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Practice Questions

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1. A 47-year-old female presents today with a history of arthritis. She reports that she fell on, landing on her right knee about 2 weeks ago. She reports using ice and acetaminophen for pain. However, the knee has increased in size; it's hot to touch; has mild patellar erythema; and is difficult to move due to pain. She denies any fever or chills.

Which of the following does the patient exhibit?

- A. Bursitis
- B. Gout
- C. Rheumatoid arthritis
- D. Septic Arthritis

2. There are four stages of pressure ulcers. An elderly women presents with blisters on bilateral heels.

What stage are her ulcers?

- A. IV
- B. III
- C. II
- D. I

3. Lidocaine with Epinephrine is contraindicated for lacerations of:

- A. Fingers
- B. Penis
- C. Nose
- D. All of the above

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4. The 6 P's of neurovascular assessment include all of the following except:

- A. Paresis
- B. Pallor
- C. Pathologic
- D. Polar



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5. There are three types of heat related injuries.

Which of the following describes heat stroke?

- A. 0 Sweat induced electrolyte depletion leading to cramps of large muscles.
- B. 3 All of the Above
- C. 2 Sweat induced electrolyte imbalance with temperature above 98.6°F.
- D. 1 Rapid elevation in temperature which leads to failure of the body's cooling mechanisms.

6. Health care workers in the ED should be immunized with all of the following vaccines EXCEPT:

- A. 0 Hepatitis A
- B. 3 Influenza
- C. 1 Hepatitis B
- D. 2 Hepatitis C

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7. Which of the following tick-borne disease is MOST likely to results in a biphasic fever due to a viral infection?

- A. 2 Lyme disease
- B. 0 Colorado tick fever
- C. 1 Babesiosis
- D. 3 RMSF

8. Organizational culture reflects <code>_____</code>.

- A. 0 The ethnicity of the workforce
- B. 1 The extent to which an employee can succeed
- C. 2 Expectations and values
- D. 3 The formation of cliques within organizations

9. Which of the following statements would you consider the most important when giving medications to a patient that you are re-warming?

- A. 0 They may not be able to swallow them.
- B. 1 They may not like the taste of the medications.
- C. 2 They may refuse to take the medications.
- D. 3 When the patient is being re-warmed and they are given medications, they may receive a bolus of them when they begin to warm because of an increase in circulation.



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10. When collecting evidence there is specific documentation for each piece of evidence.
Which of the following should be included?

- A. 1 Name or initials of each health care provider involved
- B. 0 Patient's name
- C. 3 All of the above
- D. 2 Source of material

11. There are four different levels of triage during a disaster. If a patient has arterial bleeding, capillary refill of five seconds or stridorous breathing, which level are they classified?

- A. 2 Green
- B. 0 Black
- C. 3 Red
- D. 1 Yellow

12. A hurricane is coming, and nurses have been activated to open a shelter.
What items should the public be encouraged to bring to the shelter?

- A. 1 Cats and dogs
- B. 3 Radios, televisions and other electronics
- C. 2 Medication and records
- D. 0 Food and clothing

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13. A patient has been diagnosed with acute respiratory distress syndrome (ARDS) due to fluid overload. It can be expected that arterial blood gases early in the process will show:

- A. 0 Respiratory acidosis
- B. 2 Metabolic alkalosis
- C. 1 Metabolic acidosis
- D. 3 Respiratory alkalosis



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14. A 2-year-old comes into the emergency department with dry, hacking nonproductive cough. He is in respiratory distress and is afebrile. The physician diagnosis the patient with acute bronchitis.

What discharge instructions should be given to the parents?

- A. 1 Give over the counter cough medicine
- B. 3 Decrease fluid intake
- C. 0 Take all of the antibiotics
- D. 2 Use humidification in the child's room

15. Which of the following four patients in triage should be seen by a provider first?

- A. 1 A 23 year old male who fell off a 20 foot ladder and is having problems breathing
- B. 3 A 98 year old male on anticoagulants who tripped over a rug but did not hit his head
- C. 2 A 63 year old female who has a headache and a blood pressure of 176/112
- D. 0 A 6 year old female who likely has a broken tibia

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16. A 45-year-old patient presents to the emergency department with pallor, weakness, tachycardia, syncope and abdominal pain for the last few days. This morning, she vomited coffee ground emesis. Systolic blood pressure is 90 mm Hg. Management of this patient will include:

- A. 0 Insertion of NG tube.
- B. 2 Cardiac monitor and pulse oximetry
- C. 3 All of these
- D. 1 Fluid replacement and packed RBCs

17. The leading cause of maternal injury is:

- A. 2 Falls
- B. 3 Disseminated Intravascular Coagulation
- C. 0 Motor vehicle crashes
- D. 1 Domestic violence

18. A chronic pain in the upper abdomen with a sensation of fullness, associated belching, bloating and sometimes vomiting is which of the following?

