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Question: 1

All of the following must occur when transporting hazardous medications except

- A. using sealed needleless syringes
- B. wearing of goggles with face shields by personnel
- C. using containers resistant to breakage
- D. having warning labels to alert personnel

Answer: B

Explanation:

In addition to wearing a single-use chemotherapy gown and two pairs of chemotherapy gloves when handling hazardous medications, perioperative personnel are required to wear goggles with side shields and a full face shield in order to be adequately protected from accidental spillage. Gloves should ideally be free of powder and changed every 30 minutes, gowns may be sterile or nonsterile depending upon where the perioperative nurse is working, and if there is concern of potential aerosolization of the hazardous medication, then an N95 respirator (or other comparable respirator) should also be worn.

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 515.

Question: 2

All of the following increase a patient's risk of developing a deep vein thrombosis except

- A. prolonged bed rest
- B. using oral contraceptives
- C. surgery lasting less than 30 minutes
- D. inserting a central venous catheter

Answer: C

Explanation:

Part of the preoperative patient assessment includes a thorough assessment for risk factors related to venous thromboembolism (VTE). Risk factors include, but are not limited to:

- the use of any estrogen therapy, including contraceptives
- previous history of VTE
- pregnancy
- dehydration
- smoking
- varicose veins

- trauma, and
- length of surgical time greater than 90 minutes (or 60 minutes if the procedure involves the lower limbs or pelvis)

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 1222.

Question: 3

The perioperative nurse is caring for a 2-year-old patient. A positive outcome for reduced separation anxiety is enhanced by:

- A. having the family and healthcare team discuss the patient's plan of care away from the patient.
- B. playing loud music in the OR suite.
- C. providing the patient with a favorite toy for comfort.
- D. talking to the patient about the surgery in medical terms.

Answer: C

Explanation:

A child's comprehension of and responses to the environment are based on developmental age. Nursing care should be tailored to the developmental age of the child to optimize the child's ability to understand the situation, to minimize the child's and family's stress and anxiety, and to facilitate the development of a trusting and supportive medical relationship. The types of fears are also related to the child's level of psychological development.

A toddler fears separation. Thus, an appropriate nursing intervention would be to allow a personal item into the OR for comfort/security. In turn, this should reduce separation anxiety and create a more positive experience for the child.

The other answer choices are not acceptable for a 2-year-old patient.

Reference:

Alexander's Care of the Patient in Surgery 15th Edition Pg 1010.

Question: 4

A patient arrives to the PACU following a skin graft procedure. The patient is calm, his facial expressions display minimal grimacing, and he states his pain level is 8 out of 10. The PACU nurse understands the most reliable indicator for pain level assessment is:

- A. the patient's demeanor.
- B. history related to drug usage.
- C. patient self-report.
- D. severity of facial expressions.

Answer: C

Explanation:

Pain is a subjective and individualized experience which may or may not be verbalized. Often, healthcare providers require objective signs of discomfort in addition to subjective reports of pain from the patient, which can lead to undertreatment of pain.

The guiding principle in pain care is that pain is whatever the patient says it is; the most reliable indicator of the existence and intensity of pain is the patient's self-report. Pain management is one of the highest priorities of postanesthesia care. Patients should be assessed for pain on admission to the PACU and at frequent intervals using a verbal descriptor rating scale, numeric rating scale, or a visual analog scale.

Reference:

Alexander's Care of the Patient in Surgery 15th Edition Pg 280.

Question: 5

The name of the clamp that is designed to hold bowel tissue and has opposing smooth flared edges is:

- A. Deaver.
- B. Kocher.
- C. Babcock.
- D. Allis.

Answer: C

Explanation:

Clamps are instruments specifically designed for holding tissue or other materials, and most have an easily recognizable design. They have finger rings, for ease of holding; shanks, whose length is appropriate to the wound depth; ratchets on the shanks near the rings, which allow for the distal tip to be locked on the tissue or object grasped; a joint, which joins the two halves of the instrument and allows opening and closing of the instrument.

