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## Practice Questions

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**1. During a procedure at an ambulatory surgery center, a newly hired anesthesia technician suddenly complains of dizziness, nausea, and shortness of breath after accidentally inhaling a gas from the anesthesia machine. What is the likely cause, and what should be the immediate response?**

- A. Fatigue and dehydration; provide water and allow them to rest.
- B. Allergic reaction to latex; administer antihistamines and call for an epinephrine injection if needed.
- C. Hyperglycemia due to stress; check blood sugar levels and administer insulin as necessary.
- D. Nitrous oxide poisoning; move the technician to fresh air, provide supportive respiratory care including oxygen if necessary, and monitor vital signs.

**2. Why is it important to conduct a routine inventory check of surgical instruments before starting an ambulatory surgery?**

- A. To verify that the patient's consent forms are in order and signed
- B. To confirm the availability of enough staff members for the procedure
- C. To ensure all instruments are accounted for and in proper condition to avoid intraoperative delays or complications
- D. To make sure the instruments are sterile and ready for use

**3. Based on OSHA guidelines, which type of personal protective equipment (PPE) is recommended for handling hazardous drugs in an ambulatory surgery center?**

- A. Chemotherapy gloves
- B. Surgical masks
- C. Face shields
- D. Disposable gowns

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**4. During a routine outpatient endoscopy, a nurse accidentally spills a chemical disinfectant on their skin. What should they do first?**

- A. Rinse the affected area with water
- B. Report the incident to their supervisor
- C. Apply a sterile bandage over the area
- D. Continue assisting with the procedure

**5. In a clinic's medication storage area, certain medications require refrigeration. The refrigerator should not be set below 35°F (1.7°C) to prevent freezing of medications. At what maximum temperature should the refrigerator be set to ensure medication efficacy?**

- A. 50°F
- B. 48°F
- C. 40°F
- D. 46°F

**6. Which ethical principle requires maintaining patient confidentiality and protecting private information?**

- A. Fidelity
- B. Justice
- C. Confidentiality
- D. Autonomy

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**7. The Safe Medical Devices Act (SMDA) of 1990 requires healthcare facilities to report any medical device failures or malfunctions that result in serious injuries or death to the appropriate regulatory organization. Which organization is responsible for this act?**

- A. EPA
- B. FDA
- C. OSHA
- D. CDC



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**8. Which of the following is an obstacle to effective communication between a nurse and a patient during preoperative teaching?**

- A. Encouraging patients to ask open-ended questions
- B. Using medical jargon to explain the surgical process
- C. Providing pamphlets written at a 5th-grade reading level
- D. Employing a language interpreter for non-English speaking patients

**9. What term is used to describe the seamless and safe transition of a patient from the operating room to the recovery area, ensuring all critical information is communicated effectively?**

- A. Hand-off report
- B. Care coordination
- C. Patient transfer protocol
- D. Continuity of care

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**10. A patient with a history of severe allergies, including an allergy to latex, is scheduled for arthroscopic knee surgery at an outpatient clinic. What deviation from the normal preoperative process would you possibly expect as this patient's nurse?**

- A. The operating room must be specially prepared to be latex-free.
- B. The patient will need to be monitored for hypothermia postoperatively.
- C. The patient may require a special diet preoperatively.
- D. The patient may need to have blood type compatibility tested.

**11. A patient is being assessed preoperatively for a laparoscopic cholecystectomy. The patient also has a permanent pacemaker implanted. What will this affect in surgery?**

- A. Surgery will need to be performed open instead of laparoscopically
- B. Electrocautery use will need to be carefully managed
- C. The patient will require a blood transfusion
- D. The patient will need general anesthesia

**12. What effect does prolonged use of corticosteroids have on a patient's immune system?**

- A. Prolonged use of corticosteroids stimulates the immune system.
- B. Prolonged use of corticosteroids has no effect on the immune system.
- C. Prolonged use of corticosteroids is an immunostimulant.
- D. Prolonged use of corticosteroids suppresses the immune system.



