

### Mock Test #1 – Health Assessment II & Complex Skills – NURS 2544

- 1) Which of the following the principal intracellular Cation? (Lecture 1 – Slide 3)
  - a. Na – Sodium
  - b. K – Potassium
  - c. CL – Chloride
  - d. CA – Calcium
  
- 2) An area that contains more fluid than expected would be best described as? (Lecture 1 – Oral 13:40)
  - a. Edema
  - b. First Spacing
  - c. Second Spacing
  - d. Third Spacing
  
- 3) Which solution would pull fluid from cells into the blood stream, causing cells to shrink? (Lecture 1 – Slide 6)
  - a. Osmotic Solution
  - b. Isotonic Solution
  - c. Hypotonic Solution
  - d. Hypertonic Solution
  
- 4) Which of the following would be used as hypotonic solutions? *Please select all that apply.* (Lecture Slides 5-7)
  - a. .45% NACL
  - b. .9% NACL
  - c. Lactated Ringers
  - d. .33% NACL
  - e. Dextrose 10%
  - f. Normal Saline (NS) 3%
  
- 5) What is maximum recommended infusion rate to ensure the fluid is distributed within the body? (Week 1 – Lecture Slide 9)
  - a. 75 ML per hour or 1.25 ML per minute
  - b. 125 ML per hour or 2 ML per minute
  - c. 175 ML per hour or 3 ML per minute
  - d. 225 ML per hour or 3.75 ML per minute

- 6) Patients with Hyponatremia will generally present with which kind of symptoms first? (Lecture 1 – Slide 12)
- Neurological
  - Cardiac
  - Skeletal Muscle
  - Gastrointestinal
- 7) At which level would you first expect a patient to display signs and symptoms of hyponatremia? (Lecture 1 – Slide 12)
- <155 mEq/L
  - <145 mEq/L
  - <135 mEq/L
  - <125 mEq/L
  - <115 mEq/L
  - <100 mEq/L
- 8) The lab has just confirmed a patient has a mild case of hyperkalemia. The nurse expects which order from the health care provide? (Lecture 1 – Slide 16)
- Hemodialysis
  - Loop Diuretics
  - 10% Calcium Gluconate
  - VS Q1 HR
- 9) Platelets are example of which of the following? (Week 2 – Slide 34 (from Week 1 Slide deck) Oral 29 min mark)
- Colloids
  - Hypotonic
  - Crystalloids
  - Hypertonic
- 10) Which method of intravenous administration would allow 1L of fluids to reach the patient the fastest ? (Week 2 – Slide 35 (from Week 1 Slide deck) Oral 31 min mark)
- Piggyback
  - Tandem
  - Bolus Injection
  - Large-Volume Infusions
  - Volume-Controlled Infusions

11) Which of the following intravenous administration setups primarily depends gravity potential to effectively reach the patient? (Week 2 – Slide 35 (from Week 1 Slide deck) Oral 32 min mark)

- a. Piggyback
- b. Tandem
- c. Bolus Injection
- d. Large-Volume Infusions
- e. Volume-Controlled Infusions

12) A 24 year-old male presents to the Emergency Department with significant injuries from a motor vehicle accident. While awaiting the trauma the nurse is most likely to select which gauge for IV access? (Week 2 – Slide 36 (from Week 1 Slide deck))

- a. 26
- b. 24
- c. 22
- d. 20
- e. 18
- f. 16

13) Which of the following is not associated with Extravasation? (Week 2 – Slide 42 (from Week 1 Slide deck))

- a. Pallor
- b. Decreased IV flow or flush
- c. Edema
- d. Blood return
- e. Redness
- f. Burning

14) Which of the following is not associated with Phlebitis? (Week 2 – Slide 43 (from Week 1 Slide deck – Oral 48:30))

- a. Tenderness
- b. Hard & Swollen
- c. Redness
- d. Heat

15) An 8 year-old patient is receiving an IV infusion of K<sup>+</sup>. How often should the nurse assess the IV site? (Week 2 – Slide 41 (from Week 1 Slide deck) Oral 42:20 min mark)

- a. Q30 Mins
- b. Q1 Hour
- c. Q2 Hours
- d. Q4 Hours

16) Upon discovering a patient that is experiencing an infiltration/extravasation which would be the highest nursing priority? (Week 2 – Slide 41 (from Week 1 Slide deck) Oral 42:20 min mark)