The Babcock clamp has broad, flared ends with smooth tips, and it atraumatically grips or encloses delicate structures, such as bowel, ureters, or fallopian tubes. The Allis clamp has multiple, interdigitating short teeth on the tip, minimizing crushing or damaging tissue. The Kocher (also referred to as an Ochsner) clamp has transverse serrations and large teeth at its tip to grasp tightly on tough, slippery tissue such as fascia. A Deaver is a type of manual retractor.

Reference:

Alexander's Care of the Patient in Surgery 15th Edition Pg 201.

Question: 6

instrumentation during surgical specialties like orthopedics, will ensure efficient use of time and:

- A. equipment.
- B. CPD.
- C. money.

D. staff.

Answer: A

Explanation:

Orthopedic procedures vary in size and magnitude. Instruments range from small to very large. During large procedures, many instrument trays may be required. Careful planning and preparation of the instrument and equipment needs for the specific procedure ensures only those instruments needed are available and opened. The perioperative nurse is always ready and aware for any inevitable change in plan or process.

Reference:

Alexander's Care of the Patient in Surgery 15th Edition Pg 696.

Question: 7

The circulating nurse must perform immediate use steam sterilization (IUSS) for a small instrument set containing metal and nonporous items that were accidentally dropped onto the floor during a surgical procedure. The nurse should follow which routine cycle parameters?

- A. 250 degrees Fahrenheit for 10 minutes
- B. 270 degrees Fahrenheit for 4 minutes
- C. Refer to the manufacturer's recommendations
- D. 212 degrees Fahrenheit for 15 minutes

Answer: C

Explanation:

Correct answer: Refer to the manufacturer's recommendations

IUSS is a process used to sterilize items that are not intended to be stored for use at a later time. The cycle used has a very short or no dry time, which decreases the total time for processing. Items processed using IUSS should be used as soon as possible after they are removed from the sterilizer. Because cleaning and handling instructions recommended by the device manufacturer can vary widely, the nurse should always follow the manufacturer's instructions for express IUSS cycles to determine the number of times permitted and the cycle times appropriate for the particular items needing sterilization.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 312-313.

Alexander's Care of the Patient in Surgery 16th Edition Pg 79, 80.

AORN. 2021 Guidelines for Perioperative Practice. Pg 994-995, 1009.

Question: 8

According to Guidelines for Perioperative Practice, what is the preferred frequency that steam sterilizers should be monitored with a biological indicator?

- A. Weekly
- B. With each load
- C. Monthly
- D. Daily

Answer: D

Explanation:

Biological indicators should be used to monitor sterilizer efficacy. Efficacy monitoring should be performed at least weekly and preferably daily.

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 1077.

Question: 9

In relation to transcultural needs of the patient, it is important to include _____ needs in the nursing assessment.

- A. pharmacological
- B. medical
- C. activities of daily living
- D. spiritual

Answer: D

Explanation:

Correct answer: spiritual

Transcultural needs include spiritual, ethnic, and family patterns. Standard assessment of patient needs involve physical, physiological, and any other health status considerations.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 354.

Question: 10

A surgeon requests that harvested skin remaining from a grafting procedure be saved for a possible additional graft in 7 days. The scrub person places the skin on gauze moistened with an isotonic solution and rolls them loosely together. The most appropriate procedure for storing the tissue would be to

- A. place the skin and gauze in a sterile container and refrigerate at 39.2°F to 50°F
- B. place the skin and gauze in a sterile container with cryoprotectant, cool in the refrigerator for 2 hours, and then store in the freezer below 32 degrees Fahrenheit
- C. submerge the skin and gauze in a sterile container with 0.9% saline and 1,000,000 U aqueous penicillin and store in the refrigerator
- D. place the skin and gauze in a sterile container with tissue medium and refrigerate at 51.2°F to 55°F

Answer: A

Explanation:

Autologous skin harvests can be saved and safely stored for 7 days to 4 weeks if the tissue is processed and stored appropriately. The harvested tissue may be meshed or unmeshed, and is most often stored in a medium of normal saline despite evidence showing that the use of normal saline for these purposes is inferior to the use of other storage media. Refrigerated tissue should be kept between 39.2 degrees F to 50 degrees F. Antibiotics may be added to the solution; this has been found to be beneficial for patients who are requiring skin grafts as a result of burn injury, but is not standard practice for all autologous harvested skin.

