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Question: 1

All of these are examples of events where an incident report should be filed, except which one?

- A. A visitor falling in the hallway of the hospital
- B. A malfunctioning insufflator
- C. A fight between two hospital employees at a local bar
- D. A needlestick injury

Answer: C

Explanation:

Correct answer: A fight between two hospital employees at a local bar

Since this incident did not happen in the facility, it need not be put into an incident report. Any accident or unusual event that takes place on the grounds of the healthcare facility involving a patient, piece of property, or employee should be reported. Falls, injuries, fires, thefts/losses, broken equipment, intruders, medication errors, reactions to medications, and incorrect surgical counts are all examples of things that require incident reports.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 47.

Question: 2

It is important to have multiple pairs of sterile gloves in the correct size of the surgeon and scrub staff on hand so that they can change gloves quickly when needed. Double gloving and perforation indicator systems are recommended for both patient and staff safety. How often should gloves be changed during surgery during invasive procedures?

- A. Only when they are perforated
- B. Only when they are contaminated
- C. Every 90–150 minutes
- D. Every 30–60 minutes

Answer: C

Explanation:

Correct answer: Every 90–150 minutes

Surgical gloves should be changed after every patient procedure, every 90–150 minutes routinely (due to breakdown, contamination, sweat, etc.), when visible perforations are noted or suspected, after touching bone cement, when contaminated by touching unsterile items, and after touching hoods or visors (even if they are considered sterile).

Reference:

Guidelines for Perioperative Practice 2021 1st Edition. Pg 952–953.

Question: 3

When selecting the best method of prepping a patient's skin prior to orthopedic surgery, the nurse keeps in mind that any break in aseptic technique while prepping may result in what?

- A. Air embolism
- B. Deep venous thrombosis
- C. Rhabdomyolysis
- D. Osteomyelitis

Answer: D

Explanation:

Correct answer: Osteomyelitis

Orthopedic preps must be meticulous to prevent infection since bone is involved. Osteomyelitis is usually caused by microorganisms that colonize the skin like staphylococcus aureus and can usually be prevented. Always start from the surgical site with prep solutions and move outward unless the incision site is more contaminated than the surrounding skin (i.e., an open fracture). Strict sterile technique with implants, and during any orthopedic surgery, is imperative.

Reference:

Alexander's Care of the Patient in Surgery 16th Edition. Pg 679.

Berry & Kohn's Operating Room Technique 14th Edition. Pg 746.

Question: 4

The 2019 Ambulatory Care updates to the Joint Commission's National Patient Safety Goals include all of these except which one?

- A. Reduce the use of opioids in surgery
- B. Improving patient identification accuracy
- C. Improve medication safety
- D. Reduce risk of surgical fires

Answer: A

Explanation:

Correct answer: Reduce the use of opioids in surgery

Reducing the use of opioids in surgery is not a NPSG update. However, implementing revised pain assessment standards is an update. Other updates include preventing surgical mistakes, improving patient identification, reducing fires, reducing nosocomial infections, ensuring medication reconciliations are done and possible medication interactions identified, improving medication safety,

and improving communication. The 2021 national patient safety goals can be found here: <https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2021/simplified-2021-hap-npsg-goals-final-11420.pdf>. Notable changes for 2021 are reducing the risk for suicide and using alarms on medical equipment safely.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 191.

Guidelines for Perioperative Practice 2021 1st Edition. Pg 40.

Question: 5

All of these are concerns with multidose medication vials except which one?

- A. Increased cost
- B. Confusion with single dose vials
- C. Confusing the dose
- D. Cross-contamination

Answer: A

Explanation:

Correct answer: Increased cost

Multidose vials decrease healthcare costs due to decreased need for packaging and manufacturing costs. Confusing the dose, cross-contamination between patients, dose confusion and medication errors, and accidental storage with single dose vials are all concerns about multidose vials.

Reference:

Guidelines for Perioperative Practice 2021 1st Edition. Pg 473.

Question: 6

The Perioperative Nursing Data Set (PNDS) is recognized as the specific language of specialty nursing and provides a consistent method of documenting perioperative nursing care. The PNDS is now in its 3rd edition (as of 2019) and has been incorporated into an electronic framework called what?

- A. Synergize
- B. Syntegrity
- C. Epicwise
- D. Evidencare

Answer: B

Explanation:

Correct answer: Syntegrity

Syntegrity is used to document assessments, interventions, and outcomes on an electronic record. This record then allows Syntegrity to compare and contrast clinical outcomes from large populations within

and across various healthcare institutions. This data can then be used to guide research and changes in evidence-based practice nationwide.

