CAD

1. Your patient is about to go down to surgery for a Minimally invasive CABG. Which of the following medications would you expect to be ordered for this procedure? Select all that apply.
	1. Amiodarone
	2. Metoprolol
	3. Clopidogrel
	4. Digoxin
2. An older man comes into the ED at 0800 with a STEMI. Which of the following times can the patient be given a fibrinolytic agent?
	1. 1900
	2. 1500
	3. 1530
	4. 1350
3. The same patient in question 2 has been ordered a fibrinolytic agent. You are obtaining a medical history from him. Which of the following medical diagnoses indicate that you need to hold the fibrinolytic medication?
	1. Peptic ulcer disease
	2. HTN; recent blood pressure 150/95
	3. COPD
	4. A-fib
4. Meagan’s patient has just received a fibrinolytic agent. Which of the following nursing assessment findings should she report immediately to the provider?
	1. Bleeding from the IV site
	2. Increased CKMB
	3. 3 PVC’s on a 1-min ECG strip
	4. Oxygen saturation of 94%
5. Pawpaw had a heart attack about a month ago. You are assessing him (because you’re a good granddaughter) and find the following assessments: BP 130/85, HR 77, RR 14 T 102; lung sounds clear bilaterally; audible cardiac friction rub. Which of the following post-MI complications are you suspecting?
	1. Cardiac Dysrhythmia
	2. Heart Failure
	3. Papillary Muscle Dysfunction
	4. Dessler Syndrome

Heart Failure

1. Cindy comes into your clinic for a check-up. You are educating her on her risk for heart failure because of her uncontrolled hypertension. Which of the following would also be risk factors for HF to educate her on? Select all that apply.
	1. 69 years old
	2. BMI of 31
	3. Cigarette smoker 1 PPD
	4. Type 2 DM
2. What assessment finding would you most likely expect to find with a patient who has diagnosed systolic heart failure?
	1. Increased heart size on chest x-ray
	2. Oxygen saturation of 99%
	3. Pulmonary congestion
3. Which of the following responses would NOT be considered a normal compensatory mechanism for a patient who has HF?
	1. Rapid weight gain
	2. Increased HR
	3. Increased heart size on chest x-ray
	4. SOA
4. BNP is secreted in order to do which of the following? Select all that apply.
	1. Promote the RAAS
	2. Increase secretion of Na+
	3. Vasodilate
	4. Activate the SNS
5. Your patient is admitted to the telemetry floor for an exacerbation of CHF. Which of the following nursing interventions would be appropriate? Select all that apply.
	1. HOB 30 degrees
	2. Elevate legs
	3. Monitor input and output
	4. Assist with ambulation twice during your shift
6. Which of the following medications would you need to withhold for this patient with CHF?
	1. Lisinopril
	2. Hydrothiazide
	3. Dobutamine
	4. Acetaminophen

