

Medical Assessment Items

Item #	01 (standalone)
Item Type	MC
Cog. Level	Recall
Patient Population	Pediatric
Source(s)	Hockenberry, M. J., Wilson, D., & Rodgers, C. C. (2017). <i>Wong's Essentials of Pediatric Nursing</i> . Elsevier. Page 1261

Which diagnostic evaluation should be performed for suspected Group-A beta-hemolytic streptococcal infection in a six-year-old child?

- A. electrocardiogram
- B. throat culture
- C. ultrasound
- D. radiographic study

Rationales:

Correct answer: B) throat culture. A throat culture is most commonly used to diagnose a bacterial infection such as that caused by Group-A beta-hemolytic streptococcal. A sample swabbed from the back of the throat is put on a culture and sent to the lab to see if bacteria grows. An electrocardiogram is a non-invasive test that evaluates the heart with an ECG machine and will not help with diagnosing a strep infection. An ultrasound is non-invasive and uses high-frequency sound waves to produce images of structures within the body, which is helpful with diagnosing a variety of diseases and conditions but will not diagnose a strep infection. A radiographic study is another non-invasive diagnostic tool, such as a CT scan or MRI, and will not be helpful in diagnosing a strep infection.





Item #	02 (standalone)
Item Type	MC
Cog. Level	Recall
Patient Population	Adult/pediatric
Source(s)	Sherri Melrose, P. D., Debra Dusome, M. A., John Simpson, M. E., Cheryl Crocker, P. D., & Elizabeth Athens, P. D. (2015). Supporting Individuals with Intellectual Disabilities & Mental Illness. In <i>opentextbc.ca</i> . BCcampus. https://opentextbc.ca/caregivers/ https://opentextbc.ca/caregivers/chapter/chapter-three-an-overview-of-mental-illness/

Which of the following is a positive symptom of schizophrenia?

- A. anhedonia
- B. hallucination
- C. blunted affect
- D. poverty of speech

Rationales:

Correct Answer: B) hallucination. Symptoms of schizophrenia are classified as either positive or negative. Positive symptoms are a change in behavior or thoughts, and negative symptoms are a loss of normal function. Hallucination is the only answer choice that is a positive symptom of schizophrenia. Anhedonia (a lack of interest or pleasure), blunted affect, and poverty of speech are all negative symptoms of schizophrenia.





Item #	03 (standalone)
Item Type	MC (3 ACs)
Cog. Level	Application
Patient Population	Female
Source(s)	https://www.google.com/books/edition/Perinatal_Nursing/oz_4cTmVFD4C?hl=en&gbpv=1&dq=obstetrics+textbook+nursing&printsec=frontcover Pages 373–374

A 31-year-old patient is undergoing a trial of labor. She has a history of one previous Cesarean section. Her pregnancy has progressed with no complications, and she went into spontaneous labor in her 39th week. She begins to complain of a stabbing pain in the suprapubic region. Upon examination, the patient demonstrates increasing hypertonus, vaginal bleeding, and ascending station of the fetal head.

Which of the following is the most likely diagnosis?

- A. uterine rupture
- B. placental abruption
- C. cervical incompetence

Rationales:

Correct Answer: A) uterine rupture. A uterine rupture is a rare but very serious childbirth complication that is most likely associated with women who have a vaginal delivery after a previous C-section. A placental abruption is similar to a uterine rupture in that it also has symptoms of stabbing pain, hypertonus, and vaginal bleeding, but the fact that the woman had a previous C-section leads us to identifying the complication as a uterine rupture. Cervical incompetence is a complication that can cause a miscarriage or premature birth, in which the cervix dilates too early during pregnancy and is usually without pain or contractions.





Item #	04 (standalone)
Item Type	MC
Cog. Level	Application
Patient Population	Adult
Source(s)	https://www.google.com/books/edition/Adult_Gerontology_Acute_Care_Practice_Gu/KitVDwAAQBAJ?hl=en&qbpv=1&dq=nurse+practitioner+adult+textbook&printsec=frontcover Page 38

A 55-year-old male patient presents with symptoms consistent with a MI. His EKG shows ST-segment elevation, and nitroglycerin is administered.

What is the most appropriate next intervention?

- A. bivalirudin
- B. emergent PCI
- C. proton pump inhibitor
- D. anticoagulation bridging

Rationales:

Correct answer: B) emergent PCI. An emergent percutaneous coronary intervention (PCI) is the preferred treatment for a patient with an ST-segment elevation myocardial infarction (STEMI). It is important that the PCI is performed in a cath lab within 30 minutes of the diagnosis. Bivalirudin is a direct thrombin inhibitor that would be given following the PCI, Therefore, it is an appropriate intervention but not the first intervention following a STEMI. Anticoagulants are important medications to manage acute coronary syndrome since they are given prophylactically to reduce the occurrence of myocardial infarctions. *Anticoagulant bridging* is a term used when a short-acting anticoagulant is given when changing the current anticoagulant. A proton pump inhibitor is a medication given to reduce stomach acids and does not relate to a patient with an MI.



Item #	05 (standalone)
Item Type	MC (3 ACs)
Cog. Level	Analysis
Patient Population	Neonatal
Source(s)	https://www.google.com/books/edition/Neonatal_Nursing_Care_Handbook/QCkODAAQBAJ?hl=en&qbpv=1&dq=neonatal+nursing&printsec=frontcover Pages 28-31; 35-41

A full-term infant is delivered and shows signs of hypoxemia. On assessment, the neonate is grunting with subcostal retractions and is tachypneic, and crackles are heard upon auscultation. The infant has meconium-stained excrement with the first bowel movement. Supplemental oxygen is delivered, and PaO₂ remains low. The infant's blood pressure is 46/21 with a mean arterial pressure of 29.

