

CLINICAL TEST QUESTIONS

Intoxication by Hand Sanitizer (pp. 218-219)

1. Compared to approximately 40% ethanol that is found in vodka, what percentage of ethanol was in the hand sanitizer consumed by the patient in the case described in this article?
 - A. 25%
 - B. 43%
 - C. 62%
2. Hand sanitizer like Purell contains what type of alcohol that causes greater central nervous system depression than ethanol?
 - A. methyl alcohol
 - B. isopropyl alcohol
 - C. grain alcohol
3. Peak serum levels of ethanol are *typically* reached within
 - A. 1 hour.
 - B. 1½ hours.
 - C. 2 hours.
4. In persons tolerant to alcohol, ethanol can be eliminated from the body at a rate as fast as
 - A. 25 mg/dL/hour.
 - B. 30 mg/dL/hour.
 - C. 35 mg/dL/hour.
5. In pediatric patients or very malnourished adults, ethanol can cause severe
 - A. hypoglycemia.
 - B. rhabdomyolysis.
 - C. hyponatremia.
6. As noted in the article, ED treatment of the inebriated patient typically involves supportive care, including
 - A. fluid hydration.
 - B. intravenous benzodiazepines.
 - C. gastric lavage.

IV Push Medication Matters: New Survey Points to Slow Adoption of Best Practices (pp. 202-205)

7. In opposition to an Institute for Safe Medication Practices (ISMP) IV push medication use best practice, a 2018 survey revealed that 66% of respondents reported
 - A. withdrawing medications from a ready-to-use prefilled syringe or cartridge.
 - B. administering medications via the IV push route that were previously given as infusions.
 - C. labeling all IV push medications that were self-prepared away from the patient's bedside.
8. The most common reason given for withdrawing medication from a prefilled syringe, noted in a 2012 ISMP survey, was
 - A. syringe/cartridge holders were unavailable.
 - B. it was too hard to read the dose increments on the cartridge syringe.
 - C. nurses desired or needed to dilute medication before injection.
9. After patency of an implanted port or peripherally inserted central catheter (PICC) has been confirmed using a 10 mL diameter-sized syringe, the Infusion Nurses Society recommends that clinicians administer medications using
 - A. at least a 10 mL-sized syringe.
 - B. at least a 20 mL-sized syringe.
 - C. an appropriately-sized syringe.
10. The most common reason given in the 2018 ISMP survey for further diluting ready-to-use medications was
 - A. to avoid patient discomfort.
 - B. the desire to administer the drug slowly.
 - C. the need to measure small volume doses accurately.
11. Which statement is true regarding the commercially-available prefilled 0.9% sodium chloride flush syringes?
 - A. The U.S. Food & Drug Administration has approved them for the reconstitution or dilution of medications.
 - B. It is a best practice to use them as a vehicle for administering medications.
 - C. The contents of the syringe are only sterile when used as designed, with a forward fluid path.

- 12.** In the 2018 ISMP survey and in opposition to national standards, the majority of respondents reported that they did not need to label syringes that they prepared away from the patient's bedside because they could distinguish between multiple syringes without a label by visualizing the
- A.** size of the syringes.
 - B.** different fluid volume in each syringe.
 - C.** differences in needles, caps, or medication colors.
- 13.** As noted in the article, some studies suggest that the most common medication error with IV push use is administration of the drug
- A.** too quickly.
 - B.** undiluted.
 - C.** without swabbing the port.

