# Practice Exam Questions

AMERICAN
ASSOCIATION

OCRITICAL-CARE
NURSES

**PCCN-Adult** 

**Progressive Care Certified Nursing** 



## **Total Question: 625 QAs**

### Ouestion No: 1

A 50-year-old man presents with frequent pain during rest periods. The pain lasts for a long time and may radiate to his left upper limb and jaw. He also complains of sweating and shortness of breath with this episode of pain. The pain increases with the passage of time and does not settle with the usual dose of nitroglycerine. Which of the following conditions is responsible for it?

A. Stable angina

B. Unstable angina

C. Myocarditis

D. Pericarditis

Answer: B

Explanation: The condition responsible for the pain that occurs frequently even during rest and lasts for at least more than five minutes is unstable angina. No vasodilator has a significant role in reducing this pain. It occurs during times of rest because the very cause of unstable angina is a rupture of the plaque which occurs even during rest periods.

## Question No: 2

A patient presents in the cardiac emergency department with left-sided chest pain. His ECG shows ST segment elevations. Patient complains that this pain occurs cyclically, i.e., at the same time each day and during rest period. Which of the following conditions is most likely to occur?

A. Myocardial infarction

B. Variant angina

C. Costochondritis

D. Myocardial contusion

Answer: B

Explanation: The condition that is most likely to occur if pain occurs cyclically and with ST segment elevations evident in ECG, is Variant angina, where the pain also occurs during times of rest.

## Question No: 3

A patient presents in the cardiac emergency department with left-sided chest pain. His ECG shows ST segment elevations. Patient complains that this pain occurs cyclically, i.e., at the same time each day and during rest period. What is the most likely treatment?

A. Calcium channel blockers

B. Beta blockers

C. Alpha blockers

D. ACE inhibitors

Answer: A

Explanation: The most likely treatment for this case is the Variant Angina. This type of angina is due to the spasm of the coronary arteries. In this case, the most likely treatment for Variant angina is calcium channel blockers. Calcium channel blockers are arterial vasodilators and have affect both the coronary and the peripheral arteries.

A 53-year-old male presented in emergency with left-sided chest pain radiating to left arm, neck and jaw. He also had palpitations. The duration of pain was more than 30 minutes. On examination, his BP was 160/100 mm of Hg and chest had invariable crackles. On ECG there was ST segment elevation in all the leads. Which is the most likely cause?

- A. Myocardial infarction
- B. Stable angina
- C. Unstable angina
- D. Prinzmetal angina

Answer: A

Explanation: The most likely cause is myocardial infarction. In this, the pain typically radiates to left arm, neck and jaw. It lasts longer than 30 minutes and typical ST elevations are seen in ECG. Moreover, presence of crackles indicating pulmonary edema and hypertension also indicate myocardial infarction.

Question No: 5

In Q wave Myocardial Infarction, the peak CK levels occur in:

A. 30 hours

B. 12 hours

C. 36 hours

D. 27 hours

Answer: D

Explanation: In Q wave Myocardial Infarction, the peak CK levels occur in 27 hours. Myocardial Infarction occurs due to the imbalance in the demand and supply of oxygen to the heart. Q-wave MI is the transmural infarction in which the infarction and necrosis is prolonged and the peak CK levels occur in 27 hours.

Question No: 6

Reversible ST-T wave changes occur in ECG in which one of the following types of myocardial infarctions?

A. Q wave MI

- B. Non Q wave MI
- C. Myocarditis
- D. Pericarditis

Answer: B

Explanation: Reversible ST-T wave changes occur in ECG in Non Q wave Ml. A non-Q-wave Ml (NQWMI) refers to damage to the heart muscle that is smaller than with your typical Q-wave Ml. Ml stands for myocardial infarction and that's what doctors call heart attacks.

Question No: 7

Which of the following types of infarction is notorious for causing conduction malfunctions?

A. Posterior MI

- B. Anterior MI
- C. Anterolateral MI
- D. Inferior MI

Answer: D

Explanation: Inferior MI is notorious for causing conduction malfunctions. Myocardial infarction (MI) due to

coronary artery disease is a leading cause of death in the United States, where more than 1 million people have acute myocardial infarctions (AMIs) each year. Complications of MI include arrhythmic, mechanical, inflammatory (early pericarditis and post-MI syndrome) sequelae, as well as left ventricular mural thrombus (LVMT). In addition to these broad categories, right ventricular (RV) infarction and cardiogenic shock are other possible complications of acute MI.

Question No: 8

Occlusion of circumflex coronary artery results in:

A. Posterior wall infarction

B. Inferior MI

C. Anterior MI

D. Left Lateral MI

Answer: D

Explanation: Occlusion of circumflex coronary artery results in Left Lateral MI. The Myocardial Infarction most commonly damages the left ventricle and its associated septum. Right ventricle damage is only if there is any occlusion of the supplying vessel. Occlusion of circumflex coronary artery results in Left Lateral MI because circumflex artery supplies left lateral wall of the heart. This also causes damage to the anterior wall of the heart.

