

6. An important nursing assessment to make prior to surgery is the condition of the client's teeth, what is the rationale for this nursing assessment.
 - a- Discolored teeth mean the client has a low RBC.
 - b- Poor oral hygiene can affect the outcome of the surgery.
 - c- It helps to determine the hydration status of the client, which will affect the type of fluids the physician orders.
 - d- Loose teeth can be dislodged and aspirated.

7. A clinic nurse is assessing a variety of clients. Which of the following client and observations would require validation.
 - a- A client with a history of hypertension has normal vital signs.
 - b- A client with chronic obstructive lung disease is short of breath.
 - c- A client insists she takes her medication as ordered but too many pills are missing from her medicine container.
 - d- A client admits that he often forgets to take his medication.

8. During the intraoperative phase, the circulating nurse should know that one of her/his main responsibilities is:
 - a- Coordinating the team.
 - b- Scrubbing for surgery.
 - c- Preparing the sutures.
 - d- Setting up the sterile tables.

9. The nurse should know that the preoperative phase begins:
 - a- With the admission of the patient to the post anesthesia care unit
 - b- When the decision for surgical intervention is made.
 - c- When patient transferred to the operating room.
 - d- Any one of the above.

10. The nurse should prepare the patient's bowel for surgery in order to:
 - a- Prevent the aspiration of food and fluid.
 - b- Make the abdominal organs more accessible.
 - c- Prevent trauma to the intestine.
 - d- All of the above.

11. The nurse should understand that the postoperative patient in the initial hours should be checked for:
 - a- Adequate ventilation.
 - b- Incision pain.
 - c- Nausea and vomiting.
 - d- All of the above.

12. Mr. (O) is complaining of severe postoperative pain in his abdomen, the well-established nursing diagnosis for this case is:
 - a- Altered comfort (pain) R/L abdominal surgery.
 - b- Altered comfort (pain) RT anesthesia.
 - c- Decreased comfort (pain) R/L abdominal surgery.
 - d- Decreased comfort (pain) RT anesthesia.

Mr. Ali 30 years old admitted to surgical floor with upper right quadrant pain, investigations & lab tests revealed gall bladder infection, so he is scheduled for cholecystectomy to be done within 2 days (Q 13,14)

13. The categories of Mr. Ali surgery based on urgency is:
 - a- Emergency.
 - b- Urgent.
 - c- Required.
 - d- Elective.

14. Coordinating the surgical team, availability of supplies & equipment, preparing and monitoring of aseptic technique is the responsibility of
 - a- The registered nurse first assistant.
 - b- The scrub nurse
 - c- The circulating nurse.
 - d- All of the above.

15. The position in which the head & body are lowered and the knee are flexed, and usually used for lower abdomen surgery is:
 - a- Dorsal recumbent position.
 - b- Trendelenburg position.
 - c- Lithotomy position.
 - d- Sims position.

16. The nurse in the operating theater understands the developing hypothermia may result from:
 - a- increase muscle activity.
 - b- Intentional cold fluids.
 - c- Open body wounds.
 - d- B&C

17. When vomiting occurs postoperatively, the most important nursing intervention is:
 - a- Measuring the amount of vomitus to estimate fluid loss.
 - b- Offering tepid water to replace fluid loss.
 - c- Supporting the wound area so that straining will not disrupt the integrity of the skin.
 - d- Turn the patient's head to prevent aspiration of vomitus.

18. The measures used to determine patient readiness for discharge from PACU include all of the following:
 - a- Pulse oximetry reading of adequate oxygen saturation.
 - b- Oriented to command.
 - c- Urine output not less than 30ml / hr.
 - d- All of above.

19. In Preoperative of respiratory status the nurse doing the following, which is correct?
- Urged the patient to stop smoking 4-6 weeks before surgery
 - Taught the patient breathing exercises
 - Assess the gag reflex to maintain airway patency
 - Taught the patient how to use incentive spirometer
20. Which of the following electrolytes is considered as the major electrolyte in extracellular fluid (ECF):
- Potassium
 - Phosphate
 - Chloride
 - Sodium
21. Through regulation mechanisms of body fluid compartments, if there is tendency of substances to movement from an area of higher concentration to one of lower concentration this mechanism called:
- Filtration
 - Osmosis
 - Diffusion
 - Active transport
22. Which of the following statements is *incorrect* regarding laboratory test for evaluation fluid status:
- Serum osmolality is 280-300 mOsm/kg
 - Normal specific gravity is 1.010 to 1.025
 - Hematocrit increased in case of dehydration
 - Blood Urea Nitrogen (BUN) is more specific indicator of renal function than creatinine
23. If the patient developed decreased renal blood flow and the kidney released renin enzyme, which of the following *not* expected outcome:
- Vasoconstrictive
 - increased sodium and water retention
 - Increased thirst stimulation
 - Inhibition of aldosterone secretion
24. Mr. Au admitted to the hospital as a case of CHF. The nurse expected that Mr. Au might have:
- Shortness of breath, crackles, distended neck veins
 - Increased weight, increased urine output, decreased BUN
 - Decreased urine output, tachycardia, hypotension
 - Flattened neck vein, increase weight, increased BUN