Which of the following treatments is most appropriate?

- A. thermoregulation and tactile stimulation
- B. intubation with inhaled nitric oxide and vasopressors
- C. administration of surfactants and broad-spectrum antibiotics

Rationales:

Correct answer: B) intubation with inhaled nitric oxide and vasopressor. Meconium aspiration syndrome is the most common cause of persistent pulmonary hypertension (PPHN). Since the neonate is exhibiting signs of PPHN (low blood pressure, grunting, and retractions), it is important to administer inhaled nitric oxide as a pulmonary vasodilator as well as vasopressors to increase blood pressure. Thermoregulation and tactile stimulation are important for infants experiencing respiratory distress, but since the infant is showing signs of PPHN, nitric oxide and vasopressors will be a more effective treatment. Surfactant is a medication that is known to improve oxygenation in neonates with meconium aspiration syndrome, but since the infant is showing signs of PPHN, this is not the most appropriate intervention.



Item #	06 (standalone)
Item Type	MC
Cog. Level	Analysis
Patient Population	N/A
Source(s)	https://www.google.com/books/edition/Nurse_Management_Executive_Practice/v7twDwAAQBAJ?hl=en&gbpv=1&dq=nurse+executive+certification&printsec=frontcover

On a step-down unit in the hospital, one of the RNs approaches the nurse manager. She states that the charge nurse on her shift has been assigning her responsibilities that should be delegated to the nursing assistant. She then tells the nurse manager that the charge nurse is treating the assistant favorably because they are friends.

What is the **best** approach for the nurse manager to address the situation?

- A. Write an email to the charge nurse asking her to explain her actions.
- B. Have the RN write a letter outlining how she feels about the charge nurse.
- C. Approach the nursing assistant after his shift and remind him of his responsibilities.
- D. Schedule a meeting between the parties and act as a mediator before coming to a decision.

Rationales:

Correct answer: D) Schedule a meeting between the parties and act as a mediator before coming to a decision. When managing a conflict, it is important to bring the involved parties together and discuss the problem, which is why the nurse manager should schedule a meeting and mediate a discussion in this situation. Writing an email to the charge nurse asking her to explain her actions is too confrontational and will not engage the two parties in dialogue to solve the issue. Approaching the nursing assistant to remind him of his responsibilities is too one-sided and confrontational, which will not resolve conflict. The RN writing a letter about how she feels might help relieve stress or negative feelings; however, it will not solve the problem since there is no discussion.



Item #	01 (case study)
Item Type	MC
Cog. Level	Analysis
Patient Population	Adult
Source(s)	https://www.google.com/books/edition/Brunner_Suddarth_s_Textbook_of_Medical_s/SmtISD1x688C?hl=en&qbpv=1 Pages 1238–1241

Case Study:

A 28-year-old female with Type 1 Diabetes Mellitus (DM) is scheduled for abdominal surgery. She begins NPO twelve hours before surgery, and an IV is established. Five hours later, the patient complains of a headache and states that she is hungry. The RN reminds the patient that she is not allowed to eat before the surgery. The patient asks why she needs surgery. A blood glucose level of 2.3 mmol/L is obtained through a finger stick procedure.

Which protocol was most likely overlooked?

- A. administration of glucagon prior to NPO
- B. maintenance of electrolytes through IV fluid
- C. discontinue metformin 24 hours before surgery
- D. decrease in dosage of intermediate-acting insulin

Rationales:

Correct answer: D) decrease in dosage of intermediate-acting insulin. It is important for a diabetic patient to work with their medical team to discuss the best approaches to prepare for surgery. Hypoglycemia resulted in this situation because the intermediate-acting insulin dose was not decreased following NPO status. It is not necessary to administer glucagon prior to becoming NPO since the adjustment of the insulin dose will help maintain a blood glucose level within normal limits. Dextrose can be administered through IV fluids to help maintain blood sugar levels during surgery; however, in this preoperative stage, failing to decrease the patient's insulin dose is the main reason for the critically low blood glucose level. Metformin is an oral antidiabetic medication given to patients with Type 2 diabetes.



Item #	02 (case study)
Item Type	MC
Cog. Level	Application
Patient Population	Adult
Source(s)	https://www.google.com/books/edition/Brunner_Suddarth_s_Textbook_of_Medical_s/SmtjSD1x688C?hl=en&qbpv=1 Pages 1238–1241

The patient receives IV insulin infusion throughout the perioperative period. Which of the following should be administered prior to discontinuation of the infusion?

- A. IV dextrose
- B. IV antibiotics
- C. subcutaneous insulin
- D. oral antidiabetic agent

Rationales:

Correct answer: C) subcutaneous insulin. It is important to administer subcutaneous insulin 30 minutes before the IV insulin is discontinued and then at set intervals until the patient begins eating. Since the physiologic stress during surgery causes blood glucose levels to increase, IV dextrose is not necessary prior to the discontinuation of IV insulin. IV antibiotics can be given prophylactically following surgery to prevent infection but are not related to the discontinuation of IV insulin. Patients with Type 1 diabetes do not take oral antidiabetic agents such as metformin.

