

## 25 FREE CNOR PRACTICE QUESTIONS

- 1. Which of the low-temperature sterilization methods is an alkylating agent that disrupts proteins and DNA and is lethal to microbes?**
  - A. Ethylene oxide
  - B. Low-temperature gas plasma sterilization
  - C. Low-temperature hydrogen peroxide vapor sterilization
  - D. Steam sterilization
- 2. Which biological indicator should be used to test ethylene oxide sterilizer efficacy?**
  - A. *Aspergillus spp*
  - B. *Bacillus atrophaeus*
  - C. *C difficile*
  - D. *Geobacillus stearothermophilus*
- 3. After intubating the patient using a flexible laryngoscope, the anesthesia professional requests that the flexible endoscope stay in the room. What should the perioperative RN do?**
  - A. Leave the laryngoscope with the anesthesia professional as requested.
  - B. Replace the used flexible laryngoscope with a clean one.
  - C. Take the laryngoscope to the OR scrub sink and rinse it with water.
  - D. Wipe the external surfaces with a soft cloth saturated with sterile water or utility water and suction water through the channels
- 4. An adult man with a body mass index (BMI) of 43 is scheduled for a laparoscopic abdominal procedure. He will be positioned in the Trendelenburg position. The perioperative RN voices concern to the surgeon and anesthesia professional about positioning the patient in Trendelenburg due to the patient's BMI. The surgeon is insistent that he needs to position the patient in Trendelenburg. At this point, what should the perioperative RN anticipate doing?**
  - A. Discussing the surgeon's plans with the supervisor to help convince the surgeon to choose a safer position for this patient
  - B. Preparing the OR suite for an open procedure instead of a laparoscopic procedure
  - C. Repositioning the patient frequently throughout the procedure, alternating from Trendelenburg to supine position
  - D. Sending arterial blood gases to the lab as part of careful monitoring of the patient throughout the procedure
- 5. Who has the authority to regulate medical devices?**
  - A. Centers for Medicare & Medicaid Services
  - B. US Food and Drug Administration
  - C. Individual health care organizations
  - D. Individual states' departments of health

6. **The telephone in the OR is ringing at the same time the surgeon is describing to the RN circulator the site and identity of a tissue specimen removed from a patient who has been diagnosed with melanoma. Which action should a perioperative RN take at this time?**
- A. Answer the telephone and continue writing down everything the surgeon says.
  - B. Ask the surgeon, "should I answer the telephone now?"
  - C. Continue to listen to the surgeon's instructions about the tissue specimen.
  - D. Interrupt the surgeon and ask the anesthesia professional to answer the telephone
7. **A 25-year-old man is scheduled for surgery to place a venous access port to be used for administration of his chemotherapy medication. During the preoperative assessment, the perioperative RN reviews the recent arterial blood gases report.**
- The results are pH 7.2, PaCO<sub>2</sub> 50, and HCO<sub>3</sub> 26. What is the perioperative RN's most likely action regarding the test results?**
- A. Administer additional pain medications that were ordered preoperatively and ask the physician for an order for supplemental oxygen.
  - B. Call the code arrest team.
  - C. Closely monitor the vital signs for changes and notify the physician of abnormal findings.
  - D. Encourage the patient to take deep breaths, contact the physician, and request an order for supplemental oxygen from the anesthesia professional.
8. **A major earthquake has occurred 10 miles from the community hospital. The OR charge RN is notified there are at least 10 people who were critically injured and will be transported shortly to the emergency department (ED). What should the charge RN do first?**
- A. Cancel all the scheduled surgeries.
  - B. Implement the emergency response plan for the OR.
  - C. Instruct the unit assistant to start using the telephone tree to alert OR team members to come to the hospital as soon as possible.
  - D. Walk over to the ED and speak directly to the ED manager to coordinate patient care plans.
9. **A patient with known tuberculosis who is scheduled for surgery is waiting in an isolation room on the nursing unit. What instruction should the perioperative RN give to the transporter?**
- A. Bring the patient to the preoperative ready area and post a sign on the curtains that states, "TB precautions."
  - B. Place a mask on the patient before transporting and bring the patient to the last bay near the door in the postanesthesia care unit.
  - C. Place a mask on the patient before transporting and bring the patient into the preoperative ready area.
  - D. Place a mask on the patient before transporting and bring the patient directly into the OR suite.
10. **Radiation health care workers must be monitored annually for exposure to radiation. Exposure must be limited to a total effective dose equivalent not exceeding**
- A. 0.5 rem.
  - B. 5 rem.
  - C. 15 rem.
  - D. 50 rem.