Question No: 9

A patient presents in cardiac emergency with typical chest pain radiating to left arm, jaw and neck. What is the first thing you would like to do?

A. ECG

B. Chest x-ray

C. CPR

D. Cardiac enzymes

Answer: A

Explanation: The first thing you would like to do is ECG. When a patient presents in cardiac emergency with typical chest pain radiating to left arm, jaw and neck, the first thing to do is an ECG. The ECG will clearly tell if there is any ischemia to any part of the heart, since the ECG shows the Electric activity of the heart which is affected when there is ischemia.

Question No: 10

The most reliable laboratory examination which should be carried out in order to confirm myocardial infarction is:

A. CK-MB

B. Myoglobin

C. Troponin T

D. Complete Blood picture

Answer: C

Explanation: The most reliable laboratory examination which should be carried out in order to confirm myocardial infarction is Troponin T. This is a protein of the myocardium and it will remain elevated for 3 weeks, even after infarction.

A young man presents with chest discomfort, dyspnea, fatigue, pressure in epigastrium and palpitations. He had a history of viral flu a few days back. Moreover, the ECG showed non-specific changes and the lab culture had a growth of influenza virus. What is the diagnosis?

A. Myocarditis

B. Pericarditis

C. Pulmonary edema

D. Endocarditis

Answer: A

Explanation: The diagnosis for an individual presenting with chest discomfort, dyspnoea, fatigue, pressure in epigastrium and palpitations, as well as a recent history of viral flu, is Myocarditis. A viral cause is common for Myocarditis, where non-specific changes in an ECG and a lab culture with a growth of influenza virus are also indicated.

Question No: 12

All of the following tests help in diagnosing Myocarditis except:

A. Chest x-ray

B. Cardiac catheterization and biopsy

C. Viral cultures and PCR

D. Endoscopy

Answer: D

Explanation: All of the following tests help in diagnosing Myocarditis except endoscopy. An Endoscopy has no connection to help with diagnosing Myocarditis, but is used as a test for the gastrointestinal tract. Endoscopy typically refers to looking inside the body for medical reasons using an endoscope, an instrument used to examine the interior of a hollow organ or cavity of the body. Unlike most other medical imaging devices, endoscopes are inserted directly into the organ.

Question No: 13

A child presented with sharp piercing chest pain, fever, malaise, irritability, poor appetite and Dysrhythmia. He had undergone a recent surgery for valvular abnormality of the heart. What is the most likely disease to occur?

A. Pericarditis

B. Infective endocarditis

C. Pleural effusion

D. Cardiac contusion

Answer: A

Explanation: The most likely disease to occur is Pericarditis. If a child presents with sharp, piercing, chest pain, fever, malaise, irritability, poor appetite and Dysrhythmia, and has recently undergone surgery for valvular abnormality of the heart, Pericarditis is the disease most likely to occur. Pericarditis usually occurs after cardiac surgeries done for structural abnormalities. Moreover sharp, piercing, chest pain is typical for Pericarditis, as is fever, because it usually has some infective cause like virus, bacteria etc.

Question No: 14

All the following will help in relieving the pain and discomfort caused by Pericarditis except:

A. Use of analgesics

B. Use of anti-inflammatory drugs like ibuprofen, etc.

C. Use of corticosteroids

D. Use of nitroglycerines

Answer: D

Explanation: All the following will help in relieving the pain and discomfort caused by Pericarditis except use of nitroglycerines. Nitroglycerines have no role in relieving the pain and discomfort of treating Pericarditis. However, analgesics will relieve pain from Pericarditis, anti-inflammatory drugs will decrease inflammation, thus relieving discomfort and improving the rate of fluid reabsorption. Steroids also have an anti-inflammatory component.

Question No: 15

A man with a history of prolonged hospitalization presented to medical OPD with low-grade intermittent fever, anorexia, general lassitude and malaise. On examination, he showed weight loss, splenomegaly, hepatomegaly and murmurs. What is the most likely diagnosis?

A. Endocarditis

B. Myocarditis

C. Pericarditis

D. Pericardial effusion

Answer: A

Explanation: The most likely diagnosis is Endocarditis. When a man with a history of prolonged hospitalization presented with low-grade intermittent fever, anorexia, general lassitude and malaise, and shows weight loss, splenomegaly, hepatomegaly and murmurs, the most likely diagnosis is Endocarditis. This is usually a hospital acquired infection, with the patient having fever, murmurs and all the signs of infections. Obviously, affected heart valves will cause murmurs.

Question No: 16

During in-patient care, a man was clinically diagnosed as having Infective Endocarditis. Which of the following is not a necessary part of the investigation?

