Errata Sheet for *Certification Review for Perianesthesia Nursing, 3/e*

2-8. Standards of care are:
   a. Established professional requirements by each state
   b. The highest degree of professional behavior
   c. The minimum requirement of acceptable level of care
   d. Policies and procedures required by the hospital

Correct Answer: B C

There are many definitions of standards of care. Professional negligence involves the conduct of professionals that falls below a professional standards of due care. The law requires that professional caregivers conform to the applicable standard of care for that professional group. The applicable standard includes a “standard minimum of special knowledge and ability.” Conduct should be compared with that of other ordinary, reasonable, and prudent professionals in the same or similar circumstances and in the same or similar locality.

(Brent NJ: *Nurses and the law*, ed 2, Philadelphia, 2001, Saunders.)

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2-10. An 82-year-old woman was admitted to a freestanding outpatient facility for a breast biopsy. After signing hospital admission and surgical consent forms in registration, she proceeded to the preoperative holding area. After her procedure, she was eventually moved to the PACU Phase II. While getting ready for discharge, she slipped, fell, and sustained a fracture to her right arm. The patient’s family is considering a malpractice claim. The patient established a relationship (duty) with the facility by:
   a. Choosing a specific freestanding facility
   b. Arriving on time for the scheduled procedure
   c. Agreeing to the procedure with her physician
   d. Arriving and signing admission and consent forms

Correct Answer: C D

Duty is the particular relationship that has arisen between the plaintiff and defendant. Historically, hospitals were free to determine who would receive treatment, including emergency cases. When a patient enters the hospital for surgery and signs the general consent for treatment or surgery, a “duty” is established. The criterion of duty is usually easy to satisfy in terms of the nurse-patient relationship and is rarely challenged in legal decisions because the nurse is an employee of the institution providing care for the patient.

2-11. A Phase II PACU nurse is caring for an adult male patient who is awake and drinking juice and an 8-year-old child who is sleepy, but the mother is at the bedside. The OR calls and wants to send a “fast-tracked” patient. After reviewing the ASPAN recommended patient classification staffing guidelines, it is determined that the nurse’s assignment was:
   a. Appropriate if there is an unlicensed assistive health care worker available to assist
   b. Appropriate because there is always a 1:3 nurse-to-patient ratio in Phase II
   c. Inappropriate because during the initial admission of a patient the nurse-to-patient ratio is 1:1
   d. Appropriate because the “fast-tracked” patient is alert and awake

Correct Answer: B  C

In this scenario, a staffing assignment is described in which the Phase II nurse is already caring for two patients. Although the ratio of one nurse to three patients is appropriate for a Phase II PACU, the initial admission of a patient to the Phase II area requires a 1:2 nurse-to-patient ratio; adding the “fast-tracked” patient would make this assignment inappropriate. (ASPA: 2010-2012 Standards of perianesthesia nursing practice, Cherry Hill, NJ, 2010, ASPAN)

3-46. Older adults are at greater risk for postanesthesia respiratory complications because common changes to anatomy and physiology in an older adult include:
   a. Decreased anteroposterior diameter
   b. Increased Decreased chest wall rigidity
   c. Increased total lung capacity
   d. Decreased response to hypoxemia

Correct Answer: D

The physiologic changes of aging predispose an elderly patient to impaired gas exchange and ineffective breathing after anesthesia. Increasing anteroposterior diameter of the chest wall naturally occurs as skeletal muscle changes occur. The chest wall becomes more rigid making it difficult to expand, and total lung capacity decreases. (Schick L, Windle PE, editors: ASPAN’s perianesthesia nursing core curriculum: preprocedure, Phase I and Phase II PACU nursing, ed 2, St. Louis, 2010, Saunders.)

3-51. DIC in obstetric patients is typically treated with:
   a. Fresh frozen plasma (FFP), platelets, and factor VIII
   b. Packed red blood cells (PRBCs), platelets, and cryoprecipitate
   c. FFP, PRBCs, and crystalloids
   d. PRBCs, FFP, and hetastarch

Correct Answer: A  B
Throughout a normal pregnancy, changes in the coagulation system place the patient in a hypercoagulable state. This state consumes clotting factors and platelets needed to control uterine bleeding. Other physiologic factors associated with pregnancy increase the risk for DIC. Treatment of DIC in a pregnant patient in the immediate period after delivery includes PRBCs, FFP, fibrinogen, and cryoprecipitate. Platelets are given to replace either lost or dysfunctional platelets. Cryoprecipitate is needed to replace fibrinogen lost during hemorrhage. (Schick L, Windle PE, editors: ASPAN’s perianesthesia nursing core curriculum: preprocedure, Phase I and Phase II PACU nursing, ed 2, St. Louis, 2010, Saunders.)