- 11. Hazardous spill kits have always been stored in the pharmacy and placed on the case cart for each patient when a chemotherapy agent is scheduled to be administered in the OR suite. A new nurse manager states there is no need to place them on the case cart and that they can stay in the pharmacy unless there is a spill. Is the new nurse manager correct?**
- A. No, the new nurse manager is not correct; the current practice is correct.
  - B. Yes, the new nurse manager is correct; the spill kits can stay in the pharmacy storage area unless needed.
- 12. What are methods for storing a cranial bone flap that will be replanted into the same patient at a later date?**
- A. Storing it in a subcutaneous pocket within the patient
  - B. Freezing, cryopreserving, or storing it in a subcutaneous pocket within the patient
  - C. Refrigerating or cryopreserving it
  - D. Refrigerating, cryopreserving, or storing it in a subcutaneous pocket within the patient
- 13. When providing care for a patient who is suspected to be infected or colonized with rubeola or *Varicella zoster*, the perioperative RN should follow what type of precautions in addition to standard precautions?**
- A. Airborne precautions
  - B. Contact precautions
  - C. Droplet precautions
  - D. No other precautions are necessary.
- 14. The relative humidity in the OR should be maintained within a range of**
- A. 20% to 30%.
  - B. 20% to 60%.
  - C. 30% to 70%.
  - D. 40% to 50%.
- 15. A patient is in the PACU after having surgery to remove a mass from his left lung. One chest tube was inserted and is connected to a sterile water-seal, closed-chest drainage system to maintain \_\_\_\_\_ pressure in the pleural space.**
- A. Horizontal
  - B. Negative
  - C. Positive
  - D. Vertical

- 16. The perioperative RN is reviewing the medical records for a patient in the preoperative ready area who is scheduled for a central line placement. Physician orders for “do not resuscitate” are written for this patient. The perioperative RN should verify whether a discussion has taken place involving the patient, family, surgeon, and anesthesia professional about the patient’s health care wishes. This discussion should include**
- A. a list of the medications that will be administered in the central line.
  - B. a plan of care for postoperative recovery after placement of the central line.
  - C. possible complications associated with inserting a central line.
  - D. potential outcomes for the patient with and without resuscitation measures.
- 17. Which of the following is a depolarizing neuromuscular blocking agent whose actions cannot be reversed pharmaceutically?**
- A. Atracurium besylate
  - B. Nitrous oxide
  - C. Succinylcholine
  - D. Vecuronium bromide
- 18. A patient is in the postanesthesia care unit after surgery involving an open reduction internal fixation of a fractured right femur. The perioperative RN observes the following signs: the patient is experiencing respiratory distress as demonstrated by tachypnea, his heart rate is 160, the patient appears anxious and agitated, and there are petechiae present on the patient’s chest. The patient is most likely exhibiting signs of**
- A. an ineffective response to pain medication.
  - B. elevation myocardial infarction.
  - C. compartment syndrome.
  - D. fat embolism syndrome.
- 19. What laboratory value can assist the perioperative RN in determining a surgical patient’s nutritional status for effective wound healing?**
- A. Albumin
  - B. Electrolyte panel
  - C. Hemoglobin
  - D. Potassium
- 20. A malignant hyperthermia crisis is a biochemical chain reaction response affecting what type of muscle?**
- A. Cardiac
  - B. Flaccid
  - C. Skeletal
  - D. Smooth

- 21. Which anesthetic agents can trigger malignant hyperthermia (MH) in an MH-susceptible patient?**
- A. Desflurane and succinylcholine
  - B. Midazolam (Versed) and fentanyl
  - C. Nitrous oxide and atropine
  - D. Propofol and midazolam
- 22. Mr. Jones is a 68-year-old obese man with a history of prostate cancer and cardiac disease. He is scheduled for a lengthy orthopedic knee procedure. It is important that during the preoperative assessment the perioperative RN recognizes that Mr. Jones is at**
- A. greater potential for risk of venous thromboembolism (VTE) formation.
  - B. no greater potential for risk of VTE formation.
  - C. lower potential for risk of VTE formation.
  - D. moderate potential for risk of VTE formation.
- 23. When positioning the patient in reverse Trendelenburg for a computer-assisted procedure, the perioperative RN should be aware that this position**
- A. increases cardiac output and can result in misalignment of the patient's extremities.
  - B. increases venous return and can result in misalignment of the patient's extremities.
  - C. reduces cardiac output and decreases peripheral and pulmonary resistance.
  - D. reduces venous return and cardiac output and increases peripheral and pulmonary resistance.
- 24. An 18-year-old patient who received 10 mg of midazolam (Versed) during rhinoplasty surgery becomes cyanotic and unresponsive. The perioperative RN suspects midazolam overdose and should immediately**
- A. administer atropine to increase the heart rate.
  - B. administer flumazenil (Romazicon) to reverse the effects of midazolam.
  - C. begin the steps for cardiopulmonary resuscitation.
  - D. increase the amount of oxygen via nasal cannula until voluntary respiration returns
- 25. The anesthesia professional states "This patient is experiencing local anesthetic systemic toxicity." The perioperative RN should be prepared to assist with the administration of**
- A. 20% lipid emulsion therapy.
  - B. Dantrolene sodium.
  - C. Protamine Sulfate.
  - D. Papaverine Hydrochloride.

