

# ATI Simulation: Skills Modules 3.0

## Module: Central venous access devices

### Central Venous Access Devices Pre Test & Post Test

<p>A patient who sustained trauma from a motor vehicle crash is transported to an emergency department. The provider determines the need for immediate central venous access for fluid and blood replacement and prophylactic antibiotic therapy. The appropriate central venous access device of this patient is:</p>	<p>a non tunneled percutaneous central catheter.</p>
<p>A nurse is preparing to obtain a blood sample from a patient who has a triple lumen central catheter in place for multiple therapies. Which of the following is an appropriate action for the nurse to take?</p>	<p>turn off the distal infusions for 1 to 5 minutes before obtaining the blood sample.</p>
<p>A nurse is caring for a patient who has a central venous catheter. When flushing the catheter, the nurse uses a 10 ml syringe to prevent which of the following complications associated with central vascular access devices?</p>	<p>catheter rupture.</p>

<p>A nurse is caring for a patient who has a central venous catheter and suddenly develops dyspnea, tachycardia, and dizziness. The nurse suspects air embolism and clamps the catheter immediately. The nurse should reposition the patient in which of the following positions?</p>	<p>on his left side in Trendelenburg position.</p>
<p>An older adult patient who adheres to a regular cardiovascular rehabilitation schedule that includes water aerobics and swimming requires long term central venous access. Which of the following central venous access devices is the best choice for allowing him to continue his aquatic program?</p>	<p>an implanted port.</p>
<p>A nurse is preparing to flush a patient's peripherally inserted central catheter (PICC). Because the patient's catheter has a valved tip, the nurse:</p>	<p>uses non heparinized saline solution for the flush.</p>
<p>A nurse is caring for patient who has a central venous access device in place. Which of the following routine measures should the nurse use specifically to prevent lumen occlusion?</p>	<p>clamping the extension tubing while removing a syringe from the injection cap.</p>
<p>A nurse is caring for a patient who has gastric cancer is initiating an infusion of parenteral nutrition via the patient's implanted port. Which of the following is an appropriate action for the nurse to take?</p>	<p>cover the device and the needle with a sterile transparent dressing.</p>

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