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**13. When transferring a postoperative patient to the ambulatory care unit, what is the most effective method for the nurse to confirm that the patient understands the postoperative care instructions and the outpatient medications they need to take?**

- A. Inquire whether the patient has read the provided written instructions and feels ready for the transition to outpatient care
- B. Ask if the patient has any questions before the transition; answer these questions and provide the instructions to be read at home
- C. Show the patient a video on postoperative care and ask if they have any questions about their medications
- D. Ask the patient to verbalize their understanding of the outpatient care instructions and medication regimen, including schedules and dosages

**14. When should patient education about postoperative care begin?**

- A. As soon as the surgery is scheduled or admitted for pre-op assessment
- B. In the recovery room after the patient regains consciousness
- C. During the postoperative follow-up visit
- D. At the pre-anesthesia visit

**15. A 50-year-old male patient has just undergone a radiofrequency ablation for atrial fibrillation and is now being transferred to the PACU. The nurse understands that this patient requires which special intervention?**

- A. The patient will need a cooling blanket to manage body temperature.
- B. The patient should be monitored closely for signs of bleeding and hematoma at the catheter insertion site.
- C. The patient will require immediate anticoagulation therapy in the PACU.
- D. The patient should be kept NPO (nothing by mouth) for 24 hours.

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**16. What is a direct complication of leaving a patient in a wet surgical drape during a procedure for an extended period?**

- A. Skin ichthyosis
- B. Epidermolysis bullosa
- C. Skin maceration
- D. Skin mottling



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**17. All of these are key practices for maintaining sterile technique during outpatient orthopedic surgery except which one?**

- A. Using sterilized instruments and equipment
- B. Maintaining a sterile field throughout the procedure
- C. Wearing appropriate personal protective equipment (PPE)
- D. Reusing single-use instruments after proper sterilization

**18. While prepping a diabetic patient with a BMI over 35 for surgery, which of the following is NOT an appropriate intervention?**

- A. Ensuring the availability of extra positioning aids and assistance
- B. Using multiple skin preps and letting the prep pool in any skin folds to ensure microorganism elimination
- C. Ensuring the OR table has the appropriate weight capacity
- D. Planning for potential difficulties in intubation and increased anesthesia requirements

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**19. During a laparoscopy, which nerve might be at risk of damage if a patient's head is positioned in extreme hyperflexion?**

- A. The femoral nerve
- B. The saphenous nerve
- C. The brachial plexus
- D. The radial nerve

**20. Why is cold saline irrigation preferred in managing a bleeding surgical site during laparoscopic surgery?**

- A. Cold saline is isotonic and less damaging to tissues
- B. Cold saline helps in preventing postoperative infections
- C. Cold saline causes vasoconstriction, reducing bleeding
- D. Cold saline increases the viscosity of blood, which helps in clot formation



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**21. A 45-year-old male patient is scheduled for ambulatory surgery to excise a suspicious skin lesion on his back. The patient mentions that he has had similar lesions excised in the past, all of which were benign, so he isn't concerned about this one. What principle should the nurse consider when planning the back table set up and specimen retrieval?**

- A. All suspicious lesions are considered malignant until proven benign; precautions to avoid contamination should be taken
- B. Lesions are usually benign, especially given the patient's history, so minimal precautions are necessary
- C. Due to the patient's history of benign lesions, maintaining separate instruments for closure and tissue that have not contacted the lesion can be omitted
- D. The surgeon will likely not send the specimen for pathology since it is probably benign and it would unnecessarily increase patient costs

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**22. During intraoperative care in an ambulatory surgery setting, what behavior risks increasing personnel exposure to surgical smoke?**

- A. Frequent checks of surgical equipment for proper functioning
- B. Wearing high-efficiency masks in the OR
- C. Utilizing an effective smoke evacuation system
- D. Electrosurgical pencil use without smoke evacuation

**23. The surgeon orders the use of carbon dioxide laser for tissue ablation. The nurse knows which of these is true about the carbon dioxide laser?**

- A. The laser beam penetrates deeply into tissues, causing widespread damage.
- B. Operational safety requires placement of neuromonitoring electrodes close to the beam.
- C. It offers precise cutting with minimal thermal damage to surrounding tissues.
- D. It requires a grounding pad for operation.

