

EMERGENCY NURSING REVIEW QUESTIONS:

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Author: Benny Marett, EdD, RN, MSN, CEN, CCRN, COHN, NE-BC, FAEN, FAHA, Rock Hill, SC

Section Editors: Benny Marett, EdD, RN, MSN, CEN, CCRN, COHN, NE-BC, FAEN, FAHA and Carrie A. McCoy, PhD, MSPH, RN, CEN, CNE

These review questions are based on the Emergency Nursing Core Curriculum and other pertinent resources to emergency nursing practice. They offer emergency nurses an opportunity to test their knowledge about their practice.

QUESTIONS

1. A patient who presents to triage reports loss of vision in the left eye. Upon evaluation, the patient describes a curtain over the upper visual field and difficulty seeing because of flashes of light. The patient describes no pain and a sudden onset. The emergency nurse suspects:

- A. central retinal artery occlusion.
- B. acute retinal detachment.
- C. acute angle closure glaucoma.
- D. acute uveitis.

2. A patient is being treated in the emergency department for sickle cell vaso-occlusive crisis. Which of the following treatments would be effective?

- A. Cool compresses to joints
- B. Mild massage to extremities
- C. IV hydration
- D. IV steroids and emetics

3. An additional electrocardiogram displays 5-mm ST segment elevation in lead V4R. The patient reports severe crushing-type chest pain with nausea. One would suspect:

- A. right ventricular infarction.
- B. anterior infarction.
- C. posterior infarction.
- D. septerolateral infarction.

4. A patient who sustained burns as a result of an explosion at an apartment building is being evaluated after admission. Which of the following findings would increase consideration for early intubation?

- A. Circumferential burns to both arms
- B. Carboxyhemoglobin level of 14%
- C. Nasal mucosa inflammation
- D. Arterial CO₂ level of 47 mm Hg

5. A pregnant patient arrives in the urgent care setting and reports having a severe headache. Her blood pressure is 190/120 mm Hg. She is 24 weeks pregnant and has experienced minimal prenatal care. Which of the following laboratory values would lead the nurse to a suspected diagnosis of pre-eclampsia?

- A. Urine protein 2+, or 420 mg
- B. Platelet count of 230,000 μ L
- C. Aspartate aminotransferase level of 32 U/L
- D. Serum creatinine level of 0.9 mg/dL

Benny Marett is Chief Nurse Executive, Emergency Care Consultants of the Carolinas, Rock Hill, SC.

For correspondence, write: Benny Marett, EdD, RN, MSN, CEN, CCRN, COHN, NE-BC, FAEN, FAHA; E-mail: Bmarett@comporium.net.

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ANSWERS

1. Correct Answer: B

A patient with acute retinal detachment (B) would display symptoms including a loss of partial visual field, flashes of

light, or floaters in the visual field. Typically the patient describes a curtain or veil over part of the visual field and does not experience pain. Retinal detachment is caused by separation of the 2 layers of the retina. A patient with a central retinal artery occlusion (A) experiences a sudden loss of vision caused by blockage of the ophthalmic artery. A patient with angle closure glaucoma (C) experiences acute pain and diminished vision. Acute uveitis (D) presents with severe pain and moderate tearing with intense photophobia. Sweet¹

2. Correct Answer: C

A patient with a sickle cell crisis would benefit from IV hydration (C) and pain management. As the sickle cells clump together, causing capillary obstruction, pain increases. IV hydration increases volume. Warm compresses, not cool compresses (A), should be considered, along with a warm environment. Pain medication, not mild massages to extremities (B), is considered a treatment of choice. IV steroids and emetics (D) would not be indicated for sickle cell crisis with initial treatment. Adequate pain management and rehydration are top priorities. Hammond and Zimmerman²

3. Correct Answer: A

A right ventricular infarction (A) or injury would be evidenced by ST elevation in the V₄ lead on the right side of the chest. Right ventricular injury should be suspected with inferior injury patterns, with the V₄ R lead investigated. An anterior infarction (B) would be suspected with ST elevation in V₂–V₄ chest leads. A posterior infarction

(C) would be suspected with ST depression in the anterior or V₂–V₄ leads and the use of posterior lead placement, V₇–V₉. A septerolateral infarction (D) would be suspected with ST elevation in leads V₁–V₂ and V₅–V₆ and/or lead I and AVL. American Heart Association³

4. Correct Answer: C

Nasal mucosa inflammation (C) or irritation along with mild edema may progress rapidly with further edema and airway occlusion due to heat-related trauma and smoke inhalation. Although circumferential burns to both arms (A) would be a significant injury, requiring intense treatment, early intubation would not be indicated if the injuries were isolated to the arms. A carboxyhemoglobin level of 14% (B) would be considered elevated but would cause symptoms such as headache and dilation of skin vessels, not respiratory depression. An arterial CO₂ level of 47 mm Hg (D) would be only mildly elevated and would not cause respiratory depression. Emergency Nurses Association⁴

5. Correct Answer: A

A urine protein level of 2+ or 420 mg (A) or proteinuria would be considered elevated and an indicator of preeclampsia. A platelet count of 230,000 μ L (B) is elevated. A low platelet count is seen with preeclampsia (<150,000 μ L). An aspartate aminotransferase level (C) of 32 U/L is considered normal (10–40 U/L). Liver enzymes are elevated with preeclampsia. A serum creatinine level of 0.9 mg/dL (D) is considered normal. A creatinine level would be elevated with preeclampsia. Chapman and Durham⁵

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