- a. Assessing how much fluids have been administered
- b. Applying a cold compress
- c. Documenting the incident
- d. Assessing the patient's pain

17) What is the maximum amount of oxygen a patient can receive via nasal prongs? (Week 2 – Oral 59 min mark)

- a. 21%
- b. 24%
- c. 27%
- d. 30%

18) Which of the following is not a component of the Cushing's Triad? (Week 2 – Oral Mark 1:11 – Slide 58 (week 1 Slide Deck)

- a. Decreased Respirations
- b. Irregular respirations
- c. Tachycardia
- d. Widening Pulse Pressure (Increasing gap systolic vs diastolic)

19) A patient has presented to the Emergency Department with absent vital signs. The nurse expects the patient's Glasgow Coma Scale (GSC) to be? (Week 2 – Slide 58 (week 1 Slide Deck)

- a. 0
- b. 1
- c. 2
- d. 3
- e. 5
- f. 15

20) Which is the safest method of administration? (Week 3 – Lecture Slide 8)

- a. Large Volume Infusion
- b. Volume Controlled Infusion
- c. Bolus Injection (IV Push)
- d. Secondary Line Administration

21) Which of the following is not a situation where you must use an IV Pumps (EID)? (Week 3 – Slide 17)

- a. High volume delivery to compromised patients
- b. Those at risk for fluid overload
- c. Pediatric patients
- d. High Infusion Rates

22) Which method of verifying your patient's identity is the most reliable? (Week 3 – Slide 27 Oral - 53:30)

- a. MRN (Medical Record Number)
- b. Name
- c. Date of Birth
- d. Room & Bed Number

23) A Nurse Practitioner has ordered a patient to be placed on Total Parenteral Nutrition (TPN) for 10 days with a low concentration solution. The nurse expects which IV location and/or device to be used? (Week 3 – Slide 33)

- a. A central line with a pump
- b. A central line with a pump
- c. A large bore peripheral IV with a pump
- d. A large bore peripheral IV without a pump

24) A patient has recently been placed on Total Parenteral Nutrition (TPN). The patient has now developed Low Serum Electrolyte levels, dysrhythmias, and respiratory distress. The nurse suspects which of the following? (Week 3 – Slide 34)

- a. Overfeeding
- b. Redman's Syndrome
- c. Too-rapid administration
- d. Refeeding Syndrome

25) To maintain skin integrity and minimize patient discomfort, the nurse should encourage the patient to remove the tape securing the gauze applied over their newly removed IV site after which period of time? (Week 3 – Oral 48 mins)

- a. 30 Minutes
- b. 1 Hour
- c. 24 Hours
- d. Let it fall off naturally

26) Which of the following detect changes in arterial pressure? (Week 3 – Lecture Slide 2 (Slide Deck 3))

- a. Atrial Stretch Receptors
- b. Baroreceptors
- c. Beta 1 Receptors
- d. Osmoreceptors

27) Which organ releases angiotensinogen at the beginning of the Renin Angiotensin Aldosterone System (RAAS)? (Week 3 – Lecture Slide 7 (Slide Deck 3))

- a. Liver
- b. Kidney
- c. Lungs
- d. Adrenal Glands

28) Aldosterone impacts which of the following? *Please select all that apply.* (Week 3 – Lecture Slide 7 (Slide Deck 3))

- a. Increases  $\text{Na}^+$
- b. Decreases  $\text{Na}^+$
- c. Increases  $\text{K}^+$
- d. Decreases  $\text{K}^+$
- e. Increases Blood Pressure
- f. Decreases Blood Pressure
- g. Increases  $\text{H}_2\text{O}$  Retention
- h. Decreases  $\text{H}_2\text{O}$  Retention

29) Syndrome of Inappropriate Antidiuretic Hormone involve which of following? *Please select all that apply.* (Week 3 – Lecture Slide 10 (Slide Deck 3))

- a. Increase in ADH
- b. Decrease in ADH
- c. Hypernatremia
- d. Hyponatremia
- e. Low Urinary Output
- f. High Urinary Output
- g. Increased Body Weight
- h. Decreased Body Weight

30) Diabetes Insipidus can caused by which of the following? *Please select all that apply.* (Week 3 – Lecture Slide 11 (Slide Deck 3))

- a. An uncontrolled hemorrhage
- b. Brain lesions
- c. Increased water intake
- d. Lower response to ADH from the Kidneys

