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National Board of Surgical Technology and Surgical Assisting: Certified Surgical First Assistant



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Question: 1

A patient in the operating room is undergoing a procedure that requires anticoagulation. Which of the following agents is most commonly used to maintain anticoagulation during surgery?

- A. Heparin
- B. Warfarin
- C. Clopidogrel
- D. Aspirin

Answer: A

Explanation:

Heparin is the most commonly used anticoagulant during surgery to prevent clot formation and ensure adequate anticoagulation. It acts rapidly and can be administered intravenously, making it ideal for maintaining anticoagulation during surgical procedures. Its quick onset and ability to be easily monitored make heparin a preferred choice in the surgical setting where immediate anticoagulation is necessary.

Warfarin is an oral anticoagulant that requires several days to reach therapeutic levels, making it impractical for immediate anticoagulation in surgery.

Aspirin and clopidogrel are both antiplatelet agents that prevent platelet aggregation but do not provide the comprehensive anticoagulation required during surgical procedures. Their mechanisms focus on inhibiting platelet function rather than directly affecting the coagulation cascade, which is important in surgical anticoagulation management.

Question: 2

When managing a patient with a postoperative wound drainage system, what is the primary reason for monitoring the volume and color of the drainage?

- A. To ensure proper device function
- B. To facilitate the prevention of pressure ulcers
- C. To assess the patient's hydration status
- D. To assess for potential infection

Answer: D

Explanation:

The primary reason for monitoring the volume and color of postoperative wound drainage is to assess for potential infection. Notable changes in these parameters, such as an increase in volume or a change to purulent or foul-smelling drainage, can signal the presence of an infection, allowing for timely intervention.

Monitoring drainage does not primarily assess the patient's hydration status, as other clinical signs and lab tests are more accurate for that purpose.

While preventing pressure ulcers is essential, it is not achieved through monitoring wound drainage but rather through proper skin care and pressure relief.

Ensuring proper device function is also essential, but it is not the main reason for observing the drainage's volume and color.

Question: 3

If a patient in the operating room goes into pulseless ventricular fibrillation, which action should you prioritize as the surgical first assistant to assist in resuscitation?

- A. Perform a STAT EKG
- B. Apply and operate the defibrillator to deliver a shock
- C. Start administering intravenous fluids rapidly
- D. Secure the airway with an endotracheal tube

Answer: B

Explanation:

Applying and operating the defibrillator to deliver a shock is the priority in treating pulseless ventricular fibrillation as it is the most effective method to restore a normal heart rhythm. Immediate defibrillation increases the chances of survival and favorable outcomes.

Securing the airway is crucial but should follow the initial defibrillation attempt.

Administering intravenous fluids can be part of the overall resuscitation effort but is not the immediate priority.

Performing a STAT EKG can provide important information but does not replace the need for urgent defibrillation.

Question: 4

What is the most critical consideration when positioning a patient for surgery to prevent nerve damage?

- A. Avoiding excessive pressure on bony prominences
- B. Repositioning the patient every 30 minutes
- C. Ensuring the patient's body temperature is maintained
- D. Keeping the patient's head elevated

Answer: A

Explanation:

The most critical consideration when positioning a patient for surgery to prevent nerve damage is to avoid excessive pressure on bony prominences. Proper padding and positioning techniques are essential to distribute pressure evenly and protect nerves from damage during the surgical procedure.

While maintaining the patient's body temperature is crucial for preventing hypothermia and ensuring overall patient stability, it does not directly relate to preventing nerve damage.

Repositioning the patient every 30 minutes is not feasible during surgery. Elevating the patient's head is necessary for specific types of surgeries but does not address the general risk of nerve damage caused by pressure on bony areas.

Question: 5

Which of the following most indicates the need to change a postoperative dressing sooner than scheduled?

- A. The patient has a history of endocarditis.
- B. The dressing has been in place for 24 hours.
- C. There is an increase in wound drainage observed.
- D. The patient reports continued pain at the site.

Answer: C

Explanation:

The most significant indicator that a postoperative dressing needs to be changed sooner than scheduled is the observation of increased wound drainage. This condition suggests that the wound is producing more exudate than expected, which can lead to maceration of the surrounding skin and increase the risk of infection if not promptly managed.

Continued pain at the wound site, while concerning, does not necessarily indicate the need for an immediate dressing change and may be due to various other factors.