- A. 2 Dyspareunia
- B. 0 Dysphagia
- C. 3 Dysuria
- D. 1 Dyspepsia



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19. Although Crohn's disease and ulcerative colitis can both cause inflammatory diseases of the colon, what other organ can be affected by Crohn's disease?

- A. 3 Lungs
- B. 1 Spleen
- C. 0 Liver
- D. 2 Stomach

20. What is the main intervention that needs to occur if a patient develops a perforation of the gastro intestinal tract?

- A. 0 Surgical intervention
- B. 2 Nasogastric tube placement to low wall suction
- C. 3 Hold all food and assess for signs of bleeding
- D. 1 Fluid resuscitation

21. The older patient that you have been assigned to is having difficulty distinguishing between hot and cold temperatures. Alteration of what gland activity would lead to this problem?

- A. 3 Sweat
- B. 1 Thymus
- C. 0 Parotid
- D. 2 Pineal

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22. A patient presents to the ED with fatigue that he says has been getting worse for the last two weeks. On the cardiac monitor, the patient is noted to be in atrial fibrillation, with a ventricular rate of 140. Blood pressure is 146/86. The patient does not have any cardiac or medical history. What medication does the nurse expect to give in the ED in this scenario?

- A. 3 Digoxin
- B. 2 Warfarin
- C. 0 Ibutilide
- D. 1 Diltiazem



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23. Steve was cleaning his bathroom. The cleaning solution he was using splashed into his right eye and caused a chemical burn.

What is the first thing Steve should do in this situation?

- A. Wash his eye with running water for about 15 minutes
- B. Put baking soda in his eye to neutralize the chemical
- C. Blink his eyes rapidly until all of the chemical is removed from his eye
- D. Leave his eye alone and immediately call 911

24. When preparing to repair an eyelid laceration, what must be avoided?

- A. Shaving of the eyebrows for better visualization of the wound.
- B. Lidocaine without Epinephrine to anesthetize the wound.
- C. Wound cleansing and ready to repair before swelling sets in.
- D. Keep the patient calm during suture repair.

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25. Which of the following conditions usually leads to immediate death?

- A. Hemothorax
- B. Myocardial rupture
- C. Tension pneumothorax
- D. Pulmonary contusion

26. A 34 year old female patient in hemorrhagic shock is admitted after suffering injuries from a motor vehicle accident. You have already administered 6 units of packed red blood cells to this patient with no change in her condition.

Which of the following should you anticipate the physician ordering next for her?

- A. Rapid infusion D5W.
- B. 4 units of platelets
- C. Fresh frozen plasma
- D. 2 more units of packed red blood cells

27. You have a 45 year old male that is admitted with nausea and vomiting, abdominal pain, and fever. The physician orders a work-up for gastric problems.

Which of the following list of interventions would more than likely be ordered for this patient?

- A. Chest x-ray, IV fluids and Lasix.
- B. Patient education, Vasotec, and an abdominal x-ray.
- C. Administration of IV fluids, labs, and medications such as antibiotics and antiparasitics.
- D. CT of the abdomen, NPO, and administration of a blood thinner.



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28. A 33-year-old female presents to the ED with anxiety, tremors, flushing, tachycardia, abdominal pain, tachypnea, and diaphoresis. During her triage and exam, she informs you she has lost 10 pounds over the last week and has not been exercising. She reports difficulty sleeping at night. As the ED nurse you suspect the patient is having which of the following?

- A. 3 Pancreatitis
- B. 2 Hyperglycemia
- C. 1 Increased ACTH
- D. 0 Elevated Thyroid levels

29. A 26-year-old female is brought into the ED by EMS for “weakness”. While assessing the patient you observe a callous on her left index finger of the proximal phalanx and eroding tooth enamel. The patient is awake and talking with staff and denies any suicidal or homicidal ideation. What should be suspected?

