

Nursing

CCI-CNOR

Competency & Credentialing Institute: Certified Perioperative Nurse



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Question: 1

You are about to perform an abdominal skin prep on your patient when you notice that the umbilicus has a piercing present. You should:

- A. Leave the jewelry in place, but cleanse around the piercing site with alcohol
- B. Remove the jewelry and cleanse the piercing site with alcohol
- C. Remove the jewelry; it is not necessary to cleanse the piercing site before the skin prep
- D. Leave the jewelry in place, but cleanse around the piercing site with povidone-iodine (betadine)

Answer: B

Explanation:

Correct answer: Remove the jewelry and cleanse the piercing site with alcohol

Remove all body jewelry that pierces the skin in the surgical area to be prepped, then cleanse the pierced site with alcohol. Piercings should be removed before the patient enters the OR, but this does not always happen in an emergency situation.

Jewelry, including piercings, should be removed to prevent electrosurgical burns.

Question: 2

A trauma patient with an amputated thumb is being prepped for reimplantation surgery of the amputated digit. Intraoperative care of this patient includes all the following actions except:

- A. Apply anti-embolism stockings and foot wraps
- B. Freeze the amputated digit in dry ice
- C. Position the patient on a gel-filled mattress and pad pressure points of his body
- D. Insert a Foley catheter

Answer: B

Explanation:

Correct answer: Freeze the amputated digit in dry ice

Perioperative care of this trauma patient includes anticipating a long time frame for surgery (the surgical procedure may take from 4 to 16 hours). The objective is to obtain maximal return of function by minimizing permanent disability. For the procedure, position the patient on a gel-filled mattress and pad for pressure points, apply anti-embolism stockings and anti-embolism foot wraps, and insert a Foley catheter. The amputated digit should be placed dry into a plastic bag, which is then sealed and immersed in crushed ice inside an insulated container (i.e., Styrofoam) to prevent melting of the ice during travel. The amputated digit should not be warmed, frozen, or packed in dry ice.

Question: 3

Criteria for appropriate surgical attire includes all of the following except:

- A. Able to seal in heat and water vapor to protect the wearer
- B. Resistant to blood, fluids, and abrasion to prevent penetration by microorganisms
- C. Easy to don and remove
- D. Hypoallergenic and cool

Answer: A

Explanation:

Correct answer: Able to seal in heat and water vapor to protect the wearer

Surgical attire should be as follows: an effective barrier to microorganisms, made of closely woven material void of dangerous electrostatic properties, resistant to blood, fluids, and abrasion to prevent penetration of microorganisms, designed for maximum skin coverage, hypoallergenic, cool and comfortable, nongenerative of lint, made of a pliable material to permit freedom of movement, colored to reduce glare under lights, easy to don and remove, and able to transmit (not seal in) heat and water vapor to protect the wearer.

Question: 4

The geriatric patient who is scheduled to undergo surgery is at risk for all of the following complications except:

- A. Hyperthermia
- B. Hypovolemia
- C. Skin breakdown
- D. Thrombus formation

Answer: A

Explanation:

Correct answer: Hyperthermia

With aging comes changes and alterations to the body systems. These body system changes can negatively impact, or are negatively impacted by, surgery and surgical interventions. The geriatric adult is more likely to experience hypothermia as a result of the administration of unwarmed IV fluids and anesthetic gases, scanty covering with surgical gown and sheets, and the cooler environment of the OR. They are more at risk for thrombus formation and emboli as a result of the slowing of circulation, hypotension brought on by surgery and anesthesia administration, and are at increased risk of hypovolemia from losses of blood or other body fluids. Skin is sensitive and vulnerable to abrasion and breakdown because of decreased dermal thickness and elasticity.

The perioperative team must take steps to ensure the unique needs presented by the geriatric patient are accounted for and interventions applied to prevent the development of potentially harmful, or even deadly, surgical complications.

Question: 5

When performing surgery on an infant, which of the following modifications to the OR bed might the surgeon request to improve his operating convenience?

- A. Lower the head portion of the bed
- B. Placement of a gel pad along the full surface of the bed
- C. Lower the foot portion of the bed
- D. Raise the height of the operating room table

Answer: C

Explanation:

Correct answer: Lower the foot portion of the bed

Smaller patients, particularly pediatric patients and infants, do not require the full usage of the length of the operating room bed. Surgeons may request that the foot portion of the bed be lowered to decrease the length of the working surface for accessibility.

Question: 6

The verbally and cognitively intact patient should be able to identify which of the following?

