

ATI MED-SURG 2019 EXAM QUESTIONS AND CORRECT ANSWERS 2024-2025 LATEST NEWEST

Airborne:

1. private room
2. masks or respiratory protection devices
 - a. use an N95 respirator for tuberculosis
3. Negative pressure airflow
4. full face protection if splashing or spraying is possible

Contact:

1. private room or room with same illness
2. gloves & gowns
3. disposal of infectious dressing materials into a single, nonporous bag without touching the outside of the bag

TB: Priority action for a client in the emergency department - -Wear an N95 or HEPA respirator

-Place client in negative airflow room and implement airborne precautions

-use barrier protection when the risk of hand or clothing contamination exists

Immunizations: Recommended vaccinations for older adult clients - Adults age 50 or older:

- Pneumococcal Vaccine (PPSV)
- Influenza vaccine
- Herpes Zoster Vaccine
- Hepatitis A
- Hepatitis B
- Meningococcal Vaccine

Pulmonary Embolism: Risk factors for DVT - - Long term immobility

- Oral contraceptives
- Pregnancy
- Tobacco use
- Hypercoagulability
- Obesity
- Surgery
- Heart failure or chronic A-Fib
- Autoimmune hemolytic anemia (sickle cell)
- Long bone fractures
- Advanced age

Disorders of the male reproductive system: Complications of continuous irrigation following Trans-urethral Resection - - Urethral trauma

- Urinary retention
- Bleeding
- Infection

Non-modifiable risk factors (Page 3 ATI) - 1) Age

- 2) Gender
- 3) Genetics
- 4) Developmental level

Modifiable risk factors (Page 3 ATI) - 1) Smoking

- 2) Exercise
- 3) Health education and awareness
- 4) Nutrition
- 5) Sex practices

Emergency nursing - Triage - BASED ON ACUITY

- 1) Emergent- Life threatening situation going on.
- 2) Urgent - Need to be treated soon but not life threatening.
- 3) Non urgent- The patient can wait for an extended period of time , without big issues.

Mass casualty event - Class 1 - RED TAG - Immediate threat to life

Examples:

- 1) Breathing issues
- 2) Chest pain
- 3) Heart attack coming on
- 4) Airway problem

Class II - YELLOW TAG - Major injuries that require immediate treatment but not life threatening.

Examples:

- 1) Major fracture

Class III - GREEN TAG - Minor injury that does not require immediate attention.

EXAMPLES:

- 1) Abrasion
- 2) Laceration

What would you do for wound Evisceration (removal of internal organs) , Emergency management? - Saline cover wound

What would you do for an ASTHMA emergency management of a bee sting allergies? - Epi Pen

Seizures and Epilepsy: Seizure precautions - During a seizure:

- 1) Position client on the floor
- 2) Provide a patent airway
- 3) Turn client to side
- 4) Loosen restrictive clothing

Cancer treatment options: Protective Isolation - If WBC drops below 1,000, place the client in a private room and initiate neutropenic precautions.

- Have client remain in his room unless he needs to leave for a diagnostic procedure, in that case transport patient and place a mask on him.
- Protect from possible sources of infection (plants, change water in equipment daily)
- Have client, staff and visitors perform frequent hand hygiene, restrict ill visitors
- Avoid invasive procedures (rectal temps, injections)
- Administer (neupogen, neulasta) to stimulate WBC production

Infection control: Appropriate room assignment - Standard Precautions:

1. applies to all patients
2. Hand washing
 - a. alcohol based preferred unless hands visually soiled (then soap and water)
3. Gloves - when touching anything that has the potential to contaminate.
4. Masks, eye protection & face shields when care may cause splashing or spraying of body fluids

Droplet:

1. private room or with someone with same illness
2. masks

Class IV - BLACK TAG - Expected to die

EXAMPLES:

- 1) Penetrating head wound

Triage priority setting - 1) Red tag

2) Yellow Tag

3) Green tag

4) Black tag

Priorities: general rule - A - Airway - Secure the airway by head tilt , chin lift maneuver unless a fracture in cervical spinal. Brain injury or death in 3 - 5 minutes if airway not patent.

B- Breathing - Auscultation of breath sounds, Chest expansion and respiratory effort, Rate and depth of respiration's, Look for chest trauma, Determine tracheal position, Check for jugular vein distension.

C- Circulation - Heart rate, BP, Peripheral pulses, Cap refill.

D - Disability - Clients level of consciousness with:

- 1) Glasgow coma scale
- a) <<< 8 Comatose state
- b) 3 Client totally unresponsive
- c) 15 A client within normal limits.

E- Exposure - Hypothermia - Patient in cold icy water:

- 1) Remove wet clothing
- 2) Provide blankets
- 3) Increase the temperature of the room
- 4) Warm IV fluid going into the patient

IF patient has had accidental or purposeful poisoning:

- 1) Activated charcoal
 - 2) Gastric lavage
 - 3) Whole bowel irrigation
- *** DO NOT INDUCE VOMITING OR SYRUP OF IPECAC

Call rapid response team when client is rapidly declining.

Cardiac Emergencies - If V fib or ventricular tachycardia you would initiate:

- 1) Basic life support (BLS) and CPR
- 2) Establish IV access
- 3) Epinephrine is used to get the heart up and moving.