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 17-18.

Question: 11

A patient receiving general anesthesia for an exploratory laparotomy experiences sudden tachycardia, diaphoresis, and intense muscle rigidity during induction. The anesthesia provider recognizes this as a malignant hyperthermia episode, and requests the malignant hyperthermia cart. The most appropriate action for the perioperative nurse is to

- A. prepare the dantrolene (Dantrium) for administration at the direction of the anesthesia provider.
- B. arrange for transfer of the patient from the OR to the ICU.
- C. instruct the scrub person to break scrub, call for assistance, and obtain the emergency cart.
- D. place the hypothermia blanket and ice packs over the patient and begin cooling measures.

Answer: A

Explanation:

Correct answer: prepare the dantrolene (Dantrium) for administration at the direction of the anesthesia provider.

The immediate administration of dantrolene (Dantrium) during an episode of malignant hyperthermia causes a significant reduction in mortality. The primary initial intervention the perioperative nurse should focus on is preparing dantrolene (Dantrium) for administration.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 152.

Question: 12

In the preadmission testing interview, the patient should be instructed to suspend which of the following medications prior to surgery?

- A. Phenytoin
- B. Hydrochlorothiazide

- C. Lanoxin
- D. Aspirin

Answer: D

Explanation:

During the preadmission testing interview, the perioperative assesses for use of medications (prescription and over-the-counter [OTC]) and herbal products. Aspirin, in addition to other prescription and OTC medications and some herbal products, has anticoagulant properties which may adversely affect the patient both during and after surgery.

Reference:

Alexander's Care of the Patient in Surgery 15th Edition Pg 127

Question: 13

The perioperative nurse appointed to the project evaluation committee has been assigned the task of reevaluating the inventory of sterile wrapped supplies kept in the OR. All of the following should be considered during the evaluation except

- A. packaging material.
- B. storage area environmental conditions.
- C. frequency of handling.
- D. proximity to a flash sterilizer.

Answer: D

Explanation:

Correct answer: proximity to a flash sterilizer.

A flash sterilizer is used to sterilize items that will be used immediately, not items that will be wrapped and used later. Frequency of handling, storage area environmental conditions, and packaging material are all factors that should be evaluated.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 95.

Question: 14

Which of the following is the primary reason that surgical instruments with wrappers are allowed to cool on the sterilization cart before being handled or removed?

- A. Handling of hot packages and instruments increases the risk of staff injury
- B. Cooling allows sufficient time for the chemical indicator to change
- C. Handling of hot packages and instruments could cause contamination via moisture on the hands
- D. Cooling prevents moisture from condensing on the package and the instrument

Answer: D

Explanation:

Steam remains in the packaging of a sterilized package at the end of a steam sterilization cycle; this vapor will exit the package during the cool down and drying phase if left undisturbed. Steam sterilized packages should be allowed to cool on the sterilization cart or rack as moving the hot package to another cooler surface can contribute to the development of condensation both inside and outside the package.

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 1067-1068.

Question: 15

Goals for safe patient discharge after a varicose vein procedure in the ambulatory setting include educating the patient:

- A. about removal of compression garments after 24 hours.
- B. about potential complications that require physician contact
- C. to decrease activity.
- D. with written instructions using medical terminology

Answer: B

Explanation:

An important consideration for vascular procedure patients in the ambulatory setting is postoperative and discharge education. Patients need detailed instructions regarding recovery and convalescence because this phase is not complete on discharge.

These instructions should include possible complications, activity level, wound care, pain management, and the plan for follow-up. Postoperative phone calls, 24 to 48 hours after discharge, have proven beneficial to identify any adverse events and answer patient questions.

Reference:

Alexander's Care of the Patient in Surgery 15th Edition Pg 929.

Question: 16

Which of the following medications could be life threatening, if administered during an episode of malignant hyperthermia?