- A. 0 Depression
- B. 2 Obsessive-Compulsive Behavior
- C. 3 Bulimia
- D. 1 Mania

30. Sarah, 32, is accompanied by friends into the ED. Friends state she is recently divorced, has just lost her job, and found out she is pregnant. She is silent but is pacing in the triage room, unable to sit long enough to have a full set of vital signs taken. The nurse's initial reaction should be to:

- A. 2 Assess her safety
- B. 0 Get her in a quiet room, free of stimulus
- C. 1 Offer empathy
- D. 3 Have her undress into a gown that staff knows is the "psych gown"



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Answer Key & Explanations

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1. D — ■2■Septic Arthritis

The patient is exhibiting signs of septic joint. Most symptoms occur suddenly. However, there are exceptions. The invasion of the joint space now has bacteria and blood. When caring for these patients make sure to obtain a CBC and monitor for acute signs of infection and septicemia. Treatment includes drainage of the infected synovial fluid, application of antibiotic ointment, then cover, and antibiotic therapy.

2. C — ■3■II

Stage II ulcers is when there is skin over a wound, specifically blisters and the blisters may be broken or unbroken. Stage I is when the surface of the skin is erythematic and does not blanch. Stage III involves an ulcer that extends through all layers of skin, and has a higher rate of infection. Stage IV ulcers extend through all skin layers and involve muscle, even tendons and bone. These patients may require surgical intervention for debridement to promote healing of the wound.

3. D — ■3■All of the above

Epinephrine is contraindicated for suturing fingers, toes, penis, nose, and ears. Epinephrine is a vasoconstrictor and can compromise circulation to the healthy tissues.

4. C — ■3■Pathologic

Pathologic is not one of the 6 P's: Pain, pallor, polar, pulselessness, paresthesia, paresis/paralysis.

5. D — ■1■Rapid elevation in temperature which leads to failure of the body's cooling mechanisms.

Heat stroke is when the temperature goes above 105.8°F which can cause failure in the body's normal cooling mechanism. Patient can develop irreversible brain damage, heart failure and coagulopathies. Choice "a" is Heat Cramps and choice "C" is heat exhaustion.

6. D — ■2■Hepatitis C

A current vaccine against Hepatitis C does not exist. Hepatitis A, hepatitis B, and influenza are recommended vaccines for all healthcare workers.

7. B — ■0■Colorado tick fever

This is a disease caused by the Colorado tick fever virus.

8. C — ■2■Expectations and values

Organizational culture reflects the expectations and values of an organization and provides a guide as to how employees are expected to behave in their day-to-day roles for the company.

9. D — ■3■When the patient is being re-warmed and they are given medications, they may receive a bolus of them when they begin to warm because of an increase in circulation.

Because of the hypothermia, the medications don't typically circulate well. If possible, wait until they start warming. If this is not possible, be careful of the dosages you might give them. According to the condition of the patient, they may not be able to swallow well or may not like the taste of the medication. It is possible with confusion that they may refuse to take the medications, but the most important one would be the bolus they



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could receive when they start re-warming.

10. C — ■3■All of the above

All of the above should be performed when collecting evidence.

When documenting the source of the material, also document the description of the material. The date and time is also included.

11. C — ■3■Red

Red or Immediate is described above. Black or Deceased is pulseless, breathless, massive head trauma, or death is impending. However, if it's a pediatric patient with a pulse that is breathless, reposition their airway and give 5 rescue breaths before leveling them as black. Yellow or Delayed is a patient with a fractured femur, stable abdominal pain or minor head injury that is alert and talking. Lastly, Green or Minor are the "walking wounded" patients meaning they are similar to lacerations, corneal abrasions or radial or ulnar fractures.

12. C — ■2■Medication and records

The public should be encouraged to bring all medications and medical records to the shelter. Space will be limited at the shelter so they should not bring food, clothing or any type of electronics. Animals may or may not be allowed at the shelter.

13. D — ■3■Respiratory alkalosis

Early in the ARDS process, the patient will experience an increased respiratory rate resulting in decreased PCO2 which will cause a respiratory alkalosis. Later in the process, metabolic acidosis may occur as the body tries to rid itself of metabolic wastes.

14. D — ■2■Use humidification in the child's room

Acute bronchiolitis is usually virally related and does not require antibiotics. You should not give OTC cough meds to children at age 2. You need to increase fluids to help thin out any secretions. Adding humidification (humidified air) to the child will help with his symptoms, as the symptoms are self-limiting.

15. A — ■1■A 23 year old male who fell off a 20 foot ladder and is having problems breathing

This patient is having problems breathing and may have some internal trauma due to his fall, such as a pneumothorax. Airway or breathing problems should be prioritized over the other complaints.