The dressing being in place for 24 hours is typically part of the regular care schedule and does not warrant an early change unless accompanied by other symptoms.

A patient's history of endocarditis is relevant to their overall medical care but does not directly affect the timing of postoperative dressing changes.

Question: 6

Which of the following is a crucial indicator that a sterile package may have been compromised?

- A. Labeling that only includes the sterilization date
- B. Visible contamination on the equipment
- C. Another piece of equipment was placed on top of the sterile package
- D. Presence of moisture on the package

Answer: D

Explanation:

The presence of moisture on the package is a crucial indicator that a sterile package may have been compromised. Moisture can carry microorganisms into the package, leading to contamination and loss of sterility.

Labeling that includes only the sterilization date does not provide any information about the integrity of the package and thus is not an indicator of compromise.

Visible contamination on the equipment inside the package is a separate issue from the condition of the package itself.

While placing another piece of equipment on top of the sterile package is generally poor practice, it does not necessarily compromise sterility unless it physically damages the packaging.

Question: 7

In an elective knee replacement surgery with no breaks in sterile technique, what classification should be assigned to the surgical wound?

- A. Dirty or infected
- B. Contaminated
- C. Clean-contaminated
- D. Clean

Answer: D

Explanation:

An elective knee replacement surgery with no breaks in sterile technique is classified as a clean wound. Clean wounds are characterized by procedures conducted under strict aseptic conditions without entry into contaminated body cavities or exposure to infectious agents.

Clean-contaminated wounds involve entry into areas with normal flora under controlled conditions.

Contaminated wounds involve breaks in technique or spillage, which are not present in this scenario.

Dirty or infected wounds involve existing infections or significant contamination, which is also not present in this scenario.

Question: 8

In the case of chronic kidney disease, which part of the nephron is most likely to show significant damage?

- A. Loop of Henle
- B. Collecting duct
- C. Glomerulus
- D. Proximal convoluted tubule

Answer: D

Explanation:

In Chronic Kidney Disease (CKD), the glomerulus often suffers the most significant damage. This structure is responsible for the initial filtration of blood in the nephron and, due to the high pressure and filtration load, it is particularly susceptible to injury. Over time, the glomerulus can develop glomerulosclerosis, where the filtering units become scarred and lose their ability to filter blood effectively, leading to a decline in kidney function.

While the proximal convoluted tubule can also be affected by CKD, the primary damage typically occurs in the glomerulus because of its critical filtration role.

The Loop of Henle, which concentrates urine, and the collecting duct, which further processes the urine, are less likely to experience the initial and most significant damage seen in CKD when compared to the glomerulus.

Question: 9

In a situation where there is sudden, unexpected bleeding from a deep tissue layer, what is the best technique to initially control the hemorrhage?

- A. Apply suction to remove the blood from the surgical site
- B. Elevate the affected area
- C. Apply direct digital pressure over the bleeding site
- D. Irrigate the area with saline

Answer: C

Explanation:

Applying direct digital pressure over the bleeding site is the best technique to initially control hemorrhage from a deep tissue layer, providing immediate hemostasis. This action quickly stabilizes the situation, allowing time for further assessment and definitive hemostasis.

Irrigating the area with saline does not control bleeding and may obscure the site.

Applying suction helps clear the blood but does not control the bleeding.

Elevating the affected area is not practical for deep tissue bleeding and does not provide immediate control.

Question: 10

In a patient with atherosclerosis, which layer of the arterial wall is primarily affected by plaque buildup?

- A. Tunica externa
- B. Tunica intima
- C. Tunica media
- D. Endothelium

Answer: B

Explanation:

Atherosclerosis primarily affects the tunica intima, the innermost layer of the arterial wall. This layer is where plaques form, consisting of lipids, cholesterol, and cellular debris, leading to the characteristic narrowing and hardening of arteries seen in atherosclerosis. This buildup disrupts normal blood flow and increases the risk of cardiovascular events such as heart attacks and strokes.

The tunica media is the middle layer of the arterial wall and is composed of smooth muscle. It is not the primary site of plaque formation, though it may be indirectly affected by changes in the tunica intima. The tunica externa, the outer protective layer of the arterial wall, remains largely unaffected by the plaque itself.

While the endothelium, which lines the interior of the arteries, is involved in the early stages of plaque development, it is the tunica intima as a whole that is primarily affected by atherosclerotic changes.

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