**1. Which of the low-temperature sterilization methods is an alkylating agent that disrupts proteins and DNA and is lethal to microbes?**

A. Ethylene oxide

**Resource:** Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. St. Louis, MO: Elsevier; 2019; 79-80.

**2. Which biological indicator should be used to test ethylene oxide sterilizer efficacy?**

B. *Bacillus atrophaeus*

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Sterilization

**3. After intubating the patient using a flexible laryngoscope, the anesthesia professional requests that the flexible endoscope stay in the room. What should the perioperative RN do?**

D. Wipe the external surfaces with a soft cloth saturated with sterile water or utility water and suction water through the channels

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Processing Flexible Endoscopes

**4. An adult man with a body mass index (BMI) of 43 is scheduled for a laparoscopic abdominal procedure. He will be positioned in the Trendelenburg position. The perioperative RN voices concern to the surgeon and anesthesia professional about positioning the patient in Trendelenburg due to the patient's BMI. The surgeon is insistent that he needs to position the patient in Trendelenburg. At this point, what should the perioperative RN anticipate doing?**

D. Sending arterial blood gases to the lab as part of careful monitoring of the patient throughout the procedure

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Positioning the Patient

**5. Who has the authority to regulate medical devices?**

B. US Food and Drug Administration

**Resource:** Learn if a Medical Device Has Been Cleared by FDA for Marketing. Medical Devices. US Food & Drug Administration. US Department of Health & Human Services. <https://www.fda.gov/medical-devices/consumers-medical-devices/learn-if-medical-device-has-been-cleared-fda-marketing>. Accessed October 19, 2021.

**6. The telephone in the OR is ringing at the same time the surgeon is describing to the RN circulator the site and identity of a tissue specimen removed from a patient who has been diagnosed with melanoma. Which action should a perioperative RN take at this time?**

C. Continue to listen to the surgeon's instructions about the tissue specimen.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for a Safe Environment of Care effective October 1, 2018. 2.Noise and Distractions

7. A 25-year-old man is scheduled for surgery to place a venous access port to be used for administration of his chemotherapy medication. During the preoperative assessment, the perioperative RN reviews the recent arterial blood gases report.

**The results are pH 7.2, PaCO<sub>2</sub> 50, and HCO<sub>3</sub> 26. What is the perioperative RN's most likely action regarding the test results?**

- D. Encourage the patient to take deep breaths, contact the physician, and request an order for supplemental oxygen from the anesthesia professional.

The patient is in respiratory acidosis. Treatment includes encouraging the patient to take deep breaths and give supplemental oxygen. The PaCO<sub>2</sub> is high, which means the patient is retaining CO<sub>2</sub> and giving additional pain medication may decrease the patient's respirations even more.

**Resource:** Lewis SL, Bucher L, McLean Heitkemper M, Harding MM. *Medical Surgical Nursing: Assessment and Management of Clinical Problems*. 10th ed. St. Louis, MO: Elsevier; 2017:289-291.

8. A major earthquake has occurred 10 miles from the community hospital. The OR charge RN is notified there are at least 10 people who were critically injured and will be transported shortly to the emergency department (ED). What should the charge RN do first?

- B. Implement the emergency response plan for the OR.

**Resource:** AORN Emergency Preparedness Tool Kit.

9. A patient with known tuberculosis who is scheduled for surgery is waiting in an isolation room on the nursing unit. What instruction should the perioperative RN give to the transporter?

- D. Place a mask on the patient before transporting and bring the patient directly into the OR suite.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Transmission-Based Precautions

10. Radiation health care workers must be monitored annually for exposure to radiation. Exposure must be limited to a total effective dose equivalent not exceeding

- B. 5 rem.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Radiation Safety

11. Hazardous spill kits have always been stored in the pharmacy and placed on the case cart for each patient when a chemotherapy agent is scheduled to be administered in the OR suite. A new nurse manager states there is no need to place them on the case cart and that they can stay in the pharmacy unless there is a spill. Is the new nurse manager correct?

