

Latest Version: 6.1

Question: 1

You are providing care to a patient with impaired cognitive functioning who is scheduled for a cholecystectomy secondary to symptomatic gallstones. All the following communications should be included in handoff report except:

- A. Use simple phrases when speaking with this patient
- B. If you startle this patient, he may hit you
- C. Speak softly to this patient
- D. Offer this patient water to drink

Answer: D

Explanation:

A drink of water is not appropriate before general anesthesia.

People with intellectual disabilities live at different cognitive levels. They should be kept safe during the perioperative experience. Conversely, perioperative staff members need to be kept safe as well. Details of the best manner for approaching a patient and what may trigger a patient to hit a staff member is critically important information that should be included in handoff communication.

Question: 2

Before closing the incision during an abdominal procedure, the surgeon places a flap of omentum over the affected organ. What is the most likely reason for the surgeon's actions before closing the incision?

- A. Attempting to prevent adhesion formation
- B. Attempting to repair a surgical defect
- C. Attempting to prevent hernia formation
- D. Attempting to prevent wound dehiscence

Answer: A

Explanation:

The formation of abdominal adhesions is one of the most common complications of abdominal or pelvic surgery. Infection with appendicitis or peritonitis can also contribute to the development of adhesions. Various interventions have been enacted in an attempt to decrease the development of adhesions, including minimizing trauma to the peritoneal tissues by limiting the handling of the tissue and using only gentle handling of the tissue, being diligent about providing hemostasis during surgery, keeping the peritoneal tissues moist throughout the surgery, and being careful to prevent talc from sterile gloves or lint from surgical sponges from entering the wound.

Physical barrier methods may also be utilized to prevent or minimize abdominal adhesions; barrier material in the form of absorbable or nonabsorbable sheets, spray-on gels, and liquid barrier products

can be applied over the affected tissues to separate the peritoneal tissue as it heals. Another effective barrier method is to place a flap of omentum over the affected organs. The flap of the omentum may be left on a pedicle and twisted into place (this method preserves blood supply to the omental flap) or free-cut and placed over the affected organs.

Question: 3

During surgery, where should electrosurgical pencils be placed when not in use?

- A. Within close proximity to the surgical site
- B. On top of the OR table
- C. In a holder
- D. Within easy reach of the surgeon

Answer: C

Explanation:

To avoid an inadvertent burn injury to the patient, the electrosurgical pencil (handpiece and active tip) should be kept clean and housed in a holder designed specifically for this purpose (not on top of the OR table) when not in use. The holder may be in easy reach of the surgeon, but should be as far away from the surgical site as possible.

Question: 4

Which of the following patients is most likely to be diagnosed with atrial myxoma?

- A. A 35-year-old male
- B. A 52-year-old female
- C. A 16-year-old female
- D. A 58-year-old male

Answer: B

Explanation:

Myxoma is the most common of the primary cardiac tumors, accounting for 50% of diagnosed cardiac tumors. They are three times more likely to be diagnosed in women than in men and are most often diagnosed between the ages of 40 to 60 years. Most myxomas affect the atria, often arising from the atrial septum, and are more often located in the right atria (some sources say left).

Patients with atrial myxoma may be asymptomatic or may present with symptoms such as congestive heart failure, emboli, and more general systemic symptoms. While myxoma is a benign tumor type, because it may interfere with the closure of the cardiac valve leaflets or fragment and embolize, surgical excision of the tumor is indicated.

Question: 5

A perioperative team in the process of finishing a case suddenly receives word of an active shooter in the unit. They are told that the gunman is the ex-husband of one of the perioperative nurses and has taken hostage a staff member working alone in the semi-restricted area of the unit after shooting several perioperative employees.

If implemented, which of the following work practices to prevent workplace violence would have likely prevented the gunman from being able to take the perioperative team member hostage?

- A. Scheduling that prevents employees from working alone
- B. Lockable staff areas
- C. A flagging system in the medical record of high-risk patients
- D. The installation of metal detectors

Answer: A

Explanation:

Healthcare facilities should employ both preventative environmental solutions and work practices to decrease or prevent the likelihood that an employee is harmed by violence by an active shooter.

Installing controlled access doors, curved mirrors, metal detectors, alarm systems, panic buttons, and lockable staff areas are all excellent preventative environmental solutions that can prevent access by a violent intruder. Mandating work practices that prevent employees from working alone in a secluded area, flagging the medical records of high-risk patients, and staff training are also critical for protecting healthcare employees.

Because the gunman in this scenario was a former family member of one of the perioperative employees, flagging a patient chart would not have improved the outcome.

Question: 6

Which of the following statements best defines the frailty syndrome?

