

**RN MEDICATION EXAMINATION
BASIC**

1. List the five “rights” of medication administration.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
2. When evaluating anticoagulant therapy, the level desired should:
 - a. equal the correct level
 - b. range from 2 to 2 ½ times the control level
 - c. equal to ½ of the control level
 - d. range 4-6 times the control level
3. The physician orders Phenergan 12.5mg IM x 1 dose. Available on your unit is 50mg per 1 ml vial. How much with a 3ml syringe will you give?
 - a. 0.50 ml
 - b. 0.80 ml
 - c. 0.10 ml
 - d. 0.25 ml
4. Heparin is infusing at 15 ml/hr. The bag has 25,000 units of heparin sodium in 250 ml/D5W. How many units/hr are being delivered?
 - a. 100 units/hr
 - b. 15000 units/hr
 - c. 1500 units/hr
 - d. 15 units/hr
5. 7.5 mg of Valium is to be administered IV to an adult. The drug must be administered slowly (no faster than 5 mg per minute). What is the minimum amount of time over which the drug should be administered?
 - a. 1 minute
 - b. 1 minute 15 seconds
 - c. 1 minute 30 seconds
 - d. 2 minutes
6. When a patient who is taking warfarin sodium (Coumadin) develops epistaxis, which of these medications should the nurse prepare to administer?
 - a. Phytonadione (Vitamin K)
 - b. Protamine sulfate
 - c. Streptokinase
 - d. Thrombin

7. Which of these medications should the nurse have available to provide coverage for a patient who has ketoacidosis?
 - a. Glucagon
 - b. Regular insulin
 - c. NPH 70/30
 - d. Glucophage
8. A patient is scheduled to undergo bronchoscopy. The nurse will hold which of the following medications one week to 10 days prior to the procedure.
 - a. Ibuprofen (Motrin)
 - b. Atenolol (Tenormin)
 - c. Omeprazole (Prilosec)
 - d. Digoxin (Lanoxin)
9. Side effects of nitroglycerin (Nitrostat) include:
 - a. tremors and dyspepsia
 - b. papillary constriction and diarrhea
 - c. dry mouth and bradycardia
 - d. hypotension and flushing
10. You need to infuse 500 ml of NS over 8 hours. What will you set your IV pump to deliver in ml/hr?
 - a. 61 ml/hr
 - b. 63 ml/hr
 - c. 65 ml/hr
 - d. 75 ml/hr
11. Narcan (Naloxone) is used to reverse the effects of what class of medication?
 - a. NSAIDS
 - b. Benzodiazepenes
 - c. Beta Blockers
 - d. Opioids
12. A patient is to receive Meperidine Hydrochloride 75 mg and Atropine Sulfate 0.3 mg IM preoperatively. Meperidine is available in a syringe containing 100 mg per ml. Atropine is available in a vial containing 0.4 mg per ml. If the two drugs were combined in the same syringe for administration, how many milliliters would be given?
 - a. 1.05 ml
 - b. 1.5 ml
 - c. 2 ml
 - d. 1.2 ml
13. A patient is to receive 20 units of NPH insulin and 10 units of Regular insulin as an injection. How should the patient be taught to prepare the insulin for injection?
 - a. Draw up each insulin in a separate syringe.
 - b. Withdraw NPH insulin first then draw up the Regular insulin in the same syringe.
 - c. Withdraw the Regular insulin first and then draw up the NPH in the same syringe.
14. A patient who is taking Tylenol should be observed for signs of toxic reaction, which include:
 - a. hearing loss
 - b. vascular changes
 - c. gastric ulcers
 - d. liver damage



15. When administering eye drops to a patient, the nurse should place the medication in the lower conjunctival sac to:
- a. reduce the systemic absorption of the medication
 - b. increase the circulation to the area
 - c. prevent injury to the cornea
 - d. to prevent tear duct absorption



Name:

RN EXAMINATION PEDS

If you work in PEDS, please answer the following questions.

1. A 5 month-old infant is brought to the clinic by his mother, who reports that the infant has nasal congestion, symptoms of a cold, fever, and difficulty breathing. The nurse should first:
 - a. ask for more history.
 - b. perform a respiratory assessment.
 - c. notify the available physician.
 - d. take vital signs.

2. You arrive in a patient room of a 10-year-old child who suddenly collapsed in his room. The child is unresponsive, apneic, and pulseless and CPR is in progress. A co-worker has provided an AED, turned it on, and attached it. The AED recommends a shock. Which of the following should be done next?
 - a. obtain IV access
 - b. attempt defibrillation
 - c. change compression:ventilation rate from 30:2 to 15:2.
 - d. attempt endotracheal intubation.