31) Which blood component would be administered to treat fibrinogen deficiencies? (Week 3 – Lecture Slide 13 (Slide Deck 3))

- a. Red Blood Cells
- b. Freeze Frozen Plasma
- c. Concentrate of Platelets
- d. Cryoprecipitate

32) A patient who is B positive (recipient) can receive blood from which type of donors? *Please select all that apply.* (Week 3 – Lecture Slide 15 (Slide Deck 3))

- a. O
- b. A
- c. B
- d. AB

33) While working at blood donation clinic an AB Positive client asks the nurse who could receive their blood (donation). The nurse would answer? *Please select all that apply.* (Week 3 – Lecture Slide 15 (Slide Deck 3))

- a. O
- b. A
- c. B
- d. AB

34) What is the minimum number of Vital Sign checks that should be performed on a patient receiving blood products? (Week 3 – Lecture Slide 17 (Slide Deck 3))

- a. 1
- b. 2
- c. 3
- d. 4

35) At which time interval should the nurse reassess the vitals of a patient receiving blood products? (Week 3 – Lecture Slide 17 (Slide Deck 3))

- a. 5 Minutes
- b. 15 Minutes
- c. 30 Minutes
- d. 1 Hour
- e. 2 Hours

36) In an average patient (e.g. normal BMI), how much will one unit of RBC's raise the Hemoglobin by? (Week 3 – Lecture Slide 19 (Slide Deck 3))

- a. 1 G/L
- b. 5 G/L
- c. 10 G/L
- d. 25 G/L

37) Which of the following is the most common acute transfusion reaction? (Week 3 – Lecture Slide 20 (Slide Deck 3))

- a. Sepsis
- b. Circulatory Overload
- c. Anaphylactic
- d. Febrile Non-Hemolytic
- e. Acute Hemolytic

38) Which vital sign is particularly important to note prior to administering blood products as a change may be the first sign of a transfusion reaction? (Week 3 – Lecture Slide 16 – Oral 1:22:30) (Slide Deck 3))

- a. Blood Pressure
- b. Heart Rate
- c. Temperature
- d. Respiratory Rate
- e. SpO<sub>2</sub>
- f. Neurological Status



39) Which of the following time lines are used to identify patients as candidates for a Peripherally Inserted Central Catheter (PICC)? Insertion/Removal. (Week 4 – Lecture Slide 27 (Slide Deck 3))

- a. 1 Month – 3 Months
- b. 1 Month – 6 Months
- c. 1 Month – 1 Year
- d. 1 Week – 3 Months
- e. 1 Week – 6 Months
- f. 1 Week – 1 Years

40) Which of the following are contraindications for PICC line use? *Please select all that apply.* (Week 4 – Lecture Slide 30 (Slide Deck 3))

- a. Compromised peripheral access
- b. Lymphoedema
- c. Crutch Walking
- d. Continual Infusion of Irritating Agents
- e. Anatomical Irregularities
- f. Infusion of hyperosmolar solutions

41) Which is not an advantage of Implanted Infusion Devices? Week 4 – Lecture Slide 33 – Oral 27:30 (Slide Deck 3))

- a. Short recovery time
- b. Cosmetic discretion
- c. Lower rate of infection
- d. Effective for long-term therapy

42) Which type of needle is used to access the Implanted Infusion Device? (Week 4 – Lecture Slide 33 (Slide Deck 3))

- a. Standard Point
- b. Luer Lock
- c. Slip Tip
- d. Huber-Point

- 43) Which of the following should *not* be performed when removing a CVAD? (Week 4 – Lecture Slide 35 Oral 39 -42mins(Slide Deck 3))
- Verify INR prior to removal
  - Ask patient to perform Valsalva Maneuver while removing the device
  - Apply Adaptec Dressing to the site after removal
  - Keep patient in semi-fowler's for 30 minutes post-procedure
- 44) Which of the following can a nurse insert if certified? *Please select all that apply.* (Week 4 – Lecture Slide 33 (Slide Deck 3))
- CVD
  - PICC
  - Implanted CVD
  - None of the above
- 45) Which of the following are elements of nursing care that could be used to treat a suspected catheter occlusion? *Please select all that apply.* (Week 4 – Lecture Slide 38 (Slide Deck 3))
- Ask patient to straighten arm
  - Ask patient to cough
  - Notify MD Stat
  - Ask patient to lay of left side with head down
  - Attempt to flush the line
- 46) Hypotension, tachycardia, and sudden chest pain & SOB are most likely to associated with which complication? (Week 4 – Lecture Slide 38 (Slide Deck 3))
- Systemic Infection
  - Pneumothorax
  - Catheter Migration
  - Emboli
- 47) Which of the following terms is best defined as “The resistance blood must overcome to be ejected out of the heart?” (Week 4 – Lecture Slide 41 – Oral 51 min (Slide Deck 3))
- Cardiac Output
  - Preload
  - Afterload
  - Vascular Resistance