New October 2018 Malignant Hyperthermia Guidelines: Is Your Emergency Department Prepared? (pp. 214-217)

- 14.** Which statement is true regarding malignant hyperthermia (MH)?
- A.** Both parents need to carry the disease for the child to inherit MH.
 - B.** Patients with MH are usually aware of their predisposition to MH from anesthetics or triggers.
 - C.** Patients may develop MH as late as their third time receiving anesthetics.
- 15.** Studies have revealed that the incidence of MH is
- A.** two times more common in females than in males.
 - B.** more common in children under the age of 15 years.
 - C.** more common in African-American persons.
- 16.** Which of the following agents may trigger MH?
- A.** succinyl choline
 - B.** nitrous oxide
 - C.** propofol
- 17.** Clinical findings of MH include
- A.** hyponatremia.
 - B.** rigid muscles.
 - C.** bradycardia.
- 18.** Contraindications to MH triggering anesthetic agents include a history of
- A.** heat intolerance.
 - B.** hypocalcemia.
 - C.** severe dehydration.
- 19.** As noted in the article, signs and symptoms of MH include
- A.** a base deficit less than 4mEq.
 - B.** a Troponin I level greater than 10 ng/mL.
 - C.** increasing end tidal carbon dioxide despite increasing minute ventilation.
- 20.** The treatment for MH includes rapid IV administration of dantrolene (Dantrium) at
- A.** 2.5 mg/kg.
 - B.** 5.0 mg/kg.
 - C.** 7.5 mg/kg.
- 21.** Cooling measures should be maintained until the patient's temperature falls to \leq
- A.** 37°C (98.6°F).
 - B.** 37.5°C (99.5°F).
 - C.** 38°C (100.4°F).
- 22.** If the patient is hyperkalemic, recommendations suggest treating the patient with several medications, including
- A.** lidocaine.
 - B.** calcium.
 - C.** procainamide.
- 23.** Potentially fatal relapse events in patients who experienced MH occur in what percentage of these patients?
- A.** 5%
 - B.** 15%
 - C.** 25%

Who Let the Dogs Out? A Legal Primer on Service Dogs in the Emergency Department (pp. 208-210)

- 24.** In general according to the Americans with Disabilities Act (ADA), which of the following pertains to a service dog?
- A.** Even if the dog can work while leashed or harnessed, these devices are not required.
 - B.** Individuals with service animals must maintain control of their dog.
 - C.** The dog must have been trained by a professional.
- 25.** Under the ADA, nursing staff may ask
- A.** "What service is the animal trained to provide?"
 - B.** "What disability are you using the dog for?"
 - C.** "Can you demonstrate the dog's abilities?"

26. Under what condition can staff require that the individual remove their service dog from the hospital?
- A. The nurse is afraid of or allergic to dogs.
 - B. The dog is a pit bull or rottweiler.
 - C. The dog is not housebroken.
27. According to the ADA, nursing staff may prevent a service animal from entering the emergency department if the dog
- A. is not wearing a "service animal" vest.
 - B. is not certified as a service animal.
 - C. presents a direct threat to the safety of staff and others.

Clinical Decision Support Systems in the Emergency Department: Opportunities to Improve Triage Accuracy (pp. 220-222)

28. What type of patient does the author note can be particularly challenging to assess due to atypical or subtle presentations for an acute and life-threatening condition?
- A. females with acute myocardial infarction
 - B. elderly with acute renal failure
 - C. males with acute aortic dissections
29. Which patients have historically had a lower level of consistency in triage decisions?
- A. pediatric patients
 - B. mental health patients
 - C. elderly patients
30. What does the author suggest integrating into the ED electronic health record as a Clinical Decision Support Systems (CDSSs)?
- A. influenza screening
 - B. chest pain risk scores
 - C. cervical spine fracture risk analysis
31. Research by Bookman et al. (2017) revealed that at least 80% of adult patients who went on to develop severe sepsis had
- A. fever greater than 38.9°C (102°F).
 - B. elevated plasma C-reactive protein levels.
 - C. tachycardia and tachypnea.
- Future Emergency Nursing Workforce: What the Evidence Is Telling Us (pp. 132-136)**
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32. What did Jackson et al. (2002) report is a contributing factor to the problems in recruitment of new ED nurses and the retention of even the most seasoned ED nurses?
- A. high nurse to patient ratios
 - B. workplace violence
 - C. rotating shifts
33. Research by Sauer (2012) revealed that emergency nursing retention is affected by
- A. the high-pressure environment.
 - B. the support network among nurses.
 - C. inadequate pay scales.
34. What did Wolf et al. (2017) report appears to relate to ED nurse retention?
- A. ED overcrowding
 - B. the risk of disease transmission
 - C. horizontal violence by colleagues
35. Many of the studies reviewed in this article reported errors occurring from
- A. fatigue.
 - B. a lack of skill.
 - C. patient demands.
36. Daniel (2012) reported that the relationship that patients have with ED nurses is closely linked to
- A. positive patient outcomes.
 - B. patient violence.
 - C. patient satisfaction.
37. Who do the authors suggest are best positioned to address the issue of retention?
- A. ED physician directors
 - B. ED nurse managers
 - C. ED staff nurses
38. Kennedy et al. (2014) reported that personality traits of ED nurses that might be helpful to highlight in an interview tool include
- A. extroversion.
 - B. enthusiasm.
 - C. a preference for routine.