**24. Which prep solution is appropriate for a patient's skin prior to a minor dermatological procedure?**

- A. Plain saline
- B. No skin prep
- C. Chlorhexidine in alcohol
- D. Iodine tincture



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**25. These are all correct methods for handling endoscopic instruments except which one?**

- A. Leaving the camera attached to the endoscope during cleaning and sterilization to protect it from detergents and sterilants.
- B. Storing the endoscope in a ventilated cabinet after sterilization.
- C. Testing the light source and camera equipment before use in the procedure.
- D. Using a sterile sleeve over the endoscope to prevent direct contact with patient tissues.

**26. A surgeon has ordered cephalexin for a patient as a prophylactic antibiotic prior to a hernia repair surgery. What would be a possible contraindication for the use of this antibiotic?**

- A. The patient is on a gluten-free diet
- B. The patient has mild kidney impairment
- C. The patient has a known severe allergic reaction to cephalosporins
- D. The patient has a history of gastrointestinal issues

**27. A patient undergoing a regional anesthetic block in pre-op prior to a knee arthroscopy suddenly becomes shaky, tachycardic, hypertensive, and feels like they have palpitations. The medication used in the block was ropivacaine with epinephrine and they were premedicated with lorazepam. What are their symptoms most likely a result of?**

- A. Pain from their knee
- B. The epinephrine
- C. Local Anesthetic Toxicity (LAST)
- D. Anxiety

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**28. A patient is scheduled for carpal tunnel release surgery under regional anesthesia using a femoral nerve block. What special supply is particularly important for this type of block?**

- A. A surgical microscope
- B. A nerve stimulator
- C. A single cuffed tourniquet
- D. A pneumatic tourniquet

**29. The pre-operative nurse is assessing a patient scheduled for a laparoscopic appendectomy. The patient takes enalapril QD, levothyroxine QD, albuterol PRN, aspirin QD, and warfarin QD. The patient did not take any of their medications this morning, but took enalapril and warfarin last night at 22:00 (10 pm). They've been NPO since midnight. Which medication would the nurse expect the anesthesia provider to order preoperatively?**

- A. Another dose of enalapril
- B. Levothyroxine
- C. Aspirin
- D. A dose of intravenous vitamin K

**30. During a minor hand surgery at an ambulatory surgical center, a patient with a known severe allergy to bee stings is given local anesthesia containing lidocaine-epinephrine for the procedure. Shortly after application, the patient complains of lightheadedness, shortness of breath, and their skin appears dusky with a pulse oximetry reading of 82%. What should the nurse do next and what should they ask the first coworker that responds to prepare?**

- A. They should immediately stop the procedure, administer oxygen at 15 liters via a non-rebreather mask, and ask the coworker to grab the anaphylaxis kit and prepare epinephrine for administration.
- B. They should sit the patient up and encourage deep breathing exercises, ask the coworker to grab an inhaler, and administer it as per standing orders.
- C. They should titrate the oxygen and ask the coworker to grab naloxone.
- D. They should elevate the patient's legs and ask the coworker to grab the cardiac crash cart.



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## Answer Key & Explanations

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**1. D — Nitrous oxide poisoning; move the technician to fresh air, provide supportive respiratory care including oxygen if necessary, and monitor vital signs.**

Correct Answer: Nitrous oxide poisoning; move the technician to fresh air, provide supportive respiratory care including oxygen if necessary, and monitor vital signs. Nitrous oxide is commonly used in anesthesia but can be hazardous if inhaled in significant amounts. Symptoms of nitrous oxide poisoning include dizziness, nausea, and shortness of breath. Immediate intervention includes moving the affected individual to an area with fresh air, providing supportive care including oxygen, and closely monitoring vital signs. Ongoing training for proper handling of anesthesia gases and PPE usage is essential in preventing such incidents.

