

Nursing

ANCC-MEDSURG-BC

American Nurses Credentialing Center: Medical-Surgical Nurse

Questions And Answers PDF Format:

For More Information – Visit link below:

<https://www.certsgrade.com/>

Version = Product



Latest Version: 6.0

Question: 1

Which type of fracture best describes a fracture where fragments are out of the normal position at the site of injury?

- A. Compression fracture
- B. Displaced fracture
- C. Burst fracture
- D. Greenstick fracture

Answer: B

Explanation:

Correct answer: Displaced fracture

A fracture in which fragments are outside of their normal position is a displaced fracture. Compression fractures are fractures that are caused due to compression forces. Burst fractures are fractures that are fractures that involve multiple pieces of bone, often due to severe compression. Greenstick fractures are fractures in which one side of the bone is broken and the other side is bent; this form of fracture is typically seen in children.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 484.

Question: 2

A male patient with a tentative diagnosis of hyperosmolar hyperglycemic syndrome (HHS) has a history of type 2 diabetes that is being controlled with the oral diabetic agent, tolazamide (Tolinase). Which of the following is the most important laboratory test for confirming HHS?

- A. Serum osmolality
- B. Arterial blood gas (ABG) values
- C. Serum potassium level
- D. Serum sodium level

Answer: A

Explanation:

Correct answer: Serum osmolality

Hyperosmolar hyperglycemic syndrome (HHS) is a serious metabolic derangement that often occurs in patients with diabetes (but can occur in those without any history of glucose intolerance) and can be a life-threatening emergency. It is characterized by hyperglycemia, hyperosmolality, and dehydration without significant ketoacidosis.

Most patients with HHS present with severe dehydration and focal or global neurologic deficits, such as stupor and coma. Serum osmolality is the most important of the tests listed for confirming HHS; this test is also used to guide treatment strategies and determine evaluation criteria.

A patient with HHS typically has a serum osmolality of greater than 300 mOsm/dL. Serum potassium, serum sodium, and ABG values are also measured, but they are not as important as serum osmolality for confirming the diagnosis.

Treatment of HHS involves fluid replacement, insulin to correct hyperglycemia, and correction of electrolyte imbalances, as well as emergency treatment and hospitalization if necessary.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 233.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 346.

Question: 3

Which of the following best describes anisocoria?

- A. Accumulation of fluid in the intestinal space
- B. Severely underweight
- C. Unequal pupil size
- D. Programmed cell death

Answer: C

Explanation:

Correct answer: Unequal pupil size

Anisocoria describes unequal pupil size and is a sign of elevated intracranial pressure. Accumulation of fluid in the intestinal space is anasarca. Being severely underweight is described by a variety of terms. Programmed cell death is apoptosis.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 422.

Question: 4

Which of the following questions is least important to consider when assessing a patient's cultural needs?

- A. "Do you consider yourself spiritual or religious?"
- B. "What kind of educational background do you have?"
- C. "Do you have any food allergies?"
- D. "Where were you born?"

Answer: C

Explanation:

Correct answer: "Do you have any food allergies?"

Cultural considerations do include where a patient was born, the patient's religious beliefs, the patient's educational background, and the patient's food preferences or prohibitions. The presence of food allergies, however, is not a culturally relevant food consideration.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 164-165.

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 27-30.

Question: 5

The nurse is caring for a patient with a neurological deficit involving the limbic system. Specific to this type of deficit, the nurse would document which of the following information related to the patient's behavior?

- A. Cannot recall wife's name
- B. Is disoriented to person, place, and time
- C. Affect is flat, with periods of emotional lability
- D. Demonstrates inability to add and subtract; does not know who President is

Answer: C

Explanation:

Correct answer: Affect is flat, with periods of emotional lability

The limbic system, located within the basal temporal lobe, is responsible for feelings (affect) and emotions and controls emotion-related behavior. Problem-solving and knowledge of current events relate to function of the frontal lobe (intellectual function).

The cerebral hemispheres, with specific regional functions, control orientation. Long-term memory is controlled by the hippocampus, located within the temporal lobe.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 410.