Vascular Disorders

1. You are educating a client on his risk for future disease. He is a current smoker, so this automatically puts him at risk for which of the following disorders? Select all that apply.
	1. Peripheral Artery Disease
	2. Abdominal Aortic Aneurysm
	3. Raynauds
	4. VTE
2. Your patient comes to the clinic with complaints of severe calf pain when he walks long distances. Which of the following interventions should be implemented first?
	1. See provider for suspected PAD
	2. Stop exercise when this pain occurs
	3. Begin Heparin anticoagulant therapy
	4. Prepare patient for thrombolytic therapy by doing any needed invasive procedures
3. All of the following symptoms would indicate suspected PAD except which of the following?
	1. Numbness and tingling
	2. Weak pulses
	3. Tight appearing skin
	4. Red color of feet when elevated
4. Your resident frequently complains of his feet aching at night. Which of the following would be the most appropriate intervention?
	1. Elevate his heels under a pillow
	2. Dangle his feet off the bed
	3. Move him to the recliner
	4. Administer Tylenol as ordered PRN
5. Grandpa has just received alteplase therapy. Which of the following findings would you need to report to the provider?
	1. Bleeding at IV sites
	2. Grandpa is sitting up on side of bed
	3. Pink-tinged urine
	4. Several new bruises with unknown origin
6. You have just received a new patient from the surgical floor. He just had a popliteal bypass graft and is quickly regaining consciousness. Which of the following are appropriate interventions for this client? Select all that apply.
	1. Assist with ambulation within your shift
	2. Monitor incision for redness, swelling and warmth
	3. Discourage prolonged standing
	4. Perform passive lower extremity ROM exercises
7. Which of the following reasons might a provider prefer to perform an EVAR over an OAR for AAA reconstruction?
	1. EVAR has a straight incision on the chest which allows for faster healing
	2. EVAR completely removes the plaque build-up
	3. EVAR does not require the cross-clamping of the aorta
	4. EVAR uses a synthetic graft
8. Someone experiencing episodes of painful discoloration of the hands and feet but do not have any other known underlying problems is most likely experiencing which of the following?
	1. PAD
	2. Raynaud’s disease
	3. AAA
	4. Raynaud’s phenomenon
9. Which of the following clients would be most likely to develop a VTE? Select all that apply.
	1. A female nurse taking an estrogen-based birth control pill
	2. A post op hip replacement patient who ambulates on day 1
	3. An elderly man who had polio as a child and is now bedridden
	4. Katie who just got a PICC line for her chemotherapy treatment
10. Meagan’s Dad comes to you after work with a complaint of his leg calf hurting. You assess him and note that he has unilateral leg edema, redness and warmth of the affected calf. Which of the following nursing actions is most appropriate?
	1. Take a set of VS
	2. Call 911
	3. Call his PCP immediately
	4. Instruct him to eat food rich in K+
11. Meagan thinks her dad has a DVT. Upon arrival to the ED, you suspect that the provider will order which of the following diagnostic tests? Select all that apply.
	1. D-Dimer
	2. Duplex Ultrasound
	3. Spiral CT
	4. V/Q Scan

Valvular Heart Disease

1. Your 12 year old client comes in for a routine check-up and you hear a loud murmur at the apex. Which of the following would be an appropriate question to ask your patient?
	1. Have you ever had rheumatic fever?
	2. Have you been previously tested for AIDS?
	3. Were you born with this murmur?
	4. When did this murmur start?
2. A 40 year old man comes into the ED after leaving work with chest pain. He is immediately given NTG but it does not help. A 12 Lead ECG shows dysrhythmias but no STEMI. What condition do you suspect is occurring with this patient?
	1. MI
	2. Infective Endocarditis
	3. Mitral Valve Regurgitation
	4. Mitral Valve Prolapse
3. When educating your client on the benefits of a biological valve, you are sure to mention which of the following statements?
	1. They are more durable and last longer
	2. They do not require lifelong anticoagulation
	3. You will be able to hear a clicking sound when the valve closes
	4. Biological valves are luckily not at risk for infective endocarditis
4. Morning labs come back for your patient who has undergone a mechanical heart valve replacement. Which of the following values are concerning to you? Select all that apply.
	1. WBC 15,000
	2. Hct 50
	3. INR 3.7

