

CLINICAL TEST QUESTIONS

Think Twice Before Using This Abbreviation (pp. 85-87)

1. Tenecteplase is only indicated for the management of
 - A. acute ischemic stroke.
 - B. acute myocardial infarction.
 - C. pulmonary embolism.

2. As noted in the article, an overdose of Tenecteplase when selected in error, may increase the risk of
 - A. vision loss.
 - B. renal failure.
 - C. a retroperitoneal bleed.

3. The author notes that the routine use of what abbreviation has led to frequent confusion with the use of "TNK"?
 - A. TPA
 - B. THC
 - C. TAP

4. As noted in the article, which recommendation for high-alert safe medication practices, when technologies are unavailable, should staff at the bedside properly validate?
 - A. drug route and time
 - B. patient and route
 - C. drug selection and dose

Valproic Acid Poisoning (pp. 98-100)

5. Valproic acid (VPA) is prescribed as prophylaxis for
 - A. migraines.
 - B. menopausal "hot flashes."
 - C. atrial flutter.

6. In the setting of overdose, peak concentrations of VPA may be delayed for up to
 - A. 6 hours.
 - B. 12 hours.
 - C. 24 hours.

7. Toxicity from VPA can lead to
 - A. hyperammonemia.
 - B. hyperchloremia.
 - C. hypercalcemia.

8. One of the 2 primary effects of VPA toxicity is
 - A. gastrointestinal irritation (i.e., vomiting, diarrhea).
 - B. visual disturbances.
 - C. central nervous system depression.

9. As noted in the article, severe cases of VPA overdose can present with what change on the electrocardiogram?
 - A. inverted T waves
 - B. prolonged QT interval
 - C. ST segment elevation

10. A possible antidote in some cases of VPA overdose is
 - A. pralidoxime.
 - B. L-carnitine.
 - C. sodium thiosulfate.

Opioids and Benzodiazepines—A Drug Problem for the Older Adult (pp. 88-89)

11. Since 2000 the increase in deaths from opioid overdoses for people age 55 and older has
 - A. doubled.
 - B. tripled.
 - C. more than quadrupled.

12. The author notes that pain associated with activities of daily living and the use of pain medication in persons over the age of 65 has the potential to cause
 - A. deconditioning.
 - B. increased mental alertness.
 - C. improved appetite.

13. What seems to have the largest pharmacodynamic effect on the elderly?
 - A. poor peripheral circulation
 - B. increased hepatic blood flow
 - C. reduced renal clearance

Traumatic Ruptured Diaphragm: A Frequently Missed or Delayed Diagnosis (pp. 101-102)

14. As noted in the article, which statement is true regarding the patient presentation during the acute stages of traumatic diaphragmatic rupture?
 - A. Symptoms often include hemoptysis.
 - B. The patient will have tracheal deviation to the right.
 - C. The patient may be asymptomatic.

- 15.** The authors note that traumatic ruptured diaphragm may be misdiagnosed as
- gastroesophageal reflux.
 - a pneumothorax.
 - ileus.
- 16.** Which type of vehicle collision impact is 3 times more likely to cause a diaphragm tear than other types of impact?
- frontal impact
 - lateral impact
 - rear impact
- 17.** Which of the following is the most commonly reported concurrent injury with traumatic diaphragmatic rupture?
- thoracic aorta tear
 - hemo- or pneumothorax
 - spleen rupture
- 18.** In the 2017 study by Akar and Kaya, what imaging study revealed the diaphragmatic rupture in all the study patients?
- chest radiograph
 - abdominal ultrasound
 - computed tomography of the chest
- 19.** As noted the article, symptoms of a delayed presentation of ruptured diaphragm include
- left shoulder pain.
 - jaundice.
 - syncope.
- 20.** What type of complications are most commonly the cause of death in patients with diaphragmatic rupture?
- pulmonary
 - cardiac
 - gastrointestinal
- 21.** The patient with hypokalemic periodic paralysis (HPP) in the case described in this article reported a lack of
- motor function.
 - sensation.
 - proprioception.
- 22.** The author reports that diagnoses in the differential list for this patient included
- Guillain Barre Syndrome.
 - a "hanging" injury.
 - West Nile encephalitis.
- 23.** What laboratory test should be ordered to rule out a condition that closely mimics HPP?
- acid-fast bacillus testing
 - serum free light chains
 - thyroid function studies
- 24.** Which statement is true regarding the paralytic form of HPP?
- It is primarily autosomal recessive.
 - Cardiac and respiratory muscles are not affected.
 - Episodes usually last months to a year or more.
- 25.** Within the first 24 hours, total daily potassium replacement should not exceed
- 200 mEq.
 - 300 mEq.
 - 400 mEq.
- 26.** Frequent, recurrent episodes of HPP can be prophylactically managed with
- 5-alpha-reductase inhibitors.
 - carbonic anhydrase inhibitors.
 - angiotensin-converting-enzyme inhibitors.
- 27.** What type of dietary modification may help to prevent recurrent episodes of HPP?
- low fat diet
 - low protein diet
 - low carbohydrate diet

Hypokalemic Periodic Paralysis Secondary to Dexamethasone Injection (pp. 79-81)

- 21.** The patient with hypokalemic periodic paralysis (HPP) in the case described in this article reported a lack of
- motor function.
 - sensation.
 - proprioception.

