vitamin K on clotting factor II, factor XII, factor IX, and factor X. Warfarin blocks the action of vitamin K within the liver by competing for the same absorption sites needed for vitamin K uptake. Therefore, the levels of vitamin K within the liver decrease. Patients taking warfarin should be advised to limit their intake of foods high in vitamin K such as leafy greens, Brussels sprouts, and broccoli. Protamine sulfate is the antidote for heparin.

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