- A. A combination of physiologic and psychological changes that affect some geriatric patients and predispose them to adverse post-surgical outcomes
- B. A natural process which is composed of a group of physiologic changes affecting organ systems and the natural reserve of geriatric patients; may predispose these patients to negative perioperative outcomes
- C. Physiologic changes in the geriatric patient which occur as a result of chronic illness or injury and predispose them to adverse surgical outcomes
- D. An illness theory proposed by health researchers to potentially be the causative factor in the adverse perioperative outcomes experienced by approximately 15% of geriatric patients

Answer: B

Explanation:

Frailty syndrome is a natural process which results from the physiologic changes to multiple organ systems and a patient's natural resistance as a result of the aging process. When coupled with comorbidities, frailty syndrome may place geriatric patients at risk of adverse outcomes when receiving care/treatment in the perioperative environment.

Question: 7

A preoperative pain assessment helps alleviate the patient's anxiety and facilitate proper pain control. Which of the following factors is LEAST LIKELY to influence the patient's postoperative pain?

- A. The presence of other chronic health conditions
- B. The type of surgery the patient is undergoing
- C. The patient's prior experiences of pain
- D. The patient reports taking the herbal supplement ginkgo bilboa

Answer: D

Explanation:

Ginkgo bilboa is an anticoagulant, and therefore has the potential to cause bleeding during and after surgery. This herbal supplement does not have any effects on pain management postoperatively. All the other factors listed will influence the patient's pain experience postoperatively. In addition, the patient's age, general health status, and preference in terms of pain relief will be important to assess.

Question: 8

A free-standing pediatric hospital houses a very large, active surgical department which has several surgical specialties strongly represented in the area

- a. There are no other comparable pediatric facilities within a 250-mile radius. Because of this, the perioperative department has five head nurses who represent their five chief surgical specialty areas. All the following responsibilities represent duties of the perioperative head nurse, except:
- A. Assisting with orientation of new staff members
- B. Development of policies and procedures within the perioperative department
- C. Assigning specific surgical patients to specific operating rooms
- D. Providing perioperative staff with feedback

Answer: B

Explanation:

While not all perioperative areas employ head (or charge) nurses, very large facilities or very busy surgical facilities may employ one, if not several, head nurses. The individual in this role reports directly to the perioperative nurse manager while serving as a liaison between the perioperative staff and administration. In a facility where there are several head nurses, each of these nurses must have the education and technical experience and expertise to support her role as head over a specific perioperative specialty. These individuals should also possess managerial skills to enable them to perform efficiently and effectively in this role.

Responsibilities of the head nurse within the perioperative area include:

- Planning and supervising patient care within their area, including assigning of patient rooms
- Coordination of patient care with surgeons and anesthesia providers
- Maintenance of equipment and supplies
- Providing feedback to staff after observing staff performance

- Interpreting policies and procedures that have been put in place by the department and hospital administration
- Assisting with orientation of new hires
- Making the perioperative nurse manager aware of issues or concerns within her specific perioperative area, as well as notifying her of supply needs

Question: 9

You and the anesthesiologist transport a patient to the PACU. How long are you expected to stay with the patient?

- A. Until the patient is awake, alert, and breathing well on their own
- B. Until the PACU nurse accepts responsibility for the patient's care
- C. Until the OR charge nurse assigns responsibility for the patient's care
- D. Until the surgeon needs you back in the OR for the next case

Answer: B

Explanation:

If the patient has had general anesthesia, the anesthesia provider and circulating nurse should accompany him or her during transport to the PACU, where together you give a verbal and comprehensive hand-off report to the PACU nurse. You should remain with the patient until the PACU nurse has assimilated all of the necessary information and is ready to assume care.

Question: 10

Antibiotic prophylactic therapy before surgery must be determined by all the following factors except:

- A. The broadest spectrum of effectiveness
- B. Site of surgical procedure
- C. Potential pathogens
- D. Patient history, including allergies/sensitivities

Answer: A

Explanation:

Antibiotic selection will be determined based on the site of the surgical procedure, potential pathogen exposures, and patient history, including allergies/sensitivities. The metabolism and excretion of the drug should be considered, as well as any inherent toxicities.

An appropriate narrow-spectrum antibiotic is considered better than a broad-spectrum antibiotic because of the potential risk for resistance to antibiotic therapy with broad-spectrum antibiotics.

Question: 11

A perioperative team is preparing to accept a patient who sustained blunt-force trauma injuries related to a high-velocity motor vehicle accident (MVA). The surgeon suspects the patient is experiencing symptoms of abdominal compartment syndrome and requests equipment to measure the patient's intra-abdominal pressure (IAP). Which of the following IAP readings is most likely to be associated with a diagnosis of abdominal compartment syndrome?