Severe Post-Traumatic Hypothermia in a Burned Patient (pp. 82-84)

- 28.** Because of its impact on mortality, the authors report that hypothermia associated with trauma should be diagnosed at \leq
- 35°C (95°F).
 - 36°C (96.8°F).
 - 37°C (98.6°F).

29. Although the heat loss in healthy humans usually does not exceed 60 – 75 kcal/h, trauma patients can lose up to
- A. 200 kcal/h.
 - B. 300 kcal/h.
 - C. 400 kcal/h.
30. As noted in the article, common factors that increase heat loss in trauma include
- A. imaging studies.
 - B. phlebotomy.
 - C. opioid and paralytic drugs.
31. The risk of onset of hypothermia in burn patients is associated with a 20-fold greater incidence when the area of injury exceeds at least
- A. 30% total body surface area (TBSA).
 - B. 50% TBSA.
 - C. 70% TBSA.
32. Studies by Paal et al. (2016) and Brown et al. (2012) report the best method of treatment of severe accidental hypothermia includes
- A. extracorporeal rewarming.
 - B. passive external rewarming.
 - C. active external rewarming.
33. In the case described in this article, what do the authors report appeared to be an effective method of rewarming?
- A. continuous renal replacement therapy
 - B. airway rewarming with humidified oxygen
 - C. warmed intravenous fluids
34. In a survey study by Ireland et al. (2006), what did only 27% of physicians and nurses at a trauma center indicate as a possible consequence of hypothermia?
- A. renal failure
 - B. coagulopathy
 - C. mortality
35. A trauma patient with a core temperature of 36°C (96.8°F) should have the temperature rechecked at least every
- A. 5 minutes.
 - B. 10 minutes.
 - C. 15 minutes.
36. For a trauma patient with a core temperature of 34°C (93.2°F), warming strategies include
- A. a circulating water garment.
 - B. gastric lavage with warm fluids.
 - C. extracorporeal rewarming.

Will You Save Me? Injury Prevention Strategies to Prevent Opioid Overdose (pp. 90-93)

37. The most common drugs involved in overdose deaths include
- A. cocaine.
 - B. heroin.
 - C. methamphetamines.
38. According to the National Institute on Drug Abuse (2018), the largest percentage of drug overdoses in the United States involved which drug and its analogs?
- A. methadone
 - B. fentanyl
 - C. oxycodone
39. The primary prevention strategy for the opioid epidemic is focused on
- A. using urine drug screening to confirm patient reports about drug use.
 - B. referring patients with substance use disorder (SUD) for treatment.
 - C. reducing the amount of prescriptions for opioid pain medication.
40. As noted in the article, secondary prevention strategies for the opioid epidemic are needed to
- A. prevent death from SUD.
 - B. reduce the incidence of SUD.
 - C. identify and treat people with SUD.
41. Recommendations for opioid pain medication prescriptions in the emergency department, noted in the article, include limiting the dose and quantity of opioids prescribed to no more than a
- A. 3-day supply.
 - B. 5-day supply.
 - C. 7-day supply.
42. The author notes that information on whether patients are being seen and treated by multiple providers or have multiple prescriptions for opioid pain medications can be obtained through the
- A. pharmacy that the patient uses.
 - B. Prescription Drug Monitoring Program.
 - C. local Poison Control.

43. As noted in the article, strategies to minimize the harm caused by SUD and to prevent death include educating the family about
- how to talk to their family member about drug use.
 - how to identify signs of an overdose.
 - inpatient vs. outpatient treatment programs.
44. Which statement is true regarding the use of naloxone for opioid overdose?
- It has the potential for abuse.
 - In many states it may be distributed by a person without a medical license.
 - It does not reverse the effects of all opioids.
45. Because bystanders may be afraid to call for help, the Substance Abuse and Mental Health Services Administration recommends that the public be coached to call 911 in an overdose situation and simply report that
- "someone is not breathing."
 - "someone has overdosed."
 - "someone needs naloxone."

