

CLINICAL TEST QUESTIONS

Tension Pneumothorax: What Is an Effective Treatment? (pp. 584-587)

1. A potential immediate complication of needle decompression for tension pneumothorax identified by Rawlins et al. (2003) is
 - A. infection.
 - B. cardiac perforation.
 - C. hemorrhage.

2. Which statement is true regarding the 2012 study by Martin et al. regarding needle thoracostomies?
 - A. Forty-five percent were not patent immediately after insertion.
 - B. Twenty-six percent failed after initial success due to kinking, obstruction, or dislodgement.
 - C. Of those remaining patent after 5 minutes, a total of 32% failed to relieve the tension.

3. The Advanced Trauma Life Support (ATLS) (2018) manual notes that the use of a needle of what length for needle decompression is successful > 90% of the time?
 - A. 5 cm (1.97 inches) long
 - B. 6 cm (2.36 inches) long
 - C. 8 cm (3.15 inches) long

4. The 2018 ATLS course emphasizes that the definitive intervention for tension pneumothorax continues to be
 - A. needle decompression at the 2nd intercostal space, midclavicular line.
 - B. chest tube placement at the 5th intercostal space, anterior axillary line.
 - C. open thoracotomy to resolve the underlying cause of the pneumothorax.

5. For needle decompression, the 2018 U.S. Tactical Combat Casualty Care guidelines recommend using a needle that is at least
 - A. 14-gauge.
 - B. 16-gauge.
 - C. 18-gauge.

Weight! Weight! ... Don't Tell Me! (pp. 572-575)

6. According to the Pennsylvania Patient Safety Authority, what drug was involved in almost one third of weight-related reported medication errors in the emergency department in 2016?
 - A. heparin
 - B. phenytoin
 - C. alteplase

7. As noted in the article, which statement is true about estimating the weights of pediatric patients using the Broselow tape, Mercy method, or PAWPER tape?
 - A. These devices have been demonstrated to be as accurate as a measured weight.
 - B. The Broselow tape has been demonstrated to be significantly more accurate than either of the other 2 methods.
 - C. Use of these devices is not recommended in place of a measured weight.

8. The Institute for Safe Medication Practices (ISMP) recommends that organizations consistently document weights
 - A. in metric units only.
 - B. by whatever means is the most expedient.
 - C. in an electronic health record (EHR), for use by all team members.

9. The ISMP suggests that a practice change toward measured weights should start by
 - A. purchasing scales for triage and critical care areas.
 - B. changing the perception of the staff about the importance of obtaining actual weights.
 - C. incorporating a section for weight in the EHR, including the method by which it was obtained.

- The Top Ten Pitfalls to Avoid When Caring for the Older Adult: Part I (pp. 576-578)**

10. As noted in the article, age-related factors that increase fall risk in the older adult include
 - A. fear of falling.
 - B. shortness of breath.
 - C. ill-fitting shoes.

11. The author notes that death in older adults may be the result of complications that occur secondary to the fall, including
- A. pulmonary emboli.
 - B. catheter-associated urinary tract infections.
 - C. acute renal failure.
12. A physiological change associated with aging that increases the risk for a low volume state or dehydration is
- A. loss of fat cells.
 - B. arthritic changes to bone cells.
 - C. accelerated heart rate.
13. What increases the older adult's risk of sepsis?
- A. atherosclerosis
 - B. muscle atrophy
 - C. decreased eosinophils

Shattered Dreams: A County Hospital's Commitment to Preventing Teenage Drinking and Driving (pp. 579-581)

14. From 2006 to 2014 the number of ED visits for injury and illness related to acute alcohol consumption increased by
- A. 32.7%.
 - B. 46.3%.
 - C. 51.5%.
15. Which statement is true regarding the Shattered Dreams program?
- A. All senior students rotate through the crash scene and hospital experience over a 3-week period.
 - B. The students chosen to participate in the program are from different social circles.
 - C. The program is an 8-hour event.
16. Although there is no data specific to the Shattered Dreams program, from 2015 to 2017 what was the total decrease for DUI driver fatalities under the age of 21 in the city of Houston?
- A. 22.9%
 - B. 37.1%
 - C. 45.5%

Phencyclidine False Positive Result Induced by Lamotrigine on the PROFILE-V MEDTOXScan Drugs of Abuse Test System (pp. 582-583)

17. As noted in the article, most false positives for phencyclidine (PCP) on urine drug screens occur with medications that are structurally similar to PCP, such as
- A. methamphetamines.
 - B. ePHEDrine.
 - C. traMADol.
18. Phencyclidine is best known for which properties?
- A. stimulant and weight loss
 - B. hallucinogenic and hypnotic
 - C. depressant and epileptic
19. Results from the confirmatory urine sample obtained in the case reviewed in this article were
- A. negative for PCP.
 - B. equivocal for PCP.
 - C. positive for PCP.

Alpha-Gal: A Delayed Onset of Anaphylaxis and Uncovering the Cause (pp. 567-569)

20. Which statement is true regarding anaphylaxis from alpha-gal?
- A. Symptoms of delayed anaphylaxis tend to be less serious than those of typical anaphylaxis.
 - B. The antibody response is caused by a novel immunoglobulin G (IgG).
 - C. Immediate alpha-gal anaphylaxis was first noted with intravenous cetuximab.
21. What may be the cause of an anaphylactic response to alpha-gal?
- A. tick bites
 - B. gentamicin
 - C. methicillin-resistant *Staph aureus*
22. Delayed anaphylaxis to mammalian meat typically occurs up to how long after consumption?
- A. 1 hour
 - B. 3 hours
 - C. 5 hours

- 23.** As noted in the article, when patients are having allergic reactions to food, they will often have
- A.** seizures.
 - B.** cardiac dysrhythmias.
 - C.** nausea and vomiting.
- 24.** The ED team had a high suspicion of an alpha-gal delayed anaphylaxis reaction in the case described in this article, secondary to the patient's
- A.** use of an angiotensin-converting enzyme (ACE) inhibitor.
 - B.** past medical history.
 - C.** allergy to mold.
- 25.** The normal level of alpha-gal antibody in the body is \leq a maximum of
- A.** 0.35.
 - B.** 1.35.
 - C.** 2.35.