Reference:

Alexander's Care of the Patient in Surgery 16th Edition. Pg 8.

Berry & Kohn's Operating Room Technique 14th Edition. Pg 27–28.

Question: 7

Instrument Processing and Supply Management

Which is a type of class 1 chemical indicator for sterilization?

- A. An autoclave test pack
- B. A biologic indicator for implants
- C. External striped indicator tape
- D. A Bowie-Dick card

Answer: C

Explanation:

Correct Answer: External striped indicator tape

There are 6 classes of chemical indicators. Class 1 includes exterior visual indicators like striped tape. Class 2 includes autoclave test packs that test for air removal, such as the Bowie-Dick test. Class 3 includes single-variable indicators of one sterilization parameter. Class 4 is a multi-variable monitor strip with two or more sterilization parameters. Class 5 is a chemical indicator strip that reacts similarly to a biologic indicator with the parameters of sterilization. Class 6 is an emulating indicator that responds to all sterilization parameters using a 'process challenge device.'

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 305.

Question: 8

A patient is scheduled for a laparoscopic cholecystectomy with intraoperative cholangiograms. All of these are things the nurse needs to do to ready the OR, except which one?

- A. Notify radiology to bring a c-arm
- B. Have contrast dye available in the room
- C. Turn the OR table to have x-ray access under the abdomen
- D. Have a flexible endoscope in the room and ready

Answer: D

Explanation:

Correct answer: Have a flexible endoscope in the room and ready

You would not need a flexible endoscope for intraoperative cholangiograms. Contrast dye and x-ray considerations are most important for cholangiograms. Also, assess for allergies or sensitivities to contrast dye in pre-op before taking the patient back to the OR. Patients' reproductive organs may be covered with a lead skirt if it will not interfere with the surgeon's visualization of the common bile duct and related structures.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 655-657.

Question: 9

At the end of a vaginal hysterectomy, the circulator assesses 900 ml of bloody drainage in the suction container. What should the circulator do first?

- A. Report 900 ml of blood loss to the surgeon
- B. Assess how much irrigation was used
- C. Clear the amount in the suction container for the next case
- D. Empty the suction container into the hopper and chart 900 ml of output

Answer: B

Explanation:

Correct answer: Assess how much irrigation was used

The amount of irrigation fluid used should always be monitored closely and subtracted from the total amount of suctioned drainage to get an accurate accounting of blood loss. It is recommended to keep irrigation bottles and bags out of the trash during surgery so the exact amount of irrigation can be calculated and verified quickly.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 473.

Question: 10

Which of these is a good way to develop rapport with a pediatric patient?

- A. Ignore the pediatric patient and address their parent so they see the nurse as an authority figure
- B. Rush them the OR before they realize their parent is not with them to minimize trauma
- C. Use age-appropriate language and terms they'll understand
- D. Stand and smile down at them. Treat them like mini adults

Answer: C

Explanation:

Correct answer: Use age-appropriate language and terms they'll understand

Pediatric patients need to be cared for in an age-appropriate manner. Sitting at their eye level or lower than them is a way to build rapport. Speaking to them on their own level with words they'll understand

is another. Paying attention to likes and dislikes and catering to them if possible is important. Rushing them back to the OR is sometimes warranted after a rapport has been developed, but often the child will feel betrayed. It is best to stay calm and have a non-hurried manner.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 119.

Question: 11

What is the most common source of surgical site infections?

- A. The surgical team
- B. Contaminated instruments
- C. Forced air warmers
- D. Body hair that isn't removed

Answer: A

Explanation:

Correct answer: The surgical team

People are the main source of microorganism transfer in the OR. Contaminated instruments are the second most common source.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 253.

Question: 12

Facilities often employ housekeeping personnel, orderlies, and certified nursing assistants to keep perioperative areas clean and decrease nurses' workload so they can focus on patient care. However, perioperative nurses should still be knowledgeable about the chemicals and biohazards in their workplace, how to clean and disinfect a room and equipment properly, and know which solutions and disinfectants are used for specific tasks. Nurses should assist with tasks like cleaning, decontamination of equipment, assembling instrument trays, stocking supplies, and checking expiration dates whenever time and patient care permit. Where should a nurse look when trying to figure out the uses of a specific disinfectant, how it should be mixed or diluted, its toxicity, and its storage parameters?

