

Nursing

MSNCB-CMSRN

Medical-Surgical Nursing Certification Board: Certified Medical-Surgical Registered Nurse



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Question: 1

Which of the following is least important when planning rehabilitation after a Myocardial Infarction (MI)?

- A. Risk factor modification
- B. Regular physical examinations
- C. Improving coping mechanisms
- D. Education related to complications of an MI

Answer: C

Explanation:

Correct answer: Improving coping mechanisms

Improving coping mechanisms is normally a component of psychiatric rehabilitation, not cardiac rehab. Risk factor modification, regular physical examinations, and education related to complications of an MI are all important components of planning cardiac rehab.

Question: 2

In adults, red bone marrow is found in all of the following bones except the:

- A. Skull
- B. Vertebrae
- C. Ribs
- D. Sternum

Answer: A

Explanation:

Correct answer: Skull

Bone marrow is found in the medullary cavity of long bones; yellow marrow is primarily adipose tissue, and red marrow is the site of hematopoiesis.

At birth, nearly all bone marrow is red and hematopoietically active. As the need decreases, red marrow is replaced gradually by yellow. In adults, only the vertebrae, ribs, iliac bones, and sternum have red marrow.

Question: 3

Symptoms of Grave's exophthalmos include all of the following except:

- A. Light sensitivity
- B. Dry, irritated eyes and puffy eyelids
- C. Cataracts
- D. Bulging eyeballs

Answer: C

Explanation:

Correct answer: Cataracts

Graves' exophthalmos is an inflammation of tissue (caused by a collection of mucoproteins) behind the eye causing the eyeballs to bulge. Exophthalmos may also cause pressure or pain in the eyes, light sensitivity, dry eyes and puffy eyelids, double vision, and trouble moving the eyes.

About one-quarter of persons with Graves' disease develop exophthalmos. The condition is frequently self-limiting, resolving without treatment over the course of a year or two.

Question: 4

You are providing care to a patient who was admitted to the medical-surgical unit after experiencing a myocardial infarction (MI). Which of the following statements is true related to this patient?

- A. The patient may be treated with metoprolol (Lopressor, Toprol) due to its positive inotropic effect
- B. The patient's oxygen saturation should be maintained at 90% or above
- C. Renal insufficiency/failure is the leading cause of death in patients experiencing MI
- D. The patient is likely to be treated with morphine sulfate, as it is the most common narcotic analgesic used to treat pain in MI/acute coronary syndrome

Answer: D

Explanation:

Correct answer: The patient is likely to be treated with morphine sulfate, as it is the most common narcotic analgesic used to treat pain in MI/acute coronary syndrome

Metoprolol is a negative, not a positive, inotropic drug. The patient's oxygen saturation should be maintained at 95% or above. Although renal insufficiency/failure is a complication of myocardial infarction/acute coronary syndrome, arrhythmias are the leading cause of death in patients experiencing MI.

Question: 5

You are caring for a patient who had a thoracentesis eight hours ago. While assessing the patient, you observe that the patient has a rapid heart rate; rapid, shallow respirations; and has absent breath sounds to the left upper lobe of the lung.

You interpret this complication as:

- A. Pulmonary embolism
- B. Flail chest
- C. Pneumothorax
- D. Respiratory distress

Answer: C

Explanation:

Correct answer: Pneumothorax

A thoracentesis, or needle drainage, is performed to remove excess fluid in the pleural space (as with pleural effusions). If air inadvertently enters the pleural space during the thoracentesis, pneumothorax (partial or complete lung collapse) can occur, typically within the first 24 hours following this procedure. Pneumothorax can be manifested by tachycardia, tachypnea, and diminished or absent breath sounds on the affected side, depending on the degree of collapse. While respiratory distress is a correct answer, pneumothorax better describes these symptoms.

Question: 6

Which of the following interventions would be least helpful for preventing infection in a patient with neutropenia?

- A. Following best practices for hand hygiene
- B. Instructing the patient to bathe and perform oral care regularly
- C. Only allowing visitors who may be sick to spend two minutes or less with the patient
- D. Not allowing fresh fruits or vegetables into the patient's room

Answer: C

Explanation:

Correct answer: Only allowing visitors who may be sick to spend two minutes or less with the patient

Visitors who are feeling unwell should not expose the patient to their illness. Spending two minutes with the patient would potentially expose the patient; these visitors should not be allowed in the patient's room.

Fresh fruits and vegetables may carry pathogens from dirt, even when cleaned. These foods should not be allowed in the patient's room. Nursing staff should always follow hand hygiene best practices. Regular bathing and oral care may help to reduce the patient's risk of infection.

Question: 7

Which of the following hormones is not produced in the anterior pituitary gland?

- A. Prolactin
- B. Thyroid-stimulating hormone

- C. Oxytoxin
- D. Luteinizing hormone

Answer: C

Explanation:

Correct answer: Oxytoxin

Oxytoxin and Antidiuretic Hormone (ADH) are both produced by the posterior pituitary gland, not the anterior pituitary gland. Thyroid-stimulating hormone, luteinizing hormone, and prolactin are all produced by the anterior pituitary gland.