4-48. When compared with morphine sulfate, an equivalent dose of hydromorphone is:
   a. 10 mg morphine sulfate equals 0.15 mg of hydromorphone (option “a” should read, “1 mg morphine sulfate equals 0.15 mg of hydromorphone”)
   b. 2 mg morphine sulfate equals 0.5 mg of hydromorphone
   c. One-half less
   d. Three times greater

Correct Answer: A
The equianalgesic dose of hydromorphone to 10 mg of morphine sulfate is 1.5 mg. (Pasero C, McCaffery M: Pain assessment and pharmacologic management, St. Louis, 2011, Mosby.)

5-39. An example of a sedation assessment tool includes:
   a. Modified Ramsey Scale
   b. Braden Scale
   c. FLACC (face, legs, activity, cry, consolability)
   d. PADSS (Post-Anesthetic Discharge Scoring System)

Correct Answer: B A
The Braden Scale is a tool for predicting pressure sore risks. FLACC (face, legs, activity, cry, consolability) is a tool for assessing pain in pediatric patients. PADSS (Post-Anesthetic Discharge Scoring System) is a scoring system used to assess post anesthesia discharge readiness. The Modified Ramsey Scale scores a level of sedation for clinical assessment and documentation. (Drain CB, Odom-Forren J, editors: Perianesthesia nursing: a critical care approach, ed 5, St. Louis, 2009, Saunders.)

5-41. When preparing to inject a medication into an access port on an IV line, recommended practices for preventing IV-related infections include cleaning the access port with an alcohol wipe for:
   a. 15 to 20 seconds
   b. 3 to 5 seconds
   c. 5 to 10 seconds
   d. 30 seconds

Correct Answer: A
A survey of nursing practice in a facility with a high rate of catheter-related infections revealed that nearly one-third of nurses did not adequately disinfect the tubing port before access. Infection control experts recommend a 10- to 15-second alcohol scrub of the port surfaces before use. (Hadaway L: Flushing vascular access catheters: risks for infection transmission, *Infection Control Resource* 4(2), 1-7, 2009.)

5-43. In addition to the narcotic orders to treat postoperative pain in this 85-year-old patient, the surgeon orders NSAIDs. Narcotics must be used with caution in an elderly patient because of all of the following except:

- a. Increased risk of sensory overstimulation
- b. Increased risk of gastrointestinal problems
- c. Increased risk of renal insufficiency
- d. Increased risk of platelet dysfunction

Correct Answer: A

Physiologic changes in elderly patients increase sensitivity to NSAIDs. Known risks include gastrointestinal issues, renal insufficiency, and platelet dysfunction. (Schick L, Windle PE, editors: *ASPN’s perianesthesia nursing core curriculum: preoperative, Phase I and Phase II PACU nursing*, ed 2, St. Louis, 2010, Saunders.)

6-5. The PACU nurse notes a patient has a history of Class II heart failure. According to the New York Heart Association (NYHA), these patients are:

- a. Symptomatic on exertion
- b. Symptomatic on mild exertion
- c. Symptomatic at rest
- d. Asymptomatic at rest and on heavy exertion

Correct Answer: A

The NYHA classification of cardiovascular disease is as follows:

- **Class I**: normal cardiac output without pulmonary or systemic congestion; asymptomatic at rest and on heavy exertion
- **Class II**: normal cardiac output maintained with a moderate increase in pulmonary and systemic congestion; symptomatic on exertion
- **Class III**: normal cardiac output maintained with a marked increased in pulmonary and systemic congestion; symptomatic on mild exertion
- **Class IV**: cardiac output reduced at rest with a marked increase in pulmonary and systemic congestion; symptomatic at rest.

(Schick L, Windle PE, editors: *ASPN’s perianesthesia nursing core curriculum: preprocedure, Phase I and Phase II PACU nursing*, ed 2, St. Louis, 2010, Saunders.)

6-6. When administering emergency drugs via an endotracheal tube, the nurse keeps in mind all of the following except:

Part # 9996090566
a. Follow with immediate application of bag valve mask (Ambu Bag) to force the drugs into lungs
b. Doubling the IV dose when administering
c. Giving the drugs as proximally as possible
d. Diluting into 10 mL of distilled water

Correct Answer: C
In the absence of an IV line during emergency situations, medications can be given via an endotracheal tube, with the following considerations: Dilute the drug into 10 mL of normal saline or distilled water, administer as distally as possible, follow with immediate application of bag valve mask (Ambu Bag) to force medications into the lungs, and double the IV dose when administered per endotracheal tube. (Schick L, Windle PE, editors: ASPAN’s perianesthesia nursing core curriculum: preprocedure, Phase I and Phase II PACU nursing, ed 2, St. Louis, 2010, Saunders.)