Inflammatory Heart Disease

1. Your patient is admitted for infective endocarditis. He denies any previous alcohol or IV drug use. Which of the following causes could also be possible for this condition?
	1. MRSA
	2. Age of 35 years old
	3. Congenital heart murmur
	4. Long-term anticoagulation therapy
2. This same patient’s echocardiogram shows vegetation on the mitral valve. Which area of the body will it most likely affect?
	1. Lungs
	2. Organs and extremities
	3. Both A and B
3. Tiffany is an IV drug user. She comes into work with a cold. She has a low-grade fever, cough, congestion, and runny nose. Because you’re a good co-worker, you assess her and find some symptoms that mimic infective endocarditis. Which of the following symptoms would help confirm that it is infective endocarditis? Select all that apply.
	1. Janesway’s Lesions
	2. Red and inflamed inside of mouth/cheeks
	3. Small, painful lesions on her knuckles
	4. Bleeding gums
4. Tiffany does not have health insurance and so she doesn’t go to the doctor. After a few weeks, her initial symptoms improve but new ones begin. What symptoms is she most likely experiencing?
	1. UTI symptoms
	2. Symptoms of infection
	3. A-fib symptoms
	4. HF symptoms
5. Tiffany finally goes to the ED and they find vegetation on the mitral valve by using an echocardiogram? What else does the department need in order to diagnose Infective Endocarditis?
	1. They do not need anything else, this test is sufficient for diagnosis.
	2. Two positive blood cultures drawn 30 minutes apart
	3. 5 Lead ECG
	4. One positive blood culture
6. Which of the following statements would be an inappropriate teaching-learning transaction for Tiffany and the nurse?
	1. You need to be vigorous with your dental hygiene in order to reduce the risk for infection.
	2. You will need to return to the clinic to receive long-term antibiotics.
	3. Don’t do drugs. Here’s some resources for you.
	4. Let the provider know that you have a history of IE if you are having any invasive procedures.
7. A man comes into the ED with chest pain. A 12 lead ECG reveals ST elevation, but the chest pain is not relieved by NTG. Upon assessment, you find that he has a scratchy, high pitched breath sound and his oxygen saturation is 99%. Which of the following interventions is most appropriate?
	1. Administer NTG
	2. Request lab draw order to look at ESR and CRP
	3. Instruct the patient to sit up and lean forward
	4. Administer O2 2L nasal cannula
8. Which of the following symptoms best indicate that pericarditis has caused cardiac tamponade? Select all that apply.
	1. Increase of SBP of greater than 10 during inspiration
	2. Hypotension
	3. Muffled Heart sounds
	4. JVD
9. Your patient indeed has cardiac tamponade. Which of the following nursing interventions should be implemented first?
	1. Ensure proper oxygenation; administer O2 NC as needed
	2. Start IV fluids to increase CO
	3. Request ECG STAT
	4. Collect set of VS
10. In order to reduce pain from pericarditis, you should implement which of the following interventions?
	1. Administer hydrocodone PRN
	2. Encourage use of incentive spirometer
	3. Administer NSAIDs on time
	4. Educate patient on signs and symptoms of cardiac tamponade

1. BC

2. D

3. A

4. C

5. D

6. ABCD

7. A

8. D

9. BC

10. AC

11. D

12. ABC

13. A

14. D

15. B

16. C

17. ABC

18. C

19. B

20. ACD

21. A

22. AB

23. C

24. D

25. B

26. C

27. A

28. B

29. ABC

30. D

31. B

32. A

33. C

34. BCD

35. A

36. C

1. Your patient with a PICC line is experiencing dyspnea at rest, chest pain, has an O2Sat of 88%, and reports that “today feels like the day I am going to die”. Which of the following doctor orders can you anticipate for this client?
2. Nitroglycerin PO 0.4 mg
3. Duplex ultrasound NOW
4. Spiral CT Scan STAT
5. Chest X-ray
6. Your patient is on the labor and delivery unit of Baptist Health Lexington. The doctor has ordered bed rest until delivery due to preeclampsia. Which of the following is good nursing care to prevent venous thromboembolisms?
7. Early ambulation
8. Change position q2h
9. SQ Heparin or Enoxaparin
10. You know your uncle is considered a class 3 heart failure patient. He is car mechanic. Which of following would you expect from him at work?
11. While working on cars, your uncle experience HF symptoms. However, he is comfortable at rest.
12. Your uncle is comfortable at rest and comfortable at work.
13. Your uncle keeps a stool by each car for when he starts to feel the symptoms of HF. Nowadays, he is spending most days on the stool.
14. Your uncle had to quit being a car mechanic because it just became too hard for him. He can barely get comfortable at home either.
15. Your patient has an ejection fraction of 50%, hx of chronic HTN with left ventricular hypertrophy. Which of the following dx can you anticipate?