48) Which component of hemodynamic monitoring controls whether blood comes out of the artery? (Week 4 – Lecture Slide 43 – Oral 57 min (Slide Deck 3))

- a. Catheter
- b. Transducer
- c. Flushing System
- d. High pressure tubing

49) To which pressure should the pressure bag for Hemodynamic Monitoring be inflated to? (Week 4 – Lecture Slide 49 (Slide Deck 3))

- a. 80 mmHg
- b. 120 mmHg
- c. 200 mmHg
- d. 250 mmHg
- e. 300 mmHg

50) A pulmonary artery catheter can be inserted at which of the following sites? *Please select all that apply.* (Week 4 – Lecture Slide 51 (Slide Deck 3))

- a. Internal Jugular Vein
- b. Sub-Clavian Vein
- c. Superior Vena Cava
- d. Ante-cubital Vein
- e. External Jugular Vein
- f. Femoral Vein

51) Interpret the following lab values: pH 7.20, pCO<sub>2</sub> 40, HCO<sub>3</sub><sup>-</sup> 16 (Week 4 – Lecture Slide 57-65 (Slide Deck 3))

- a. Respiratory Alkalosis, partially compensated
- b. Respiratory Alkalosis, uncompensated
- c. Respiratory Acidosis, partially compensated
- d. Respiratory Acidosis, uncompensated
- e. Metabolic Alkalosis, partially compensated
- f. Metabolic Alkalosis, uncompensated
- g. Metabolic Acidosis, partially compensated
- h. Metabolic Acidosis, uncompensated

52) Interpret the following lab values: pH 7.50, pCO<sub>2</sub> 22, HCO<sub>3</sub>-18 (Week 4 – Lecture Slide 57-65 (Slide Deck 3))

- a. Respiratory Alkalosis, partially compensated
- b. Respiratory Alkalosis, uncompensated
- c. Respiratory Acidosis, partially compensated
- d. Respiratory Acidosis, uncompensated
- e. Metabolic Alkalosis, partially compensated
- f. Metabolic Alkalosis, uncompensated
- g. Metabolic Acidosis, partially compensated
- h. Metabolic Acidosis, uncompensated

53) A patient experiencing hypothermia, alkalosis would experience what change in their Oxygen-Hemoglobin Dissociation Curve? (Week 5 – Slide 2)

- a. Shift to the left
- b. No Change
- c. Shift to the right
- d. A Mild shift

54) A patient using accessory muscles and presenting with clinical signs of respiratory distress are likely to experience alternations in which of the following? *Please select all that apply.* (Week 5 – Slide 3)

- a. Oxygenation
- b. Ventilation
- c. PaCO<sub>2</sub>
- d. SpO<sub>2</sub>

55) Which ventilator manoeuvre involves applying positive pressure to the airway during exhalation to increase functional lung capacity? (Week 5 – Slide 5)

- a. Bilevel Positive Airway Pressure (BiPAP)
- b. Bag Valve Mask
- c. Continuous Positive Airway Pressure (CPAP)
- d. Positive End Expiratory Pressure (PEEP)

56) Which patient history of chronic productive cough would best match the diagnostic criteria for chronic bronchitis? (Week 5 – Slide 11)

- a. 1 Month in the Last Year
- b. 3 Months in the Last Year
- c. 3 Months in the Last Two Consecutive Years
- d. 3 Months in the Last Three Consecutive Years

57) Fatigue, exercise intolerance, sputum production, and shortness of breath are consistent with which stage of COPD? (Week 5 – Slide 15)

- a. Early
- b. Middle
- c. Mid-Late Transition
- d. Late

58) Which of the following would be an unexpected finding in a patient diagnosed with Emphysema? (Week 5 – Slide 17)

