

ATI PN LEADERSHIP MANAGEMENT PROCTORED EXAM

1. The postanesthesia care unit (PACU) nurse transports the inpatient surgical patient to the medical-surgical floor. Before leaving the floor, the medical-surgical

nurse obtains a complete set of vital signs. What is the rationale for this nursing action?

a. This is done to complete the first action in a head-to-toe assessment.

This is done to compare and monitor for vital sign variation during

b. transport.

This is done to ensure that the medical-surgical nurse checks on the

c. postoperative patient.

This is done to follow hospital policy and procedure for care of the

d. surgical patient.

ANS: B

Before the PACU nurse leaves the acute care area, the staff nurse assuming care for the patient takes a complete set of vital signs to compare with PACU findings. Minor vital sign variations normally occur after transporting the patient. The PACU nurse reviews the patient's information with the medical-surgical nurse, including the surgical and PACU course, physician orders, and the patient's condition. While vital signs may or may not be the first action in a head-to-toe assessment, this is not the rationale for this situation. While following policy or ascertaining that the floor nurse checks on the patient are good reasons for safe care, they are not the best rationale for obtaining vital signs.

2. The nurse is caring for a patient who will undergo a removal of a lung lobe. Which level of care will the patient require immediately post procedure?

a. Acute care—medical-surgical unit

b. Acute care—intensive care unit

c. Ambulatory surgery

d. Ambulatory surgery—extended stay

ANS: B

Patients undergoing extensive surgery and requiring anesthesia of long duration recover slowly. If a patient is undergoing major surgery such as a procedure on the lung, a stay in the hospital and specifically in the intensive care unit is required to monitor for potential risks to well-being. This patient would require more care than can be provided on a medical-surgical unit. It is not appropriate for this type of patient to go home after the procedure or to stay in an extended stay area of an ambulatory surgery area because of the complexity and associated risks.

3. The nurse is caring for a group of patients. Which patient will the nurse see **first**?

a. A patient who had cataract surgery is coughing.

A patient who had vascular repair of the right leg is not doing right leg
b. exercises.

A patient after knee surgery is wearing intermittent pneumatic
c. compression devices and receiving heparin.

A patient after surgery has vital signs taken every 15 minutes twice,
d. every 30 minutes twice, hourly for 2 hours then every 4 hours.

ANS: A

For patients who have had eye, intracranial, or spinal surgery, coughing may be contraindicated because of the potential increase in intraocular or intracranial pressure. The nurse will need to see this patient first to control the cough and intraocular pressure. All the rest are normal postoperative patients. Leg exercise should not be performed on the operative leg with vascular surgery. A patient after knee surgery should receive heparin and be wearing intermittent pneumatic compression devices; while the nurse will check on the patient, it does not have to be first. Monitoring vital signs after surgery is required and this is the standard schedule.

4. The nurse demonstrates postoperative exercises for a patient. In which order will the nurse instruct the patient to perform the exercises?

1. Turning

2. Breathing

3. Coughing

4. Leg exercises

a. 4, 1, 2, 3

-
- b. 1, 2, 3, 4
 - c. 2, 3, 4, 1
 - d. 3, 1, 4, 2
-

ANS: A

The sequence of exercises is leg exercises, turning, breathing, and coughing.

MULTIPLE RESPONSE

1. The nurse is participating in a “time-out.” In which activities will the nurse be involved? (*Select all that apply.*)

- a. Verify the correct site.
- b. Verify the correct patient.
- c. Verify the correct procedure.
- d. Perform “time-out” after surgery.
- e. Perform the actual marking of the operative site.

ANS: A, B, C

A time-out is performed just before starting the procedure for final verification of the correct patient, procedure, site, and any implants. The marking and time-out most commonly occur in the holding area, just before the patient enters the OR. The individual performing surgery and who is accountable for it must personally mark the site, and the patient must be involved if possible.

2. The nurse is using a forced air warmer for a surgical patient preoperatively. Which goals is the nurse trying to achieve? (*Select all that apply.*)

- a. Induce shivering.
- b. Reduce blood loss.

- c. Induce pressure ulcers.

- d. Reduce cardiac arrests.
- e. Reduce surgical site infection.

ANS: B, D, E

Evidence suggests that pre-warming for a minimum of 30 minutes may reduce the occurrence of hypothermia. Prevention of hypothermia (core temperature < 36° C) helps to reduce complications such as shivering, cardiac arrest, blood loss, SSI, pressure ulcers, and mortality.

3. The nurse is caring for a postoperative patient with an incision. Which

actions will the nurse take to decrease wound infections? (*Select all that apply.*)

- a. Maintain normoglycemia.

- b. Use a straight razor to remove hair.
- c. Provide bath and linen change daily.

- d. Perform first dressing change 2 days postoperatively.
- e. Perform hand hygiene before and after contact with the patient.

- f. Administer antibiotics within 60 minutes before surgical incision.

ANS: A, E

Performing hand hygiene before and after contact with the patient helps to decrease the number of microorganisms and break the chain of infection. Maintaining blood glucose levels at less than 150 mg/dL has resulted in decreased wound infection. Removing unwanted hair by clipping instead of shaving decreases the numbers of nicks and cuts caused by a razor and the potential for the introduction of microbes. The patient is postoperative; administration of an antibiotic 60 minutes before the surgical incision supports the defense against infection preoperatively. Providing a bath and linen change daily is positive but is not necessarily important for infection control. Many surgeons prefer to change surgical dressings the first time so they can inspect the incisional area, but this is done before 2 days postoperatively.