- A. The policy and procedure manual
- B. The Intranet
- C. Safety data sheets
- D. The preference card

Answer: C

Explanation:

Correct answer: Safety data sheets

Any disinfectant or other chemical used in healthcare facilities must be FDA approved and accompanied with a copy of the Safety Data Sheet (SDS). The SDS must be readily available at all times for any chemical in case of a toxic spill or exposure.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 292–293.

Question: 13

When should discharge planning be instigated?

- A. During the anesthesia provider's assessment right before being taken to the OR
- B. During phase II in PACU when the patient is wide awake and the family is present
- C. In the PACU once the patient is aware of their surroundings
- D. As soon as the patient is scheduled for surgery or admitted to pre-op

Answer: D

Explanation:

Correct answer: As soon as the patient is scheduled for surgery or admitted to pre-op

The patient and family should go through discharge education as soon as a surgery is scheduled so they can plan before the day of surgery to have any necessary supplies or medications, make necessary arrangements for caregivers, and make any necessary alterations to the home environment.

Reference:

Drain's PeriAnesthesia Nursing: A Critical Care Approach 7th Edition. Pg 388.

Alexander's Care of the Patient in Surgery 16th Edition. Pg 685–686.

Question: 14

A patient recently transferred to the PACU has had a total knee replacement with a planned same-day discharge. He underwent spinal anesthesia and was just moderately sedated the entire surgery. What does the PACU nurse need to have an understanding of to assess the patient's level of anesthesia?

- A. The ability to read ECGs
- B. Acupuncture
- C. A specialty in spinal anesthesia
- D. Dermatomes

Answer: D

Explanation:

Correct answer: Dermatomes

Dermatome levels are used to determine which nerves are still affected by spinal anesthesia. Dermatome maps are readily available in most PACUs. Each area on the map represents the area that is innervated by the sensory fibers of a specific nerve. Myotome groups are used after neuromuscular

blockade anesthesia and they show specific muscles that are innervated by the motor fibers of different nerves.

Reference:

Drain's PeriAnesthesia Nursing: A Critical Care Approach 7th Edition. Pg 130.

Berry & Kohn's Operating Room Technique 14th Edition. Pg 598.

Question: 15

A patient who is just about to be brought back to the OR is given 2 grams of Ancef IV as a prophylactic antibiotic. They were mildly allergic to penicillins as a child, but thought it just caused a mild rash. The surgeon proceeded to order Ancef because of the low incidence of cross sensitivity to penicillins and the mild reaction history. As the patient is being wheeled into the OR corridor, they suddenly become dyspneic and short of breath. The anesthesia provider gives versed for presumed anxiety, but the patient worsens and begins to be tachycardic, break out in a rash, and bronchospasm. What should the nurse do?

- A. Rush the patient into the OR and give dantrolene and beta blockers
- B. Rush the patient to the OR and intubate after a rapid sequence anesthetic. the reaction will pass on its own; continue with surgery, and add ancef to patient's allergy list
- C. Rush the patient into the OR, administer oxygen, assist with positive pressure ventilation and intubation if needed; administer antihistamines and epinephrine
- D. Take the patient back to pre-op and cancel the surgery

Answer: C

Explanation:

Correct answer: Rush the patient into the OR, administer oxygen, assist with positive pressure ventilation and intubation if needed; administer antihistamines and epinephrine

The patient is most likely having an anaphylactic reaction to the Ancef. Antihistamines and epinephrine are needed to decrease the body's response to the allergen. Bronchospasm must be addressed as quickly as possible with positive pressure ventilation and intubation if it cannot be controlled. Allergies to antibiotics are common and all patients should be screened well for history of reactions.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 227, 246.

Question: 16

If IV access fails or is not able to be placed, where do you place an IO catheter on a pediatric patient?

- A. The proximal medial femur
- B. The anterior proximal tibia
- C. The distal anterior radius
- D. The lateral proximal humerus

Answer: B

Explanation:

Correct answer: The anterior proximal tibia

Below the growth plate on the anterior proximal tibia is the best place to place an IO in pediatric patients. Most medications, blood, and blood products can be given IO except chemotherapy. It is indicated only in emergencies and should not be used on or near a fracture, near or on an orthopedic implant, on or near an infection, or at a previously used IO site. A special power driver is used to insert a steel catheter and stylet directly into the medullary canal of the bone. After placement, the catheter is aspirated to verify placement before use. The lateral proximal humerus is the preferred site in adults.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 122–123.

Alexander's Care of the Patient in Surgery 16th Edition. Pg 1052.