- a. Use of Accessory Muscles
- b. Pursed-Lip Breathing
- c. Barrel Chest
- d. Cyanosis

59) As reviewed in class, which is the last option to provide a patient with oxygenation? (Week 5 – Oral 1:13)

- a. Non-rebreather Mask
- b. Nasal Prongs
- c. Endotracheal Tube
- d. Tracheotomy
- e. Venturi Mask
- f. Bag Valve Mask

60) Which of the following symptoms are most closely associated with chronic manifestations of hypoxemia? *Please select all that apply.* (Week 5 – Slide 27)

- a. Increased Ventilation
- b. Peripheral vasoconstriction
- c. Cyanosis
- d. Symptoms may be insidious

61) Which of the following would the nurse expect to be used to treat Hypercapnia? (Week 5 – Slide 29)

- a. Bilevel Positive Airway Pressure (BiPAP)
- b. Bag Valve Mask
- c. Continuous Positive Airway Pressure (CPAP)
- d. Positive End Expiratory Pressure (PEEP)

62) Cor Pulmonale includes all but which of the following clinical manifestations? (Week 5 – Slide 33)

- a. Dilation of the left ventricle
- b. Jugular Vein Distention
- c. Ascites
- d. Peripheral Edema
- e. Crackles in the lung bases

63) Which type of pleural effusion is marked by lymph formed in the GI tract and then accumulating in the pleural cavity? (Week 5 – Slide 45)

- a. Hydrothorax
- b. Chylothorax
- c. Empyema
- d. Hemothorax

64) A patient with a hemothorax has a blood output of 400cc. The nurse documents this as? (Week 5 – Slide 46)

- a. Minimal amount of Blood
- b. Moderate amount of Blood
- c. Large amount of Blood
- d. Critical amount of Blood

65) Which of the following are signs and symptoms of Atelectasis? *Please select all that apply.*(Week 5 – Slide 60)

- a. Mediastinal shift away from affected lung
- b. Mediastinal shift toward the affected lung
- c. Tachypnea
- d. Tachycardia
- e. Dyspnea
- f. Absent Breath Sounds

66) Intramuscular Injections are normally administered at which angle?

- a. 15 Degrees
- b. 45 Degrees
- c. 60 Degrees
- d. 90 Degrees

67) The optimal injection site for an intramuscular Injection is?

- a. Ventrogluteal
- b. Vastus Lateralis
- c. Dorsogluteal
- d. Procerus

68) Which gauge of needle is typically used for intramuscular injections?

- a. 25 Gauge
- b. 25 – 23 Gauge
- c. 23 – 18 Gauge
- d. 20 Gauge

69) What is the drip rate of the following? *Order:* 1500 mL D5W over 12 hours. Drop tubing available 10 gtt/mL.

- a. 18 gtt/min
- b. 20 gtt/min
- c. 21 gtt/min
- d. 24 gtt/min

70) How long will the following IV last? *Order:* Heparin 25,000 units in 250 mL NS @ 20mL/hr.

- a. 15 Hours
- b. 12.5 Hours
- c. 10 Hours
- d. 8.5 Hours

71) What is the drip rate of the following? *Order:* 1000 mL D5NS with 15 mEq KVO IV. Run 100 mL/hr. 20 gtt/mL available.

- a. 27 gtt/min
- b. 30 gtt/min
- c. 33 gtt/min
- d. 36 gtt/min

72) What is the drip rate of the following? *Order:* 150 mL D5 NS IV. Run 20 mL/hr using an infusion pump.

- a. 20
- b. 22
- c. 24
- d. 26

73) A total of 900 mL of an IV solution is to infuse at 100 mL/hr. If it is 0900h when the infusion starts, at what time will it be completed?

- a. 1700h
- b. 1800h
- c. 1900h
- d. 2000h

74) The Nurse Practitioner orders 100 units regular insulin in 100 mL to infuse at 10 mL/hr. How many units will the patient receive each hour?

- a. 5 Units per hour
- b. 10 Units per hour
- c. 25 Units per hour
- d. 100 Units per hour

75) What is the drip rate of the following? *Order:* Amikacin 0.4g IV Q8

*Supply:* 2-mL vial labelled 250 mg/mL

*Package Directions:* 100 mL/D5W 30 minutes

*Available:* 10 gtt/mL

- a. 33 gtt/min
- b. 30 gtt/min
- c. 27 gtt/min
- d. 24 gtt/min