A. Systolic Heart Failure

B. Diastolic Heart Failure

C. Mixed Systolic and Diastolic Heart Failure

D. Acute Decompensated Heart Failure

1. Your patient has been in heart failure for 4 days now. Which of the following was the first compensatory mechanism to respond?

A. Ventricular dilation

B. Ventricular hypertrophy

C. Activation of the SNS

D. Brain Natriuretic Peptide

6. Your patient is experiencing signs and symptoms of left sided heart failure. Which of the following is priority nursing care?

A. Oxygen therapy

B. Nitroglycerin sublingual tablet

C. Elevating their legs

D. Dangling legs off of bed

7. A patient comes into the ER complaining that they wake up in the middle of the night not able to breathe. Which of the following conditions will the nurse assess for?

A. Endocarditis

B. Pneumonia

C. Heart failure

D. CAD

8. The labs show the patients BNP level to be 178 pg/ml. Which of the following condition is the patient likely to have?

A. Systolic HF

B. Diastolic HF

C. Biventricular HF

D. Acute Decompensated HF

9. Your sister is in her first years of having chronic mitral valve regurgitation. Which of the following signs and symptoms would you assess for?

A. Fatigue and dyspnea

B. Loud murmur at the apex of the heart

C. Symptoms of decreased CO

D. Asymptomatic

10. Which of the following patients should receive teaching on a percutaneous transluminal balloon valvuloplasty?

A. A patient with a mitral valve regurgitation and cannot receive a new valve replacement.

B. 60-year-old patient with an aortic valve stenosis who is not a surgical candidate.

C. A patient with current infective endocarditis and mitral valve regurgitation.

D. A patient with COPD and closed bronchioles.

11. Your patient needs treatment for a preload issue for their acute left sided heart failure. Which of the following orders can you anticipate by the doctor?

A. furosemide po bid

B. nesiritide IV pump

C. oxygen therapy

D. high fowlers position with legs dangling

12. The patient has the following orders in their MAR to help improve their symptoms with heart failure. Which of the following would be priority for administration if the patient decreased contractility and their CO is 1.8 L/min?

A. Lisinopril 8mg po prn

B. NTG 0.4 mg prn

C. dobutamine IV stat

D. digoxin 400 u PRN

13. Which of the following statements by your heart failure patient indicates the need for further teaching?

A. My body cannot tolerate more than 2g of sodium per day

B. I need to call my MD if I gain 3 lbs in 2 days or 3-5 lbs in one week

C. Grocery shopping in the fresh fruits and veggies area is a good idea

D. Table salt is safe for me but I have to watch out for salt substitutes

14. Your patient has left sided vegetation. Which of the following symptoms is your patient at risk for? Select all that apply.

A. Sharp LUQ pain

B. SOA, decreased O2Sat, and chest pain.

C. Poor UOP with flank pain

D. Decrease loss of consciousness and facial droop.

E. Diminished posterior tibialis pulse

15. Your patient came into the ED with a new murmur. He reports a low grade fever and just not feeling well for 2 weeks. An echocardiogram reveals vegetation on his mitral valve. Which of the following signs and symptoms will you be looking for? Select all that apply.

A. Track marks

B. Petechiae

D. Osler’s Nodes

E. Friction rub

16. Your patient had a recent pacemaker insertion and is back in your ED with concerns of chest pain that worsens when they breathe in, dyspnea, and a low grade fever. After taking a listen to this patient you find a friction rub. As their nurse, how are you going to treat their pain?

A. Morphine IVP PRN

B. indomethacin IV q4h

C. NTG sublingual tablet q8h

D. ibuprofen IV PRN

17. Which of the following would be helpful education to a patient who has had several episodes of mitral valve prolapse?

A. It is important to remain on course with your medication

B. Self-care will be an important part of your life so that you do not become overwhelmed

C. If you eat healthy and exercise you will lower your chances of exacerbation.

D. If you decrease your alcohol intake to one drink per day you will be significantly better.

18. Your patient just came in for a pericardiocentesis and is now having decreased O2Sat and when you auscultate there is diminished breath sounds. Which of the following complications has occurred?