A. Blood cultures

B. Echocardiogram

C. ECG

D. Cardiac enzymes

Answer: D

Explanation: Cardiac enzymes is not a necessary part of the investigation. When investigating Infective Endocarditis, cardiac enzymes have no role in diagnosing or monitoring the condition. Cardiac markers are biomarkers measured to evaluate heart function. They are often discussed in the context of myocardial infarction, but other conditions can lead to an elevation in cardiac marker level. Most of the early markers identified were enzymes, and as a result, the term "cardiac enzymes" is sometimes used. However, not all of the markers currently used are enzymes. For example, in formal usage, troponin would not be listed as a cardiac enzyme.

Question No: 17

A diagnosed case of Infective Endocarditis is being managed in the hospital. Which of the following is the

best mode of treatment in this case?

A. Use of anti-microbials specifically against the culture's organisms for 4-6 weeks

B. Use of corticosteroids

C. Use of anti-angina drugs

D. Use of anti-inflammatory drugs

Answer: A

Explanation: The best mode of treatment for a diagnosed case of Infective Endocarditis is anti-microbials specifically used against the organisms which are cultured, because when the infection is treated in time all the conditions are reversed.

Question No: 18

The nurse is assessing a client who is admitted with a diagnosis of gastroenteritis. When auscultating the client's abdomen, which of the following findings would the nurse expect?

A. 3 bowel sounds per minute

B. Absent bowel sounds

C. 43 bowel sounds per minute

D. 20 bowel sounds per minute

Answer: C

Explanation: A client with gastroenteritis is most likely to demonstrate more than 34 bowel sounds per minute, or hyperactive bowel sounds. The normal bowel sounds per minute is between 5 and 34.

Question No: 19

The nurse is caring for an elderly client who is prescribed with oral pain medications. The nurse would particularly monitor the signs of adverse reactions of the drugs for the following reasons except:

A. Decreased number of nerve cells

B. Decreased drug clearance by the kidneys

C. Increased number of nephrons

D. Decreased blood flow to the brain

Answer: C

Explanation: In the elderly, the number of cells in the kidneys, or nephrons, decreases and less blood flows through them. The other options are not correct.

Question No: 20

A patient who presented in cardiac emergency was diagnosed to be suffering from Infective Endocarditis and at that time, Echocardiography revealed that valves are completely fibrosed and adhesive. What is the best possible treatment in this case?

A. Medical management

B. Surgical correction

C. Radiotherapy

D. Chemotherapy

Answer: B

Explanation: The best possible treatment for Infective Endocarditis showing valves that are completely fibrosed and adhesive is surgical correction. Once valves are damaged to such an extent that they cannot be reversed to their normal condition with medicines, then only a surgical option is left either to correct or replace them,

so that adhesive and stenosed valves no longer bother the patient.

Question No: 21

A nurse is caring for a client with a chest tube drainage system. The nurse ensures that which equipment is at the client's bedside at all times?

A. Suction equipment

B. Kelly clamp

C. A pair of scissors

D. Tracheostomy set

Answer: B

Explanation: The nurse should make sure to place a Kelly clamp when caring for a client with chest drainage system. A pair of scissors is needed in clients with Sengstaken-Blakemore. A tracheostomy set and suction equipment are needed in clients who had a thyroidectomy.

Question No: 22

A nurse is assigned to monitor a client who had a thoracentesis of the left lung 1 hour ago. The nurse would maintain the client in which position?

A. Semi-Fowler's position

B. Right-side lying position

C. Left-sided lying position

D. Supine position

Answer: B

Explanation: After the procedure, the nurse should maintain the client on the unaffected side. Thoracentesis is done in the left lung, so the client has to be maintained in the right side-lying position. The other options are not correct.

Question No: 23

A 35-year-old female client is diagnosed with peritonitis. Which of the following assessments warrants an immediate intervention?

A. Pulse rate of 120, blood pressure of 90/60

B. Temperature of 100OF

C. Decreased bowel sounds

D. Shallow respiration

Answer: A

Explanation: Tachycardia and hypotension are initial signs of shock. Immediate attention should be given to hydrate the client and correct electrolyte imbalances. Fever is the body's response to infection and fluid loss. Decreased bowel sounds may be due to paralytic ileus and abdominal distention. Shallow respiration may result from upward displacement of the diaphragm due to ascites.

Question No: 24

An unconscious man, with a prominent history of ischemic heart disease, presented to the emergency department. An examination revealed that he had a mid-sternal scar. This scar indicates?