Question: 17

Which of these is a proper way of protecting a laser fiber when not in use?

- A. Covering the end of the fiber with a moist sponge
- B. Completely submerging the fiber in saline on the back table
- C. Clamping the fiber when not in use
- D. Coiling and bending the fiber as small as possible to keep it on the sterile field

Answer: A

Explanation:

Correct answer: Covering the end of the fiber with a moist sponge

Fiberoptic laser clinical guidelines recommend keeping a moist sponge over the end of the fiber when the surgeon is not using it. It is also recommended to secure the end in a holster device to keep it sterile and also prevent fires. Clamping and bending a fiber more than the IFU states are ways to break a fiber. Fibers should be inspected for damage before and after each use to make sure no harm is done to the patient.

Reference:

Guidelines for Perioperative Practice 2021 1st Edition. Pg 430-431.

Alexander's Care of the Patient in Surgery 16th Edition. Pg 232-236.

Question: 18

Poole, Frazier, and Yankauers are all types of what surgical tool?

- A. Ear speculums
- B. Vaginal speculums
- C. Bowel staplers
- D. Suction tips

Answer: D

Explanation:

Correct answer: suction tips

Poole suction tips are hollow tubes with an outer filter sheath. They are commonly used in open bowel surgery where lots of irrigation is used. Frazier tips are narrow angled tubes that come in various sizes. They are better for when small, concentrated amounts of fluid need to be suctioned. They are most commonly used in brain, ENT, and plastic surgeries. Yankauers are angled, hollow tubes that are larger than Fraziers and have a ball tip. They are used whenever copious amounts of fluid need suctioned quickly. They are a favorite for airway secretions and many general surgeries.

Reference:

Berry & Kohn's Operating Room Technique 14th Edition. Pg 341-342.

Question: 19

Which of these scenarios involves proper use of social media use?

- A. Posting information about a high profile patient at the hospital on a private, locked page
- B. Posting delicate information about a situation at the hospital so the public knows to avoid the ER if possible
- C. Using a facility camera to take pictures of a patient and posting it on the official hospital social media page after obtaining their written consent
- D. Taking a selfie with a patient and posting it online on a personal social media page with their verbal consent

Answer: C

Explanation:

Correct answer: Using a facility camera to take pictures of a patient and posting it on the official hospital social media page after obtaining their written consent

Nursing must take care to never disclose personal or sensitive information about patients or sensitive situations online. This is the case even on private pages with stringent security settings. Written consent must always be obtained before posting anything where a patient is identifiable and even then it should usually only be done by a hospital's public relations team and in an official capacity.

Reference:

Alexander's Care of the Patient in Surgery 16th Edition. Pg 32.

Question: 20

According to AORN guidelines, what is the preferred method of delivering medications in vials to the sterile field?

- A. Using a sterile transfer device

- B. The circulating nurse should clean the stopper with alcohol, then hold the vial up so the scrub personnel can take a sterile syringe and draw up the medication
- C. Removing the stopper and pouring
- D. Drawing up all medications in syringes at the beginning of the day and squirting them on the sterile field when needed

Answer: A

Explanation:

Correct answer: Using a sterile transfer device

Using sterile transfer devices such as sterile vial spikes, sterile syringes, and filter straws are the preferred method of medication transfer to the sterile field. Removing rubber stoppers is not recommended unless they are specifically designed to be removed. Drawing up medications should happen immediately prior to transfer to the sterile field and they should be labeled if not used immediately. Medications should be drawn up and placed on the sterile field as close to the time of use as possible. Verification of the medication name, dosage, and expiration date should be done concurrently with the scrub personnel. Holding vials for a scrub person to puncture the stopper with a needle puts personnel at risk for a needlestick injury.

Reference:

Guidelines for Perioperative Practice 2021 1st Edition. Pg 476–477.

Question: 21

A preoperative patient being prepared for a port-a-cath placement for chemotherapy use includes the following lab results on a complete metabolic panel: Glucose 96 mg/dL, Potassium 2.5 mEq/L, Calcium 9.5 mg/dL, BUN 18 mg/dL, and Sodium 140 mEq/L. Which, if any, of these should be reported to the surgeon and anesthesia provider?