A. Pneumonia

B. Pneumothorax

C. Dysrhythmia

D. Pericardial tear

19. The nurse is caring for a patient who is post-op day one a CABG. The patient asks why they are taking clopidogrel for antiplatelet therapy. Which of the following is the most appropriate response by the nurse?

A. So that your body does not create any new vegetation

B. This will help keep the new vessel open

C. This will keep the graft from falling off

D. Platelets are adhesive so that’s why we give you antiplatelet therapy

20. Your patient needs a coronary artery bypass for two clots on the anterior surface of his heart. Which of the following are medical interventions that could be taken for this patient? Select all that apply.

A. Coronary Artery Bypass Graft

B. Percutaneous transluminal balloon angioplasty

C. femoral- popliteal bypass graft

D. minimally invasive direct coronary artery bypass

21. Which of the following patients is priority for fibrinolytic therapy?

A. Pt came into ED complaining of chest pain with inspiration, ECG shows ST elevation in all 12 leads

B. Pt came into the ED complaining of radiating chest pain, ECG shows ST elevation in 6 leads, pt reports couldn’t get comfortable all night

C. Pt came into the ED complaining of radiating chest pain, reports hx of HTN but doesn’t take his meds

D. Pt came into the ED complaining of radiating chest pain, ECG shows ST elevation in 6 leads, and the patient reports being treated for the same pain with streptokinase 4 months ago.

22. Which of the following nursing interventions are priority when administering a fibrinolytic? Select all that apply.

A. Draw baseline lab values.

B. Do all invasive procedures before infusion is started.

C. Start at least two IV lines.

D. Monitor your patient’s for PVCs and V-tach.

23. The nurse should notify the provider immediately when she notices the following of her patient on fibrinolytic therapy:

A. Bleeding from the patient’s gums

B. Bleeding from the patient’s IV site

C. Blood pressure drop and heart rate increases

D. Labs report back that CK-MB is high

24. Which of the following is the correct rationale as to why your patient post-acute MI is going home on a low saturated fat, low sodium diet?

A. to prevent clots from forming

B. to decrease the workload of the heart

C. to increase contractility

D. to prevent diuresis

25. Your 90 y/o patient was diagnosed with an acute MI at his admission. The echocardiogram now reveals that he has an ejection fraction of 28%. Which of the following would you be most concerned of for your patient?

A. Heart failure

B. Sudden cardiac death

C. Another acute MI

D. CAD

26. You’re administering and are reading a PPD skin test. Which of the following questions is NOT necessary to ask your patient?

A. What is your country of origin?

B. Do you use any recreational drugs?

C. Do you work at a long-term care facility?

D. What is your medical history and current medication use?

E. Have you had any recent inpatient medical treatment?

27. The nurse is reading a TB skin test on a client. The area of induration is measured at 7 mm. The nurse checks the client’s history and notes a positive history of HIV/AIDS and current IV drug use. Would this reading be considered a positive result?

A. Yes because of his IV drug use

B. Yes because of his HIV status

C. No the induration is not large enough

D. No the induration is not small enough

28. Which of the following would be considered a positive PPD in a client who lives in a long term care facility?

A. 7 mm induration

B. 10 mm area of erythema

C. 12 mm induration

D. 5 mm induration

29. Your patient has given furosemide IV for left sided heart failure. Which of the following is a priority nursing intervention?

A. auscultate breath sounds

B. start IV fluids

C. watch for HTN

D. dangle the patient’s legs before standing up

KEY:

1. C

2. B

3. G/C

4. B

5. C

6. A

7. C

8. D

9. D

10. B

11. A

12.C

13. d

14. acde

15. abd

16. b

17. b

18. b

19. b

20. ad

21. b

22. abcd

23. c

24. b

25. b

26. e

27. b

28. c

29. a