8-26. Which anticholinergic agent does not cross the blood-brain barrier?
   a. Atropine
   b. Glycopyrrolate (Robinul)
   c. Hyoscyamine (Cystospaz)
   d. Scopolamine

Correct Answer: A  B
Glycopyrrolate (Robinul) is used as to reverse neuromuscular blockade (in combination with an anticholinesterase drug) to diminish or arrest the flow of saliva (i.e., as an antisialagogue), and to treat bradyarrhythmias. It works as a competitive acetylcholine antagonist at central and peripheral muscarinic receptors, and because it does not cross the blood-brain barrier, patients are not at risk of developing central anticholinergic syndrome. Atropine has similar uses as glycopyrrolate, but it has a competitive acetylcholine antagonist at both the central and the peripheral muscarinic receptors. Hyoscyamine (Cystospaz) is used to treat visceral spasms and as adjunctive therapy for endoscopy procedures; similar to atropine, it has a competitive acetylcholine antagonist at both the central and peripheral muscarinic receptors. Scopolamine is used as an antisialagogue, an antiemetic, and a treatment of motion sickness or vertigo. It has a competitive antagonist at acetylcholine at the muscarinic receptors, blocks vagal inhibition at the sinoatrial node, and decreases secretions and gastrointestinal mobility. (White PF: Perioperative drug manual, ed 2, Philadelphia, 2005, Saunders.)

8-76. Common signs of massive pulmonary embolism include all of the following except:
   a. Rales
   b. Stabbing pleuritic pain
   c. Hemoptysis
   d. Facial edema
Part # 9996090566

Correct Answer: D
Facial edema is not a sign of pulmonary embolism. Dyspnea, tachycardia, restlessness and a sense of impending doom, pleuritic chest pain, cough or hemoptysis, rales, pulmonary friction rub, hypoxemia, and tachycardia all are signs of pulmonary embolism. (Schick L, Windle PE, editors: ASPLAN’s perianesthesia nursing core curriculum: preprocedure, Phase I and Phase II PACU nursing, ed 2, St. Louis, 2010, Saunders; Drain CB, Odom-Forren J, editors: Perianesthesia nursing: a critical care approach, ed 5, St. Louis, 2009, Saunders.)

9-30. Postoperatively, the patient requires continued monitoring of oxygen saturation and application of continuous positive airway pressure when he leaves the PACU. Oxygen saturation monitoring:

a. Guides postoperative analgesic administration
b. Promotes ventilation
c. Measures oxygenation
d. Predicts adequate respiratory functioning

Correct Answer: B  C
Oxygen saturation is measured by pulse oximetry, a noninvasive monitoring technique used to estimate arterial oxygen saturation. Ventilation is measured by auscultation to assess air movement and more definitively by end-tidal carbon dioxide monitoring devices or direct measurement of PaCO₂ in an arterial blood sample. Reduced oxygen levels may assist the nurse in identifying a patient at risk for respiratory depression or oversedation by opioids, but these are guiding postoperative analgesic administration is not the only reason for measuring oxygen saturation. (AACN procedure manual for critical care, ed 5, St. Louis, 2005, Saunders; O’Brien D, Palazzolo WC: Patient preparation and education: bariatric surgery, Periop Nurs Clin 1(1):47-53, 2006.)

9-40. The most appropriate collaborative nurse-physician interventions for immediate care of the patient are:

a. Restrict fluids, and administer oxygen and phenylephrine 0.3 mg as needed
b. Instill rapid crystalloid infusion, and measure hemoglobin
c. Administer acetaminophen suppository, and titrate esmolol infusion
d. Perform active rewarming, administer labetalol 5 mg, and measure prothrombin time

Correct Answer: B
The patient’s current hemoglobin should be verified and her abdomen examined for increased distention (girth), rigidity, and pain. The nurse increases the infusion rate of IV crystalloids and perhaps adds colloids or blood cell transfusions as ordered. Persistent tachycardia should not be treated with vasodilation or beta blocker medications until fluid volume deficits are corrected. When adequate circulating volume is restored, tachycardia often self-resolves. (Schick L, Windle PE, editors: Perianesthesia nursing core curriculum: preprocedure, Phase I and Phase II PACU nursing, ed 2, St. Louis, 2010, Saunders; Drain CB, Odom-Forren J, editors: Perianesthesia nursing: a critical care approach, ed 5, St. Louis, 2009, Saunders.)

10-10. During the hand-off report after a maxillofacial procedure, the nurse anesthetist mentions
that the patient has a history of von Willebrand’s disease. The patient was given all of the following medications preoperatively except: and states that the patient received medication via intravenous preoperatively. What medication did the patient receive?

a. Desmopressin
b. Acetylsalicylic acid
c. Oxandrolone
d. Ketorolac

Correct Answer: A

von Willebrand’s disease is one of the most common hematologic disorders predisposing patients to mucosal bleeding, epistaxis, and mild bruising. Not all patients with von Willebrand’s disease require treatment; however, patients scheduled for surgery should be given coagulation factors to supplement essential clotting factors. Desmopressin acetate, DDAVP, given intravenously in the preoperative area, is a synthetic replacement for vasopressin and for homologous factors in the blood to help minimize bleeding. (Schick L, Windle PE, editors: ASPAN’s perianesthesia nursing core curriculum: preoperative, Phase I and Phase II PACU nursing, ed 2, St. Louis, 2010, Saunders.)