25. Nursing intervention for the patient with serum Na 120 mEq/L includes all the following
- Monitor orintake and output
 - Monitor neurological status
 - Encourage foods with high Na content
 - Encourage the intake of distilled water
26. The clinical manifestations of hyponatremia include the following ***atevt:***
- Peripheral and pulmonary edema
 - DuN mucous, poor skin turgor
 - Muscle cramps
 - Confusion and lethargy
27. Which of the following statements is ***incorrect*** regard hypokalemia:
- May develop dysrhythmias and increased sensitivity to digitalis
 - Never administered KIM. push or IM in management
 - Encouraging intake of fluit, vegetables, milk, and meat
 - ECG Jindings reveal tall tented T wave
28. Management of patient with hyperkalemia include:
- Administer oral or retention enema of kavexalate
 - Administer IV. calcium ghtconate
 - Administer sodium bicarbonates
 - All of above
29. Mr. San,eer admitted to the hospital with symptoms include tingling of fingers and around mouth, muscle spasm of lhce and extremities, and also Mr. Sameer has Trousseau's sign. The nurse expect that Mr. Sameer has:
- Hypocalcemia
 - Hypercalcemia
 - Flyponatremia
 - Hypenlatreunia

Mr. Yaser is 70 years old admitted to the hospital as a case of sever diarrhea since 2 days. Lab results revealed serum osmolality 400 mOsm/L, BUN = 35 mg/dl, PCV 60%, 1W 90/50 mmHg. Q26, Q27, and Q28, are regarding Mr. Yaser case:

30. The proper nursing diagnosis for Mr. laser is:
- EVE RI increase fluid intake A~'4B increased serum osmolality and BUN
 - FVD RT body fluid loss AMB lab results
 - High risk for FVD RI fluid volume loss AMB diarrhea
 - Non of above
31. The best medical management for Mr. laser Is
- Administer loop diuretics
 - Administer lactated Ringer's solution I.V.
 - Administer hypertonic 3% Nacl solution I.V.
 - Administer D5W 5% solution IV.

32. The doctor ordered for other laboratory investigations which of the following laboratory findings is consistent with Mr. Yaser case:
- hypokalemia
 - Hyperkalemia
 - Decreased serum creatinine
 - Decreased urine specific gravity
33. The nurse expect that Mr. Ahn, whose ABG's findings include; pH: 7.25, PaCO₂: 60, and HCO₃: 26 mEq/L, has:
- Respiratory acidosis
 - Respiratory alkalosis
 - Metabolic acidosis
 - Metabolic alkalosis
34. which of the following LW. solutions is considered as hypotonic fluid:
- 10% dextrose solution
 - 0.45% sodium chloride
 - Normal saline 0.9%
 - Lactated Ringer's solution
35. The most common cause metabolic alkalosis is:
- pulmonary edema.
 - Overdose of sedation.
 - Vomiting.
 - Aspiration of foreign object.
36. Which of the following considered clinical manifestation of metabolic acidosis.
- Confusion.
 - Decrease blood pressure.
 - Presence of dysrhythmias.
 - All of the above.
37. All the following are considered as contributing factors for ECVI ↓:
- Congestive heart failure.
 - Renal failure.
 - Liver cirrhosis.
 - Diabetes mellitus.

II. Indicate whether each of the following statements is (True) or (False).

36. _____ Prothrombin time (PT) is used to assess patient receiving heparin therapy.
37. _____ In managing collaborative problems the nurse use both physician and nurse prescribed interventions
38. _____ The aim of pharmacological stress test is to increase the heart rate using special pharmacological agents.
39. _____ Refusing to undergo a surgical procedure is a person's legal right and privilege
40. _____ Surgery is contraindication when a patient has acute nephritis
41. _____ Myocardial contractility is vascular resistance against which ventricle must contract
42. _____ A hypotonic solution has an osmolality less than 345 mosm/kg.
43. _____ When insulin is given to reduce hyperglycemia, in the treatment of diabetic ketoacidosis, potassium returns to the intracellular space, reducing serum potassium to dangerous levels if no replacement is given.
44. _____ Administering preanesthetic medication is one step of immediate preoperative nursing intervention
45. _____ Two of the reasons that intravenous therapy may be prescribed is to replace electrolytes and/or fluids.