A. Pericariocentesis

B. CABG

C. Thyroid surgery

D. Sternal repair

Answer: B

Explanation: The scar indicates CABG. A mid-sternal scar on an individual with a prominent history of ischemic heart disease indicates CABG, coronary artery bypass grafting. Coronary artery bypass surgery, also coronary artery bypass graft (CABG) surgery, and colloquially heart bypass or bypass surgery is a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease. Arteries or veins from elsewhere in the patient's body are grafted to the coronary arteries to bypass atherosclerotic narrowings and improve the blood supply to the coronary circulation supplying the myocardium (heart muscle).

Question No: 25

A nurse is assigned to suction a client's tracheostomy. The nurse would wear which personal protective equipment during the procedure?

A. Sterile gloves, mask, gown

B. Clean gloves, mask, gown

C. Clean gloves, mask, gown, goggles

D. Sterile gloves, mask, gown, goggles

Answer: D

Explanation: When suctioning the client's tracheostomy, the nurse should wear sterile gloves, mask, gown, and goggles. Tracheal suctioning is a sterile procedure.

Question No: 26

While undergoing a heart transplant, a patient experienced right ventricular failure during the surgery due to pulmonary hypertension. Which one of the following treatments is not used?

A. Hyperventilation

B. Prostaglandin

C. Nitric oxide

D. Pericardiocentesis

Answer: D

Explanation: Pericardiocentesis is not used in this case. While undergoing a heart transplant, if a patient experiences right ventricular failure during the surgery due to pulmonary hypertension, pericardiocentesis is not used, since removing pericardial fluid has no role in this condition. Pericardiocentesis is a procedure where fluid is aspirated from the pericardium (the sac enveloping the heart). It is generally done under ultrasound guidance, to minimize complications.

Question No: 27

After receiving the client assignment, which of the following laboratory results needs immediate attention?

A. Hemoglobin= 15.9 g/dL

B. Calcium= 9.4 mg/dL

C. Magnesium = 2.0 mg/dL

D. Potassium = 6.4 mEq/dL

Answer: D

Explanation: A potassium level of more than 5.1 mEq/L is hyperkalemia. Hyperkalemia causes irregular heart rate, ECG changes, decreased blood pressure, and muscle weakness. Options A, B, and C are within normal

range.

Question No: 28

A hospitalized woman, who was bedridden for the last three months due to stroke, developed swelling in left lower limb. She also complained about throbbing pain. On examination, there was edema, erythema and cyanosis. What has patient developed?

A. Deep vein thrombosis

B. Pulmonary embolism

C. Peripheral vascular disease

D. Raynaud's disease

Answer: A

Explanation: The patient has developed deep vein thrombosis. A patient, bedridden for the last three months due to stroke, shows swelling in left lower limb, is complaining of throbbing pain, and also shows edema, erythema and cyanosis, has developed deep vein thrombosis. This is a likely development in bedridden patients because of blood stasis in the veins.

Question No: 29

Which of the following actions by the nurse demonstrates proper handling and disposing of sharps?

A. Before disposing, the needle is disconnected from the syringe

B. The needle is recapped after use

C. A needle on the floor is picked up using forceps

D. The needle is disposed in the trash can

Answer: C

Explanation: If a needle is dropped onto the floor, the nurse should pick it up using forceps and then dispose it in a receptacle. The other actions are not appropriate.

Question No: 30

The nurse is expected to protect the client's right to confidentiality of medical records. Which is the correct action of the nurse?

A. Letting the relatives photocopy a few pages of the medical record with the client's permission

B. Leaving the medical record in the nurse station while attending to other clients

C. Allowing the relative of the client who is a physician to gain access to the medical record with the client's permission

D. The information about the client's condition is shared with another health care provider who belongs to another department but is directly involved in client care

Answer: D

Explanation: Members of the health care team who are directly involved in client care can access the information included in the client's record. Option C is incorrect. Only the staff directly involved in the care of the client is allowed to gain access to the medical record.

Question No: 31

In documenting the care given, which statement shows good documentation?

A. Documenting the client's response to the intervention

B. Documenting the assumptions of the nurse

- C. Giving facts and opinions regarding the client's behavior
- D. Omitting data pertaining to medications that are not given

Answer: A

Explanation: Documentation is the process of putting down in writing all nursing care activities given to the client. Documentation should be factual, accurate, and precise. The nurse should refrain from giving assumptions and opinions regarding the client and the care given. The nurse should document the medications that were and were not given.

Question No: 32

How is the positive Homan's sign elicited?

- A. Presence of murmurs
- B. Edema in feet
- C. Backache while walking
- D. Pain in calf, when dorsiflexed

Answer: D

Explanation: A positive Homan's sign is present when there is pain in the calf with abrupt dorsiflexion of the patient's foot at the ankle, elicited while the knee is flexed to 90 degrees.

Question No: 33

A 29-year-old healthy male, fit for any kind of surgery, underwent a cholecystectomy under general anesthesia 72 hours back, and now presents with mild tachypnea. On clinical exam, patient is having crackles and occasional wheezing, cyanosis, third heart sound and tachycardia. What is the likely diagnosis?