- A. 25 mm Hg
- B. 5 mm Hg
- C. 10 mm Hg
- D. 20 mm Hg

Answer: A

Explanation:

Abdominal compartment syndrome may result from a traumatic blunt-force injury to the abdomen. In a healthy individual, the IAP typically ranges from 0 to 5 mm Hg. An IAP grading scale can be used to determine the extent of injury, with scales ranging from 12 mm Hg to over 25 mm Hg. Abdominal compartment syndrome is diagnosed when the IAP is greater than 20 mm Hg, and there is corresponding dysfunction of an abdominal organ(s) identified as resulting from the injury. The IAP can be measured by using a needle/syringe set-up with either a stopcock or manometer device or by using a commercially manufactured device. Sustained IAP can result in damage to the cardiovascular, respiratory, and neurological systems. The perioperative nurse should monitor the patients for signs of IAP, such as:

- decreased cardiac output
- oliguria
- hypoxia

Question: 12

What is the difference between cleaning and disinfection?

- A. Cleaning means getting rid of visible soil, dust, blood, and debris. Disinfection kills most pathogenic microorganisms (except spores) by chemical and physical means.
- B. Cleaning means getting rid of visible soil, dust, blood and debris. Disinfection kills most pathogenic microorganisms (including spores) by chemical and physical means.
- C. Cleaning means getting rid of visible soil and dust, while disinfection kills all pathogenic microorganisms found in blood, soil, dust, and debris
- D. Cleaning means getting rid of visible soil and dust, while disinfection kills most bacteria including spores, viruses, and fungi

Answer: A

Explanation:

Disinfection is at a higher level than cleaning with a detergent. Cleaning with a detergent gets rid of visible soil, dust, blood, and other debris. Disinfection is a chemical or physical process which results in destroying many pathogenic microorganisms except bacterial endospores; it is used for inanimate

objects but not on tissue. The degree of disinfection depends primarily on the strength of the agent, the nature of the contamination, and the purpose for the process.

Question: 13

Your patient is intubated and on a ventilator. How can you best help the patient to communicate with others?

- A. Provide a pad of paper or a message board, so the patient can write messages
- B. Teach the patient simple hand signals
- C. Avoid administering paralytics or muscle relaxants in an effort to facilitate optimal communication
- D. Try to anticipate the patient's needs

Answer: A

Explanation:

The best and most efficient way to assist this patient with communication is to provide a pencil and paper or message board so the patient may write down important messages.

You should not avoid providing medications such as paralytics or muscle relaxants because intubation is extremely uncomfortable and frightening for the patient, and this does not aid in communication. The other answer choices are not ideal.

Question: 14

You are the scrub nurse. While passing a sharp suture to the surgeon, you accidentally catch your glove, and it tears. How should you proceed?

- A. Discard the contaminated suture and step away from the table. Ask the circulating nurse to scrub in.
- B. Discard the contaminated suture and pass a new sterile suture to the surgeon. Step away from the sterile field, extend your gloved, contaminated hand to the circulating nurse, and put on a new glove, using the open glove method.
- C. Discard the contaminated suture and step away from the sterile field. Extend your gloved, contaminated hand to the circulating nurse for removal, and put on a new sterile glove, using the assisted-gloving technique.
- D. Pass the suture to the surgeon. Extend your gloved, contaminated hand to the circulating nurse for removal, and put on a new sterile glove, using the closed glove method.

Answer: C

Explanation:

The suture is contaminated; therefore, it cannot be used by the surgeon. Remove the puncturing sharp suture from the sterile field immediately and change the glove promptly. Extend your contaminated hand to the circulating nurse so that s/he can remove your glove. Using a gloved hand the circulating nurse will grasp the glove and remove it without allowing the stockinette cuff of the scrubbed person's gown, which is not considered sterile, to slip over the hand. Another scrubbed team member may then

facilitate regloving using the assisted-gloving technique. If you accidentally contaminate a glove, it must be removed immediately so that you do not contaminate the sterile field.

Closed gloving is not acceptable for regloving because the stockinette cuff is considered contaminated and the closed-gloving method would cause the sterile glove to contact the unsterile stockinette cuff. Open gloving is not recommended because of the risk of contamination.

Question: 15

All the following items used in the OR can be recycled except:

- A. Reposable items
- B. Ink cartridges
- C. Clean paper wrappers
- D. Non-infectious plastics

Answer: A

Explanation:

Many surgical supplies are recyclable. Paper wrappers and many plastic items that are noninfectious, and nonregulated trash can and should be recycled. In addition, ink cartridges should be recycled.

Reposable items are limited use items or instruments with a combination of reusable and disposable components. Do not recycle these items.