- A. The reason why s/he is having the procedure, in his/her own words
- B. The correct spelling of the surgeon's name
- C. The technical name of the procedure s/he is undergoing
- D. The surgical procedure, site, and surgeon in his/her own words

Answer: D

Explanation:

Correct answer: The surgical procedure, site, and surgeon in his/her own words

During the admission process to the presurgical holding area, the holding area nurse verifies with the patient the surgical procedure, site, and surgeon in his own words and this should be recorded on the surgical checklist. This is done to indicate that the patient understands the procedure which is to be performed and by what surgeon, and helps to ensure patient safety. If the patient is a minor or is not cognitively able, the legal guardian should be asked to verify the above information.

Question: 7

A patient who has completed surgery at an ambulatory surgery center (ASC) is being monitored in the PACU until recovered enough to qualify for discharge. Which of the following discharge parameters is the BEST method of ensuring the patient is stable and appropriate to be discharged to home?

- A. Patient assessment data
- B. The Post-Anesthetic Recovery Scoring System (PAS)
- C. The Aldrete Scoring System
- D. The modified Aldrete Scoring System

Answer: A

Explanation:

Correct answer: Patient assessment data

The Aldrete Scoring System is a post-anesthesia scoring scale which is commonly used to determine a patient's eligibility for discharge following surgery. The scale is comprised of five categories (activity, respiration, circulation, consciousness, and color) in which the patient is attributed points based upon parameters which are met (or unmet) at certain times following the patient's admission to the PACU. The modified Aldrete Scoring System replaces the use of color as a parameter with oxygen saturation. Patients must meet a certain score in order to be considered eligible for discharge to home. Facilities may vary regarding which scores are acceptable for discharge.

Despite the common and frequent use of the Aldrete systems for establishing post-surgical discharge parameters, scale score should not replace the patient's basic assessment data. The patient may have other assessment findings outside those scored within the Aldrete system that would make a discharge to home questionable or even dangerous.

The Post-Anesthetic Recovery Scoring System (PAS) is typically used within the PACU to establish whether the patient meets criteria to be discharged from Phase I to Phase II recovery.

Question: 8

Which of the following surgical procedures, utilized to correct pectus excavatum, involves a curved metal bar placed under the ribs to elevate the sunken part?

- A. The Nightingale procedure
- B. The Nuss procedure
- C. The Ravitch procedure
- D. The Killian procedure

Answer: B

Explanation:

Correct answer: The Nuss procedure

During the Nuss procedure, a minimally invasive procedure that has all but replaced the much more invasive, open, lengthy surgical repair of pectus excavatum, a curved, flexible metal bar is slipped beneath the rib cage through means of two small incisions made at each side of the chest along the level

of the space between T4 and T5. The bar is then rotated outwards, using the outward curve of the bar to push the defective ribs outward. Children who undergo the Nuss procedure can typically return to school within two weeks of the procedure, and have the bar removed during an outpatient procedure after two to three years.

The Ravitch procedure is an open procedure which can be used to repair both pectus excavatum and pectus carinatum. In this open, lengthy procedure, the sternum is resected, as are the ribs and cartilage, and then the sternum is lifted up and the cartilages affixed in place on the sides of the sternum in an attempt to hold it in its new place.

The Killian procedure is a surgical procedure used to treat diseases of the sinuses. The Nightingale procedure is non-existent.

Question: 9

Your patient states, "I'm scared about not waking up from surgery." Which of the following statements demonstrates paraphrasing?

- A. "What is it that scares you about anesthesia?"
- B. "You're afraid you won't wake up?"
- C. "Don't you trust us?"
- D. "Are you scared that the anesthesiologist will make a mistake during surgery?"

Answer: B

Explanation:

Correct answer: "You're afraid you won't wake up?"

Communication is effective only when the patient and caregivers understand one another. Paraphrasing is taking what a patient has said and restating it. Paraphrasing shows that you are listening and that you have understood the message in communication. It allows the speaker to clarify if their message was not received correctly.

The other options do not reflect appropriate examples of paraphrasing.

Question: 10

You have been ordered to insert a Foley catheter in a male patient who was involved in a motor vehicle accident (MVA) and is headed to surgery. As you are preparing to insert the catheter, you notice blood at the urethral orifice.

What should you do?