16. C — ■3■All of these

For an UGI bleed, it is important to monitor the ABCs and administer oxygen since the patient is exhibiting signs of hemodynamic compromise. It is also important to administer Ringer's lactate and packed RBCs or whole blood. Particularly in older patients, there is a risk of MI secondary to hypovolemia so continuous monitoring is critical. An NG tube allows gastric lavage, which will remove blood and facilitate endoscopy.

17. C — ■0■Motor vehicle crashes

Motor vehicle crashes cause the most maternal and fetal injuries.

18. D — ■1■Dyspepsia

Dysphagia is difficulty with swallowing. Dyspareunia is painful intercourse. Dysuria is painful urination.

19. D — ■2■Stomach

Crohn's disease is an inflammatory disease that can involve any part of the digestive tract from the mouth to anus, including the stomach.

20. A — ■0■Surgical intervention

The main intervention that needs to occur if a patient develops a perforation of the gastrointestinal tract is



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surgical intervention. Perforation of the gastro intestinal wall results in peritonitis which can lead to sepsis, septic shock and death.

21. A — ■3■Sweat

Alterations in the sweat gland would lead to the patient having trouble distinguishing between hot and cold temperatures. The skin is important in protection, sensory reception homeostasis and temperature regulation. The parotid glands are important in the drainage of saliva. Melatonin biosynthesis occurs in the pineal gland, and immunological roles throughout the body are affected by the thymus gland.

22. D — ■1■Diltiazem

This patient needs rate control, so diltiazem is indicated, and the patient's blood pressure will be able to support it. The patient has been complaining of these symptoms for longer than 7 days and the patient has not been monitored so ibutilide for cardioversion is not indicated, especially since overall the patient is hemodynamically stable. This patient will need to see a cardiologist for decisions regarding warfarin, cardioversion, or other repairs. Digoxin is only indicated in patients with heart failure.

23. A — ■0■Wash his eye with running water for about 15 minutes

Chemical burns to the eyes should first be treated by flushing the eyes with running water for about 15 minutes. During this time, 911 should be called or the person should be immediately taken to the ER after they have flushed their eyes.

24. A — ■1■Shaving of the eyebrows for better visualization of the wound.

When performing eyelid laceration care, remember the laceration needs to be repaired before excessive swelling begins. You must never shave the eyebrows as they are used for landmarks and may not provide adequate closure. Avoid using Lido with Epi in the eyelids, ears, nose as Epinephrine decreases the circulation and may lead to ischemia.

25. B — ■2■Myocardial rupture

The most common cause of a myocardial rupture is with trauma from a vehicle accident. This can cause a perforation of the ventricles, articles or septum and is almost always causes immediate death.

26. C — ■3■Fresh frozen plasma

Although the packed red blood cells will help to increase the hemoglobin and hematocrit, at this time fresh frozen plasma would be needed. The fresh frozen plasma is appropriate because of the fact that it has the clotting factors in addition to the fibrinogen needed by this patient to help prevent further bleeding. IV fluids at a rapid rate would more than likely be given but typically not D5W. Platelets are often used to help control bleeding but not this type of injury, they are most often used for conditions due to thrombocytopenia.

27. C — ■0■Administration of IV fluids, labs, and medications such as antibiotics and antiparasitics.

With the nausea and vomiting the patient can become dehydrated. IV fluids will more than likely be ordered. Labs such as basic metabolic panel and complete blood count should be ordered, along with the administrations of the medications. Patient education is also important for this patient. The patient needs to realize the important of the correct diet to help with the problem. Recovery from this condition is a gradual one.

28. D — ■0■Elevated Thyroid levels

The patient is presenting with classic signs of hyperthyroid levels. The key is the weight loss, however all of her symptoms are consistent with everything speeding up - meaning she has increased thyroid levels and



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requires treatment to inhibit thyroid synthesis, specific agents include Tapazole, Thiamazole, P6-n-Propylthiourical or Iodine. Educate the patient that until her levels are normal she should increase her fluid and caloric intake.

29. C — ■3■Bulimia

Eating disorders are 95% more common in females. They are seen with tendencies of perfectionism, academic success, prefer isolation, asexual behavior and are triggered by personal crisis. However, the key to bulimia are patients with callouses on the fingers, from when they gag themselves and their teeth bite down on their finger, erosion of tooth enamel and fractured ribs. These patients are at risk for developing Mallory-Weiss tears, pancreatitis, metabolic alkalosis, hypokalemia and hypomagnesemia.

30. A — ■2■Assess her safety

Though all answers are correct, her safety, making sure she is not a threat to herself or anyone else, should be the first assessment.



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