Question: 6

The hormone that works with estrogen to prepare the endometrium for implantation of a fertilized egg is:

- A. Follicle-stimulating hormone (FSH)
- B. Progesterone
- C. Luteinizing hormone (LH)
- D. Prolactin (PRL)

Answer: B

Explanation:

Correct answer: Progesterone

Progesterone is secreted by the ovaries and prepares the endometrium for implantation and allows the uterus to maintain pregnancy.

Estrogen causes endometrium thickening following menses. LH stimulates ovulation, estrogen and progesterone secretion in females, and testosterone secretion in males. FSH stimulates estrogen secretion and follicle maturation in females and spermatogenesis in males. PRL is involved in the initiation and maintenance of lactation.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 384.

Question: 7

You are assessing a patient who has three areas of pressure-related skin breakdown over the sacral region that are close together. Tunneling connects two of these areas. What is the best way to document your skin assessment?

- A. Document this as one pressure ulcer with areas of intact skin
- B. Document these as three pressure ulcers, and note the tunneling when documenting both of the ulcers to which the tunneling is connected
- C. Document the isolated pressure ulcer as one pressure ulcer, and the two that are connected with tunneling as one pressure ulcer
- D. Document these as three pressure ulcers, and note the tunneling when documenting the ulcer that the tunneling appears to have originated from

Answer: B

Explanation:

Correct answer: Document these as three pressure ulcers, and note the tunneling when documenting both of the ulcers to which the tunneling is connected

Because these three pressure ulcers are separated by intact skin, they should be documented as three distinct pressure ulcers, even though they are in the same area. The tunneling that exists should be noted in the assessment of each of the two pressure ulcers that it affects. It would not be likely that a determination could be made about the origin of the tunneling if it connects two pressure ulcers.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 537.

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 50-51.

Question: 8

What are the most common symptoms of digoxin toxicity?

- A. Abdominal pain & altered mental status
- B. Arrhythmias & chest pain
- C. Abdominal pain & arrhythmias

D. Nausea & vomiting

Answer: D

Explanation:

Correct answer: Nausea & vomiting

The most common symptoms are gastrointestinal and include nausea, vomiting, abdominal pain, and diarrhea.

The cardiac manifestations (although less common) are the most concerning and can be life-threatening. Digoxin toxicity can induce arrhythmias; cardiac arrest and death can occur. Neurologic symptoms, including altered mental status, can also occur with toxic levels of digoxin in the bloodstream. Chest pain is not a common symptom of digoxin toxicity.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 108.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 299.

Question: 9

A patient is admitted with the following symptoms: weight loss, shortness of breath, heart sounds auscultated with murmurs and rubs, cough, temperature 102 degrees F, and Osler's nodes.

Of the following choices, which diagnosis does the nurse suspect?

- A. Pneumonia
- B. Infective endocarditis
- C. Silent ischemia
- D. Congestive heart failure

Answer: B

Explanation:

Correct answer: Infective endocarditis

Infective endocarditis occurs when infective agents in the bloodstream are carried through the system and deposited on valve leaflets.

Subjective symptoms of infective endocarditis include:

- Fever/chills
- Cough
- Malaise and fatigue
- Shortness of breath
- A history of recent dental work, minor surgery, strep or viral infection

Objective symptoms of infective endocarditis include:

- Weight loss
- Heart sounds auscultated with murmurs and rubs
- Temperature > 101
- Signs of congestive heart failure

- Vascular manifestations such as Osler's nodes, which are painful, red, raised lesions on the hands and feet; Janeway's lesions, which are similar but are not painful; and splinter hemorrhages, which are tiny blood clots that run vertically under the fingernail.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 104.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 293-294.

Question: 10

The nurse is triaging a pediatric patient and understands that the emergency department is a particularly risk-prone environment for children. Which of the following factors does not contribute to pediatric medication errors in the ED?

