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Exam : **CEN**

Title : Certified Emergency Nurse

Vendor : Medical Tests

Version : DEMO

NO.1 You are caring for a patient who has taken a drug overdose. You must administer charcoal to the patient.

You understand that the reason for giving charcoal is to:

- A. Induce vomiting
- B. Absorb toxins
- C. Decrease serum drug levels
- D. Cause quick evacuation of pill fragments

Answer: B

Explanation: The primary reason for administering charcoal is to prevent absorption of toxins into the system. Charcoal is not used to induce vomiting or diarrhea. It does not reduce current drug levels, but it may reduce future drug levels.

NO.2 You are working in the emergency department and find out that a tornado has hit the local area.

Numerous casualties are being sent to the emergency department. What action should you take at this time?

- A. Prepare the triage room.
- B. Obtain additional supplies.
- C. Activate the agency disaster plan.
- D. Call in additional staff.

Answer: C

Explanation: The nurse should activate the agency disaster plan. All the other options may be part of the disaster plan, but the first priority of the nurse should be to activate the disaster plan. This will cover all the necessary steps that the will need to take.

NO.3 Your patient has sustained a burn from cutaneous exposure to lye. The patient received one hour of irrigation at the site of the injury prior to coming to the emergency department. When you assess the site

what, finding tells you that the burn continues?

- A. Eschar
- B. Liquefaction necrosis
- C. Cherry red, firm tissue
- D. Intact blisters

Answer: B

Explanation: Liquefaction necrosis is an indication that the chemical is still burning the patient. Exposure to acids or heat causes thick, leathery eschars to form. Thermal injury can lead to cherry red, firm tissue. Partial-thickness thermal injury leads to intact blisters.

NO.4 You are caring for a heart failure patient who suddenly developed symptoms that include shortness of breath, increased respiratory rate, bilateral crackles and frothy sputum. You have notified the

physician

and received orders for the patient. Which activity would be appropriate to delegate to a licensed practical nurse?

- A. Start an IV.
- B. Check vital signs every 15 minutes.
- C. Morphine sulfate 2mg IV push
- D. Insert a foley catheter.

Answer: D

Explanation: The RN should delegate the task to the LPN that does not require assessment. Inserting the foley catheter is the least likely to require immediate assessment. The RN should insert the IV and immediately give IV medications. Vital signs that are taken on a deteriorating patient should be taken by the RN so that immediate assessment can be made.

NO.5 You are caring for a patient who is becoming more aggressive. He is pacing and agitated. His speech is

becoming rapid and his affect belligerent. What should the nurse's first priority be?

- A. Provide safety for the patient and other patients on the unit.
- B. Offer the patient a less stimulated area to calm down and gain control.
- C. Provide the patients on the unit with a sense of comfort and safety.
- D. Assist the staff in caring for the patient in controlled environment.

Answer: A

Explanation: Safety to the patient and other patients on the unit should be the nurse's first priority. The patient is showing behavior that is escalating and most likely will hurt himself or some one else if the staff does not step in immediately. Use Maslow's hierarchy of needs to prioritize which is the most immediate priority.

NO.6 You are caring for a patient who has been receiving a blood transfusion for the last 30 minutes.

On

assessment, you find the patient to be dyspneic and show bilateral crackles and a heart rate of 110.

Which of the following complications do you suspect the patient is experiencing?

- A. Immune response
- B. Hypovolemia
- C. Fluid overload
- D. Polycythemia vera

Answer: C

Explanation: The patient exhibiting these signs and symptoms is most likely going into fluid overload. Crackles in the lungs would not be associated with the other options. The physician should be notified to get a diuretic for the patient.

NO.7 You are caring for a child with respiratory syncytial virus (RSV). You are preparing to give the child

ribavirin (Virazole). Which route is most appropriate for administering this medication?

- A. Subcutaneous
- B. Intramuscular
- C. Oxygen tent
- D. Oral

Answer: C

Explanation: An oxygen tent is the most appropriate route of administration for ribavirin (Virazole). This is an antiviral medication used mainly in children with severe RSV. It can also be administered through a hood or face mask.

NO.8 You are working in a community that has just experienced a hurricane. You are trying to find housing and counseling for those who need it. Which type of level of preventions are you representing?