Management of Opioid Overdose Victims Outside the Emergency Department: A Case Discussion (pp. 12-15)

46. The overdose response team recommended by the authors consists of ED nurses,
- technicians, and security personnel.
 - an ED attending physician, and technicians.
 - an ED attending physician, technicians, and security personnel.
47. Current recommendations for an organized opioid overdose response bag include
- an intravenous setup.
 - intubation equipment.
 - a flashlight.
48. It is recommended that the response bag be kept
- in the medication room.
 - close to ED entrance/exit doors.
 - at the nurses' station.
49. As noted in the article, when responding to an overdose victim in a vehicle, the first safety priority is to
- contact local law enforcement officials.
 - ensure that the vehicle is turned off and the keys are placed on the roof.
 - ask the other occupants to get out of the vehicle and stand back so they are visible to the team.
50. What safety equipment do the authors recommend using when removing the victim from the vehicle?
- cut- or puncture-resistant gloves
 - a scoop stretcher
 - a Kendrick Extrication Device
51. The authors recommend that ED nurses should "be SAFE" where the "S" stands for
- Select the overdose response team members.
 - See if there are drugs or drug paraphernalia.
 - Set the scene and slow down.

A Sticky Situation: Meconium Aspiration in the Emergency Department (pp. 6-11)

52. As noted in the article, what drug of abuse increases the risk of meconium passage by the fetus?
- marijuana
 - ketamine
 - methamphetamine
53. Infants of mothers with which ethnicity have a greater risk for meconium aspiration syndrome (MAS)?
- Native American
 - African American
 - Hispanic/Latina
54. Maternal risk factors for MAS reported by the authors include
- alcohol abuse.
 - gestational diabetes.
 - nulliparity.
55. Higher risk of MAS related to the fetus include
- irregular fetal heart rate.
 - high birth weight.
 - Down's syndrome.
56. What can cause fetal colonic stimulation that enables meconium passage?
- low fetal blood sugar
 - fetal hypoxia
 - fetal dehydration

57. As noted in the article, neonates with meconium aspiration also have an increased chance of complications such as
- myocardial infarction.
 - liver failure.
 - seizures.
58. In the ineffectively- or non-breathing infant without airway obstruction, the focus in the first minute of life should be on
- intubating.
 - ventilating.
 - suctioning.
59. For newborns 35 weeks' gestation or older, if positive-pressure ventilation is necessary it should start with
- room air (21% oxygen).
 - 30% oxygen.
 - 50% oxygen.
60. A nonvigorous infant is characterized by the Neonatal Resuscitation Program as meeting 1 or more criteria, including
- heart rate \leq 120 beats per minute.
 - decreased muscle tone.
 - heel stick blood sugar $<$ 80 mmol/L.
61. The goal for the neonatal axillary temperature should be about
- 36.5°C (97.7°F).
 - 37°C (98.6°F).
 - 37.5°C (99.5°F).
62. In addition to information required by hospital protocol, the authors recommend that the identification band on the neonate should include the
- infant's medical record number.
 - infant's first and last name.
 - date and time of birth.
2. Research by Anglemeyer et al. (2014) revealed when people have access to firearms, the risk of completed suicide increases more than a minimum of
- 3-fold.
 - 4-fold.
 - 5-fold.
3. In the study described in this article, the factor participants ranked as the most significant when deciding to ask about in-home access to firearms was
- ED colleagues' attitudes about gun ownership.
 - state and local laws regulating gun ownership.
 - news stories about incidents of gun violence in their community.
4. When considering the risk for firearm injury or death, the firearm safety task most frequently part of the nurses' regular care to identify risk (e.g., if the patient was suicidal) was a current/past history of
- gang violence.
 - firearm injury.
 - substance abuse.
5. The nurses in this study were the most likely to assess the level of risk (e.g., if firearms were present in the home) if a patient presented with a current/past history of
- a behavioral health diagnosis.
 - intimate partner violence.
 - violent behavior.
6. As a reflection of knowledge, attitudes, and beliefs related to firearms, the highest percentage of nurses strongly agreed with which statement?
- People should be allowed to have handguns in their homes.
 - I am comfortable discussing firearm safety with patients and families.
 - Gun violence is a problem in the community where my emergency department is located.

RESEARCH TEST QUESTIONS

Emergency Nurses' Perceptions of Risk for Firearm Injury and Its Effect on Assessment Practices: A Mixed Methods Study (pp. 54-66)

1. As noted in the article, which statement is true regarding the restriction of firearms?
- It has not been shown to lower the rate of firearm-caused suicide.
 - There is no apparent effect on the overall rates of suicide.
 - It lowers the rate of firearms suicides with the greatest effects among children ages 0 to 19 years.
7. Of the following statements, the highest percentage of nurses strongly disagreed with which statement related to their knowledge, attitudes, and beliefs?
- The number of completed suicides is high because handguns are readily available.
 - Regardless of the potential for injury, everyone has the right to own a gun.
 - There is sufficient time during an ED visit to discuss firearm safety with patients.