- A. Pulmonary TB
- B. Pneumonia
- C. Acute respiratory distress syndrome/ Acute lung injury
- D. Acute, severe asthma

Answer: C

Explanation: The likely diagnosis is acute respiratory distress syndrome/Acute lung injury. After a cholecystectomy under general anesthesia, if patient is having crackles and occasional wheezing, cyanosis, third heart sound and tachycardia, the most likely diagnosis is acute respiratory distress syndrome because it usually occurs after surgery within 72 hours. Moreover, patient has tachypnea, crackles and is wheezing.

Question No: 34

A patient suffering from acute lung injury can improve by taking all the treatment options given below except:

- A. Oxygen therapy
- B. Endotracheal intubation if required
- C. Nitric oxide inhaled form
- D. Prophylactic antibiotics

Answer: D

Explanation: A patient suffering from acute lung injury can improve by taking all the treatment options given below except Prophylactic antibiotics. This antibiotic, as opposed to the other treatments listed above, are not treatment options for a patient suffering from acute lung injury. The use of prophylactic antibiotics is the most effective measure how to protect patients with artificial joints against postoperative infection, early or late.

Which of the following is not a risk factor for aspiration pneumonitis?

- A. Altered level of consciousness
- B. Parkinsonism or Alzheimer's disease
- C. Depression of gag or swallowing reflex
- D. Obstruction of respiratory tract

Answer: D

Explanation: Obstruction of respiratory tract is not a risk factor for aspiration pneumonitis. The main causing risk factor of aspiration pneumonitis is the altered level consciousness. All the factors are not the conscious factors means in which the person has not been aware of. Respiratory tract obstruction is unrelated to aspiration pneumonitis as in this condition patient can have a control over the disease and can sit erect.

Question No: 36

While checking the abducens nerve of the candidate, the nurse will ask the candidate to follow the finger from?

A. 1 o'clock position to 11 o'clock position, clockwise

B. 11 o'clock to 1 o'clock position

C. 2 o'clock to 6 o'clock position

D. 3 o'clock to 12 o'clock position

Answer: A

Explanation: While checking the abducens nerve, the nurse will ask the candidate to follow the finger from the 1 o'clock to 11 o'clock position, in a clockwise direction.

Question No: 37

If the patient is unable to furrow his forehead or smile and puff out his cheeks, then in which nerve is a lesion most commonly suspected?

- A. Abducens nerve
- B. Occulomotor nerve
- C. Facial nerve
- D. Trigeminal nerve

Answer: C

Explanation: If the patient is unable to furrow the forehead or smile and puff out the cheeks, then a lesion in the facial nerve is most commonly suspected, because the motor component of facial nerves is responsible for controlling all the muscles of the face.

Question No: 38

The most common cause or type of cerebral aneurysms is:

- A. Congenital
- B. Direct trauma
- C. Infection
- D. Connective tissue disorder

Answer: A

Explanation: The most common cause or type of cerebral aneurysms is congential. Cerebral Aneurysm is only the weakening of the cerebral artery due to any trauma. The most common cause or type of cerebral

aneurysms is congenital. This type occurs at the bifurcation of the Circle of Willis and grows from the base to the stem.

Question No: 39

A patient presented in neurology OPD with CT angiogram of the brain vessels, and an aneurysm, saccular in shape, was seen at bifurcation of the artery. Moreover, the aneurysm was thought to be congenital. Which is the most likely type of aneurysm in this case?

A. Berry aneurysm

B. Fusiform

C. Mycotic

D. Dissecting

Answer: A

Explanation: Berry aneurysm the most likely type of aneurysm in this case. The most likely type of aneurysm in this case is the berry aneurysm, because it is congenital, saccular in shape and is seen at bifurcation of basilar artery.

Question No: 40

A patient is suffering from hypertension for the last 15 years. Which of the following aneurysms is most likely to develop in this patient?

A. Berry aneurysm

B. Fusiform aneurysm

C. Mycotic aneurysm

D. Traumatic Charcot-Bouchard (pseudoaneurysm)

Answer: D

Explanation: Traumatic Charcot-Bouchard (pseudoaneurysm) is most likely to develop in this patient. A patient suffering from hypertension for the last 15 years is likely to develop traumatic Charcot- Bouchard (pseudoaneurysm), as this is the aneurysm seen in chronic hypertensives.

Question No: 41

A known hypertensive man presented with severe headache, altered state of consciousness and a claim that this is the worst headache he has ever experienced. What is the cause?

A. Intracranial bleed

B. Subarachnoid headache

C. Stroke

D. All of the above

Answer: B

Explanation: Subarachnoid headache the cause in this case. A known hypertensive man who presents with severe headache, altered state of consciousness and claims that this is the worst headache ever, has the characteristics of a subarachnoid headache.

