

PRETEST

1. Which activities should the nurse carry out in the preoperative period for a client scheduled for surgery? Select all that apply.
1. Identify potential or actual health problems.
 2. Verify the presence of a signed informed consent form.
 3. Assess client's response to interventions.
 4. Intervene to prevent complications.
 5. Assess effectiveness of teaching related to postoperative recovery.
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2. The nurse should interpret that which client would be most likely to undergo an ablative procedure?
1. A client scheduled for breast augmentation following a mastectomy 2 years ago
 2. A client scheduled for biopsy of a lung tumor
 3. A client awaiting an adenoidectomy
 4. A client undergoing a nerve root resection
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3. A client having surgery has a degree of risk associated with the surgery. The nurse should identify which client-related factors as contributing to a high degree of risk associated with surgery? Select all that apply.
1. Type of institution where surgery is performed
 2. Involvement of vital organs
 3. Average nutritional status
 4. Low likelihood of procedure complications
 5. A history of respiratory disease and diabetes
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4. An infant who is having surgery has a higher risk than an adult. The nurse should recognize which manifestation as the reason for the infant's increased risk?
1. Decline in functioning
 2. Immaturity of vital organs
 3. Increased possibility of hyperthermia
 4. Fluctuation of blood volume
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5. A preschool-age child is facing surgery and may have fears related to the surgery. Which type of fears should the nurse anticipate in this child?
1. The child will fear separation from parents.
 2. The child will look drastically different after surgery.
 3. The child will not be able to do the things after the surgery that the child used to do.
 4. The medical personnel are not competent to perform procedures correctly.
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6. A client has just entered the postanesthesia care unit (PACU) from surgery. For which priority data should the nurse immediately assess the postoperative client?
1. Vital signs, level of consciousness, and presence of pain
 2. Skin coloring, surgical incision, limb movements
 3. Skin temperature, blood pressure, mental status
 4. Temperature, emotional status, wound drainage
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7 The nurse in the postanesthesia care unit (PACU) is assessing a postoperative client. Which indicators suggest to the nurse an alteration in tissue perfusion? Select all that apply.

1. Pallor or cyanosis
2. Difficulty with mobility
3. Pain in the incision area
4. Fluid loss
5. Decreased urinary output

8 After surgery, the nurse assists the client in repositioning from side to side at least every 2 hours. The client questions the nurse about the reason for this activity. What information should the nurse include in a response?

1. Assists peristalsis to return more quickly
2. Lessens muscle weakness
3. Increases client's ability to sleep
4. Lets the lungs alternately achieve maximum expansion

9 The nurse is assessing the client's surgical wound in the postoperative period. Which finding indicates to the nurse that the first stage of healing is taking place?

1. Inflammation in the wound edges
2. Bleeding around the incision
3. Clot binding the wound edges
4. Collagen synthesis

10 The nurse is creating a care plan for a postoperative client. The priority nursing concern is acute pain. What would be appropriate outcomes for this client? Select all that apply.

1. Balanced fluid intake and output
2. Seeks help as needed
3. Absence of nonverbal signs of pain
4. Performs leg exercises as instructed
5. Verbally rates pain as 3 or lower on a 0 to 10 scale

POSTTEST

- 1 The nurse working at a surgery center is admitting a client who will be having cataract surgery that day and is training a newly hired nurse. What response by the new nurse suggests further education is needed in relation to informed consents?
1. “Informed consent must be completed by the nurse prior to the surgery.”
 2. “The consent should include not only permission for the surgical procedure but also the use of anesthesia and the potential use of blood products.”
 3. “My role is to make sure the consent is signed after the provider discusses the procedure with the client.”
 4. “A consent must be done before invasive surgery, unless it is very minor.”
- 2 A preoperative client asks the nurse for more information about the advantages of a general anesthetic. Which response would be appropriate for the nurse to include for the client?
1. “Respiratory and circulatory functions are depressed.”
 2. “The client loses consciousness and does not perceive pain.”
 3. “Anesthetic agent is slowly excreted so that the timing of surgery can be adjusted.”
 4. “The possibility of the client experiencing amnesia is reduced.”
- 3 A benzodiazepine has been administered to a client preoperatively. After the drug has been administered, the nurse plans to monitor the client for which side effects? Select all that apply.
1. Anxiety
 2. Dizziness
 3. Hypocalcemia
 4. Decreased level of consciousness
 5. Sedation
- 4 A preoperative client has an elevated hemoglobin and hematocrit. What should the nurse suspect about the significance of this increased value?
1. Immune deficiency
 2. Kidney dysfunction
 3. Malignancy
 4. Dehydration
- 5 The nurse has completed preoperative teaching with a pregnant woman. During the discussion, the nurse describes the different types of anesthesia available. Which statement by the client indicates an understanding of regional anesthesia?
1. “In spinal anesthesia, the anesthetic agent is injected into the subarachnoid space.”
 2. “The anesthetic agent will be injected into the spinal cord dura mater for epidural anesthesia.”
 3. “I will be sedated but will still have some awareness of what is happening.”
 4. “Regional anesthesia is good because it produces analgesia and amnesia.”
- 6 The client arrives in the postanesthesia care unit (PACU) in an unconscious state. In what position would the nurse place this client in the immediate postanesthesia stage?
1. Side-lying with the face slightly down
 2. Side-lying with a pillow under the client’s head
 3. Semi-prone position with the head tilted to the side
 4. Dorsal recumbent with head turned to the side
- 7 The client has been in the postanesthesia care unit (PACU) for 1 hour. The client is now groggy but able to respond to voice commands. While assessing the client, for what reason should the nurse check the bedding underneath the client?
1. Determining drainage from tubes or drains
 2. Assessing for fluid balance
 3. Detecting possible hemorrhage
 4. Monitoring perspiration

8 A client is in the postoperative stage and the health-care provider has prescribed ambulation. The client has shown difficulty understanding the necessity for early ambulation. Which priority nursing concern would be appropriate for this client?

1. Inability to perform self-care
2. Insufficient knowledge
3. Inability to cope
4. Possibility of injury

9 The surgical unit nurse who is assessing a client after transfer from the postanesthesia care unit (PACU) notes the presence of a surgical wound drain. When a family member sees the drain and asks why it was left in the wound, what information should the nurse include in a response?

1. It removes excessive fluids such as blood from the surgical site.
2. It helps the surgical area to heal at an accelerated rate.
3. It prompts healing of the incision to occur from the inside out.
4. It provides a means for connecting suction tubes.

10 A client is being discharged following outpatient surgery. The nurse who is providing the caregiver with instructions for wound care should instruct the caregiver to report which findings to the surgeon?

1. Scar formation
2. Increased redness or drainage
3. Non-noxious odor of the wound drainage
4. Thin, pale, yellow color of drainage