Nursing

CAPA-nurse

Certified Ambulatory Perianesthesia Nurse Examination

Latest Version: 6.0

Question: 1

An adult female patient's postoperative laboratory findings include the following:

WBC: $3.6 \times 10^3/\mu L$
RBC: $4.75 \times 10^6/\mu L$
Hemoglobin: 15.3 g/dL
Hematocrit: 44.2%
Platelets: $89 \times 10^3/\mu L$

What action is necessary?

A. No action is needed because the patient's laboratory values are within normal limits.
B. Notify the physician that the patients hemoglobin and hematocrit levels are high.
C. Notify the physician that the patients platelet count is low.
D. Notify the physician that the patients white blood cell (WBC) count and platelet count are low.

Answer: D

Explanation:
With the following laboratory findings, the physician should be notified that the patients WBC count and platelet count are low:

Test	Findings	Normal Range
WBC	$3.6 \times 10^3/\mu L$	$4.8–10.8 \times 10^3/\mu L$
RBC	$4.75 \times 10^6/\mu L$	$4.2–5.4 \times 10^6/\mu L$
Hemoglobin	15.3 g/dL	12–16 g/dL
Hematocrit	44.2%	37–47%
Platelets	$89 \times 10^3/\mu L$	$150–450 \times 10^3/\mu L$

The low WBC count increases the risk of infection because it suggests immunocompromise, and the low platelet count may increase the risk of bleeding, although counts usually have to fall lower than 50,000 before the risk is significant.

Question: 2

For a living will to be legally binding, it must be:

A. No longer than 4 years since it was signed
B. Used only when the patient is incapacitated
C. Signed, witnessed, or notarized following individual state guidelines
D. Signed by a physician

Answer: C

Explanation:

Living wills can be legally binding in all states, but they must be signed, witnessed, or notarized following individual state guidelines, which may vary. Therefore, a living will that is created in one state may be invalid in another state. Additionally, if immediate family members challenge the living will after a patient is incapacitated, physicians will often accede to the demands of the family, so a living will is not always a guarantee that a patient's wishes will be carried out.

Question: 3

A patient is treated for hypothyroidism with levothyroxine, but presurgical laboratory tests show that the thyroid-stimulating hormone (TSH) level is elevated and the free T4 level is low. This is likely an indication that:

A. More tests are needed.
B. The levothyroxine dose is correct.
C. The levothyroxine dose is too high.
D. The levothyroxine dose is too low.

Answer: D

Explanation:
If a patients TSH is elevated and the free T4 is low, this is an indication of hypothyroidism. In this case, the dosage of levothyroxine is too low. TSH is produced by the pituitary gland to stimulate the production of thyroid hormones (T 3 and T4) by the thyroid gland. A low T4 or T 3 level is indicative of hypothyroidism. The active form of thyroxine in the blood is T4, so this is usually measured rather than T3.

Question: 4

The critical value for a prothrombin time may vary according to the laboratory but is generally considered to be:

A. >13 seconds
B. >18 seconds
C. >20 seconds
D. >28 seconds

Answer: C

Explanation:
The prothrombin time indicates how long it takes for blood to clot. The normal value can vary depending on the laboratory, but it usually ranges from 10—13 seconds with the critical value being greater than 20 seconds. The INR reference range is 0.8—1.1 with the critical value being greater than 5.5. A prolonged prothrombin time or elevated INR indicates an increased risk of bleeding. Supplements that contain vitamin K or foods high in vitamin K can decrease the prothrombin time, and fasting may increase the prothrombin time.

Question: 5

When giving a patient written discharge instructions, it is especially necessary to:

A. Place the instructions in a waterproof cover.
B. Ensure that the patient is able to read the instructions.
C. Include illustrations and diagrams along with the instructions.
D. Review the instructions with the patient.

Answer: B

Explanation:
Written discharge instructions are of no value if a patient is unable to read them, so the nurse should always verify that patients can read any literature that is presented to them. Patients may be unable to read for many reasons: poor vision, illiteracy, language barriers, cognitive impairment, and psychological or emotional factors. Including illustrations and diagrams and reviewing the discharge instructions with the patient may be helpful, but retention is often poor. Patients may require translated instructions or audio instructions.

Question: 6

For a patient who has been taking warfarin, the drug should be withheld, if possible, prior to surgery for:

A. 24—48 hours
B. 2-3 days
C. 4-5 days
D. 1 week

Answer: C

Explanation:
Patients receiving oral anticoagulation therapy with warfarin are at an increased risk of bleeding during surgical procedures; therefore, when possible, the medication should be stopped 4—5 days prior to surgery, although this is generally not possible if the patient has received prosthetic valves because they pose a high risk of thrombus formation, which can lead to valve obstruction and embolic events. The INR should be carefully monitored and should be 1.5 or less at the time of surgery.

Question: 7

If an ambulatory surgical center proposes keeping preoperative patients and postoperative patients in the same physical space in order to reduce the need for staff, the center.

A. Should cohort and separate preoperative patients from postoperative

B. Should refer to the regulations—this cannot be done under Centers for Medicare and Medicaid Services (CMS) regulations
C. Should consult the state health department regulations
D. May do so without restriction

Answer: A

Explanation:
The Centers for Medicare and Medicaid Services (CMS) requires that an ambulatory surgical center not share space with another entity, but CMS does not specifically prohibit preoperative and postoperative patients from sharing the same physical space. However, the preoperative patients should be cohorted and separated from postoperative patients as much as possible, and curtains should be used to provide privacy. Preoperative and postoperative patients should have separate staff as well to ensure that postoperative patients receive adequate attention. Typically, this sort of sharing arrangements results from efforts to control costs by reducing staff.

Question: 8

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 O (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: 9

The primary purpose of postanesthesia phase 2 care is to:

A. Stabilize the patient.
B. Prepare the patient for discharge.
C. Manage acute complications.
D. Provide intensive monitoring.

Answer: B

Explanation:
Postanesthesia phase I care focuses on the immediate postanesthesia period in which the goal is to stabilize and closely monitor the patient to ensure that there are no immediate complications. This includes managing the airway, monitoring vital signs, and assessing pain. Postanesthesia phase 2 care focuses on preparing the patient for discharge. This includes continued monitoring, although less frequently, and educating the patient and family as well as ensuring that they have clear discharge instructions and that the patient's pain is under control.

Question: 10

To estimate the normal systolic BP in a child from ages 1-7:

A. Multiply the age in years by 2, and add the result to 83.
B. Add the age in years to 52.
C. Subtract the age in years to 90.
D. Add the age in years to 90.

Answer: D

Explanation:
In children, a BP cuff of the appropriate size can be placed around the upper arm or the upper thigh. The average BP for a newborn is 73/55 for boys and 65/55 for girls. By age 15, the BP is close to the adult level. The normal BP for different ages can be estimated using the following:
Systolic (ages 1—7 years): Add age in years to 90.
Systolic (ages 8-18 years): Multiply age in years x 2 and add it to 83.
Diastolic Cages 1—5 years): 56.
Diastolic (ages 6—18 years): Add age in years to 52.

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