- A. Dantrolene sodium
- B. Lactated ringers
- C. Calcium channel blockers
- D. D5W solution

Answer: C

Explanation:

Correct answer: Calcium channel blockers

Malignant hyperthermia affects the transport of calcium in skeletal muscle. Calcium channel blockers can augment this effect, leading to exacerbation of hypercalemia and inhibiting treatment of malignant hyperthermia.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 151-152.

Question: 17

Eyewash stations must be available for exposure to any hazardous material. The station should be located within _____ from the location of possible exposure.

- A. 15 seconds
- B. 30 seconds
- C. 5 seconds
- D. 10 seconds

Answer: D

Explanation:

The eyewash station must be located within 10 seconds from areas where exposure may occur and immediately available if the exposure is related to a caustic or strong acidic chemical.

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 166.

Question: 18

A surgeon requests that more power be drawn from an electrosurgical unit. Prior to complying with the surgeon's request, the perioperative nurse should

- A. check the security of the grounding pad and cord for contact
- B. apply a new grounding pad to another area of the body
- C. check the EKG electrodes or the IV needle site for burns
- D. apply the existing grounding pad to another area of the body

Answer: A

Explanation:

When using an electrosurgical unit, the perioperative nurse should confirm the lowest possible setting that can be used to achieve the necessary results. This prevents injury/damage to the treated tissues. If

the surgeon requests that more power be drawn from an electrosurgical unit, the perioperative nurse should first check to ensure that the unit is intact, looking for loss of adhesion of the dispersive electrode with the patient's skin or other contact issues can contribute to problems with coagulation and cutting. If the contact between the patient and the dispersive electrode is intact, the entire unit should be assessed for contact issues.

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 126-127.

Question: 19

A medication given preoperatively that does not decrease the risk of aspiration is:

- A. midazolam (Versed).
- B. ranitidine (Zantac).
- C. ondansetron (Zofran).
- D. metoclopramide (Reglan).

Answer: A

Explanation:

The primary purpose of premedication before anesthesia is to sedate the patient and reduce anxiety. Medications that may be given preoperatively include sedatives and hypnotics, anxiolytics, amnestics, tranquilizers, narcotics or other analgesics, antiemetics, and anticholinergics. A single medication may possess the properties of several medication classes.

To decrease the risk of aspiration, metoclopramide (Reglan) may be given to empty the stomach and to reduce nausea and vomiting. In addition, an antacid or an H₂-receptor–blocking medication, such as cimetidine (Tagamet), ranitidine (Zantac), or famotidine (Pepcid), may be included to decrease gastric acid production or the acidity of the gastric contents, or both. Chemoprophylaxis, with medications such as these, is part of safe airway management. Ondansetron (Zofran) is effective at blocking receptors that can cause nausea and vomiting, thus decreasing the risk of aspiration from vomiting; patients at risk for postoperative nausea and vomiting (PONV) receive either one or a combination of agents that block one or more of these receptor sites.

Midazolam (Versed) is administered frequently to relieve apprehension and to provide amnesia, not to decrease the risk of aspiration.

Reference:

Alexander's Care of the Patient in Surgery 15th Edition Pg 127, 128, 277.

Question: 20

An 89-year-old patient who is scheduled for a right femoral popliteal bypass is safely transferred to the OR bed. For this patient, it is most important that the perioperative nurse place the safety strap

- A. across the abdomen with padding
- B. tightly around an unaffected region

- C. securely enough to prevent the patient from moving, but loosely enough to allow adequate circulation
- D. below the knees in order to help avoid impeding the patient's circulation

Answer: C

Explanation:

Safety straps are a must for preventing injury to the anesthetized patient while in the operative area. All straps or potentially restrictive devices, such as blood pressure cuffs, pulse oximetry sensors, and tape, must be applied adequately enough to secure the patient or allow the device to function correctly, while at the same time not interfering with the patient's circulation or nerve function. Furthermore, these devices should not be applied directly over bony prominences or in areas where there are superficial nerves which may be damaged.

Reference:

AORN. 2022 Guidelines for Perioperative Practice - eBook. Pg 729.



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