- A. Do not insert the catheter and notify the physician
- B. Insert the catheter and report the amount of bloody urine in the drainage bag; this is an expected finding in a trauma victim
- C. Insert a three-way catheter because you anticipate the patient will require bladder irrigation
- D. Insert the smallest-sized catheter available to prevent further trauma to the urethra, stopping if resistance is felt upon insertion

Answer: A

Explanation:

Correct answer: Do not insert the catheter and notify the physician

Blood at the urethral orifice may indicate a pelvic fracture that has damaged the urethra or bladder. Notify the physician immediately and do not insert the catheter until the patient has been cleared, possibly by imaging studies.

Question: 11

Preoperative holding units and induction rooms are common in surgical suites. Patient care in these areas includes all the following actions EXCEPT:

- A. Starting an IV and any other invasive lines (arterial lines, central lines)
- B. Getting the patient dressed for the OR
- C. Giving a nerve block for pain management
- D. Applying surgical skin prep

Answer: D

Explanation:

Correct answer: Applying surgical skin prep

Preoperative holding room and induction room activities may include getting patients dressed for the OR, starting an IV and any other invasive lines (arterial lines, central lines) needed, and giving nerve blocks (including regional anesthesia) for pain management. Patients may also be premedicated and stabilized on the same OR bed that will be used for the procedure. The OR bed is used as the transport vehicle to the OR, where it is connected and locked to a base unit permanently mounted on the floor. Depending on the surgical services' physical layout, all these actions can be done in the preoperative holding area or induction room.

The surgical skin prep should be applied after the patient is positioned in the OR suite, and before the incision is made.

Question: 12

The OR technologist is cleaning up after a surgery in which x-ray was used. When putting away lead aprons, what should the technologist do?

- A. Visually inspect the shield to determine intactness
- B. Fold the shield for storage outside the OR
- C. Lay the shield flat for storage outside the OR
- D. Wear gloves when handling the shield to prevent damage to the shield

Answer: C

Explanation:

Correct answer: Lay the shield flat for storage outside the OR

Radiation exposure may occur in the OR when radioactive materials such as x-ray, fluoroscope, or brachytherapy are utilized during the surgical procedure. Various radiation shielding devices may be utilized to protect the surgical team, including lead aprons, neck shields, lead-lined gloves, leaded glasses, and lead screens. Lead aprons should be hung or laid flat when not in use.

Lead aprons should not be folded. Folding lead aprons can cause cracking to the lead lining, rendering the shield ineffective. Damage to lead shields may not be detected by visual inspection; the radiology department should test lead shields for intactness every six months or sooner if damage is suspected (do this by examining under x-rays). Wearing gloves is not necessary when handling lead aprons after a procedure. However, sterile team members should wear sterile gloves over lead-impregnated gloves when the hands will be in direct exposure (e.g., during fluoroscopy), when injecting radioactive dyes or elements, and while handling radioactive implants.

Question: 13

The patient benefits from a tranquil and relaxed OR environment during induction for all these reasons except:

- A. The patient can hear his or her music of choice
- B. Movement can be distracting to the patient
- C. Hearing is the last sense to be lost
- D. Induction is facilitated by a quiet environment

Answer: A

Explanation:

Correct answer: The patient can hear his or her music of choice

Since hearing is the last sense to be lost during anesthesia, it is important that operating room personnel keep noise and movement to a minimum during induction of anesthesia to facilitate induction, decrease patient anxiety, and ensure the effects of sedation are not counteracted. A tranquil, relaxed atmosphere is conducive to team concentration and orderly functioning, so all can go well. The standards of ethical conduct should be strictly enforced.

Question: 14

According to TeamSTEPPS, which of the following components is included in the delivery of mutual support for members of the perioperative team?

- A. Timely feedback
- B. Critical dialogue
- C. Articulation of goals

D. Vigilance for goal attainment

Answer: A

Explanation:

Correct answer: Timely feedback

TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) is an evidence-based framework that was developed to improve the performance of the health care team. The framework relies on the implementation of four teachable/learnable skills which have been shown to improve the team. These four skills include leadership, communication, situation monitoring, and mutual support.

The delivery of mutual support includes providing feedback that is timely and respectful; the exchange of information that is specific and aimed toward improving the performance of the team; voicing any concerns in a manner to elicit a response in order to ensure successful communication; and the ability for any team member to appropriately demand the ceasing of an activity or process if there has been a breach in safety without fear of retaliation or reprisal.

Critical dialogue is a component of communication. Articulation of goals is a component of leadership. Vigilance for goal attainment is a component of situation monitoring.

Question: 15

Which of the following actions would be appropriate when meeting a patient for the first time?