3. Pavulon (pancuronium bromide) is ordered for a 7 kg intubated infant. The order reads "0.1 - 0.2 mg/kg per dose PRN movement". What is the correct dosage range for this client?
 - a. 1-2 mg
 - b. 1.4 mg
 - c. 0.7 -1.4 mg
 - d. 0.7 mg

4. Young children are at risk of sustaining a cervical spine injury because:
 - a. their heads are smaller in proportion to the rest of their body surface area
 - b. their neck muscles are still undeveloped and initially are stiff.
 - c. their injuries do not show up on regular x-ray films.
 - d. their heads are the largest part of their bodies.

5. You are in the clinic, and a mother walks in carrying her limp infant in her arms. She says, "I think he stopped breathing on the way here." What should be your first step in the BLS sequence of action?
 - a. check for breathing
 - b. check for signs of circulation
 - c. check for responsiveness
 - d. open the airway.

**RN EXAMINATION
Pediatric Intensive Care Unit**

If you work in PICU, please answer the following questions.

1. What are the treatment options for junctional tachycardia?
 - a. Pacing
 - b. Antiarrhythmics
 - c. Treatment of underlying conditions
 - d. All of the above

2. A 3-year-old boy was found with an open bottle of his mother's prenatal vitamins with iron. The color of the tablet coating is seen inside the child's mouth. Twenty-five tablets are uncounted for. Following ingestion of iron, gastrointestinal (GI) decontamination may include all of the following, except:
 - a. Ipecac syrup
 - b. Gastric lavage
 - c. Activated Charcoal
 - d. Whole Bowel Irrigation

3. A 10 month old, Sara is admitted to the PICU with acute mental status changes. One of Sara's siblings died of suspected liver failure. Sara's lab results are as follows: bilirubin 5.2 mg/dl, AST 4268 IU/L, ammonia 220 mcmo/L, albumin 3.2 g/dl, platelets $180,000/\text{mm}^3$, WBC $8.2 \times 10^9/\text{L}$ and PT 33 seconds. She is on 0.5L of Oxygen per nasal canula, is lethargic and does not respond to stimuli. Which of the following would you observe?
 - a. Jaundice
 - b. Petechiae
 - c. Erythematous diffuse rash
 - d. Cyanosis

4. Rob, a 13 year-old boy with a history of leukemia, received a bone marrow transplant 80 days ago. He was admitted to the ICU in septic shock. Which of the following indicate an attempt by the kidneys to compensate for the changes in the child's condition?
 - a. Increased serum bicarbonate, vasoconstriction of arterioles, secretion of rennin
 - b. Decreased serum bicarb, vasoconstriction of arterioles, secretion of rennin
 - c. Increased sodium excretion, vasodilation of arterioles, secretion of rennin
 - d. Increased sodium reabsorption, vasodilation of arterioles, secretion of rennin

5. On day 2, Rob's blood urea nitrogen (BUN) increased to 75 mg/dl, and the creatinine remained at 2.4 mg/dl. The increase in BUN may be an indication of worsening acute renal failure (ARF) and acute tubular necrosis (ATN).
 - a. True
 - b. False

6. Most pediatric burns occur in:
 - a. Newborns
 - b. Infants and toddlers
 - c. School-age children
 - d. Adolescent

7. Jennifer has a positive Brudzinski sign, which is best described as:
 - a. Extension of upper and lower extremities
 - b. Pupil constriction with neck flexion
 - c. Back pain and resistance after passive extension of lower legs
 - d. Flexion of hip and knees after passive flexion of the neck

8. Which diagnostic test is most definitive for RSV bronchiolitis?
 - a. Chest x-ray
 - b. Pulse oximetry
 - c. Fluorescent antibody test
 - d. Arterial blood gas analysis

9. A 3 month old is admitted to the PICU for respiratory compromise secondary to ascites and hepatosplenomegaly. The child is on oxygen per nasal cannula and is started on aggressive diuretic therapy. What is the most likely diagnosis for this infant?
 - a. Tylenol overdose
 - b. Biliary atresia
 - c. Wilson's disease
 - d. Hepatocellular carcinoma

10. What is the etiology of the ascites and hepatosplenomegaly?
 - a. Portal hypertension
 - b. Hepatic encephalopathy
 - c. Jaundice
 - d. Coagulopathy

RN EXAMINATION
Critical Care Unit

If you work in CCU/ICU, please answer the following questions.

Questions 1 and 2 refer to the following scenario.

