

CLINICAL TEST QUESTIONS

EMTALA: The Evolution of Emergency Care in the United States (pp. 411-414)

1. EMTALA protects patients against denial of care based on
 - A. nationality.
 - B. financial issues.
 - C. race/ethnicity.
2. According to EMTALA, who can determine that an emergent medical condition is occurring?
 - A. a layperson
 - B. only an ED attending physician
 - C. only a licensed ED provider
3. For a patient to satisfy the EMTALA requirement of “coming to the emergency department” for emergency care, the patient must enter
 - A. the emergency department.
 - B. the hospital campus.
 - C. within a 250-yard radius of the hospital campus.
4. With regard to emergency care, which facilities and providers are bound by EMTALA?
 - A. only those that opt in
 - B. all medical facilities
 - C. all those that receive Medicare reimbursement
5. The 2 obligations created in the EMTALA statute include screening and
 - A. stabilization.
 - B. referral.
 - C. follow-up.
6. According to EMTALA, what requirement must be met in the event of a patient transfer?
 - A. It must be at the patient’s request.
 - B. It must be medically necessary.
 - C. It must be within 20 miles of the patient’s home.
7. To comply with EMTALA and complete the transfer arrangements, the facility that the patient is being transferred to must
 - A. arrange for transportation.
 - B. have an inpatient bed available.
 - C. accept the transfer.
8. The U.S. Department of Health and Human Services Office of the Inspector General reported that an unintended consequence of EMTALA is
 - A. overuse of emergency departments.
 - B. an increase in ED security incidents.
 - C. escalating healthcare costs.
9. Penalties for violation of EMTALA may cost up to
 - A. \$10,000 per infraction.
 - B. \$25,000 per infraction.
 - C. \$50,000 per infraction.

Emergency Nurse Input: Changing the Outcome for a Patient with Pseudoaneurysm (pp. 441-443)

10. A clinical finding for this patient with an arterial pseudoaneurysm was a
 - A. widened pulse pressure.
 - B. firm, pulsatile mass.
 - C. systolic murmur.
11. The information that the nurse presented to the resident and ED attending physician that ultimately led to the correct diagnosis for this patient was that the patient recently had a
 - A. femoral angioplasty.
 - B. blow to the leg from a softball.
 - C. hospitalization due to pneumonia.
12. This patient’s diagnosis was confirmed by a
 - A. computed tomography scan.
 - B. magnetic resonance angiogram.
 - C. duplex ultrasound.
13. Risk factors for this patient’s pseudoaneurysm included
 - A. younger age.
 - B. intravenous drug abuse.
 - C. hypertension.
14. This patient’s pseudoaneurysm was treated with
 - A. an ultrasound-guided thrombin injection.
 - B. surgical repair.
 - C. a para-aneurysmal saline injection.

Automated Dispensing Cabinets Can Help or Hinder Patient Safety Based on the Implementation of Safeguard Strategies (pp. 444-449)

15. Which of the following does the Institute for Safe Medication Practices (ISMP) recommend *excluding* from the automated dispensing cabinet (ADC) inventory?
- A. premixed bags of diluted potassium chloride
 - B. fibrinolytic agents
 - C. medications that require multiple dilutions
16. The ISMP recommends trending override reports by several criteria, including by the
- A. user.
 - B. time of day / shift.
 - C. administration route.
17. Which ADC function is designed to allow medication removal after pharmacist order verification?
- A. profiling
 - B. overriding
 - C. auto-verifying
18. As noted in the article, when using the patient profiling function, the searchable patients should be limited only to those
- A. being cared for by a particular nurse.
 - B. being treated by a particular practitioner.
 - C. currently in the emergency department.
19. If “temporary patients” are used in an ADC, the ISMP recommends limiting this function to
- A. times when the patient’s name cannot be recalled accurately.
 - B. specific practitioners (e.g., charge nurse).
 - C. times when there is more than one patient with a similar name.
20. Which statement is true regarding overrides in an ADC?
- A. They may occur with or without a verbal, electronic, written, or telephone prescription.
 - B. They should only occur when patient harm may result if administration is delayed.
 - C. Risks from overrides may be mitigated by stocking multiple-dose products.
21. As noted in the article, an example of a high-alert medication that should not be stored in emergency care ADCs is
- A. OxyCONTIN.
 - B. HYDROcodone.
 - C. fentaNYL transdermal patches.
22. The ISMP recommends that, due to the serious and potentially fatal side effects associated with methotrexate, pharmacists should prepare, dispense, and deliver a patient-specific dose from the pharmacy after verifying the prescribed dose and the patient’s
- A. kidney function.
 - B. cardiac function.
 - C. liver function.
23. The ISMP recommends storing neuromuscular blocking agents within a rapid sequence intubation kit or, if that is not possible, in
- A. an open access area in a refrigerator.
 - B. individual locked-lidded compartments.
 - C. open matrix drawers.
24. Regardless of where neuromuscular blocking agents are stored within the ADC, the ISMP recommends a clear auxiliary warning at the storage site that indicates that
- A. cardiac dysrhythmias will occur and cardiac monitoring is required.
 - B. a hypercoagulable state will occur and bleeding precautions are required.
 - C. respiratory paralysis will occur and ventilation is required.
25. For the return of non-administered, non-refrigerated medications, ISMP guidelines recommend returning the medications to
- A. the assigned, open matrix compartment.
 - B. a one-way, return bin maintained by the pharmacy.
 - C. a container that is separate from the ADC.