- A. Greet them using their last name and ask permission to use their first name
- B. Tell them about the patient in the next bed who had the same procedure done and is doing well, but do not disclose personal identifiers
- C. Wait for them to acknowledge you before speaking to them, then greet them using their last name
- D. Tell them a funny joke to ease the tension, then greet them using their last name

Answer: A

Explanation:

Correct answer: Greet them using their last name and ask permission to use their first name

When meeting a person for the first time, introduce yourself and explain the purpose of the visit. Unless specifically requested to use the first name, demonstrate respect at all times by addressing the patient by his last name, preceded by Mr., Mrs., or Ms. You may then ask the patient for permission to use their first name.

Telling a funny joke would not be appropriate, nor would ignoring the person until they speak to you. Sharing information about another client would be breaking confidentiality.

Question: 16

Where would perioperative staff find information about disinfectants' toxicity, reactivity, storage, handling, and required personal protective equipment (PPE)?

- A. Safety Data Sheet
- B. Material Safety Disinfectant and Sterilant Sheet
- C. Medical Safety Data Sheet
- D. Safety Disinfectant and Sterilant Sheet

Answer: A

Explanation:

Correct answer: Safety Data Sheet

Any chemical agent accepted for use by a facility must be FDA approved and have a copy of the safety data sheet (SDS), formerly known as material safety data sheet (MSDS), readily available for perioperative and central supply staff in the event of a spill or exposure, as required by OSHA.

Question: 17

Cleanliness and decontamination are the first and most important steps in disinfection. All of the following actions involves cleaning and disinfecting dirty instruments except:

- A. Using an enzyme presoak/prerinse
- B. Wiping organic matter off instruments during a procedure
- C. Washing the instruments
- D. Ethylene oxide sterilization

Answer: D

Explanation:

Correct answer: Ethylene oxide sterilization

Ethylene oxide sterilization sterilizes items (kills microorganisms including endospores), not just disinfects items (which does not kill endospores).

Organic matter must be removed from instruments/devices to make further processing more efficient. Wiping the organic matter off during the surgical procedure starts the process. The enzyme presoak/prerinse continues the cleaning process. Washing the instruments manually cleans the instruments in preparation for routine sterilization when the process is complete.

Question: 18

Regarding the use of abbreviations, when documenting in the operative patient's medical record, the perioperative nurse:

- A. May use abbreviations approved by the Association of periOperative Registered Nurses (AORN)
- B. Is discouraged from using abbreviations
- C. May use specific abbreviations which have been approved by the perioperative nurse manager
- D. May use abbreviations which have been established and approved by the health care facility

Answer: D

Explanation:

Correct answer: May use abbreviations which have been established and approved by the health care facility

The patient record serves a legal record of the patient's clinical course, identifying the patient's condition, what treatments were received, the plan of care, and the patient's response to the implemented treatments and plan of care. Whether that patient record exists in hard copy form (paper and ink) or in digital format (computer-based documentation system), the patient record must be completed in compliance with the policies and guidelines established by the health care facility. Abbreviations may be used only for commonly accepted medical terms; the specific abbreviation may vary from facility to facility, but needs to be established and agreed upon by the facility. The perioperative nurse may not use her own abbreviations, and specific departments may not create abbreviations specific for only their use.

The AORN discourages use of abbreviations, acronyms, and symbols in clinical documentation.

Question: 19

How far away from a sterile field should the unsterile staff (circulating nurse, anesthesia provider, etc.) remain?

- A. At least 2 feet
- B. At least 6 inches
- C. At least 1 foot
- D. At least 18 inches

Answer: C

Explanation:

Correct answer: At least 1 foot

Unsterile personnel should maintain an awareness of sterile, unsterile, clean, and contaminated areas and their proximity to each. They must be aware of their closeness to the sterile field and must maintain a distance of at least 1 foot from any area of the sterile field. Also, they must never walk between two sterile areas (e.g., between sterile instrument tables) and must always face and observe a sterile area when passing it to be sure they do not touch it.

Question: 20

What is the most reliable indicator of a patient's existence and intensity of postoperative pain?

- A. The surgeon's report
- B. The perioperative nurse's report
- C. The anesthesia provider's report

D. The patient's self-report

Answer: D

Explanation:

Correct answer: The patient's self-report

Patients are assessed for vital signs and level of discomfort. Pain is considered to be the fifth vital sign and has been referred to as both physiologic and psychologic. A pain assessment provides the foundation for good pain control and includes obtaining location, intensity, and pain rating scale (based on age and cognition). The gold standard for assessing the existence and intensity of pain is the patient's self-report.

The nurse's report, surgeon's report, and anesthesia provider's report all aid in the clinical picture of pain assessment, but the patient report is the most valuable.

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