- A. No, the new nurse manager is not correct; the current practice is correct.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Medication Safety

12. What are methods for storing a cranial bone flap that will be replanted into the same patient at a later date?

- B. Freezing, cryopreserving, or storing it in a subcutaneous pocket within the patient

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Autologous Tissue Management

**13. When providing care for a patient who is suspected to be infected or colonized with rubeola or *Varicella zoster*, the perioperative RN should follow what type of precautions in addition to standard precautions?**

A. Airborne precautions

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Transmission-Based Precautions

**14. The relative humidity in the OR should be maintained within a range of**

B. 20% to 60%.

**Resource:** AORN *Guidelines for Perioperative Practice*, Design and Maintenance of the Surgical Suite effective August 1, 2018. Table 3 Heating, Ventilating, and Air Conditioning Design Parameters

**15. A patient is in the PACU after having surgery to remove a mass from his left lung. One chest tube was inserted and is connected to a sterile water-seal, closed-chest drainage system to maintain \_\_\_\_\_ pressure in the pleural space.**

B. negative

The correct response is the 2nd response. A sterile water-seal, closed-chest drainage system is used after chest surgery to maintain negative pressure in the pleural space. The negative pressure created in the pleural space allows for lung expansion.

**Resource:** *Phillips N. Berry & Kohn's Operating Room Technique*. 13th ed. St Louis, MO: Elsevier; 2017:576-577.

**16. The perioperative RN is reviewing the medical records for a patient in the preoperative ready area who is scheduled for a central line placement. Physician orders for "do not resuscitate" are written for this patient. The perioperative RN should verify whether a discussion has taken place involving the patient, family, surgeon, and anesthesia professional about the patient's health care wishes. This discussion should include**

D. potential outcomes for the patient with and without resuscitation measures.

**Resource:** AORN Position Statement on Perioperative Care of Patients with Do-Not-Resuscitate or Allow-Natural-Death Orders. AORN, Inc.

**17. Which of the following is a depolarizing neuromuscular blocking agent whose actions cannot be reversed pharmaceutically?**

C. Succinylcholine

**Resource:** Odom-Forren J. Succinylcholine. In: *Drain's Perianesthesia Nursing: A Critical Care Approach*. 7th ed. St Louis, MO: Elsevier; 2018:252, 304-306.

**18. A patient is in the postanesthesia care unit after surgery involving an open reduction internal fixation of a fractured right femur. The perioperative RN observes the following signs: the patient is experiencing respiratory distress as demonstrated by tachypnea, his heart rate is 160, the patient appears anxious and agitated, and there are petechiae present on the patient's chest. The patient is most likely exhibiting signs of**

D. fat embolism syndrome.

**Resource:** Odom-Forren J. Fat embolism syndrome. In: *Drain's Perianesthesia Nursing: A Critical Care Approach*. 7th edition. St Louis, MO: Elsevier; 2018:554.

**19. What laboratory value can assist the perioperative RN in determining a surgical patient's nutritional status for effective wound healing?**

A. Albumin

Albumin may be ordered to evaluate a person's nutritional status. Albumin can be low in many different diseases and disorders, it may be used in a variety of settings to help diagnose disease, to monitor changes in health status with treatment or with disease progression, and as a screen that may indicate the need for other kinds of testing.

**Resource:** Albumin. Lab Tests Online.

**20. A malignant hyperthermia crisis is a biochemical chain reaction response affecting what type of muscle?**

C. Skeletal

**Resource:** What is MH? The Malignant Hyperthermia Association of the United States. <https://www.mhaus.org/faqs/>. Accessed October 26, 2021

**21. Which anesthetic agents can trigger malignant hyperthermia (MH) in an MH-susceptible patient?**

A. Desflurane and succinylcholine

**Resource:** Safe and Unsafe Anesthetics. The Malignant Hyperthermia Association of the United States.

**22. Mr. Jones is a 68-year-old obese man with a history of prostate cancer and cardiac disease. He is scheduled for a lengthy orthopedic knee procedure. It is important that during the preoperative assessment the perioperative RN recognizes that Mr. Jones is at**

A. greater potential for risk of venous thromboembolism (VTE) formation.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Prevention of Venous Thromboembolism

**23. When positioning the patient in reverse Trendelenburg for a computer-assisted procedure, the perioperative RN should be aware that this position**

D. reduces venous return and cardiac output and increases peripheral and pulmonary resistance.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Minimally Invasive Surgery

**24. An 18-year-old patient who received 10 mg of midazolam (Versed) during rhinoplasty surgery becomes cyanotic and unresponsive. The perioperative RN suspects midazolam overdose and should immediately**

C. begin the steps for cardiopulmonary resuscitation.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Care of the Patient Receiving Moderate Sedation/Analgesia

**25. The anesthesia professional states "This patient is experiencing local anesthetic systemic toxicity." The perioperative RN should be prepared to assist with the administration of**

A. 20% lipid emulsion therapy.

**Resource:** AORN *Guidelines for Perioperative Practice*, Guideline for Care of the Patient Receiving Local-Only Anesthesia



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