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# **Nursing CPAN**

**Certified Post Anesthesia Nurse Examination**



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## Question: 1

A patient's preoperative ECG shows the following pattern. This is consistent with:



- A. Premature ventricular contractions
- B. Atrioventricular block
- C. Bradycardia
- D. Sinus pause

**Answer: D**

Explanation:

With sinus pause, the sinus node fails to stimulate heart contractions and the P wave, resulting in a pause on the ECG that is longer than the normal sinus cycle length. If the pause is too long, it may appear to indicate cardiac arrest. During the sinus pause, the P wave, QRS complex, and the PR and QRS intervals are all absent. The P:QRS ratio is 1:1, and the rhythm is irregular. The heart rate usually ranges from 60—100 beats per minute (bpm).

## Question: 2

If a surgical patient has rheumatoid arthritis (RA), the most common pulmonary disorder is:

- A. Pleural fibrosis
- B. Pulmonary hypertension
- C. Pulmonary nodules
- D. Pleural effusion

**Answer: D**

Explanation:

RA is an autoimmune inflammatory disease that causes chronic inflammation of the synovium and joint damage as well as systemic manifestations. The other listed pulmonary disorders (i.e., pulmonary fibrosis, pulmonary hypertension, and pulmonary nodules) may occur with RA; however, the most common pulmonary disorder is pleural effusion. RA can inflame the

pleura and can result in increased production of fluids in the pleural space. Signs and symptoms of pleural effusion include chest pain, especially when coughing or taking a deep breath: dyspnea: and orthopnea.

### Question: 3

Considering the stages of anesthesia that outline the depth of sedation, stage II, delirium, begins with a loss of consciousness and ends with:

- A. Absence of the swallowing reflexes
- B. Cessation of spontaneous respirations
- C. Disappearance of the lid reflex
- D. Depressed motor activity

**Answer: C**

Explanation:

Stages of anesthesia regarding the depth of sedation are outlined as follows:

I	Anesthesia /Amnesia	Fully conscious to unconscious; able to follow commands and retains protective reflexes
II	Delirium	Loss of consciousness to disappearance of the lid reflex; irregular respirations; risk of aspiration, bronchospasm, and laryngospasm
III	Surgical anesthesia	Cessation of spontaneous respirations; absence of the eyelash response, blink, and swallowing reflexes
IV	Overdose	Cessation of respirations to circulatory collapse

### Question: 4

An older adult male patient has a long history of alcoholism. Which type of gait may be an indication of cerebellar degeneration?

- A. Ataxic
- B. Steppage
- C. Trendelenburg
- D. Myopathic

**Answer: A**

Explanation:

An ataxic gait is characterized by a wide base with a staggering uncoordinated gait, often resulting in the patient veering to one side. The patient may weave back and forth or side to side while standing still and will be unable to walk in a straight line. This gait is common in those who are intoxicated, but it can result from cerebellar degeneration caused by long-term alcohol abuse. An ataxic gait may also be found with multiple sclerosis and cerebellar ataxia.

### Question: 5

Failure to promptly correct hyponatremia can result in severe:

- A. Generalized edema
- B. Pulmonary edema
- C. Cerebral edema
- D. Peripheral edema

**Answer: C**

Explanation:

Hyponatremia occurs when the sodium level falls to less than 135 mmol/L. Sodium is essential for regulating fluid balance. If the sodium level falls, the osmolarity of the extracellular fluid also falls. In an attempt to equalize the osmotic pressure, fluid from the extracellular space moves to the intracellular space, resulting in swelling of the cells. Brain cells are particularly susceptible to swelling. Because the skull is a confined space, as the cells in the brain begin to swell, this cerebral edema can result in increased intracranial pressure.

### Question: 6

When checking a surgical dressing, the nurse notes a small, firm, and slightly erythematous raised area along one part of the incision—this is most likely a(n):

- A. Hematoma
- B. Rash
- C. Dehiscence
- D. Ecchymosis

**Answer: A**

Explanation:

Although some bleeding into the tissues along the incision site may occur during a surgical procedure, if the area is firm, erythematous, and raised, this likely suggests a hematoma, which is an accumulation of blood in the tissues. The raised area may be evident before the discoloration appears, depending on the depth. Small hematomas often resolve without intervention, but their size and location should be carefully reported and documented because bleeding can become severe. Ecchymoses may look similar, but they are flat rather than raised.

### Question: 7

What modified Aldrete score is an indication that a patient is ready for postanesthesia discharge following moderate sedation?

- A. 1-2
- B. 3-5
- C. 6-8
- D. 9-10

**Answer: D**

Explanation:

The modified Aldrete score is used to assess whether the patient is ready for transfer to the postanesthesia care unit (PACU) or discharge to home (after moderate sedation) following anesthesia. A score of 9—10 indicates readiness. Five categories are assessed and scored from 0 (most sedated) to 2 (least sedated): activity, respirations, circulation, consciousness, and oxygen saturation. Total scores are interpreted as follows:

9-10: Fully recovered and awake

7-8: Recovering but requires further monitoring before discharge

≤6: Not ready for discharge: needs significant monitoring and/or medical interventions

### Question: 8

If a patient with a T6 spinal cord injury undergoes a colonoscopy and after the procedure exhibits severe hypertension, a severe throbbing headache, and diaphoresis above the T6 level and pallor below it, the immediate intervention should be to:

- A. Administer an antihypertensive drug.
- B. Check and empty the bladder.
- C. Place the patient in supine position.
- D. Check for and remove any bowel impaction.

**Answer: B**

Explanation:

This patient is exhibiting signs of autonomic dysreflexia, which occurs with injuries at T6 or higher. Autonomic dysreflexia can result in seizures, a stroke, or cardiac arrest if it is not immediately treated. The most common causes in the PACU are bladder distension and pain, but colonoscopy does not usually cause pain, so the immediate response should be to check and empty the bladder. If this does not resolve the problem, the patient should be positioned upright and administered an antihypertensive drug such as nitroprusside or labetalol. If autonomic dysreflexia is caused by pain, then analgesia often resolves the problem.

### Question: 9

Following moderate sedation, a patient experiences marked respiratory depression with a respiratory rate of 6, an oxygen saturation of 86%, and shallow breathing. The most appropriate initial intervention is usually to administer:

- A. Flumazenil

- B. Epinephrine
- C. Atropine
- D. Naloxone

**Answer: D**

Explanation:

Although benzodiazepines and opioids administered for moderate sedation can both cause respiratory depression, opioids have the most powerful effect on respirations; therefore, if marked symptomatic respiratory depression occurs after moderate sedation, the most appropriate initial intervention is usually to administer naloxone as a reversal agent. Naloxone will reverse the effects of opioids and should relieve respiratory depression, but it will also result in loss of analgesia. Because of its short half-life, naloxone may require additional doses.

### Question: 10

A 15-year-old patient has received a kidney transplant and is in the PACU. The nurse should expect that one of the patient's primary postoperative concerns will be:

- A. Activity limitations
- B. Pain management
- C. Dietary restrictions
- D. Body image

**Answer: D**

Explanation:

One of the primary concerns of adolescents is body image, and they often need reassurance about their appearance and how that will be affected by surgery. For example, a female adolescent undergoing a kidney transplant may worry about how the medications required will affect her weight and body shape. A male adolescent is more likely to be concerned about how the surgery and medications will affect his musculature, stature, and strength. Peer pressure and social media have increased concerns about body image.

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