Implementing the Emergency Severity Index Triage System in Jamaican Accident and Emergency Departments (pp. 124-131)

39. In the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) model that the authors used as an organizing framework, the element that applied to outcomes and unanticipated consequences was
- A. Reach.
 - B. Effectiveness.
 - C. Implementation.
40. Before attending the train-the-trainer workshop, trainers were required to
- A. complete the online Emergency Severity Index (ESI) training course.
 - B. submit 4 real-life triage cases for review.
 - C. complete a pre-test on the use of ESI.
41. To enhance the maintenance of ESI after implementation, a monthly webinar was conducted for
- A. 3 months.
 - B. 6 months.
 - C. 9 months.
42. The authors report several factors that were instrumental in the successful attendance of their training to implement ESI including
- A. support from the Ministry of Health.
 - B. previous use of ESI by the majority of participants.
 - C. attendance mandated by Accident and Emergency (A&E) nurse managers.
43. An example of an important difference in A&Es in Jamaica compared to emergency departments in the U.S. was
- A. a lack of oral analgesics to administer.
 - B. triage nurses were not allowed to perform wound rechecks.
 - C. physicians applied all splints.

A 28-Year-Old Woman With Tetanus (pp. 197-199)

44. The tetanus toxoid IgG antibody test is a measure of
- A. previous vaccination.
 - B. disease carrier status.
 - C. the tetanus infection.
45. Tetanus is caused by a
- A. virus.
 - B. fungus.
 - C. bacteria.
46. Which statement is true regarding tetanus?
- A. It can be transmitted from person to person.
 - B. It is commonly found in soil.
 - C. Exposure to the tetanus organism guarantees future immunity.
47. Clinical signs and symptoms of tetanus often begin with muscle spasm, seen initially in the
- A. masseter muscles.
 - B. trapezius muscles.
 - C. pectoralis muscles.
48. As noted in the article, clinical signs and symptoms of tetanus may begin several weeks after exposure to the tetanus organism or as early as
- A. 1 day.
 - B. 4 days.
 - C. 1 week.
49. A test that can aid in the diagnosis of tetanus is the
- A. timed gait pattern function test.
 - B. spatula test.
 - C. whispered voice test.
50. Which statement is true regarding tetanus immune globulin?
- A. It can inactivate tetanus neurotoxins bound within the neurons.
 - B. It leads to long-term immunity to the tetanus organism.
 - C. It assists in neutralizing the tetanus neurotoxins.
51. The first-line choice of medication to treat tetanus is
- A. metronidazole.
 - B. acyclovir.
 - C. amphotericin B.
52. Continued nursing assessment for a patient with tetanus includes monitoring for clinical signs and laboratory findings indicating
- A. cardiac ischemia.
 - B. rhabdomyolysis.
 - C. liver failure.