**2. C — To ensure all instruments are accounted for and in proper condition to avoid intraoperative delays or complications**

Answer: To ensure all instruments are accounted for and in proper condition to avoid intraoperative delays or complications. Performing a routine inventory check helps verify that no instruments are missing or damaged, which is crucial for smooth operation and patient safety. If any instrument is not functional, timely replacement can be arranged to prevent delays or complications during the surgery.

**3. A — Chemotherapy gloves**

Answer: Chemotherapy gloves According to OSHA guidelines, special chemotherapy gloves are recommended for handling hazardous drugs because they provide a higher level of protection against chemical exposure. Surgical masks, face shields, and disposable gowns are also important, but they do not provide the same level of protection for handling hazardous drugs.

**4. A — Rinse the affected area with water**

Answer: Rinse the affected area with water The first action to take after coming into contact with a chemical disinfectant is to rinse the skin with water to remove any contaminants. After that, follow the facility's policy for reporting the incident and seeking medical evaluation if necessary.

**5. D — 46°F**

Answer: 46°F Refrigerators used for medication storage should maintain a temperature between 35°F and 46°F (1.7°C to 7.8°C) to ensure medication stability and efficacy. Temperatures above 46°F could compromise the integrity of certain medications. It is important to regularly monitor and document the refrigerator temperature as per facility policy.

**6. C — Confidentiality**

Answer: Confidentiality Confidentiality involves maintaining privacy and protecting patient information. Healthcare professionals must ensure that personal health information is kept confidential, accessible only to those who need to know in the context of care.

**7. B — FDA**

Answer: FDA The FDA is responsible for the Safe Medical Devices Act (SMDA) of 1990, which mandates healthcare facilities to report device-related incidents that result in serious injury or death.



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**8. B — Using medical jargon to explain the surgical process**

Using medical jargon can create confusion and hinder understanding, making it a barrier to effective communication. Preoperative teaching should be simplified and accessible to ensure comprehension. Providing materials at a 5th-grade reading level, using interpreters, and encouraging open-ended questions are all strategies to enhance communication.

**9. D — Continuity of care**

Answer: Continuity of care. Continuity of care involves thorough communication and detailed hand-offs between medical personnel to minimize the risk of errors and ensure patient safety during transfers.

**10. A — The operating room must be specially prepared to be latex-free.**

Answer: The operating room must be specially prepared to be latex-free. Patients with a latex allergy can experience severe reactions if exposed to latex products during surgery. All latex-containing items, such as gloves, catheters, and tubing, must be replaced with latex-free alternatives. Additionally, the surgical team and the operating room should be free of latex-containing materials to prevent latex particles in the air, and the patient should be monitored closely for any signs of allergic reactions.

**11. B — Electrocautery use will need to be carefully managed**

Electrocautery can interfere with the functioning of a permanent pacemaker. Careful planning and management are required to avoid electromagnetic interference. Additionally, the use of bipolar electrocautery instead of monopolar may be considered. It is not necessary to perform the surgery open instead of laparoscopically, nor does the presence of a pacemaker mandate a blood transfusion or general anesthesia specifically.

**12. D — Prolonged use of corticosteroids suppresses the immune system.**

Answer: Prolonged use of corticosteroids suppresses the immune system. Corticosteroids are commonly used to reduce inflammation and manage autoimmune diseases. However, their prolonged use can lead to suppression of the immune system, making patients more susceptible to infections. This suppressive effect is due to the inhibition of various immune responses, including the reduction of lymphocyte production and the inhibition of cytokine release.

