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Question: 1

In the emergency triage setting, which of the following patients should be assessed FIRST?

- A. A 55-year-old male with abdominal discomfort and vomiting
- B. A 45-year-old female who walked into the emergency department mildly disoriented with a previous head wound that is well bandaged
- C. A 30-year-old male jogger with ankle pain after falling and a palpable pedal pulse
- D. A two-year-old female with fever, petechiae, and nuchal rigidity

Answer: D

Explanation:

Correct answer: A two-year-old female with fever, petechiae, and nuchal rigidity

The child with fever, petechiae, and nuchal rigidity should be assessed first for other signs and symptoms of bacterial meningitis. Infection can progress rapidly and may invade the cerebral ventricles. Continued inflammation leads to increased intracranial pressure, neurologic sequelae (in those who survive bacterial meningitis), and death.

Next, the patient with the head wound who is mildly disoriented needs further assessment for increased intracranial pressure and/or intracranial bleeding. The patient with abdominal discomfort should be assessed next, as he is uncomfortable, but not unstable. Finally, the patient with ankle pain and a palpable pedal pulse can be assessed last.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 564.

Question: 2

Which male organ is responsible for storing sperm until it becomes mature?

- A. Scrotum
- B. Bulbourethral gland
- C. Testes
- D. Epididymis

Answer: D

Explanation:

Correct answer: Epididymis

The epididymis is the male genital organ that is responsible for storing spermatozoa until they mature, then transporting them between the testis and vas deferens. The testes are responsible for producing sperm and testosterone. The scrotum is the sac that holds the testes. The bulbourethral gland is responsible for the secretion of an alkaline component of semen, which neutralizes vaginal secretions.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 277.

Question: 3

A patient tells the nurse, "I am planning to kill myself." Which of the following responses is BEST?

- A. "Do you have any potentially deadly pills at home with you?"
- B. "How are you planning to kill yourself?"
- C. "Why do you want to kill yourself?"
- D. "You don't want to do that. Think of what you will do to everyone you leave behind."

Answer: B

Explanation:

Correct answer: "How are you planning to kill yourself?"

Once suicidal ideation has been disclosed, the nurse should then find out how the patient is planning to attempt suicide and assess how realistic the plan is. Asking the patient directly is the best way to perform this assessment. Telling the patient to not attempt suicide is unlikely to be helpful. The nurse should assess the patient's motives for suicide once the risk has been assessed. The means to attempt suicide should be assessed once the method has been disclosed, not before.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 586.

Question: 4

Which of the following should the nurse assess first in a patient who presents for traumatic amputation of the left arm?

- A. Airway
- B. Breathing
- C. Circulation
- D. Disability

Answer: C

Explanation:

Correct answer: Circulation

While assessment typically follows an ABC (airway, breathing, circulation) flow, an exception is made in trauma cases where an obvious and severe bleed is present. In these cases, the severe bleed is controlled by a modified, C-ABC flow where the acute circulation need is first addressed. A traumatic amputation of an extremity will always result in severe bleeding, and will require this approach unless measures to control the bleeding are already in place.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 59.

Question: 5

A patient is diagnosed with bacterial pharyngitis, commonly known as strep throat. Which of the following antibiotics is the drug of choice to treat this condition?

- A. Penicillin
- B. Sulfamethoxazole and trimethoprim (Bactrim)
- C. Azithromycin
- D. Ceftriaxone (Rocephin)

Answer: A

Explanation:

Correct answer: Penicillin

The bacteria that usually causes acute pharyngitis (if throat culture or "quick strep" is positive) is group A beta-hemolytic *Streptococcus* (GABHS), *Mycoplasma*, and *Chlamydia*. Viral causes include the Epstein-Barr virus, which is also the main cause of mononucleosis. To cover streptococci, penicillin is the preferred antibiotic to use with the following doses: Benzathine PCN injection x1 dose, or oral PCN x 10 days. If there is an allergy to PCN, azithromycin would be indicated.

The other answer choices are not indicated for bacterial pharyngitis cases.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 281.

Question: 6

What is the most appropriate intervention for a patient with a *Helicobacter pylori* ulcer infection?

