

EMERGENCY NURSING REVIEW QUESTIONS: NOVEMBER 2019



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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 with sickle cell disease is being treated for an acute vaso-occlusive episode manifested by pain in his chest, back, and legs. While in the emergency department, the patient develops dyspnea and his oxygen saturation has dropped to 86%. Which of the following sickle cell disease-related complications has this patient developed?

- A. Atelectasis
- B. Acute chest syndrome
- C. Pneumonia
- D. Fat embolus

2. Which of the following pain management considerations is pertinent in the care of a 4-year-old child?

- A. The child perceives pain as punishment.
- B. The child understands cause and effect.
- C. The child fears death.
- D. The child understands consequences of actions.

3. A young adult with a history of synthetic cannabinoid use presents to the emergency department with bruising, hematu-

ria, and an elevated international normalized ratio. Which of the following is the most likely explanation for these findings?

- A. An adverse reaction to chemicals contained in the synthetic cannabinoid
- B. Contamination of the drug with a vitamin K-dependent antagonist
- C. A hereditary coagulopathy aggravated by ingesting a synthetic cannabinoid
- D. A synergistic reaction between the cannabinoid and an antiplatelet medication

4. Which of the following patients presenting to triage has the highest priority?

- A. A 30-year-old patient with sore throat, rhinorrhea, and low-grade fever
- B. A 40-year-old patient with diabetes unable to bear weight on an injured ankle
- C. A 69-year-old patient with a cat bite to the hand that occurred 2 hours earlier
- D. A 24-year-old woman 1 week postpartum with headache and upper abdominal pain

5. A 75-year-old patient with a history of upper gastrointestinal bleeding presents with chief complaint of dark stools. Which of the following findings is most consistent with this patient having an upper gastrointestinal bleed?

- A. Hemoglobin 8 g/dL
- B. Serum lactate 2.4 mmol/L
- C. Blood urea nitrogen to creatinine ratio 22:1
- D. Hematocrit 42%

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ANSWERS

1. Correct answer: B

Acute chest syndrome (ACS) is a serious complication of sickle cell disease. Children with ACS may have wheezing

fever and cough. Adults are more likely to present with dyspnea and chest pain, as well as pain in other locations such as the arms and legs. Adults are also more likely to experience productive cough and hemoptysis. ACS may or may not have an underlying trigger such as infection or fat embolus. Early recognition of ACS is critical as patients can rapidly progress to respiratory failure.¹

2. Correct answer: A

Based on Piaget's Theory of Development, children aged 2 to 7 years old are in the preoperational developmental stage and perceive pain as punishment. They also perceive pain as a physical experience that can magically disappear and do not yet understand cause and effect. In the concrete operational stage of development (ages 7-12 years), children can localize pain, are developing an understanding of consequences of actions, and fear bodily harm and death.²

3. Correct answer: B

Synthetic cannabinoids may be contaminated with brodifacoum, a vitamin K-dependent antagonist used in rat

poison. When patients present with signs of coagulopathy, such as bruising, bleeding gums, hematemesis, and hematuria, the patient should be asked about synthetic cannabinoid use.³

4. Correct answer: D

The patient at highest priority in this situation is the one who is 1-week postpartum with headache and upper abdominal pain. Postpartum patients and patients with late-term pregnancy loss are at a risk for pre-eclampsia up to 8 weeks after delivery. In addition to severe headache and abdominal pain, patients may have visual changes and hypertension (140/90 mm Hg or higher).⁴

5. Correct answer: C

Patients with upper gastrointestinal bleeding will have a blood urea nitrogen to creatinine ratio that is greater than 20:1 because there is increased blood protein absorption from the bowel. Serum lactate, hemoglobin, and hematocrit levels, although important, are not specific to upper gastrointestinal bleeding.⁵

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