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Question: 1

A patient in pre-op holding has a history of hepatitis C and still takes Harvoni. Who needs to know about this diagnosis?

A. Anyone on the perioperative team giving direct care to the patient
B. The circulating nurse and the surgeon
C. All members of the perioperative team and the person decontaminating the instruments
D. The circulating nurse, the scrub tech, and the surgeon.

Answer: C

Explanation:
All members of the perioperative team and the person decontaminating the instruments have a right to know this information so they can take extra precautions to avoid injury from surgical sharps. There is no vaccination for hepatitis C, so extra caution should be taken.

Question: 2

All of these are risk factors for Local Anesthetic Systemic Toxicity (LAST) that should be noted in a preoperative patient assessment, except which one?

A. Sodium channel blocker use
B. Taking garlic supplements
C. Having a history of cardiac disease
D. Having a CNS disease

Answer: B

Explanation:
Garlic can increase bleeding times, but is not a risk factor for LAST.
Risk factors for LAST:
1. Very young or old
2. Low muscle mass, frailty, malnourishment
3. Females
4. Cardiac, metabolic, kidney, liver, and CNS diseases
5. Pregnancy
6. Acidosis
7. Taking sodium channel blockers like procainamide

Question: 3

How often should routine radiographic tests be completed on all lead aprons, vests, and skirts?

A. Every 12 months
B. Every 5 years
C. Every 6 months
D. Every 2 years

Answer: A

Explanation:
Personal radiation protective wear should be x-rayed and manually checked at least annually and whenever damage might have occurred.

Question: 4

A morbidly obese patient is undergoing an inguinal hernia repair. The preoperative nurse knows that this particular patient is at increased risk for which complication?

A. Increased incidence of recurrence of the hernia
B. Dehiscence
C. Hypotension
D. Increased vascular resistance

Answer: B

Explanation:
Dehiscence is partial or total separation of the most superficial wound layers. Obesity places patients at risk for dehiscence because fatty subcutaneous tissues are very poorly vascularized and heal slowly and poorly. Fatty tissue is also very vulnerable to trauma and infection due to poor vascularity. Morbidly obese patients are more than 100 lbs over their ideal body weight, and are at even more risk.

Question: 5

Near the end of a hysteroscopy and uterine polyp removal, the circulating nurse is comparing the amount of saline used with the amount in the suction container. They find that there is a discrepancy and 1600 milliliters of fluid are unaccounted for in the container. What should the nurse do?

A. Nothing, it is probably on the floor or in the drapes
B. Notify the anesthesia provider as they may want to insert a nasogastric tube
C. Turn the suction up to return more of the fluid from the uterus
D. Notify the surgeon as the uterus may be perforated

Answer: D

Explanation:
Any discrepancy in inflow or outflow over 1500 ml in a hysteroscopy must be reported to the surgeon so the fluid can be accounted for. If the uterus is perforated, then fluid may enter the peritoneal cavity and cause problems with hypervolemia.

Question: 6

Placing Sequential Compression Devices (SCDs) on a patient's legs prior to surgery addresses which DVT risk factor?

A. Claudication
B. Atherosclerosis
C. Hypercoagulability
D. Venous stasis

Answer: D

Explanation:
SCDs treat venous stasis by continually pumping and forcing the blood in the lower extremities back into systemic circulation. They should be turned on before induction of anesthesia because general anesthesia vasodilates and decreases venous return. SCD wraps are divided into chambers so pressure can be applied to each chamber at different times and direct the flow of blood. The strength of pressure used is 40–50 mm Hg applied for 12 seconds and then released for 48 seconds. This ensures that blood and clotting factors are emptied from deep venous sinuses and not allowed to accumulate.

Question: 7

A 65-year-old patient has just undergone a laryngoscopy with removal of polyps from the vocal cords. What should be at the bedside in PACU?

A. A nerve conduction tester
B. Ice chips
C. In incentive spirometer
D. A white board and markers

Answer: D

Explanation:
Vocal rest is very important after vocal cord polyp removal. The patient should speak as little as possible and coughing should be avoided. If coughing cannot be controlled, pharmacological suppression may be needed.

Question: 8

In which of these scenarios would the nurse want to have a lead skirt on the OR table to protect reproductive organs prior to bringing the patient from pre-op?

A. A 24-year-old male patient undergoing a cystoscopy with ureteral stent placement
B. A 29-year-old undergoing a port-a-cath placement in the right subclavian
C. A 30-year-old female patient undergoing a laparoscopic cholecystecomy with intraoperative cholangiograms
D. A 42-year-old male patient undergoing an umbilical hernia repair

Answer: B

Explanation:
Patients' reproductive organs and thyroids should be shielded whenever x-ray or fluoroscopy is being used, as long as it does not interfere with the sterile field. Thyroid shielding would not be possible with port-a-cath placement. Reproductive organ shielding would not be possible during cystoscopy or laparoscopic cholecystectomy due to the location of the surgical site. Thyroid shielding would be possible in these instances if anesthesia is amenable. X-ray would not be used in a normal umbilical hernia repair. Therefore, shielding would not be necessary.

Question: 9

What is the average CO2 insufflation pressure range for a laparoscopic abdominal procedure in a healthy adult?

A. 15–22 mm Hg
B. 12–15 mm Hg
C. 12–20 mm Hg
D. 8–18 mm Hg

Answer: B

Explanation:
12–15 mm Hg is the average range of insufflation pressure. Most insufflators default to 15 mm Hg. The pressure should be verified with the surgeon when insufflation is turned on. Obese patients may need higher pressure, up to 18 mm Hg. Some patients may need less pressure due to certain conditions or respiratory depression. However, pressure should not fall below 8 mm Hg to maintain the working space.