A 63-year-old male is admitted to your unit with an anterior wall MI (myocardial infarction). His blood pressure is 92/56 with a heart rate of 102. During your discussion with the physician, the question arises of whether treatment to increase the blood pressure should be started. One drug suggested is dopamine.

1. What would be the effect of adding a vasopressor such as dopamine?
 - a. increase systemic vascular resistance and myocardial oxygen consumption
 - b. decrease CVP (central venous pressure) and myocardial oxygen consumption
 - c. increase PAOP (pulmonary artery opening pressure) and decrease myocardial oxygen consumption
 - d. increase cardiac output and decrease PAOP
2. How would you make a determination of whether the blood pressure is low enough to be of clinical concern?
 - a. assess the cardiac output and measure blood gases for a PaO₂ value
 - b. assess the cardiac output and assess level of consciousness
 - c. measure blood gases for a PaO₂ value and assess level of consciousness
 - d. all of the above

Questions 3 and 4 refer to the following scenario.

A 32-year-old female is admitted to your unit following a house fire in which she was rescued after losing consciousness. She has a 30% burn, with most of the burns on her back and legs.

3. Upon admission to the unit, which therapies are most likely to be initiated?
 - a. conservative fluid resuscitation
 - b. topical antimicrobial agents (e.g., silver sulfadiazine, Silvadene)
 - c. occlusive dry dressings
 - d. sedation and paralysis
4. Which test would be performed to assess the extent of her smoke inhalation?
 - a. chest roentgenography
 - b. measurement of carboxyhemoglobin level
 - c. arterial blood gas analysis
 - d. ventilation/perfusion lung scan
5. Following an angioplasty, a 55-year-old male returns to the critical care unit. Which of the following measures would be expected to be performed in the next 8 hr?
 - a. sitting him up in the chair after 4 hr
 - b. intermittent pressure over the insertion site
 - c. monitoring for reperfusion dysrhythmias
 - d. protamine sulfate infusions
6. Dopamine is infusing at 15 ml/hr. The concentration is 200 mg dopamine/250 ml of D5W. The client weighs 145 pounds. How many mcg/kg/min is being delivered?
 - a. 6.04
 - b. 3.03
 - c. 4.06
 - d. 1.03

7. Natreacor (Nesiritide) is human B-type natriuretic peptide (hBNP) and is used to decrease PCWP and arterial pressure in symptomatic patients with decompensated congestive heart failure. Weight based IV administration of Natreacor relaxes arterial and venous smooth muscle. All of the following statements are true except:
- administer with caution in Renal patients
 - Natreacor may cause dizziness and lightheadedness
 - Natreacor is a first line drug for cardiogenic shock
 - Natreacor is contraindicated for patients with valvular stenosis and constrictive pericarditis
8. You are going to start a Levophed infusion. The pharmacy mixes your infusion 16 mg into 250 cc of D5W. What is your mcg per ml concentration?
- 160 mcg/ml
 - 32 mcg/ml
 - 64 mcg/ml
 - 128 mcg/ml
9. Romazicon (Flumazenil) is used to reverse what the effects of what class of drug?
- NSAIDS
 - Benzodiazepenes
 - Opiods
 - Cholinergics
10. What is the antidote for Heparin Sodium?
- Protamine Sulfate
 - Cholecalciferol
 - Histrelin Acetate
 - Terbutaline Sulfate
11. Increased secretions and mucous plugging will potentially result in which clinical condition?
- congestive heart failure
 - atelectasis
 - increased physiologic dead space
 - chronic lung disease

Questions 12 and 13 refer to the following scenario.

A 61-year-old female is admitted to your unit at 1500 after repair of an abdominal aortic aneurysm. Her admission vital signs and hemodynamics are stable and within normal limits. At 2000, she complains of abdominal discomfort unrelated to incisional pain. Her breath sounds are clear, her skin is cool, and she has no shortness of breath. The following hemodynamic information is available:

blood pressure	100/60
pulse	112
PA	23/10
PAOP	6
CVP	2
cardiac output	3.6
cardiac index	2.0

12. Based on the preceding information, which condition is likely to be developing?
- left ventricular failure
 - hypovolemia
 - sepsis
 - cardiogenic shock

13. Which initial treatment would best support her hemodynamic function?
- Furosemide (Lasix)
 - Dobutamine
 - Normal saline bolus
 - Dopamine

Questions 14 and 15 refer to the following scenario.