**13. D — Ask the patient to verbalize their understanding of the outpatient care instructions and medication regimen, including schedules and dosages**

Answer: Ask the patient to verbalize their understanding of the outpatient care instructions and medication regimen, including schedules and dosages. The teach-back method is crucial in verifying that the patient comprehends their outpatient care instructions. Patients may have various barriers to understanding written instructions alone, such as low literacy or other communication challenges. Simply asking patients if they have read the material or if they have questions might not be sufficient to confirm their understanding. Videos can support learning but do not allow the nurse to assess how much information the patient has retained. Personalized instruction should incorporate a mix of written, verbal, and visual methods tailored to the patient's needs.

**14. A — As soon as the surgery is scheduled or admitted for pre-op assessment**

Answer: As soon as surgery is scheduled or during pre-op assessment. Early patient education allows the patient and their family to prepare adequately for the postoperative period, ensuring that necessary supplies, medications, and support systems are arranged ahead of time.



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**15. B — The patient should be monitored closely for signs of bleeding and hematoma at the catheter insertion site.**

Answer: The patient should be monitored closely for signs of bleeding and hematoma at the catheter insertion site. After radiofrequency ablation, patients are at risk for bleeding and hematoma formation at the catheter insertion site. It is crucial to monitor these areas closely to detect any complications early. Immediate anticoagulation therapy is not typically required unless specified by the physician, and keeping the patient NPO for 24 hours is not necessary.

**16. C — Skin maceration**

Answer: Skin maceration If a patient remains in a wet surgical drape for an extended period, the moisture can cause the cell walls of individual skin cells to weaken and the pH of the skin to change. Over time, this can lead to maceration, where the epidermis becomes saturated and the connective tissue dissolves, making the skin more susceptible to injury.

**17. D — Reusing single-use instruments after proper sterilization**

Answer: Reusing single-use instruments after proper sterilization In outpatient orthopedic surgery, maintaining sterile technique is crucial to prevent infections. Key practices include proper hand hygiene, using sterilized instruments and equipment, maintaining a sterile field, and wearing appropriate personal protective equipment (PPE). Instruments labeled for single-use must not be reused, even after sterilization, as they are designed to be disposable and may not sustain the integrity required for safe use during surgery.

**18. B — Using multiple skin preps and letting the prep pool in any skin folds to ensure microorganism elimination**

Answer: Using multiple skin preps and letting the prep pool in any skin folds to ensure microorganism elimination. Diabetic patients, especially those with a high BMI, are prone to various complications such as cardiac issues, respiratory distress, and delayed healing. Therefore, it's crucial to check the OR table's weight capacity, plan for possible intubation and anesthesia complications, and ensure that extra positioning aids and personnel are available. However, allowing multiple skin preps to pool in any skin folds can increase the risk of fire or chemical burns and is not recommended.

**19. C — The brachial plexus**

Answer: The brachial plexus. Extreme hyperflexion of the head can stretch and compress the brachial plexus, leading to potential nerve damage. The radial nerve is primarily in the arm, while the femoral and saphenous nerves are located in the leg, making them less likely to be affected by head positioning.

**20. C — Cold saline causes vasoconstriction, reducing bleeding**

Cold saline is preferred because it causes vasoconstriction, which reduces blood flow and helps control bleeding. This is crucial for improving visibility and minimizing blood loss during surgery.

**21. A — All suspicious lesions are considered malignant until proven benign; precautions to avoid contamination should be taken**

Answer: All suspicious lesions are considered malignant until proven benign; precautions to avoid contamination should be taken. Regardless of a patient's history of benign lesions, every suspicious lesion must be treated as potentially malignant until histopathological evidence suggests otherwise. Surgical teams should employ all necessary precautions to prevent potential malignant cell spread and ensure that the specimen is properly sent for pathological examination.



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**22. D — Electrosurgical pencil use without smoke evacuation**

Answer: Electrosurgical pencil use without smoke evacuation Surgical smoke contains toxic chemicals, viruses, bacteria, and cancerous cells. Exposure to surgical smoke can lead to various health issues such as respiratory problems, eye irritation, and even carcinogenic effects. It is crucial to use smoke evacuation systems to minimize exposure and improve air quality in the operating room.

