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Question: 1

According to the Institute of Medicine's definition of evidence-based practice, the most relevant research is

- A. epidemiological.
- B. patient-centered clinical.
- C. qualitative data collection.
- D. basic medical/experimental.

Answer: B

Explanation:

Patient-centered clinical research is the most relevant research for the development of evidence-based practice. The clinical research can be interventional or observational but centers on the needs and responses of the patient. Epidemiological research focuses on historical patterns in the frequency and distribution of disease. Qualitative data collection, often used in the beginning phases of research exploration, utilizes focus groups, interviews, and narrative reports to gain information. Basic medical/Experimental research focuses on health-related topics, such as biochemistry and genetics, and may include animal experimentation.

Question: 2

In evidence-based practice, the best description of patient preference is

- A. an essential component.
- B. a secondary component.
- C. an intervening component.
- D. an optional component.

Answer: A

Explanation:

Patient preference is an essential component of EBP because the values and preferences of the patient affect the patient's willingness to cooperate and participate as well as the patient's recovery. Patient preferences should always be considered as part of the plan of care and the plan developed in partnership with the patient. When patients choose a treatment option or plan of care not supported by evidence, then the nurse must provide unbiased information. Other essential components of EBP include best practices (based on clinical research), clinical experience/expertise, and context (including the setting and patient situation).

Question: 3

Which of the following is the most critical element in preventing infections associated with venous access devices?

- A. Hand hygiene
- B. Device selection
- C. Insertion site protection
- D. Health professional's experience

Answer: A

Explanation:

Hand hygiene is the most critical element in preventing infection associated with venous access devices. Hands that are dirty or contaminated with body fluids (feces, urine, blood) should be washed thoroughly (minimum 15 seconds) with antimicrobial or non-antimicrobial soap and water. If hands are not visibly dirty, then an alcohol hand rub may be used, following manufacturer's recommendations. Hands should be decontaminated prior to and after any direct contact with a patient and before application and after removal of sterile gloves.

Question: 4

Which of the following intravenous drugs is incompatible with intravenous morphine sulfate?

- A. Fentanyl citrate
- B. Famotidine
- C. Furosemide
- D. Fluconazole

Answer: C

Explanation:

Furosemide is incompatible with morphine sulfate. Incompatibility occurs if when two drugs are mixed together, chemical deterioration occurs in one or both drugs. Incompatibility may be physical or chemical. In some cases, precipitates may form or the solution may appear hazy or discolored, but these obvious changes are not always present, so drug compatibility must always be verified. Effects may be synergistic or antagonistic, or some new effect may occur.

Question: 5

Which is the preferred method to prevent movement and catheter migration associated with a venous access device?

- A. Suturing in place
- B. Securing with transparent dressing
- C. Securing with sterile tape
- D. Securing with a catheter stabilization device

Answer: D

Explanation:

A catheter stabilization device is the preferred method to prevent movement and catheter migration associated with venous access devices. Stabilizing reduces the risk of phlebitis and infection. Suturing is associated with higher infection rates as it is more invasive. Sterile tapes can provide adequate stabilization but may loosen if the patient is diaphoretic or bleeding occurs at insertion site. The stabilization device should be changed with routine catheter care.

Question: 6

A patient is admitted to the unit after vomiting excessively for 4 days at home. The patient's serum pH is elevated, PCO₂ is relatively normal, and urine pH is >6. The patient is dizzy, confused and is exhibiting tremors, seizures, tingling, tachycardia, arrhythmias, and hypoventilation. The patient is most likely exhibiting symptoms of

- A. respiratory alkalosis.
- B. metabolic alkalosis.
- C. respiratory acidosis.
- D. metabolic acidosis.

Answer: B

Explanation:

These symptoms are typical of metabolic alkalosis: Elevated serum pH, PCO₂ relatively normal (if compensated) or increased (if uncompensated), and urine pH >6 (if compensated). The patient is dizzy, confused and is exhibiting tremors, seizures, tingling, tachycardia, arrhythmias. Metabolic alkalosis occurs with decreased strong acid or increased base, with compensatory CO₂ retention by the lungs associated with hypoventilation. Metabolic alkalosis is usually caused by excessive vomiting, gastric suctioning, diuretics, potassium deficit, excessive mineralocorticoids, and/or excessive NaHCO₃ intake.

Question: 7

Which of the following veins should be avoided for short peripheral catheter insertion?

- A. Metacarpal vein
- B. Cephalic vein

- C. Antecubital fossa vein
- D. Basilic vein

Answer: C

Explanation:

The antecubital fossa veins should be avoided for short peripheral catheter insertion because they are in an area of flexion, which can result in phlebitis or infiltration. Also, because antecubital fossa veins are easily accessible, they should be saved and other veins used first. The most distal veins should be used first although insertion should be proximal to previous insertion sites. Veins often used for short peripheral catheters include metacarpal, median, cephalic, and basilic veins.

Question: 8

Which of the following does the Occupational Safety and Health Administration (OSHA) regulate?

- A. Patient right to privacy
- B. Disposal methods for sharps, such as needles
- C. Reimbursement for services
- D. Patient surveys

Answer: B

Explanation:

The Occupational Safety and Health Administration (OSHA) regulates workplace safety, including disposal methods for sharps, such as needles. OSHA requires that standard precautions be used at all times and that staff be trained to use precautions. OSHA requires procedures for post-exposure evaluation and treatment and availability of hepatitis B vaccine for healthcare workers.

Question: 9

According to the phlebitis scale, when a streak and/or palpable venous cord begins to form, the phlebitis is classified as which of the following?

- A. Grade 1
- B. Grade 2
- C. Grade 3
- D. Grade 4

Answer: C

Explanation:

Grade 3. Phlebitis may occur because of irritating medications or IV fluids, injury to the lining of the vein, or infection. The phlebitis scale:

- Grade 0: Asymptomatic.
- Grade 1: Redness about site and may complain of pain.
- Grade 2: Pain as well as redness and/or swelling.
- Grade 3: Pain and redness as well as streak and/or palpable venous cord.
- Grade 4: Pain and redness as well as streak and palpable venous cord more than one inch long and/or purulent discharge.

Question: 10

Which of the following is a normal serum osmolality for an adult patient?

- A. 285 mOsm/kg
- B. 270mOsm/kg
- C. 310 mOsm/kg
- D. 265 mOsm/kg

Answer: A

Explanation:

A normal serum osmolality for an adult patient is 285 mOsm/kg (normal range 275 to 300 mOsm/kg). Hypo-osmolality occurs with values <275 mOsm/kg (critical value 265 mOsm/g) and hyper-osmolality with values above 300 mOsm/kg (critical value 320 mOsm/kg). When sodium levels increase or fluid levels decrease, osmolality increases. Corticosteroid and mannitol may increase serum osmolality while carbamazepine, liydrochlorothiazide, and clilorpromazine may decrease levels. Respiratory arrest may result from levels of 360 mOsm/kg. Death may occur with levels >420 mOsm/g.



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