Question: 8

Electrical activity of the heart is facilitated by the transmembranal exchange of all of the following ions except:

- A. Potassium
- B. Sodium
- C. Calcium
- D. Phosphorous

Answer: D

Explanation:

Correct answer: Phosphorous

Excitability of the heart is affected by the ionic exchange across cell membranes. Ions which facilitate electrical activity in the heart include sodium, potassium, calcium, and magnesium.

Question: 9

A patient is vomiting emesis that has the appearance of coffee grounds. What causes bright red blood to change to this "coffee ground" appearance?

- A. The mechanical action of the stomach on the blood
- B. The time that it has to break down after initial bleeding from the body
- C. It's interaction with stomach contents
- D. The location that it bled from

Answer: C

Explanation:

Correct answer: It's interaction with stomach contents

Bright red blood undergoes chemical changes as it interacts with stomach contents. A "coffee ground" appearance indicates that the blood has been in contact with stomach contents for some time. The time

that it spends in the intestinal tract and the location that it bleeds from will influence how long it is in contact with stomach contents, but are not factors themselves. The mechanical action of the stomach and physically breaking down are not what causes a "coffee ground" appearance.

Question: 10

The med/surg nurse is assessing a patient who was recently diagnosed with hyperthyroidism. Which of the following symptoms would the nurse not expect to see?

- A. Arrhythmias
- B. Constipation
- C. Tachycardia
- D. Tremors

Answer: B

Explanation:

Correct answer: Constipation

Hyperthyroidism causes an increased metabolic rate that can lead to tachycardia, arrhythmias, tremors, and diarrhea. Constipation is very unlikely to occur with hyperthyroidism, and is more common with hypothyroidism.

Question: 11

You are caring for Mrs. M. who underwent an emergency gastric resection due to a perforated gastric ulcer. Postoperatively, she has a nasogastric tube (NG) in place to assist with stomach decompression and suction. All of the following are appropriate nursing interventions in caring for Mrs. M. except:

- A. Monitor for postoperative "dumping syndrome"
- B. Irrigate the NG tube every 8 hours
- C. Educate Mrs. M. to eliminate caffeine and spicy foods from her diet
- D. Monitor bowel sounds and flatus activity

Answer: B

Explanation:

Correct answer: Irrigate the NG tube every 8 hours

Peptic ulcer disease (PUD) refers to an erosion of any portion of the GI tract. In Mrs. M.'s case, she had a gastric ulcer (located in the stomach) that perforated, requiring emergency surgery. Perforation occurs approximately 5% of the time and indicates that the lesion has eroded through the entire stomach wall, spilling contents into the peritoneum. This may result in severe bacterial peritonitis within 6 to 12 hours if not treated immediately. The goal of treatment is to stop spillage of gastric contents into the peritoneal cavity. Mrs. M. underwent a gastric resection, removing the eroded portion of the stomach. Postoperatively, her NG tube is in place for nasogastric suction and stomach decompression.

In caring for Mrs. M., you should educate her on dietary modification to prevent this from occurring again (eliminate caffeine, spicy foods, carbonation, alcohol, and any foods that cause pain), monitor for postoperative "dumping syndrome," and monitor bowel sounds and flatus activity. Irrigate the NG tube only with a physician order, due to the risk of injuring the anastomotic site. NG tubes that are used for suction are not routinely irrigated and will not normally be irrigated unless they are obstructed and there are no contraindications to irrigating.

Question: 12

Which of the following patients is most likely to benefit from use of a pessary?

- A. A patient with reflex incontinence
- B. A patient who is concerned about becoming pregnant
- C. A patient with urinary retention caused by an enlarged prostate
- D. A patient with a prolapsed bladder

Answer: D

Explanation:

Correct answer: A patient with a prolapsed bladder

A pessary is placed into the vagina to reduce a prolapsed bladder or uterus. While a pessary may help with incontinence due to prolapsed bladder, reduction of the prolapsed organ is the primary indication. A patient with a prostate would never use a pessary, as they are exclusively used for female patients. Pessaries are not used as a method of birth control.

Question: 13

Which of the following best describes meningitis?

- A. An infection that causes headaches and confusion
- B. A type of infectious bacteria
- C. An inflammation of the tissues that line the brain and spinal cord
- D. Any infection that affects the tissues of the brain

Answer: C

Explanation:

Correct answer: An inflammation of the tissues that line the brain and spinal cord

Meningitis is an inflammation of the meninges, the tissues that line the brain and spinal cord.

The inflammation that causes meningitis is almost always an infection but can be caused by other irritants as well. Meningitis is not a bacteria. While it is often an infection that can cause headaches and confusion, this is not the best description of meningitis. While meningitis does affect the tissues lining the brain, it is not always an infection.

Question: 14

Which of the following statements is true related to osteoporosis?

