

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

1. The major therapeutic goal in the treatment of cardiogenic shock is to:
  - a. Increase the afterload
  - b. Lower the BUN
  - c. Increase cardiac output
  - d. Decrease fluid volume
2. In dealing with a depressed patient during the first days post AMI the most appropriate nursing action would be:
  - a. Encourage the patient to ventilate his concerns
  - b. Provide for privacy by leaving the patient alone
  - c. Restrict visits from the family members
  - d. Provide a quiet environment for the patient
3. An elevated CVP reading may indicate:
  - a. Right heart failure
  - b. A fall in hematocrit
  - c. Acute dehydration
  - d. Peripheral vasodilatation
4. The wave in the cardiac cycle that represents atrial depolarization is the:
  - a. P
  - b. Q
  - c. R
  - d. T
5. How many seconds is the normal P-R interval?
  - a. .04-.10
  - b. .12-.20
  - c. .22-.26
  - d. .28-.32
6. A QRS complex wider than .12 seconds most likely indicates:
  - a. Normal ventricular conduction
  - b. Bundle branch block
  - c. Second degree heart block
  - d. Myocardial infarction
7. Initial measures for the treatment of angina pectoris include all of the following except:
  - a. Rest
  - b. Morphine
  - c. Oxygen
  - d. Nitroglycerine
8. Elevated cardiac iso-enzymes generally occur in all of the following except:
  - a. Congestive heart failure
  - b. Pericarditis
  - c. Closed chest injury
  - d. Cardiac surgery
9. The classical ECG change in acute myocardial infarction is a/an:
  - a. Inverted Q wave
  - b. ST segment elevation
  - c. Frequent PVC's
  - d. Prolonged P-R interval
10. Mr. Smith is post AMI. During his first time walking, his pulse increases from 85/min to 97/min. Based on this response the nurse should:
  - a. Ask him to slow his pace
  - b. Allow him to continue
  - c. Have him lie down immediately
  - d. Check his vital signs
11. Mr. Bell is receiving tissue plasimogen activator (TPA) 3 hours after an AMI. Which of the following would most likely require discontinuing the infusion?
  - a. PVC's
  - b. Bleeding gums
  - c. Oozing at the insertion site
  - d. Change in mental status
12. A strong ventricular stimulus is potentially dangerous when it lands on the:
  - a. U wave
  - b. P wave
  - c. T wave
  - d. QRS complex

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13. Indications for use of an external cardiac pacemaker include:
- PAT with block
  - Ventricular fibrillation
  - Wenckebach (Mobitz block type II)
  - Symptomatic complete heart block
14. The initial drug treatment for sustained ventricular tachycardia when a pulse is present is:
- Isuprel 1 mg in 250cc D5W drip
  - Epinephrine 1 mg IV push
  - Atropine 0.5mg IV push
  - Lidocaine 1 – 1.5 mg/Kg IV push
15. Upon recognizing ventricular fibrillation, the nurse should first:
- perform a precordial thump
  - establish unresponsiveness
  - give Lidocaine IV pus
  - check the EKC leads
16. One of the first drugs to be administered in the treatment of complete heart block is
- Atropine
  - Lidocaine
  - Quinidine
  - Digoxin
17. Your patient has atrial flutter with a ventricular response of 150 beats per minute. Therapy for this rhythm includes:
- Digoxin, Diltiazem, cardioversion
  - Lidocaine, sodium bicarb, cardioversion
  - Lidocaine, potassium chloride, pacemaker
  - Isordil, Nitropaste, Pronestyl
18. A patient that is pulseless and apneic with a monitor showing asystole, the drug most likely to be used initially is:
- Calcium Gluconate
  - Atropine
  - Epinephrine
  - Lidocaine
19. A routine check of your patient's blood gas shows values of pH 7.40, pO<sub>2</sub> 98 mm Hg, pCO<sub>2</sub> of 38 mmHg and HCO<sub>3</sub> of 25 mEq. These results reflect:
- metabolic acidosis
  - metabolic alkalosis
  - normal values
  - respiratory alkalosis
20. Before suctioning a patient, you adjust the vacuum pressure so that it is:
- 120 mmHg of vacuum pressure
  - as high as needed to remove secretions
  - 40mm Hg of vacuum pressure
  - no higher than the diastolic blood pressure
21. To assess proper positioning of an endotracheal tube, the most appropriate nursing action would be to:
- listen for minimal leak at the cuff
  - listen for bilateral breath sounds
  - check for chest expansion
  - check the tidal volume indicator on the ventilator
22. The most likely reason for absent breath sounds in a motor vehicle crash victim with a closed chest trauma is:
- shallow breathing from pain
  - spinal cord damage
  - development of pneumothorax
  - obstructive pulmonary disease
23. Your trauma patient is 4 days post fracture of the right femur, suddenly develops shortness of breath. The most likely cause is:
- fat embolus
  - atelectasis
  - pleural Effusion
  - pulmonary edema
24. A dangerous effect of rapidly re-warming a hypothermic post-operative patient is:
- bradycardia
  - vasodilatation and hypotension
  - seizure activity
  - sudden rise in blood pressure

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25. The most important nursing activity for a patient admitted with the diagnosis of cervical spinal cord injury is:
- keeping the patient flat
  - immobilizing the head
  - assessing the reflexes
  - monitoring for dysrhythmias
26. In a patient with cervical spine injury, the most important observation that nurse makes concerns which of the following physiological parameters?
- heart rate
  - respirations
  - urinary output
  - reflexes
27. The earliest sign of increased intracranial pressure generally involves changes in:
- response to pain
  - level of consciousness
  - equality of papillary reaction.
  - respiratory rate
28. A drug used to reduce increased intracranial pressure is:
- Aldomet
  - phenobarbital
  - Mannitol
  - Dilantin
29. A positive Babinski response in an adult is:
- indicates lower motor disease
  - is a normal finding
  - points to a corticospinal lesion
  - is associated with flexion of the toes
30. Signs and symptoms of Diabetic ketoacidosis include:
- fruity breath, and deep and rapid breathing
  - hyperactivity and diaphoresis
  - slow and shallow breathing, and headache
  - dilated pupils and flushed skin
31. Impending insulin shock should be suspected when the diabetic patient complains of or manifests:
- decreased skin turgor, abdominal pain, fever
  - flushed skin, tachycardia, Kussmauls breathing
  - thirst, hypotension, fruity odor to the breath
  - weakness, headache, diaphoresis
32. Measures that would be taken to treat a patient in diabetic ketoacidotic coma would include all of the following EXCEPT:
- dextrose 50% IV infusion
  - insulin IV drip
  - potassium replacement
  - IV fluid replacement
  - IV fluid administration.
33. Patients with diabetes mellitus who are acutely ill generally require a/an
- higher dose of insulin
  - restricted caloric intake
  - increase in fat intake
  - less insulin
34. Your patient has acute renal failure. Medications that are normally excreted through the kidneys will probably be:
- decreased in dosage
  - administered as usual
  - increased in dosage
  - increased in frequency
35. Sudden development of dyspnea and sinus tachycardia in an acute renal failure patient would most likely indicate which of the following?
- Hyperkalemia
  - pulmonary embolism
  - fluid overload
  - infection