Question No: 42

What is the most common cause of subarachnoid hemorrhage?

A. Berry aneurysm

B. Trauma

C. Connective tissue disorder

D. Mycotic aneurysm

Answer: A

Explanation: The most common cause of subarachnoid hemorrhage is the berry aneurysm. A berry aneurysm is a small outpouching (an aneurysm) that looks like a berry and classically occurs at the point at which a cerebral artery departs from the circular artery (the circle of Willis) at the base of the brain. Berry aneurysms are prone to rupture and bleed. Also, it is called a brain aneurysm.

Question No: 43

The nurse in a mental health facility is caring for a female client noted with hallucinations and irrational beliefs on assessment. One afternoon, the nurse notes that the client appears severely agitated as he watches a television show in the dayroom. It appears that the client is experiencing active hallucinations. Which of the following interventions is the least appropriate?

A. The nurse acknowledges the hallucination experience, but reinforces reality

B. Instruct the client to stop the behavior in a firm yet kind and calm voice

C. Inform the client that he is in a safe environment

D. Avoid the use of physical and chemical restraints

Answer: B

Explanation: In the presence of active hallucinations, instructing the client to stop the behavior is the least appropriate intervention. This nursing action is challenging the client's experience, which is non-therapeutic. Option D is only considered if the client poses harm to self and to others. The other options are appropriate.

Question No: 44

A diagnosed case of subarachnoid hemorrhage is admitted into ICU. What management points are to be taken care of in that individual?

A. Identifying and treating the cause

B. Observing for re-bleeding

C. Surgical repair if needed

D. All of the above

Answer: D

Explanation: The management points to be followed for a diagnosed case of subarachnoid hemorrhage admitted into ICU are to identify the cause and treat them, continuous monitoring for re-bleed and eventual surgical repair if needed.

Question No: 45

A young man had a motorcycle accident and sustained major injury to the head. He was brought in this condition to the accident and emergency department. The monitor showed that he was having alternating bradycardia and tachycardia, his BP was 180/110 mm of Hg and he was in an altered state of consciousness. What would be the first step in saving the life of this patient?

A. Checking airway

B. Checking breathing

C. Checking circulation

D. All of the above

Answer: D

Explanation: All of the above are the first steps in saving the life of this patient. When the victim of motorcycle accident presents to the emergency with sustained head injury and the monitor shows that he is having alternating bradycardia and tachycardia, his BP is 180/110 mm of Hg and he is in an altered state of consciousness, all the steps listed above are very important to be followed in sequence: checking airway, checking breathing, checking circulation.

#### Question No: 46

A former client calls the psychiatric unit and asks for the nurse who was assigned to care for him during his admission. The client is suicidal. The nurse would utilize which of the following techniques when speaking with the client on the phone?

A. If the caller refuses further help, the nurse puts the phone down and refuses to speak with the caller until the caller agrees to suggested interventions

- B. The nurse informs the caller that their nurse-client relationship has already been terminated and that any form of communication, including phone calls are not allowed
- C. If other staff members are available, the nurse asks them to call the police without the caller knowing about the plan
- D. Ask the caller for ideas about the possible immediate solutions to the current situation

Answer: D

Explanation: The nurse must ask the caller for ideas to resolve the current concerns. The caller's inputs should be assessed for their feasibility and appropriateness. The other options are not appropriate when dealing with a suicidal caller.

Question No: 47

When working face-to-face with suicidal clients, the nurse utilizes the following general guidelines except:

- A. Ask the clients how they intend to do the suicide
- B. Ask about previous suicide attempts
- C. Directly asking the clients when they are planning to carry out the suicide
- D. Determine whether or not the clients' suicidal ideations are serious or not

Answer: D

Explanation: The nurse has to consider all suicidal threats seriously. Directly asking about the clients' suicidal intentions will not drive them to suicide. The other options are appropriate interventions when dealing with suicidal clients.

Question No: 48

What investigation would you carry out after stabilizing a patient of head trauma with altered state of consciousness?

A. CT scan brain

B. Blood CP

C. ESR

D. Chest X-ray

Answer: A

Explanation: After stabilizing a patient of head trauma with altered state of consciousness, the CT brain scan is the most important investigation to carry out, since this can help reveal any concealed intracranial bleed due to trauma.

A young man presented to medical emergency in a state of unconsciousness which had so far lasted for 16 minutes. According to his relatives, he has absolutely normal half an hour back, when he suddenly started having spastic tonic and clonic movements, convulsions and frothing from the mouth. After this episode, he went unconscious. What is the most likely diagnosis?

A. Epilepsy

B. Parkinsonism

C. Alzheimer's disease

D. Psychosis

Answer: A

Explanation: The most likely diagnosis for the young man who has been unconscious for the last 16 minutes, having been normal half an hour earlier and then suddenly having spastic tonic and clonic movements, along with convulsions and frothing from the mouth is epilepsy.