- A. Weight-based dosing
- B. Medicine dilution
- C. The decreased ability of a child to communicate needs or responses appropriately
- D. The numerous medications often given to children in the ED

Answer: D

Explanation:

Correct answer: The numerous medications often given to children in the ED

Most emergency departments are primarily built around the needs of adults. Many settings lack trained staff oriented to pediatric care, pediatric protocols and safeguards, and up-to-date (easily accessible) pediatric medication standards and reference materials. Children are at an increased risk for medication errors because of:

- Weight-based dosing
- Medicine dilution procedures
- The child's decreased ability to effectively communicate his or her needs or responses

Often, emergency department providers consciously limit the number of medication concentrations and dose strengths administered to pediatric patients (avoiding numerous medications in the ED setting).

Reference:

Sheehy's Manual of Emergency Care, 7th Edition. Pg 39.

Question: 11

A patient who is scheduled for coronary angiography states, "I want to be asleep during my procedure. I can't stand any kind of pain." Of the following, the nurse's best response would be:

- A. "You have to stay awake, but the procedure is painless."
- B. "You will have to be awake during the procedure so you can control your breathing."
- C. "Don't worry. You will be given medicine to make you very sleepy, and you won't remember anything."
- D. "It sounds like you're feeling anxious. What has your doctor told you about your procedure?"

Answer: D

Explanation:

Correct answer: "It sounds like you're feeling anxious. What has your doctor told you about your procedure?"

It is most therapeutic to acknowledge the patient's feelings, find out what they have been told, and not to minimize fear. Sedation pre-procedure may be ordered. The patient should be taught about the use of local anesthesia for catheter insertion, hot flash as the dye is injected, and "fluttering" sensation as the catheter is passed.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 3, 284-285.

Question: 12

Following an upper GI series, a patient suddenly spikes a fever of 102 degrees Fahrenheit. You suspect which of the following as the most likely cause?

- A. Ileus
- B. Pneumothorax
- C. Aspiration pneumonia
- D. A perforated esophagus

Answer: D

Explanation:

Correct answer: A perforated esophagus

An upper GI series is an x-ray examination of the GI tract using contrast medium to identify and diagnose structural abnormalities of the esophagus, stomach, and upper small intestine. A sudden spike in temperature following an upper GI procedure is a classic sign of a perforated esophagus. Following this procedure, you should monitor temperature every 15-30 minutes for 1-2 hours. Following lower GI procedures, check for rectal bleeding, which could indicate perforation.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 222.

Question: 13

The outer serous membrane of the wall of the heart is the:

- A. Myocardium
- B. Pericardium
- C. Epicardium
- D. Endocardium

Answer: C

Explanation:

Correct answer: Epicardium

The wall of the heart consists of three layers: Endocardium: inner lining, myocardium: middle layer, and epicardium: outer serous layer.

Tips to remember the layers of the heart based on the suffixes:

1. Endo- means within or inside
2. Myo- means muscle
3. Epi- means above or over

The pericardium is the membrane that encloses the heart, but is not part of the heart.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 281.

Question: 14

An esophageal obstruction is defined as any blockage of the esophageal lumen. What is the most common cause of this condition?

- A. Infection
- B. Achalasia
- C. Esophageal tumors
- D. Gastroesophageal reflux disease (GERD)

Answer: D

Explanation:

Correct answer: Gastroesophageal reflux disease (GERD)

Esophageal obstruction is most commonly caused by GERD (gastroesophageal reflux disease), in which gastric contents obstruct the esophagus. In rare cases, it can be caused by achalasia, which is an uncommon condition in which esophageal peristalsis is absent with subsequent increased lower esophageal sphincter pressure and incomplete esophageal relaxation; the outcome is obstruction of the esophagus. Other causes include esophageal tumors/cancer, strictures, bacterial/viral infections, or congenital anomaly.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 228-229.

Question: 15

You are administering a transfusion to a patient with pernicious anemia when she reports that she suddenly feels short of breath. Which of the following interventions is MOST important?

- A. Slow the transfusion and notify the doctor
- B. Assess the patient's lung sounds and notify the doctor

- C. Administer oxygen and epinephrine, and notify the doctor
- D. Stop the transfusion and notify the doctor

Answer: D

Explanation:

Correct answer: Stop the transfusion and notify the doctor

Shortness of breath is a sign of a reaction to the transfusion. Stopping the transfusion immediately should be the first priority, and notifying the doctor should follow.