- A. Bisphosphonates are easily absorbed from the gastrointestinal tract
- B. Calcium supplementation by itself is not a good treatment for osteoporosis
- C. Calcitonin, available only in parenteral form, acts partly by blocking the effects of parathyroid hormone on bone resorption
- D. Raloxifene (Evista) must be taken on an empty stomach

Answer: B

Explanation:

Correct answer: Calcium supplementation by itself is not a good treatment for osteoporosis

Adequate calcium is important to bone health but is not a treatment for osteoporosis. Supplementation with vitamin D may be necessary to maximize absorption for patients who do not get enough sun exposure.

Bisphosphonates are poorly absorbed from the gastrointestinal tract so patient teaching must include requirements for effective drug administration. Calcitonin acts partly by blocking the effects of parathyroid hormone on bone resorption, but it is available in a nasal spray as well as in parenteral form. Raloxifene may be taken once a day at any time, with or without food.

Question: 15

All of the following statements related to rheumatoid arthritis (RA) are true except:

- A. RA is the most common articular disease in adults
- B. Isometric exercises are used in RA patients to preserve and improve muscle function
- C. Disease-modifying anti-rheumatic drugs (DMARDs) should be initiated early in RA treatment
- D. No single set of tests can confirm diagnosis of RA

Answer: A

Explanation:

Correct answer: RA is the most common articular disease in adults

Osteoarthritis (OA) is the most common form of articular (joint) disease and leading cause of progressive disability and pain in older adults.

Physical therapy for patients with RA focuses on range of motion, strengthening, and endurance, and may include isometric, isotonic (used with caution), and low-resistance exercise. DMARDs, such as methotrexate, should be initiated early in RA treatment to modify or slow disease process.

Diagnosis of RA is made through various laboratory tests, as well as synovial fluid analysis, arthroscopic examination, and radiologic studies (show characteristic changes); there is not one single set of tests that can confirm RA diagnosis.

Question: 16

What amount of upper GI tract blood loss would be defined as "acute" or "massive" in adults?

- A. 500 mL
- B. 1500 mL
- C. 1000 mL
- D. 800 mL

Answer: B

Explanation:

Correct answer: 1500 mL

A gastrointestinal hemorrhage is defined as acute blood loss from the upper GI tract. "Acute" or "massive" bleeding is considered a loss of 25% of circulating volume (which is about 1500 mL in adults).

Question: 17

You are providing a transfusion to a patient with pernicious anemia when they report that they suddenly feel short of breath. Which of the following interventions is most important?

- A. Administer oxygen
- B. Stop the transfusion
- C. Notify the doctor
- D. Assess the patient's lung sounds

Answer: B

Explanation:

Correct answer: Stop the transfusion

The patient is having shortness of breath that may be due to the transfusion. If the patient may be having a transfusion reaction, stopping the transfusion should be the first priority.

Assessing the patient further is not as important as stopping the potential source of their distress. Treating the patient's shortness of breath is also not as important as first removing the cause. Notifying the doctor will be necessary, but stopping the transfusion should not be delayed.

Question: 18

Which of the following is not a potential complication of unilateral neglect following a brain attack?

- A. Pressure ulcers
- B. Hydrocephalus

- C. Contractures
- D. Deep vein thrombosis

Answer: B

Explanation:

Correct answer: Hydrocephalus

Hydrocephalus is swelling in the ventricles of the brain. While hydrocephalus is a potential complication of a brain attack, is not a complication that is associated with unilateral neglect.

Complications of unilateral neglect will be mobility related and include deep vein thrombosis, contractures, and pressure ulcers.

Question: 19

Which of the following is not an important dietary consideration for a patient with nephrotic syndrome?

- A. Sodium restriction
- B. High caloric intake
- C. Increased fluid intake
- D. Increased protein intake

Answer: C

Explanation:

Correct answer: Increased fluid intake

Nephrotic syndrome is characterized by abnormal permeability of the glomerular basement membrane, leading to increased protein excretion. As a result, increased protein intake will be necessary and a high caloric intake will be helpful to reduce the metabolism of protein. Sodium restriction and fluid restrictions can help to reduce edema resulting from hypoalbuminemia.

Question: 20

The nurse is caring for a patient who has a chest tube connected to a dry system. Which of the following is appropriate nursing care for this type of system?

- A. Assess respiratory status at least every four hours
- B. Keep the water seal chamber filled with 20 mL of sterile water
- C. Investigate for air leaks in the system if tidaling occurs in the water seal chamber
- D. Make sure the level of drainage is marked on the drainage collection chamber at least every 24 hours; cloudy drainage is normal in this type of system

Answer: A

Explanation:

Correct answer: Assess respiratory status at least every four hours

Nursing care of a patient with a chest tube (connected to a wet or dry system) includes assessment of the respiratory status at least every four hours.

In a dry system, no water is used in the suction system; the system is connected to wall vacuum. Fluid in the water seal chamber is expected to tidal (fluctuate or rock gently) with the respiratory cycle unless the lung is completely reinflated or there is a kink in the system. The level of drainage should be marked on the drainage collection chamber at least every eight hours or as needed, and counted as output. Cloudy drainage, more than 70 mL of blood per hour, or red and warm free-flowing blood are not normal findings and should be reported to the physician.

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