- A. Primary level
- B. Secondary level
- C. Tertiary level
- D. Forth level

Answer: C

Explanation: The tertiary level of prevention is what the nurse is displaying. This is a reduction in the amount and degree of disability, injury and damage following a crisis. The other options are incorrect

NO.9 Which IV fluids would you need to hang with a transfusion?

- A. Lactated ringers
- B. Dextrose 5% and normal saline 0.9%
- C. Dextrose 5% and normal saline 0.45%
- D. Normal saline 0.9%

Answer: D

Explanation: The nurse should hang normal saline 0.9% with a transfusion. All other options are contraindicated due to clotting and hemolysis. Normal saline is the only option that can be hung with a transfusion.

NO.10 You are caring for a patient in a crisis state. What would you want to consider when planning care for this patient?

- A. All individuals experiencing a crisis will have the same symptoms.
- B. The patient is suffering from a mental illness if they are in a crisis state.
- C. The patient is suffering from an emotional illness if they are in a crisis state.
- D. Each person reacts differently to a crisis.

Answer: D

Explanation: Each individual response to a crisis is different. Different patients will not necessarily present with similar symptoms when they are in crisis. What constitutes a crisis for one person may not be the same for another person.

NO.11 You are preparing the assignment for the day. You have one licensed practical nurse (LPN) and one

unlicensed assistive staff member. Which of the following assignments would you not want to make?

- A. LPN to reinforce discharge instruction with a patient
- B. Unlicensed personnel to take vital signs and to document and report any changes
- C. Unlicensed personnel to assess effectiveness of pain medication
- D. LPN to remove dressing from an abdominal wound on a postoperative patient

Answer: C

Explanation: The unlicensed personnel should not be assigned to assess the effectiveness of pain medication; it is the responsibility of the RN to assess. LPNs can perform dressing changes and reinforce

discharge instructions. Unlicensed personnel can take vital signs and document and report any changes.

NO.12 The most appropriate action by the nurse who is preparing to communicate with an older patient who has

hearing loss is:

- A. Stand in front of the patient.
- B. Exaggerate lip movements.
- C. Obtain a sign language interpreter.
- D. Pantomime and write the patient notes.

Answer: A

Explanation: The nurse should stand in front of the patient with hearing loss while trying to communicate

with them. By standing in front of the patient and providing adequate lighting, the nurse insures that the

patient can see the nurse clearly. If there is still difficulty communicating, then notes and pantomime can

be used.

NO.13 You are working with a child and suspect physical abuse. What is your primary legal responsibility?

- A. Document your assessment thoroughly and accurately.
- B. Report the abuse to local authorities.
- C. Refer the family to support groups.
- D. Assist the family in identifying resources and support systems.

Answer: B

Explanation: The nurse should report her suspicions to the local authorities so they can investigate. The

law makes it mandatory to report any suspected child abuse. All other options are important in dealing

with patient and the family, but they would not be the priority of the nurse.

NO.14 Your patient has been admitted to the hospital with acute blindness. After many tests are run the

physician can find no organic reason for the patient's blindness. You learn that the patient became

blind

after witnessing a serious car accident where several people were killed. What do you suspect is the cause of the patient's blindness?

- A. Psychosis
- B. Conversion disorder
- C. Dissociative disorder
- D. depression

Answer: B

Explanation: The patient is suffering from conversion disorder. The patient has witnessed something so unbelievable that they have gone blind in order to deal with the conflict. Conversion disorder is when a patient has an alteration or loss of physical functioning that has not pathological cause.

NO.15 You are caring for a child with epiglottitis. On assessment of the child what would indicate to you that the child is experiencing airway obstruction?

- A. The child is leaning backwards and supporting himself with his hands and arms.
- B. The child has a low-grade fever and complains of a sore throat.
- C. The child is leaning forward with the chin thrust out.
- D. The child exhibits nasal flaring and bradycardia.

Answer: C

Explanation: If a child is leaning forward with the chin thrust out, this is an indication that the airway may be obstructed. Other indications might include nasal flaring, tachycardia, high fever and sore throat. To prevent spasm of the epiglottitis and airway obstruction, no attempt should be made to visualize the pharynx.