Assessing the patient further is not as important as stopping the potential source of their distress. Treating the patient's shortness of breath is also not as important as first removing the cause. Notifying the doctor will be necessary, but stopping the transfusion should not be delayed.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 124.

Question: 16

Which of the following is the largest internal organ?

- A. The small intestines
- B. The liver
- C. The large intestines
- D. The skin

Answer: B

Explanation:

Correct answer: The liver

The liver is the largest internal organ in the body, and it is larger and denser than both the large and small intestines. The skin is the largest organ of the body, but it is an external organ.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 220.

Question: 17

You are caring for a patient who has an indwelling urinary catheter. Which of the following interventions is least likely to help prevent infection?

- A. Removal of the catheter
- B. Flushing the catheter at least once every three days
- C. Educating the patient about catheter care
- D. Performing daily catheter care with soap and water

Answer: B

Explanation:

Correct answer: Flushing the catheter at least once every three days

Backflow in the catheter, which would occur with flushing of the catheter, should be avoided. A catheter should only be flushed when necessary and should not be performed routinely.

Removing the catheter would help to prevent infection and should be done as soon as possible. Performing daily catheter care and educating the patient about catheter care will help to prevent infection.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 552.

Question: 18

Which of the following statements related to basal cell carcinoma is true?

- A. Growth rate of a basal cell tumor is rapid
- B. It has a high rate of metastasis
- C. It is the primary cause of death of all skin diseases
- D. It has a low rate of metastasis

Answer: D

Explanation:

Correct answer: It has a low rate of metastasis

Basal cell carcinoma is an invasive epidermal tumor with a low rate of metastasis.

Growth rate of the tumor is slow, not rapid. Malignant melanoma, not basal cell cancer, is the primary cause of death of all skin diseases.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 215.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 576.

Question: 19

A 38-year-old patient is admitted to the hospital with the following clinical manifestations: dyspnea, tachypnea, and pink, frothy sputum. The nurse determines that the patient is experiencing:

- A. Lung cancer
- B. Pulmonary embolism
- C. Pleural effusion
- D. Lung abscess

Answer: B

Explanation:

Correct answer: Pulmonary embolism

A pulmonary embolism is an obstruction of the pulmonary vascular bed by a dislodged venous thrombus. The patient may experience tachypnea and tachycardia, syncope and cyanosis, crackles upon lung auscultation, dyspnea, coughing up blood or pink, frothy sputum, pleuritic chest pain, anxiety and a sense of doom, hemoptysis, and low-grade fever.

A pulmonary embolism is life-threatening and requires emergent medical treatment and cardiopulmonary support. None of the other conditions would cause this set of symptoms.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 147.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 271-273.

Question: 20

A med/surg nurse and a nursing student are caring for a patient of Latin American descent who immigrated to the United State three months before their hospitalization. The student nurse tells the nurse that the patient is likely to believe that diseases are caused by an imbalance of hot and cold elements in the body. Which of the following responses by the nurse is correct?

- A. "The patient may, or may not, believe that. We will ask her if there are any culturally-specific care considerations."
- B. "That is what Latin American patients believe, and we must show respect for their cultural preferences."
- C. "That is what Latin American patients believe, but we must not allow the patient's cultural beliefs to affect the quality of our care."
- D. "Latin Americans are unlikely to have that particular cultural belief."

Answer: A

Explanation:

Correct answer: "The patient may, or may not, believe that. We will ask her if there are any culturally-specific care considerations."

While the concept of humoral medicine, in which the correct balance of hot and cold elements in the body is considered to be the cause of good health, is primarily a Latin American cultural concept, not all patients of Latin American descent will hold to these types of cultural beliefs. This may be a consideration for this patient, but should not be assumed to be so. The best approach is to ask the patient if there are any culturally-specific care considerations rather than to make stereotypical assumptions.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 165-166.

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 30.

Question: 21

Which of the following is a type of malignancy of plasma cells in bone marrow that leads to bone marrow failure and bone destruction?