- A. Loperamide x 10 days
- B. Fluconazole x 10 days
- C. Clarithromycin x 10 days
- D. Ibuprofen x 10 days

Answer: C

Explanation:

Correct answer: Clarithromycin x 10 days

A majority of duodenal and gastric ulcers are infected with *Helicobacter pylori*. Treatment includes administration of antibiotics, such as clarithromycin and amoxicillin, in addition to a proton pump inhibitor. NSAIDs, such as ibuprofen, can be a contributing source for developing peptic ulcers; therefore, NSAIDs are absolutely contraindicated. Fluconazole is an anti-fungal agent, making it ineffective in treating *H. pylori*, while loperamide, an anti-diarrheal, is likewise ineffective for infection.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 295-296.

Question: 7

Which of the following is NOT a potential cause of noncardiogenic pulmonary edema?

- A. Acute valvular dysfunction
- B. Acute respiratory distress syndrome (ARDS)
- C. Rapid lung expansion after a thoracentesis
- D. Cocaine overdose

Answer: A

Explanation:

Correct answer: Acute valvular dysfunction

Acute valvular dysfunction is a potential cause of cardiogenic pulmonary edema, not noncardiogenic pulmonary edema. Potential causes of noncardiogenic pulmonary edema include acute respiratory distress syndrome (ARDS), certain types of drug overdoses (including cocaine overdose), and rapid lung expansion after a thoracentesis or chest tube placement.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 193.

Question: 8

Burn injuries cause all of the following EXCEPT:

- A. Vasoconstriction
- B. Tissue edema
- C. Intravascular fluid loss
- D. Increased capillary permeability

Answer: A

Explanation:

Correct answer: Vasoconstriction

The response of the body to a burn injury will vary depending upon the extent of tissue damage, impairment at the cellular level, and shifts in fluid balance. Mediators are released as a response to tissue damage. These mediators are responsible for causing vasodilation, increased capillary permeability, intravascular fluid loss, and tissue edema.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 453.

Question: 9

Which of the following statements by a patient indicates that they may have major depression?

- A. "I keep feeling worthless."
- B. "I find myself obsessing over everything."
- C. "My mood is all over the place."
- D. "I feel like my mind is constantly racing."

Answer: A

Explanation:

Correct answer: "I keep feeling worthless."

Major depression is diagnosed when at least five of the following are present for at least two weeks:

- Loss of interest in usual activities
- Depressed mood
- Appetite changes with weight change
- Insomnia or hypersomnia
- Fatigue
- Psychomotor agitation or retardation
- Decreased ability to think
- Recurrent thoughts of death
- Feelings of worthlessness

Feelings of worthlessness are consistent with a diagnosis of major depression. Decreased ability to think may indicate major depression. However, a racing mind does not. Major depression is characterized by a consistently depressed mood, not a labile mood. Obsessive behavior or thoughts is not a characteristic of depression.

Reference:

Sheehy's Emergency Nursing: Principles and Practice, 7th Edition. Pg 589.

Question: 10

In regard to suicide, which of the following statements is FALSE?

- A. Individuals who die by suicide may have a family history of suicide
- B. Suicidal thoughts are always conscious thoughts
- C. Suicide can be either premeditated or impulsive
- D. Substance abuse is sometimes a factor of suicide

Answer: B

Explanation:

Correct answer: Suicidal thoughts are always conscious thoughts

Suicide is when an individual willingly takes their own life. Suicidal thoughts are not always conscious thoughts, as they can be unconscious thoughts, as well. It is true that suicide can be either premeditated or impulsive. Substance abuse is sometimes a factor of suicide, and individuals who die by suicide may have a family history of suicide.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 510-511.

Question: 11

All of the following statements are accurate of wound management EXCEPT:

- A. Never put any substance in a wound that should not be put in an eye
- B. The use of clean, nonsterile gloves causes higher infection rates than sterile gloves when performing wound care
- C. Warming lidocaine to 37 degrees Celsius can minimize pain during injection
- D. Tap water from filtered water is as effective as other solutions to cleanse a wound

Answer: B

Explanation:

Correct answer: The use of clean, nonsterile gloves causes higher infection rates than sterile gloves when performing wound care.