Intracranial Infection Mimics Acute Stroke in an Adolescent Male (pp. 457-461)

26. Button et al. (2018) reported that the most frequent primary cause of altered mental status in adolescents is
- A. infection.
 - B. seizure.
 - C. substance intoxication.
27. Designed to increase the identification of endovascular therapy eligible patients with emergent proximal large vessel occlusion, the VAN mnemonic includes
- A. Verbal.
 - B. Attention.
 - C. Neglect.

28. Which of the following is included in the BE-FAST mnemonic that could suggest a stroke of the vertebrobasilar circulation of the posterior fossa?
- Balance
 - Focus
 - Tremor
29. As noted in the article, predisposing factors to the development of an intracranial infection include
- cirrhosis.
 - endocarditis.
 - colitis.
30. The authors note that the clinical presentation of a patient with a sinus-related intracranial infection is often characterized by the persistence of
- nausea and vomiting.
 - petechiae.
 - nuchal rigidity.
31. The cardinal presenting symptom of a brain abscess is
- fever.
 - headache.
 - altered mental status.
32. Common abnormal laboratory findings with intracranial infections include an elevated white blood cell count with a predominant
- eosinophilia.
 - lymphocytosis.
 - neutrophilia.
33. Contiguous spread of infection from the sinuses is frequently caused by the
- Hemophilus species.
 - Streptococcus species.
 - Clostridium species.
34. As noted in the article, empiric antibiotic therapy for intracranial infection includes what drug that is added to the regimen to treat a clinically suspected staphylococcal co-infection?
- vancomycin
 - piperacillin
 - azithromycin
35. What imaging study do Brouwer et al. (2014) recommend to further assess the extent of intracranial infection and the presence of any associated complications?
- positron emission tomography scan
 - computed tomography scan
 - magnetic resonance imaging
36. Sharma et al. (2014) report that potential long-term neurologic sequelae of intracranial infection in children include
- loss of the sense of smell.
 - aphasia.
 - trigeminal neuralgia.

RESEARCH TEST QUESTIONS

The Quality of Symptoms in Women and Men Presenting to the Emergency Department with Suspected Acute Coronary Syndrome (pp. 357-365)

- Compared to women in the study described in this article, the men were more likely to have
 - non-ST segment elevation acute coronary syndrome (ACS).
 - hypercholesterolemia.
 - diabetes mellitus.
- Compared to the men, which statement is true regarding women's symptoms in this study?
 - Women were significantly less likely to experience chest pressure.
 - Women were significantly more likely to have higher overall symptom distress.
 - Women were significantly more likely to report chest heaviness.
- Which statement is true regarding the quality of symptoms or symptom distress in this study?
 - Women who ruled-in for ACS had higher overall symptom distress than women who ruled-out.
 - Men who ruled-in for ACS had higher overall symptom distress compared to men who ruled-out.
 - Men who ruled-in for ACS had significantly higher overall symptom distress than women who ruled-in for ACS.