- A. Non-Hodgkin's lymphoma
- B. Hodgkin's lymphoma
- C. Myelodysplastic syndrome
- D. Multiple myeloma

Answer: D

Explanation:

Correct answer: Multiple myeloma

Hodgkin's and non-Hodgkin's lymphomas are malignancies that involve lymph tissues. Myelodysplastic syndromes are a group of hematologic disorders arising from mutations in bone marrow, where some blood cells mature and function normally, while others do not. Myelodysplastic syndromes are mutations that specifically affect how red blood cells develop from hematopoietic stem cells. Multiple myeloma, in comparison, occurs because of a malignancy in plasma cells. The malignant plasma cells occupy more and more space, leading to the destruction of bone marrow. Both conditions may ultimately have a similar effect, however, multiple myeloma's effect is indirect while myelodysplastic syndromes have a direct effect. Multiple myeloma is the only condition that describes a malignancy of plasma cells.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 124.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 519.

Question: 22

Which of the following insulins can be administered intravenously?

- A. Rapid-acting insulin
- B. Regular insulin
- C. All types of insulin can be administered intravenously
- D. Long-acting insulin

Answer: B

Explanation:

Correct answer: Regular insulin

The only insulin that is able to be given intravenously is regular insulin. All other insulins must be given subcutaneously.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 343.

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 230, 232.

Question: 23

The most common complication that occurs in insulin-treated patients is:

- A. Hypoglycemia
- B. Retinopathy
- C. Peripheral neuropathy
- D. Diabetic ketoacidosis (DKA)

Answer: A

Explanation:

Correct answer: Hypoglycemia

Hypoglycemia is the clinical syndrome that results from low blood sugar and is the most common complication that occurs in insulin-treated patients. General causes include omitting meals and snacks, exercising with inadequate food intake, and errors in medication dosages.

Peripheral neuropathy, retinopathy, and diabetic ketoacidosis are complications associated with diabetes but are not as common as hypoglycemia.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 230.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 346.

Question: 24

Which of the following is least likely to be a complication of heart failure?

- A. Hypovolemic shock
- B. Cardiogenic shock
- C. Renal failure
- D. Hepatic failure

Answer: A

Explanation:

Correct answer: Hypovolemic shock

Heart failure can lead to decreased cardiac output, leading to hypoperfusion of vital organs. This can cause multisystem organ failure, or can cause single organ failure such as renal failure and hepatic failure. Decreased cardiac output caused by heart failure is classified as cardiogenic shock, as hypoperfusion of the organs is due to pump failure. Hypovolemic shock is caused by blood volume loss, and is not associated with the pathology of heart failure.

Reference:

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 292.

Question: 25

You are caring for Mr. H., who was admitted for an exacerbation of ulcerative colitis (UC). You gather the following data during your admission assessment:

- Objective: Temperature: 101 degrees F, pulse 108, blood pressure: 101/55, respiratory rate: 20, O2 saturation: 98% room air
- Subjective: frequent bloody stools, decreased appetite with a 6-pound unexpected weight loss. noncompliance with pharmaceutical treatment plan due to financial restraints.

All of the following consultations should be made for the patient except:

- A. Gastroenterologist
- B. Pain management
- C. Nutritionist
- D. Social Work

Answer: B

Explanation:

Correct answer: Pain management

Consultations that should be made include nutritionist for educating patient on dietary modifications to manage symptoms, social work to discuss community resources for financial and psychosocial support, and gastroenterologist for close monitoring and follow-up of patient's UC (if surgical procedure is indicated, this would be performed by gastroenterologist).

Pain management is not generally necessary as symptoms can be well managed with drug therapies consisting of aminosalicylates, antimicrobials, corticosteroids, immunosuppressants, and biologic therapy.

Reference:

Lippincott Certification Review: Medical-Surgical Nursing 6th Edition. Pg 208-211.

Core Curriculum for Medical-Surgical Nursing 5th Edition. Pg 230-231, 244.

For More Information – **Visit link below:**
<http://www.certsgrade.com/>

PRODUCT FEATURES

-  **100% Money Back Guarantee**
-  **90 Days Free updates**
-  **Special Discounts on Bulk Orders**
-  **Guaranteed Success**
-  **50,000 Satisfied Customers**
-  **100% Secure Shopping**
-  **Privacy Policy**
-  **Refund Policy**

Discount Coupon Code: **CERTSGRADE10**

