

RESEARCH TEST QUESTIONS

Lack of Significant Coronary History and ECG Misinterpretation Are the Strongest Predictors of Undertriage in Prehospital Chest Pain (pp. 161-168)

1. As noted in the article, early activation of the catheterization laboratory based on the prehospital (PH) electrocardiogram (ECG) has been shown to reduce
 - A. door-to-balloon time by more than 50 minutes.
 - B. length of hospital stay by up to 2.1 days.
 - C. in-hospital mortality by nearly 65%.
2. Among myocardial infarction (MI) patients who had diagnostic ischemic ECG findings during the post hoc audit in this study, what was the common emergency medical services (EMS) mistake in ECG interpretation?
 - A. Ischemic ECG findings were labeled as benign.
 - B. Ischemic ECG findings were identified but mislabeled as other abnormalities.
 - C. The EMS failed to document their interpretation in charts.
3. Compared with 53% of patients triaged as high risk for MI, what percentage of patients triaged as low risk for MI received nitroglycerin en route?
 - A. 24%
 - B. 34%
 - C. 44%
4. Compared with those patients triaged by PH providers as low risk, patients triaged as high risk
 - A. were younger.
 - B. had histories of coronary risk factors.
 - C. were short of breath.
5. Of the 155 patients diagnosed with MI during the primary admission, what percentage were undertriaged as low risk by EMS providers?
 - A. 10%
 - B. 20%
 - C. 30%
6. What was a significant predictor of undertriage of MI by EMS providers?
 - A. younger age
 - B. lack of common assessment findings consistent with MI
 - C. lack of significant coronary history
7. The other predictor that was one of the 2 strongest predictors of undertriage by EMS providers was
 - A. ECG misinterpretation.
 - B. normal initial vital signs.
 - C. older age.
8. Which statement is true regarding the male patients in this study compared to the female patients?
 - A. Male patients were at increased risk for MI.
 - B. EMS providers were more inclined to triage male patients as high risk.
 - C. Male patients had higher rates of in-hospital mortality.
9. The sources of errors associated with EMS providers misinterpreting as benign nearly half of acute ischemic ECG changes in acute MI include the issue that EMS providers
 - A. are less sensitive to ECG changes other than ST elevation that indicate acute myocardial injury.
 - B. do not recognize the potential for a patient having an acute MI also having a normal ECG.
 - C. interpret ST depression as a possible sign of acute MI.
10. The authors conclude that emergency nurses receiving patients from EMS providers should be aware that
 - A. most patients with chest pain will have already received morphine by EMS.
 - B. nurses should have a higher threshold for suspicion during the initial evaluation of patients with PH chest pain who have benign medical histories.
 - C. a full assessment and ECG analysis by the nurse is the cornerstone for evaluating patients with PH chest pain.

Bacterial Contamination of Military and Civilian Uniforms in an Emergency Department (pp. 169-177)

11. In the study described in this article, colonization of the personally owned uniforms was higher than on the hospital-provided scrubs upon arrival to work at the
 - A. sleeve cuff and waist pocket only.
 - B. sleeve cuff, waist pocket, and abdomen only.
 - C. sleeve cuff, waist pocket, abdomen, and back.
12. Hospital-scrub wearers shared the highest rates of contamination across all time points across the
 - A. abdomen, sleeve cuff, and waist pocket.
 - B. waist pocket, abdomen, and back.
 - C. sleeve cuff, waist pocket, and back.

13. Overall, colonization of personally owned uniforms was about how much higher at the sleeve cuff than hospital-provided scrubs on arrival?
- A. 3 times
 - B. 5 times
 - C. 7 times
14. After 8 working hours, the cuff of personally owned uniforms had how much higher colonization than hospital-provided scrubs?
- A. 3.5 times
 - B. 4 times
 - C. 4.5 times
15. Both subgroups demonstrated the highest degree of colonization at the
- A. abdomen and waist pocket.
 - B. sleeve cuff and waist pocket.
 - C. sleeve cuff and abdomen.
16. Which statement is true regarding the results of this study?
- A. There were higher degrees of colonization on military uniforms that were worn 2 times before washing.
 - B. Fewer civilian personnel than military personnel wore their uniforms 3-5 times before washing.
 - C. Military staff reported approximately 4 more hand hygiene events per patient hour than civilian personnel.
17. Unlike the personally owned uniforms (with the exception of the sleeve cuffs), the hospital-provided scrubs had an accumulation of bacteria within the first
- A. 4 hours of work.
 - B. 5 hours of work.
 - C. 6 hours of work.
- Screening, Brief Intervention, and Referral to Treatment by Emergency Nurses: A Review of the Literature (pp. 178-184)**
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18. As noted in the article, low-risk drinking for women is the consumption of no more than
- A. 2 drinks per day or 4 drinks in 1 week.
 - B. 3 drinks per day or 7 drinks in 1 week.
 - C. 4 drinks per day or 14 drinks in 1 week.
19. A single drink contains 0.6 ounces of pure alcohol which is equivalent to a total of
- A. 1 ounce of 80-proof liquor.
 - B. 5 ounces of wine.
 - C. 8 ounces of beer.
20. In the 2013 study by Sommers et al, following the implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) there was a(n)
- A. decrease in impaired driving.
 - B. increase in patient satisfaction.
 - C. decrease in episodes of ED violence.
21. Cherpitel et al. (2010) reported that patients who received a motivational intervention by a nurse trained in SBIRT had a significant decrease in
- A. medical complications from alcohol abuse.
 - B. alcohol-related trauma.
 - C. drinking days per week.
22. Follow-up telephone surveys conducted by Gormican & Hussein (2017) revealed that, when the patients who had originally received an intervention were rescreened,
- A. they scored 68% lower than on their initial screening.
 - B. 9.5% of them had entered an inpatient treatment facility.
 - C. 6% had joined Alcoholics Anonymous.
23. Compared to reports from nurses before SBIRT training in the 2017 study by Mitchell et al., what did nurses report post-SBIRT training?
- A. concern about the amount of time that performing SBIRT would consume
 - B. an improvement in their attitudes toward patients who engage in negative drinking behaviors
 - C. suggestions regarding streamlining the use of SBIRT to improve the rate of implementation
24. In the 2013 study by Johnson et al., what facilitated the screening of 96% of eligible patients for alcohol use?
- A. including a component regarding nurses' use of SBIRT on their annual performance review
 - B. providing weekly reports to the ED nurses about the percentage of eligible patients screened
 - C. programming the screening questions into the existing computer triage tool
25. Barriers to SBIRT implementation identified by Venkat et al. (2017) included
- A. difficulty getting patients placed for rehabilitation.
 - B. insufficient evidence regarding the effectiveness of SBIRT.
 - C. a lack of conviction about the need for the intervention.
26. The authors suggest that use of what tool may improve nurse opinions about SBIRT?
- A. DAST-10
 - B. Kessler 10
 - C. RAPS4