Question No: 50

The nurse is caring for a 75-year-old Chinese American, who is dying. When interacting with the client's family, which of the following actions is the most appropriate?

A. Maintain eye contact

B. Maintain rigidity when scheduling care

C. Head nodding means an agreement

D. Avoid excessive touching

Answer: D

Explanation: Avoidance of excessive touching is recommended when caring for Asian or Chinese Americans. Limited eye contact and flexibility in scheduling care are appropriate. For Asian Americans, head nodding may not necessarily mean agreement, so the nurse should clarify the family's responses to questions.

Question No: 51

The nurse is creating a meal plan for a client who is a member of Judaism. The nurse should keep in mind which of the following dietary practices when caring for the client?

A. Coffee and tea are prohibited

B. Any food in which blood has been is not included in the menu

C. Milk and meat are not served in one meal

D. Fish with scales and fins are not allowed

Answer: C

Explanation: According to Kosher laws, meats are allowed as long as they are not given with milk on the same meal. Fish with scales and fins are allowed. Option A is a dietary practice of Seventh Day Adventists and option B is the dietary practice of Jehovah's Witnesses.

Question No: 52

Stroke or cerebrovascular accidents are classified as:

A. Ischemic and hemorrhagic

B. Only ischemic

C. Only hemorrhagic

D. None of the above

Answer: A

Explanation: Stroke or cerebrovascular accidents are classified as two types: ischemic and hemorrhagic. Ischemic strokes are those that are caused by interruption of the blood supply, while hemorrhagic strokes are the ones which result from rupture of a blood vessel or an abnormal vascular structure. 87% of strokes are caused by ischemia and the remainder by hemorrhage.

Question No: 53

A nurse is assigned to monitor the chest tube drainage system of a client with pneumothorax. The nurse would immediately call the RN if which of the following observations are noted?

A. Intermittent bubbling in the water seal chamber

B. Oscillation in the water seal chamber is observed

C. Volume in the drainage system increases from 100 to 300 ml in an hour

D. Volume in the drainage system increases from 100 to 150 ml in an hour

Answer: C

Explanation: An increase of more than 100 ml in the drainage system should be notified to the RN. The other observations are normal and expected.

Question No: 54

A man was diagnosed with a stroke. Which type of stroke is most common?

A. Ischemic

B. Hemorrhagic

C. Hypovolemic

D. All of the above

Answer: A

Explanation: Ischemic type of stroke is most common. Stroke occurs due to the blockade of blood supply to the brain. This blockade may be due to ischemia or any hemorrhage. The ischemic stroke accounts for almost 80 percent of all the strokes, making it the most common.

Question No: 55

A known diabetic and hypertensive presented in medical emergency with acute onset of right-sided hemiplegia, altered level of consciousness and inability to speak. On examination, gag reflex was absent, plantars were upgoing and the power on the right side was markedly decreased. What is the likely diagnosis?

A. Stroke

B. Epilepsy

C. Parkinsonism

D. Dementia

Answer: A

Explanation: Stroke is the likely diagnosis. In cases of hemiplegia, altered level of consciousness, inability to speak and difficulty in swallowing due to loss of gag reflex, the most likely diagnosis would be Stroke. Also, plantar reflex is upgoing in the case of Stroke.

Question No: 56

Insulin therapy is initiated to a client with uncontrolled increase in blood sugar glucose. Which of the following instructions is the most appropriate for the client?

- A. Apply heat to injection areas to relieve discomforts
- B. Administration to scar tissues should be prevented, as it can increase insulin absorption
- C. Injection sites can be used thrice in a 2 to 3-week period
- D. Administration of insulin should be continued during periods of stress and infection

Answer: [

Explanation: Insulin administration must be continued during periods of stress, infection, and surgery. Heat applications to injection sites must be avoided, as it can increase the absorption of insulin, resulting in hypoglycemia; administration to scar tissues is avoided to prevent delay of insulin absorption. Injections sites must not be used more than once during a 2 to 3-week period.

Question No: 57

The nurse is caring for a 59-year-old male client with a known case of chronic obstructive pulmonary disease. The client had an appendectomy a day before. Which of the following is a priority intervention in preventing respiratory complications?

- A. Maintain the flow of oxygen at 4 to 5 L at all times
- B. Help client to turn to sides every 2 hours and ambulate around the room
- C. Have the client perform deep breathing exercises every morning and before sleeping
- D. Ensure that hourly nebulization is done

Answer: B

Explanation: Hypostatic pneumonia is a dangerous complication of surgery. Frequent turning and early ambulation ensure that secretions do not pool in the lungs. Administering oxygen does not prevent respiratory complications. Option C is incorrect. The client should perform this exercise at least once every hour. Option D is unnecessary unless the condition has worsened.

