Nursing
Cardiac-Vascular-Nurse
Cardiac/Vascular Nurse Certification Exam

Latest Version: 6.0

Question: 1

Persistent atrial fibrillation is defined as fibrillation that:

A. ends spontaneously or with treatment within 1 week.
B. continues for more than 1 week.
C. continues for more than 1 year.
D. cannot be converted to sinus rhythm.

Answer: B

Explanation:
Atrial fibrillation is defined in terms of duration and response to treatment. Definitions of atrial fibrillation include:
• Paroxysmal: ends spontaneously or with treatment within I week.
• Persistent: continues for more than I week.
• Longstanding: continues for more than 1 year.
• Permanent: has not responded to treatment, and patient and clinician agree to stop further attempts—at least for the present—to convert the fibrillation to sinus rhythm.

Question: 2

The PQRST method of angina assessment includes (P) precipitating factors, (Q) quality of pain, (R) radiation of pain, (S) severity of pain, and (T):

A. trend.
B. tolerance.
C. tiredness.
D. timing.

Answer: D

Explanation:
The PQRST method of angina assessment includes:
• (P) Precipitating factors: events that preceded the episode of pain, such as exercise, eating, or arguing.
• (Q) Quality of pain: dull, aching, sharp, tight, heavy, or squeezing.
• (R) Radiation of pain: location of pain and radiation to outside of the chest (neck, arms, back, jaw, or shoulder).
• (T) Timing: onset of pain, persistence, first-time pain or recurrent.

Question: 3

When teaching a patient with coronary artery disease to control angina, the first step is to:

A. determine what precipitates episodes.
B. stress the importance of taking medications correctly.
C. encourage patient to maintain a healthy diet.
D. advise patient to engage in regular exercise to tolerance.

Answer: A

Explanation:
When teaching a patient with coronary artery disease to control angina, the first step is to determine what precipitates episodes because patients may not have made a correlation between activity and pain, and in some cases, patients need to modify their work or lifestyle in order to prevent angina from occurring. Other important things to discuss include coping mechanisms, taking medications correcting, maintaining a healthy diet, and engaging in regular exercises to tolerance (under the guidance of a physician).

Question: 4

Which of the following activities would be classified as a moderate.energy activity (3 to 6 metabolic equivalents [METsl)?

A. Washing the face and hands.
B. Ascending a flight of stairs.
C. Using a bedside commode.
D. Eating.

Answer: C

Explanation:
Using a bedside commode is a moderate-enerv activity (3 to 6 METS). Activity classifications:
• Low energy (<3 METs): simple activities such as eating and washing the face and hands or resting.
• Moderate energy (3-6 METs): using a bedside commode, taking a shower, walking at 3-4 miles per hour, and using a bedpan.
• High energy (6-8 METs): walking 5 miles per hour and ascending a flight of stairs.
• Very high energy (29 METs): running or other strenuous physical activity.

Question: 5

If percutaneous coronary intervention (PCI), such as coronary angioplasty, is to be used to treat a patient with an acute MI with an occluded coronary artery, the PCI should

performed within:

A. 10 hours.
B. 6 hours.
C. 3 hours.
D. 90 minutes.

Answer: D

Explanation:
If PCI, such as coronary angioplasty, is to be used to treat a patient with an acute MI with occluded coronary artery, the PCI should be performed within 90 minutes. If PCI is carried out within a short period of time after the cardiac event by experienced clinicians, the results are comparable with results achieved with thrombolysis. Complications can include subacute occlusion of stents, restenosis (usually late-occurring), hematoma formation at catheter insertion site, arterial thrombosis, and local and/or systemic infection.

Question: 6

If telemetry shows a regular heart rate of 64 bpm With normal P -wave, normal QRS complex, and PR interval Of 0.25 seconds, the heart rhythm would be classified as exhibiting:

A. normal sinus rhythm.
B. first-degree AV block.
C. sinus bradycardia.
D. second-degree AV block, type II.

Answer: B

Explanation:
If telemetry shows a regular heart rate of 64 with normal P wave, normal QRS complex, and PR interval of 0.25 seconds, the heart rhythm would be classified as exhibiting first-degree AV block because of the prolonged PR interval (>0.2 second). With first-degree AV block, all impulses are transmitted to the ventricles, but the duration of the conduction is longer than normal. No treatment other than monitoring or adjusting causative agents (such as medications) is indicated.

Question: 7

A patient who has been hospitalized for heart failure has been encouraged to ambulate and complains of discomfort in the right posterior thigh area with tenderness to palpation but no visible erythem
a. What change in the plan of care is immediately indicated?
A. Bedrest.
B. Fluid restriction.
C. Low-sodium diet.
D. Physical therapy.

Explanation:
Because the patien€s symptoms (pain and tenderness in the right posterior thigh) are consistent with deep vein thrombosis (DVT) (probably provoked by hospitalization), the patient should immediately be placed on bedrest and the leg elevated until radiologic diagnostic tests are completed. Treatment usually includes warm, moist compresses as well as rest and elevation, but the primary treatment is anticoagulation, especially for proximal DVT of the upper leg because proximal DVTs carry higher mortality rates than distal.

Question: 8

As part of the US Department of Health and Human Services' 5 A's (ask, advise, assess, assist, and arrange follow-up) Guidelines for Smoking Cessation, during the "assist- stage, patients should be asked to establish a target date for quitting that is within:

A. 4 days.
B. 7 days.
C. 14 days.
D. 21 days.

Explanation:
As part of the US Department of Health and Human Services' 5 A's (ask, advise, assess, assist, and arrange follow-up) guidelines for smoking cessation, during the "assis€' stage, patients should be asked to establish a target date for quitting that is within 14 days because if the target date is further away, the patient is less likely to follow through. The cardiac/vascular nurse should assist the patient to make a plan for quitting that includes removing all cigarettes and asking family and friends to assist. The need for abstinence rather than trying to slowly withdraw cigarettes should be stressed.

Question: 9

The intensity of a heart murmur that is loud and accompanied by a thrill would be classified as grade:

A. I/'VL
B. 11/11.
C. 111/V1.
D. IV/VI.

Explanation:

The intensity of a heart murmur that is loud and accompanied by a thrill would be classified as grade III/VI. Grades range from I to VI (always expressed in Roman numerals) and notation is written as "(finding)/VI." Grades:
• Barely detectible.
• Soft and quiet.
• Loud with a thrill.
• Very loud with thrust or thrill.
• Extremely loud and detectible before the stethoscope makes contact with the skin.

Question: 10

According to the National Heart* Lung. and Blood Institute Adult Treatment Panel III (ATP III) recommendations for cholesterol management, the primary target of therapy for LDL cholesterol is:

A. <80 mg/dL.
B. <100 mg/dL
C. 100 to 129 mg/dL
D. 130 to 159 mg/dL.

Answer: B

Explanation:
According to the National Heart, Lung, and Blood Institute Adult Treatment Panel III (ATP III) recommendations for cholesterol management, the primary target of therapy for LDL (low-density lipoprotein) cholesterol is below 100 mg/dL LDL classification:

<100	Optimal
100-129	Near optimal/above optimal
130-159	Borderline high
160-189	High
≥190	Very high

Total cholesterol should be maintained below 200 mg/dL. HDL (high-density lipoprotein) is low if below 40 mg/dL and high if 260 mg/dL High risk factors for coronary heart disease events include coronary heart disease, symptomatic carotid artery disease, peripheral arterial disease, and abdominal aortic aneurysm.

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