

Phillips: Berry & Kohn's Operating Room Technique, 12th Edition

Chapter 2: Foundations of Perioperative Patient Care Standards

Test Bank

TRUE/FALSE

1. Both perioperative nurses and surgical technologists work toward the common goal of providing the safest possible care so that patients achieve favorable surgical outcomes.

ANS: T

As both learners and caregivers, perioperative nurses and surgical technologists are accountable to patients receiving services, employers, educational institutions providing learning experiences; professions or vocations that uphold established standards of practice, and to themselves and other team members.

REF: pg. 18

2. A perioperative nurse should be reluctant to admit a frank or questionable break in sterile technique.

ANS: F

Fear of criticism is the primary deterrent in admission of fault.

REF: pg. 17

3. Access to health care is a privilege of every human being.

ANS: F

Access is a right, not a privilege, of all patients.

REF: pg. 17

4. Identifying the surgical site is always done with an "X" to verify the correct site.

ANS: F

Marking a site with an "X" is inappropriate and can be confusing because "X" may also be used to indicate the wrong site. The surgeon should mark the correct site with his or her initials instead.

REF: pg. 22

5. No area of the body is considered "dirty."

ANS: T

Any area of the body is at risk when the vascular system is entered and should be worthy of sterile instrumentation.

REF: pg. 24

6. Postoperative infection can originate only in the OR from a break in technique by the surgeon or scrub person.

ANS: F

Postoperative infections may originate in the OR or the postoperative recovery area.

REF: pg. 24

7. The pathology report does not become part of the patient's permanent record as added documentation of the diagnosis.

ANS: F

The loss of a specimen or no documentation of its pathology could prevent determination of a diagnosis and subsequent initiation of certain definitive therapy.

REF: pg. 26

8. The primary emphasis of the nurse's responsibility is focused on the scrub person and the surgeon's needs throughout the procedure.

ANS: F

The emphasis of the nurse's responsibility is focused on the patient.

REF: pg. 27

9. The intraoperative phase begins when the patient decides to undergo surgical intervention and ends when the patient is placed on the OR table.

ANS: F

The intraoperative phase begins with the placement of the patient on the OR table and continues until the patient is admitted to a postoperative area.

REF: pg. 30

10. Evaluation is a process done only at the end of the procedure to reassess the patient's responses to implementation of the care plan.

ANS: F

Evaluation is a *continual* process of reassessing the patient and his or her responses to implementation of the plan of care.

REF: pg. 34

11. Nursing and surgical technology schools and facilities require an employee to sign a confidentiality agreement on hiring.

ANS: T

It addresses the security and privacy of health data.

REF: pg. 19

MULTIPLE CHOICE

12. What is a key element of perioperative practice?
- Division of surgical duties
 - Absence of disease
 - Surgical conscience
 - Respect of surgical staff

ANS: C

Surgical conscience is key to providing the best possible care to each and every patient.

REF: pgs. 16-17

13. Optimal patient care requires which element?
- Deterring an admission of fault in sterile technique
 - Anatomical separation
 - Dynamic tension of surgical team members
 - Application of asepsis and sterile technique principles

ANS: D

Asepsis and sterile technique are expected and necessary practices in the OR setting for favorable patient outcomes.

REF: pg. 17

14. What is an important aspect in the development of a surgical conscience?
- Communication
 - Fear of criticism
 - Anxiety
 - Sterile technique

ANS: A

Communication with the entire surgical team is necessary to developing a surgical conscience that ensures the patient is receiving the best care possible.

REF: pg. 17

15. To whom are perioperative nurses and surgical technologists accountable?
- Health care insurance providers
 - Self
 - Hospital attorneys representing patients
 - Emergency management specialists

ANS: B

Along with patients, employer, and the profession, nurses and surgical technologists must be accountable to themselves as learners and caregivers.

REF: pg. 18

16. Failure of a caregiver to maintain accountability constitutes:
- liability.
 - negligence.
 - false standards.
 - consistency.

ANS: B

Each person is responsible for his or her own negligent acts.

REF: pg. 18

17. Standards of practice for the surgical technologist include:
- teamwork.
 - measuring compliance with policy and procedures.
 - supervising ancillary personnel.
 - creating patient-centered diagnoses preoperatively.

ANS: A

Teamwork is essential and contingent on interpersonal skills and good communication.

REF: pg. 35

18. The ____ should document in writing the outcome of the final counts as correct or incorrect at the end of the procedure.
- scrub person
 - surgeon
 - anesthesiologist
 - circulating nurse

ANS: D

The circulating nurse does need to communicate the status of the count with the surgical team and is ultimately responsible for documenting the correct counts.

REF: pg. 25

19. Which identifies one aspect of safe patient movement from the OR table to the stretcher?
- The circulating nurse counts to synchronize the patient's movement.
 - The person guiding the head counts to synchronize the movement.
 - The person at the left side of the patient also guides the head and counts to start the movement.
 - Two people are needed to move an anesthetized patient from table to stretcher.

ANS: B

There should be at least one person on either side of the patient, one at the foot, and one at the head to monitor the airway. The person guiding the patient's head should be the one who counts "one, two, three" to pace the synchronized movement from one surface to another.

REF: pg. 24

20. Which is one of the "seven rights" of medication administration for each patient?
- Right pharmacy
 - Right color
 - Right route
 - Right answer

ANS: C

The seven rights of medication administration include right patient, right drug, right dose, right reason, right time, right route, and right documentation.

REF: pg. 26

21. Who should be present for the standardized "hand-off" communication that occurs in the postanesthesia care unit?
- Surgeon and surgical resident
 - Surgeon and family member
 - Perioperative nurse and postanesthesia nurse
 - Head Nurse Manager

ANS: C

The perioperative nurse may accompany the patient to the PACU or postprocedure area to determine the level of attainment of expected outcomes. The "hand-off" report should be standardized between the perioperative nurse and the postanesthesia nurse as the care of the patient is being assumed in the postanesthesia area.

REF: pg. 34

22. Which event is included on Medicare's "No Pay List" and will not be reimbursed?
- a. Myocardial infarction
 - b. Wrong site surgery
 - c. Documented Alzheimer's
 - d. Incision and drainage of chronic hip abscess

ANS: B

Wrong site surgery is an easily preventable occurrence and is not reimbursed for by Medicare.

REF: pgs. 19-20