EMERGENCY NURSING REVIEW QUESTIONS: NOVEMBER 2014

Review questions and answers on topics about which nurses should be knowledgeable.

Author: Carrie A. McCoy, PhD, MSPH, RN, CEN, Highland Heights, KY
Section Editors: Kathleen Carlson, MSN, RN, CEN, FAEN, and Carrie A. McCoy, PhD, MSPH, RN, CEN

The review questions that are featured in each of the issues of JEN are based upon the Emergency Nursing Core Curriculum and other pertinent resources to emergency nursing practice, pediatric and adult. These questions offer emergency nurses an opportunity to test their knowledge about their practice. These questions appear both in print and online.

QUESTIONS

1. A patient presents to the emergency department with pruritic erythematous lesions on the neck, arms, and legs that range in size from 2 to 5 mm. The patient’s history reveals the recent purchase of a used sofa for an apartment that the patient just moved into. On the basis of this history and the location of the lesions, the patient most likely has been exposed to

A. Scabies.
B. Fleas.
C. Spiders.
D. Bedbugs.

2. A 60-year-old patient presents to the emergency department with a history of temporary blindness in the left eye, which resolved on the way to the hospital. The nurse should prepare for interventions based on the understanding that the patient may be exhibiting signs of

A. An impending retinal detachment.
B. Central retinal artery occlusion.
C. Acute onset of glaucoma.
D. Transient ischemic attack (TIA).

3. A tourist who normally lives along the coast is treated for acute mountain sickness. Which of the following discharge instructions would be appropriate for this patient?

A. Take acetazolamide as directed.
B. Your symptoms will resolve in the next 24 hours.
C. You can resume normal activity.
D. You will need to return to sea level immediately.

4. A patient in the emergency department has a wound culture ordered. Which of the following would not be an appropriate step when obtaining a wound culture?

A. Use normal saline solution to flush away wound debris.
B. Moisten a sterile swab with normal saline solution before obtaining the specimen.
C. Use the Z-technique to obtain the specimen.
D. Rotate the swab on a small area of clean tissue.

5. When caring for a patient who presents to the emergency department with severe sepsis, the nurse would anticipate initiating all except which of the following within the first hour of care?

A. Obtain serum lactate level.
B. Measure central venous pressure (CVP).
C. Administer a broad-spectrum antibiotic.
D. Administer 30 mL/kg of isotonic crystalloid for hypotension.

ANSWERS

1. Correct answer: D

Bedbugs are usually found on areas of the body that are exposed during sleep, such as the head, neck, shoulders, arms, and legs. Scabies (A) lesions are usually found on warm moist areas of the body, such as the axilla, groin, and waist, and include tiny tracks (burrows) on the skin. Flea bites (B) may occur over the entire body but are more common on the lower extremities. A spider bite (C) generally results in a single lesion that is painful and swollen. Barnes and Murray.1 59.

2. Correct answer: D

Symptoms of TIAs can be variable. TIAs affecting the anterior cerebral artery can result in temporary monocular blindness. Symptoms often

Carrie A. McCoy, Member, Greater Cincinnati Chapter, is Professor of Nursing and Chair, Department of Nursing, Northern Kentucky University, Highland Heights, KY.
Copyright © 2014 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.
http://dx.doi.org/10.1016/j.jen.2014.08.006
resolve before the patient arrives to the hospital. With retinal detachment (A), the patient may report signs of a shade or curtain coming across the vision of one eye, flashing lights, or a large number of floaters. In central retinal artery occlusion (B), the patient complains of painless loss of vision that persists. Acute onset of glaucoma (C) occurs with closed-angle glaucoma. The symptoms include headache, blurred vision, and pain in the eye. Vacca,\textsuperscript{2} 32; Wikoff,\textsuperscript{3} 1090–1091.

3. Correct answer: A

Acetazolamide, a carbonic anhydrase inhibitor, helps speed up the acclimatization process by acting as a respiratory stimulant. Acetazolamide causes diuresis of bicarbonate by the kidneys, reducing the severity of respiratory alkalosis and thus allowing the respiratory rate to increase in response to hypoxia at higher altitudes. Signs and symptoms of acute mountain sickness usually resolve in 72 hours (B) if altitude is not increased further. The patient should rest (C) and resume normal activity gradually as the body acclimatizes. The patient is advised not to ascend further but does not need to descend (D) unless the symptoms do not resolve or worsen. Simon and Simon,\textsuperscript{4} 39.

REFERENCES