**23. C — It offers precise cutting with minimal thermal damage to surrounding tissues.**

Answer: It offers precise cutting with minimal thermal damage to surrounding tissues. Carbon dioxide lasers are preferred for their precision and the minimal thermal damage they cause to adjacent tissues. Unlike some other forms of energy used in surgery, they do not require a grounding pad because the laser energy is direct and does not flow through the patient's body. The beam's penetration depth can be controlled, thereby minimizing the risk of widespread tissue damage.

**24. C — Chlorhexidine in alcohol**

Answer: Chlorhexidine in alcohol. Chlorhexidine in alcohol solution is effective against a wide range of bacteria, viruses, and fungi, providing comprehensive antisepsis for skin prior to dermatological procedures.

**25. A — Leaving the camera attached to the endoscope during cleaning and sterilization to protect it from detergents and sterilants.**

Answer: Leaving the camera attached to the endoscope during cleaning and sterilization to protect it from detergents and sterilants. Never leave cameras, light cables, or other sensitive electronics attached to endoscopic instruments after use. These attachments can inhibit proper sterilization and damage the equipment. The other methods listed are correct actions: storing in a ventilated cabinet helps drying, testing equipment ensures functionality, and using a sterile sleeve prevents contamination.

**26. C — The patient has a known severe allergic reaction to cephalosporins**

Answer: The patient has a known severe allergic reaction to cephalosporins. Cephalexin is part of the cephalosporin class of antibiotics and is often used for prophylaxis before surgery. It is generally well-tolerated but can cause allergic reactions in patients who have severe allergies to cephalosporins.

**27. B — The epinephrine**

Answer: The epinephrine. Epinephrine is added to local anesthetics to increase longevity through vasoconstriction. It is a potent stimulant and can cause an adrenergic response. Symptoms of overdose include tremors, nervousness, pallor, diaphoresis, palpitations, tachycardia, and hypertension. The maximum dose of ropivacaine with epinephrine should be carefully monitored to prevent systemic toxicity.

**28. B — A nerve stimulator**

Answer: A nerve stimulator Femoral nerve blocks are a type of regional anesthesia where the local anesthetic is injected near the femoral nerve to block sensation in the surgical area. A nerve stimulator is often used to help the anesthesiologist locate the nerve precisely by causing muscle contractions when the femoral nerve is close.

**29. D — A dose of intravenous vitamin K**

Answer: A dose of intravenous vitamin K Since the patient takes warfarin, they are at risk for excessive bleeding during and after the surgery. Warfarin is an anticoagulant, and its effects need to be reversed in the preoperative period to minimize bleeding risks. Vitamin K is given to counteract the effects of warfarin and help in the proper clotting of blood. Another dose of enalapril would not be given because it could lead to perioperative hypotension. Levothyroxine and albuterol are usually continued if they were not missed doses



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as they do not impact surgery directly in an acute setting. Aspirin also complicates clotting and needs to be stopped before surgery.

**30. A — They should immediately stop the procedure, administer oxygen at 15 liters via a non-rebreather mask, and ask the coworker to grab the anaphylaxis kit and prepare epinephrine for administration.**

The correct answer is: They should immediately stop the procedure, administer oxygen at 15 liters via a non-rebreather mask, and ask the coworker to grab the anaphylaxis kit and prepare epinephrine for administration. The nurse should suspect anaphylactic reaction since the patient has a known severe allergy. Symptoms like shortness of breath, dusky skin, and low pulse oximetry indicate a serious reaction likely exacerbated by the local lidocaine-epinephrine mixture. Administering high-flow oxygen helps stabilize the patient while waiting for the rapid response team. Epinephrine is the first-line treatment for anaphylaxis as it counteracts severe allergic reaction symptoms by relaxing airway muscles and tightening blood vessels. Without timely administration, the patient risks further deterioration, including potential airway obstruction and cardiovascular collapse. In such scenarios, rapid recognition and treatment are key to preventing complications like hypoxia, hypotension, and shock.



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