A 78-year-old female is in the unit following a change in level of consciousness. Her head CT scan demonstrates a large subdural bleed. This is her third day in the unit. Presently, she is responsive only to painful stimuli. Her current vital signs and laboratory data are as follows:

blood pressure	144/84
pulse	85
respiratory rate	21
temperature	37.4
intake	3100
output	6340
urinary osmolality	288
serum osmolality	324
Na ⁺	152

14. Based on the above information, what condition is likely developing?
- SIADH (syndrome of inappropriate secretion of the antidiuretic hormone)
 - myxedema coma
 - hyperthyroidism
 - diabetes insipidus
15. Which of the following is most likely effective treatment for the above condition?
- DDAVP (desmopressin acetate)
 - thyroxine
 - 500 ml of D₅W
 - propylthiouracil

RN EXAMINATION
Oncology

If you work in Oncology, please answer the following questions.

1. In a patient with bone metastases, which of the following symptoms should alert the nurse to the presence of hypercalcemia?
 - a. Muscle Cramps
 - b. Edema
 - c. Dyspnea
 - d. Polyuria

2. Successful management of diarrhea induced by treatments that alter mucosa and bowel motility should include medication to:
 - a. suppress the inflammatory response.
 - b. alter the absorption of nutrients from the bowel.
 - c. stimulate the absorption of excess fluid from the bowel.
 - d. reduce peristalsis or soothe the bowel lining.

3. Liver metastasis most often results from which of the following modes of metastatic spread?
 - a. Hematogenic
 - b. Lymphogenic
 - c. Contact
 - d. Transcavitary seeding

4. Which of the following statements about the preparation of antineoplastic agents is true?
 - a. Sterile technique is not required in the preparation of IV antineoplastics because of their lethal effect on tumor cells.
 - b. Intravenous antineoplastics are best prepared and dispensed by the same procedures as any other IV admixture.
 - c. Only specially trained physicians, nurses, and pharmacists should prepare antineoplastics for administration.
 - d. In reconstituting antineoplastics, positive pressure must be used to inject the diluents into the vial.

5. On the first postoperative day following a modified radical mastectomy, a patient should be encouraged to:
 - a. keep her affected arm in a sling and avoid all exercise.
 - b. perform exercises with wrist and elbow flexion and extension.
 - c. perform passive range-of-motion exercises of the elbow and shoulder.
 - d. perform active range-of-motion exercises of the elbow and shoulder.

6. A patient who is to receive a radioactive implant asks why her room is at the far end of the hall. The nurse's best response would be which of the following?
 - a. "Patients requiring the least amount of physical care are in rooms farthest from the nurses' station."
 - b. "An end room provides the most sunlight and least distraction during your stay in the hospital."
 - c. "This location provides the least radiation exposure to hospital staff and other patients."
 - d. "This location protects those nurses who may be pregnant and working in this unit."

7. A nurse can best demonstrate the philosophy of patient advocacy by doing which of the following?
 - a. Determining the priorities for the patient's plan of care
 - b. Supporting the patient's right to make decisions about care
 - c. Sharing individual values with the patient in developing the plan of care
 - d. Explaining the physician's plans to the patient and family

8. A 65-year-old patient has had a surgical resection for adenocarcinoma of the colon. As a result, he has a permanent colostomy located proximally in his ascending colon, which he refuses to look at. The nurses who is caring for him on his first postoperative day should be concerned primarily with his:
 - a. status regarding dehydration and hypokkalemia.
 - b. total fat intake.
 - c. knowledge of how to care for the colostomy.
 - d. refusal to look at the colostomy.

9. Which of the following is a voluntary public service organization that would be most likely to provide transportation for a person with cancer who needs daily radiation treatments?
 - a. American Automobile Association
 - b. American Red Cross
 - c. National Hospice Organization
 - d. American Cancer Society

10. Assessment for suspected bladder cancer should include evaluation for:
 - a. hematuria.
 - b. abdominal distention.
 - c. flank pain.
 - d. fever.

11. A patient who has just completed treatment for cancer wants to return to her job in the aerospace industry. Her employer tells her that she cannot have her job back because she has had cancer. Her employer's action is violating which of the following?
 - a. The Federal Rehabilitation Act of 1973
 - b. The National Cancer Act of 1971
 - c. Current American Cancer Society guidelines
 - d. Occupational Safety and Health Administration (OSHA) guidelines

12. A patient had a radical hysterectomy and bilateral pelvic lymphadenectomy yesterday. She asked the reason for her suprapubic catheter. The nurse's best response is which of the following?
 - a. "Your bladder may not work for a while because of irritation of the nerves."
 - b. "The tube is for collecting the urine so you won't be bothered with urinating."
 - c. "There are many nerves there and they may have been injured during the surgery. The tube will facilitate draining of the urine if any damage occurred."
 - d. "Your bladder needs to rest for a while after surgery."