Question No: 58

Ideally, the thrombolytic medication should be given to the patient of stroke within:

A. 1 hour

B. 2 hours

C. 3 hours

D. 4 hours

Answer: C

Explanation: Thrombolytic medication should be given to the stroke patient within 3 hours. Medications that dissolve blot clots (for example streptokinase, tissue plasminogen activator or TPA and urokinase) are called Thrombolytic medication.

Question No: 59

The nurse is assessing a client who, admitted due to difficulty breathing, underwent a bronchoscopy. On assessment, the nurse notes absence of the gag reflex. Which of the following interventions is the least appropriate for the client?

- A. Limit oral fluid intake to 1000 mL per day
- B. Assist the client in upright position
- C. Withhold oral medications

D. Re-assess the client's gag reflex in 2 hours

Answer: A

Explanation: A client must not be given anything by mouth until the gag reflex returns. The other options are appropriate for a post-bronchoscopy client.

Question No: 60

All of the following are contraindications to thrombolytic therapy in case of stroke except:

A. Evidence of cerebral or subarachnoid hemorrhage

B. Recent stroke head trauma or surgery

C. Uncontrolled hypertension or seizures

D. Low RBC count

Answer: D

Explanation: All of the following are contraindications to thrombolytic therapy in case of stroke except low RBC count. Low RBC count is in no way contraindicated to thrombolytic therapy. All the other causes are absolute contraindications because thrombolysing in any of the above mentioned conditions may lead to hemorrhage and further deterioration of stroke.

Question No: 61

A known diabetic and hypertensive dies suddenly. Before death, his vital signs, including respiratory rate, pulse and blood pressure, were varying markedly. Urgent CT brain scan was advised while patient was alive. Results arrived only after death report is received. What do you expect in CT brain scan?

A. Infarct in cerebellum

B. Infarct in brainstem

C. Infarct in right hemisphere

D. Infarct in left hemisphere

Answer: B

Explanation: Infarct in brainstem is expected in the CT brain scan. CT brain scan of known diabetic and hypertensive that dies suddenly, showing respiratory rate, pulse and blood pressure varying markedly just before death, will tell of Infarct in the brainstem. This is because all the respiratory and cardiac centers are located in the brainstem which controls these cardiac and respiratory functions.

Ouestion No: 62

The most common cause of gastrointestinal bleed is:

A. Trauma

B. Endoscopy procedures

C. Peptic ulcer

D. Alcohol intake

Answer: C

Explanation: The most common cause of gastrointestinal bleed is peptic ulcer. A peptic ulcer, also known as ulcus pepticum, PUD or peptic ulcer disease, is an ulcer (defined as mucosal erosions equal to or greater than 0.5 cm) of an area of the gastrointestinal tract that is usually acidic and thus extremely painful.

Question No: 63

A young man presented to medical OPD with a history of abdominal pain and distension, hematemesis, and

bloody and tarry stools. On examination, he was having hypotension with tachycardia, and was urgently referred to medical emergency. He gives a history of NSAID intake for the last 3 weeks. What is the likely diagnosis?

A. Peptic ulcer, NSAID induced

B. Gastroesophageal reflux

C. Chronic liver disease

D. None of the above

Answer: A

Explanation: The likely diagnosis for a young man with a history of abdominal pain and distension, hematemesis, and bloody and tarry stools, and currently having hypotension with tachycardia, is NSAID induced gastropathy, or peptic ulcer. With peptic ulcers, there is pain in the abdomen in the epigastrium, there is bloody vomiting and black colored stools.

Question No: 64

The nurse is assigned to care for a client with heart failure who is admitted due to ascites. Which of the following parameters would the nurse assess to monitor the progression of the ascites?

A. Daily weight

B. Heart sounds

C. Abdominal girth

D. Serum albumin

Answer: C

Explanation: In order to monitor the progression of ascites in clients with heart failure, the nurse should obtain the client's abdominal girth daily. Serum albumin is only assessed if the ascites is caused by malnutrition or kidney disease. Daily weight measures general fluid retention, but it does not evaluate the progression of ascites; heart sounds do not determine the severity of the ascites.

Question No: 65

What is the most common cause for Cardiogenic shock?

A. Stroke

B. Hypertensive crisis

C. Myocardial infarction

D. Acute pulmonary edema

Answer: C

Explanation: The most common cause for Cardiogenic shock is a Myocardial infarction where more than 40% of the ventricle of the heart has been damaged. Shock occurs when, because of the decreased function of the heart, there is a decreased flow of oxygen rich blood the tissues.

Question No: 66

The patient who is experiencing cardiogenic shock is at risk for what complication?

A. Another myocardial infarction.

B. Pulmonary embolus.

C. Pulmonary edema.

D. Congestive heart failure.

Answer: C