- A. Potassium 2.5 mEq/L
- B. Calcium 9.5 mg/dL
- C. None. They are all within normal limits.
- D. Glucose 96 mg/dL

Answer: A

Explanation:

Correct answer: Potassium 2.5 mEq/L

K⁺ is a very important cation at the cellular level. Normal values are between 3.5–5.5 mEq/L. It affects heart function and rhythm, deposits glycogen in the liver, and is largely responsible for nerve impulse conduction. Hypokalemia can be very dangerous and is usually associated with diuretics, vomiting, bleeding, and GI surgery. It is characterized by cardiac arrhythmias, confusion, weakness, EKG changes. This patient's hypokalemia should be corrected prior to having surgery.

Reference:

Alexander's Care of the Patient in Surgery 16th Edition. Pg 1163-1165.

Drain's PeriAnesthesia Nursing: A Critical Care Approach 7th Edition. Pg 205.

Question: 22

The human body has 3 distinct defense mechanisms to protect against infection. The first line of defense is external barriers like skin and mucous membranes. The second line of defense is the inflammatory response. What is the third line of defense?

- A. The clotting cascade
- B. The immune response
- C. Normal flora response
- D. The IgE antibody response

Answer: B

Explanation:

Correct answer: The immune response

The immune response mobilizes white blood cells and a general immune system response to signs of infection. Clotting cascades are generally seen as part of the inflammatory response. Normal flora, while necessary and assists in a healthy immune system, is not part of the response. IgE antibodies are part of an allergic response to stimuli.

Reference:

Alexander's Care of the Patient in Surgery 16th Edition. Pg 55–56.

Question: 23

At what points in patient care should hand hygiene be performed (minimum)?

- A. Before and after touching patients, before putting on gloves, after handling soiled equipment, after using the bathroom, before eating, and any time they are soiled
- B. Before and after patient contact, after removing gloves, after handling soiled linen or equipment, after using the bathroom, before and after eating, and any time they are soiled
- C. Before patient contact, after taking off gloves, and any time they are soiled
- D. Before eating, after using the bathroom, and any time they are soiled

Answer: B

Explanation:

Correct answer: Before and after patient contact, after removing gloves, after handling soiled linen or equipment, after using the bathroom, before and after eating, and any time they are soiled

Hand hygiene is possibly the most important thing healthcare providers can do to prevent infection. Hands should be washed for 15–20 seconds with liquid or foam soap. Alcohol-based rubs can be used if hands are not visibly contaminated. In addition to the minimum requirements here, the WHO and the CDC recommend an additional hand hygiene instance before performing a sterile or clean task.

Reference:

Drain's PeriAnesthesia Nursing: A Critical Care Approach 7th Edition. Pg 48.
Guidelines for Perioperative Practice 2021 1st Edition. Pg 269–288.

Question: 24

ASPAN's Perianesthesia Nursing Standards, Practice recommendations, and Interpretative Statements recommends that new nurses should be assessed and oriented based on what?

- A. Perioperative nursing 101
- B. Quality improvement standards
- C. Nursing care and equipment competencies
- D. CNOR curriculum

Answer: C

Explanation:

Correct answer: Nursing care and equipment competencies

New perioperative nurses should be oriented using a list of relevant nursing care and equipment competencies. AORN also recommends that orientees be kept with one preceptor primarily and be evaluated daily with written evaluations. The perioperative nursing 101 course is recommended for teaching orientees the basics, but that should be at the beginning of their training and not be used for evaluation of training or for making decisions on whether or not they are done with orientation.

Reference:

Drain's PeriAnesthesia Nursing: A Critical Care Approach 7th Edition. Pg 31.

Question: 25

The mother of a 9-month-old infant waiting for a myringotomy in pre-op just breastfed her daughter because she was hungry. Per anesthesia and NPO guidelines, how long should her surgery be delayed?

- A. 2 hours
- B. 4 hours
- C. 6 hours
- D. 8 hours

Answer: B

Explanation:

Correct answer: 4 hours

Breast milk is metabolized faster than formula and can be had up to 4 hours prior to surgery. Formula has a waiting period of 6 hours prior to surgery. The risk of aspiration, especially in children, is high. Their airways are smaller and often very reactive/sensitive. Myringotomies are often done under gas anesthesia with a facemask only so the airway is not protected by an endotracheal tube nor is an IV placed. This leaves children vulnerable to aspiration and with no quick route of medication

administration if an emergency arises. Young children should always be scheduled early in the morning to reduce long waiting periods where they are unable to eat and drink to avoid situations such as this.

Reference:

Alexander's Care of the Patient in Surgery 16th Edition. Pgs 112, 999.

Berry & Kohn's Operating Room Technique 14th Edition. Pg 369.

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