State of the Science: Skull Fracture and Intracranial Injury in Children Below Age 2 (pp. 545-550)

- 26.** The most common mechanism that causes head injuries in children assessed in emergency departments is
- A.** falls.
 - B.** motor vehicle collisions.
 - C.** abuse.
- 27.** The peak age for children to be victims of abusive head trauma is
- A.** below 3 months of age.
 - B.** 4 – 8 months of age.
 - C.** 8 – 12 months of age.
- 28.** In the 2018 retrospective study by Boehnke et al. of children below age 2 years who had sustained occult head injuries as part of suspected abuse, the injury most commonly found was
- A.** subdural hematoma.
 - B.** intraparenchymal hemorrhage.
 - C.** epidural hematoma.
- 29.** According to the Pediatric Emergency Care Advanced Research Network, "severe" mechanisms of injury in children below age 2 include falls from more than 3 feet, which includes falling from
- A.** sofas.
 - B.** shopping carts.
 - C.** beds.
- 30.** Which anatomical difference contributes to a higher incidence of skull fracture in the first year of life, compared to older children?
- A.** thinner epidermis
 - B.** immature blood-brain barrier
 - C.** weaker neck muscles
- 31.** What region of the brain has the lowest incidence of closed head injuries compared with other regions in children age 0 to 17 years?
- A.** frontal
 - B.** occipital
 - C.** parietal
- 32.** The region of the brain that is closest to the middle meningeal artery, the major artery that perfuses the brain, is the
- A.** frontal.
 - B.** occipital.
 - C.** temporal-parietal.
- 33.** Where is the thinnest area of the skull?
- A.** frontal region
 - B.** occipital region
 - C.** temporal region
- 34.** In children below age 2 years, if there is an externally visible injury, often the only clinical sign of an underlying skull fracture is a scalp
- A.** abrasion.
 - B.** hematoma.
 - C.** laceration.
- 35.** Which statement is true regarding clinically important traumatic brain injury (TBI) in children below age 2 years?
- A.** Three or more episodes of vomiting is a predictor of clinically important TBI.
 - B.** Nondisplaced linear skull fractures result in underlying intracranial injuries in approximately 15% to 30% of cases.
 - C.** An isolated episode of loss of consciousness (< 5 seconds) following blunt head trauma indicates a high likelihood of clinically important TBI.

Is This a Psychiatric Emergency or Something More? (pp. 570-571)

- 36.** Fahr's disease is caused by calcifications in the
- A.** corpus callosum.
 - B.** basal ganglia.
 - C.** hippocampus.

37. As noted in the article, symptoms of Fahr's disease include
- unsteady gait.
 - akathisia.
 - headaches.
38. Symptoms of Fahr's disease begin in the patient's
- second or third decade of life.
 - fourth or fifth decade of life.
 - sixth or seventh decade of life.
39. Treatment of patients with Fahr's disease includes
- symptom management.
 - ionizing radiation to the brain.
 - brain surgery.
40. Which statement is true regarding Fahr's disease?
- Patients often suffer from anxiety or depression throughout their lives.
 - It is genetically inherited or may occur from parathyroid abnormalities.
 - Diagnosis is usually made from computed tomography scans.
41. Nicolas et al. (2013) reported that the purely psychotic presentations of Fahr's disease may not differ from that of patients with
- psilocybin intoxication.
 - phencyclidine intoxication.
 - schizophrenia.
3. What intervention by emergency nurses and providers made study participants feel comfortable and relaxed during various procedures?
- sedation
 - distraction
 - local anesthesia
4. Emergency staff practiced "humanism" with participants by
- facilitating discharge planning.
 - using phrases such as "thank you."
 - responding promptly to concerns.
5. "Attentiveness" by emergency nurses and providers was reflected in this study by
- asking follow-up questions to patients' statements.
 - ordering appropriate diagnostic tests.
 - providing thorough discharge instructions.
6. A behavior that reflected the theme of "explaining" was
- acknowledging participants' fears and anxiety.
 - administering medications and treatments in a timely fashion.
 - keeping the participant informed of the plan of care throughout his/her stay.
7. What did Manning et al. (2007) report leads to better patient outcomes and ensures overall safer care?
- treating patients with courtesy and respect
 - ensuring patients' understanding of their diagnoses and treatment plans
 - obtaining an accurate chief complaint and past medical history

RESEARCH TEST QUESTIONS

Improving Patients' Experiences Communicating With Nurses and Providers in the Emergency Department (pp. 523-530)

1. An example of nonverbal body language of ED staff that patients noticed as part of their ED experience in the study described in this article was
- smiling.
 - folded arms across the chest.
 - sighing.
2. One of the ways that courtesy and politeness were displayed by nurses and providers in this study was by
- saying "goodbye" at change of shift.
 - asking what the patient would prefer to be called.
 - offering a meal if the patient was allowed to eat.

Using Buzzy, ShotBlocker, and Bubble Blowing in a Pediatric Emergency Department to Reduce the Pain and Fear Caused by Intramuscular Injection: A Randomized Controlled Trial (pp. 502-511)

8. In the study described in this article, the mean pain scores given by the children, parents, and observer during IM injections were significantly lower in which group?
- Buzzy
 - ShotBlocker
 - Bubble-Blowing