The use of clean, nonsterile gloves causes no higher infection rate than sterile gloves, and they cost less. The other answer choices are accurate statements of wound management. Tap water from treated sources of water (such as filtered or disinfected water) is as effective as other solutions to cleanse a wound. Never put any substance in a wound that should not be put in an eye. Warming lidocaine to body temperature (37 degrees Celsius or 98.6 degrees Fahrenheit) can minimize pain during injection.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 147-149.

Question: 12

Beck's triad is a collection of three medical signs that present with acute cardiac tamponade and involves all of the following EXCEPT:

- A. Tachycardia
- B. Distended neck veins
- C. Muffled heart sounds
- D. Hypotension

Answer: A

Explanation:

Correct answer: Tachycardia

Cardiac tamponade is the collection of fluid (blood or blood clots) in the pericardial sac (surrounding sac of the heart) that compresses the heart, limiting ventricular filling and decreasing cardiac output. It is a medical emergency and can be fatal if not treated immediately. It is usually caused by a ruptured aortic aneurysm or penetrating chest injury (gunshot or stab wound). Beck's triad includes the standard diagnostic features of cardiac tamponade: hypotension, distended neck veins, and muffled or distant heart sounds. Narrow pulse pressure might also be observed.

Tachycardia is also seen in cardiac tamponade, since the heart is trying to compensate for the decreased output, but it is not one of the three symptoms of Beck's triad.

Reference:
Sheehy's Manual of Emergency Care, 7th Edition. Pg 409.

Question: 13

A patient is admitted for a pneumothorax with chest tube placement. The nurse observes a significant amount of drainage immediately following placement and notifies the physician. How much drainage must be present initially to prepare the patient for emergent surgery?

- A. 1,000 mL
- B. 2,000 mL
- C. 500 mL
- D. 1,500 mL

Answer: D

Explanation:

Correct answer: > 1,500 mL

The nurse should prepare for emergent surgery if initial drainage from the chest tube is more than 1,500 mL, or if initial drainage is 1,000 mL and followed by 200 mL per hour for 2 to 4 hours.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 411.

Question: 14

An eight-month-old infant who was seen in the emergency department with fever, wheezing, coughing, and persistent desaturations is admitted to the pediatric unit with a diagnosis of bronchiolitis. What is the MOST common infective organism associated with this diagnosis?

- A. Respiratory syncytial virus (RSV)
- B. Influenza
- C. Rhinovirus
- D. Adenovirus

Answer: A

Explanation:

Correct answer: Respiratory syncytial virus (RSV)

RSV is a common and very contagious virus that infects the respiratory tract of primarily children under the age of four, and is the most common infective organism in bronchiolitis. Bronchiolitis is a set of symptoms related to a viral infection of the lower respiratory tract responsible for the inflammation of the smaller airways. Bronchiolitis is particularly prevalent in the winter months and early spring. Patients at highest risk are those who were born prematurely at less than 34 weeks gestational age, had a low birth weight, were exposed to tobacco smoke, and have compromised cardiac, pulmonary, neurologic, or immune systems.

Other common pathogens seen in the diagnosis of bronchiolitis include adenoviruses, parainfluenza, rhinovirus, and influenza.

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 558-559.

Question: 15

During an orthopedic assessment on a patient in which you are checking for discolorations, which of the following could you expect to see if the patient's injury is eight days old?

- A. A brownish outer area
- B. A reddish blue to purple outer area
- C. A yellowish outer area
- D. A greenish outer area

Answer: C

Explanation:

Correct answer: A yellowish outer area

During an orthopedic assessment, you can expect to see a yellowish discoloration on an injury that is 7 to 10 days old. A reddish blue to purple discoloration will be seen on an injury that is 24 to 48 hours old. The site of an injury that is 5 to 7 days old will appear as a greenish discoloration. A brownish discoloration will be seen on an injury that is 10 to 14 days old. No sign of discoloration will be present on an injury that is 2 to 4 weeks old.

Reference:

Emergency Nursing Core Curriculum, 7th Edition. Pg 580.

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