Question: 10

The circulating nurse sees a certified surgical technician student unclip a towel clip off the drapes and hand it to the surgeon when they ask for one to retract the skin at the incision site. What should the nurse do?

A. Do nothing, since towel clips are sometimes used as tissue retractors and it was convenient and ready on the sterile field

B. Notify the scrub student and surgeon that that towel clip is considered contaminated since it was attached to the drapes
C. Get another peel pack of towel clips and give them to the scrub to replace the one that was holding the drapes closed
D. Remind the surgical technician student, in private, that towel clips are only to be used on towels and drapes and that they should have handed the surgeon an allis instead

Answer: B

Explanation:
Towel clips used to clamp drapes should not be removed in surgery unless completely necessary. The points are considered contaminated after clamping drapes, and the towel clip should be removed from the sterile field if it is unclamped.

Question: 11

Which of these patients is most at risk for an air or venous gas embolism?

A. A patient undergoing a laparoscopic cholecystectomy
B. A patient undergoing a carpal tunnel release
C. A patient undergoing an ORIF of an ankle
D. A patient undergoing a cystoscopy

Answer: A

Explanation:
Any surgical procedure using insufflation places the patient at a risk of an air embolism. It is a rare occurrence, however. If the insufflation pressure in the abdominal cavity exceeds 15 mm Hg, the gas can be forced into an exposed blood vessel and cause symptoms. Under anesthesia it will present as hypotension, tachycardia, arrhythmias, and hypercapnia, but these symptoms are vague and can be mistaken for other complications. Other risk factors for air embolism include procedures such as brain surgery where the surgical site is above the level of the heart. Procedures that use surgical positions such as semi-fowlers, fowlers, or trendelenburg place the patient at risk. Treatment includes hemodynamic and ventilation support.

Question: 12

Laparotomy sponges are sometimes dipped in NS irrigation on the back table before use during surgery. This is not recommended for what reason?

A. They deposit lint in the irrigation that can be transferred to the body
B. A moist sponge won't pick up as much blood and body fluids as a dry sponge will
C. NS irrigation will cause hemolysis when the lap sponge is used in the body
D. NS irrigation will interfere with the radiopaque strip in the lap sponge

Answer: A

Explanation:
If irrigation is going to be used in the body, then laps should not be placed in it. Lint can cause foreign body reactions and tissue granulomas. Asepto syringes should be used to moisten sponges whenever the irrigation solution will be used in a body cavity.

Question: 13

Maintaining confidentiality and privacy of patients' information is of paramount importance in healthcare. Which statement best reflects the differences between privacy and confidentiality?

A. Privacy and confidentiality are two words to describe the exact same principle
B. Privacy is a patient's right to not be physically exposed unnecessarily; confidentiality is a patient's right to control access and distribution of their medical and personal information
C. Confidentiality is a patient's right to control access and distribution of their medical and personal information; privacy is confidence that all medical and personal information will be used only for the patient's benefit with caregivers who need to know
D. Privacy is a patient's right to control access and distribution of their medical and personal information; confidentiality is confidence that all medical and personal information will be used only for the patient's benefit and only shared with caregivers who need to know

Answer: D

Explanation:
Privacy and confidentiality are related, but not quite the same thing. Both are indisputable patient rights covered by law (HIPAA and HITECH).

Question: 14

A 38-year-old female patient is undergoing a laparoscopic left oophorectomy and cyst removal. Immediately after insufflation of the abdomen with CO2 begins, her vital signs deteriorate rapidly and her end-tidal CO2 decreases. What should the nurse prepare to do at the surgeon's and anesthesia provider's direction?

A. Shut off the insufflation and assist in tilting the patient to their left side, then hyperventilate with 100% oxygen
B. Turn off the gas, grab a tracheostomy tray, then hyperventilate with 100% oxygen
C. Shut off the insufflator, grab the crash cart, hold cricoid pressure, then give a breathing treatment
D. Turn down the pressure of the insufflation, and give dantrolene and calcium chloride

Answer: A

Explanation:

The symptoms shown here are the results of a possible gas embolism caused by insufflation. Gas emboli are very rare, but should always be considered when vital signs collapse immediately after insufflation. Treatment includes shutting off insufflation immediately, tiling the patient to the left, and hyperventilating with 100% oxygen. The anesthesiologist may also perform Durant's procedure by passing a right CVP catheter and aspirating blood from the right atrium of the heart to treat this condition.

Question: 15

An adult patient in the PACU suddenly loses consciousness and the EKG on the monitor shows ventricular tachycardia. No pulse is found after 10 seconds of assessment. What is the best next course of action?

A. Call a code blue over the intercom and run and get the crash cart while instructing your colleague to start giving rescue breaths.
B. Start chest compressions at a rate of 100-120 per minute while asking another colleague to alert the emergency response system and retrieve the code cart.
C. Give two rescue breaths and then start compressions at a rate of 100-120 per minute.
D. Activate the emergency response system and wait for the code team to arrive. Place oxygen on the patient in the meantime.

Answer: B

Explanation:
The most correct answer is to immediately start chest compressions at a depth of 2 inches and 100-120 per minute while having a colleague call for help. The American Society of PeriAnesthesia Nurses' Practice recommends that at least two RNs should be in the PACU at all times. One person should start CPR while the other retrieves necessary equipment and alerts essential personnel. After 30 compressions, 2 breaths are given, preferably with a bag mask device. Further ACLS guidelines are then followed.

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