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Exam : CCNS

**Title : Certified Clinical Nurse
Specialist**

Version : Demo

1.Nurse Jennifer is caring for an adult patient in the intensive care unit who needs arterial line monitoring. Suddenly, the patient develops sepsis and tenderness at the insertion site.

Aside from antibiotics administration, Nurse Jennifer should:

- A. Exchange the arterial line and catheter with the seldinger technique
- B. Remove the catheter and replace it with a new one, utilizing a different site
- C. Replace the continuous flush, transducer, and pressure tubing
- D. Apply Povidone iodine at the puncture site

Answer: B

Explanation:

Aside from antibiotics administration, the nurse should remove the catheter and replace it with a new one, utilizing a different site. Do not use guide wire assisted catheter exchange whenever catheter-related infection is documented. If catheter-related infection is suspected, but there is no evidence of local catheter-related infection, remove the existing catheter and insert a new catheter over a guide wire. Send the removed catheter for culture. Leave the newly inserted catheter in place if the catheter culture result is negative. If the catheter culture indicates colonization or infection, remove the newly inserted catheter and insert a new catheter at a different site.

2.An electrician was brought to the Emergency room by his coworkers and was admitted with a possible myocardial infarction. The patient is experiencing severe chest pain. He is diaphoretic and his pulse is 115 beats per minute.

The nurse should immediately:

- A. Notify the doctor and administer morphine as ordered
- B. Give the ordered nitroglycerine until pain subsides
- C. Obtain blood pressure and get the electrocardiogram
- D. Administer oxygen at 4-6 L/min

Answer: A

Explanation:

If a patient became diaphoretic and pulse is above normal range, then notify the doctor and administer morphine as ordered because the myocardial infarct maybe extending; the patient's symptoms require prompt medical intervention and pain relief. Other options can be done after except for the nitroglycerine, as it does not relieve pain in myocardial infarction.

3.The nurse at the unit is assessing a patient. She alerted the attending physician that the patient is in cardiogenic shock.

Which of the following is an indication that a patient suffers from this condition?

- A. Decreased urine output
- B. Increased body temperature
- C. Decreased heart rate
- D. Increased blood pressure

Answer: A

Explanation:

An indication that a patient suffers from cardiogenic shock is decreased urine output. Other indicators of cardiogenic or hypovolemic shock include: low blood pressure, weak and rapid heart rate, cold and clammy skin, and cyanosis.

4. A 36-year-old male admitted to the hospital with a diagnosis of sub-arachnoid hemorrhage presents symptoms like aphasia and hemiparesis.

The nurse is aware that these neurologic deficits, which may be present immediately after a sub-arachnoid hemorrhage, are primarily due to:

- A. Electrolyte imbalances
- B. Tissue necrosis
- C. Vascular spasms
- D. Profound blood loss

Answer: C

Explanation:

The nurse is aware that these neurologic deficits, which may be present immediately after a sub-arachnoid hemorrhage, are primarily due to vascular spasms. In an attempt to stop the bleeding, adjacent arteries constrict; this in turn results to ischemia that is responsible for the neurologic deficits.

5. A nurse is observing a patient with a pulmonary artery catheter in place. On the second day, the nurse observes a right ventricle waveform from the distal catheter port.

What would be the most appropriate nursing action?

- A. Switch monitoring lines to the proximal port of the catheter
- B. Inflate the balloon with 1.5 ml air and advance the catheter
- C. Advance the catheter 10 cm with the balloon deflated
- D. Leave in right ventricle, you can still get pulmonary artery systolic pressure from right ventricle

Answer: B

Explanation:

Appropriate action if there is a right ventricle waveform from the distal catheter port should be to inflate the balloon with 1.5 ml air to make a soft tip. Then, advance the catheter until pulmonary artery wedge waveform appears and deflate the balloon. Check the waveform to assure it is in the pulmonary artery. You do not want to insert the catheter deflated because the hard catheter tip may lodge in and damage the right ventricle or pulmonary artery wall.