Workbook for

Essentials of Perioperative Nursing

Custom 6th Edition

Workbook by
Marcie Scott, MSN, RN

Upon successful completion of this course, continuing education hours will be awarded as follows:

Nurses: 28 Contact Hours*

*Western Schools is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
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Marcie Scott has disclosed that she has no significant financial or other conflicts of interest pertaining to this course book.

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3) Complete the course evaluation

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COURSE EVALUATION

ESSENTIALS OF PERIOPERATIVE NURSING

INSTRUCTIONS: Using the scale below, please respond to the following evaluation statements. All responses should be recorded in the right-hand column of the FasTrax answer sheet, in the section marked “Evaluation.” Be sure to fill in each corresponding answer circle completely using blue or black ink. Leave any remaining answer circles blank.

A B C D
Agree Agree Disagree Disagree
Strongly Somewhat Somewhat Strongly

OBJECTIVES: After completing this course, I am able to:
1. Discuss the role and responsibilities of the nurse in assessing and preparing the patient for surgery and improving patient care during the surgical experience.
2. Identify the risks and benefits associated with positioning the patient during surgical care, and the nurse’s role in preventing surgical site infections and maintaining aseptic practices.
3. Explain nursing standards and hospital procedures designed to reduce the incidence of retained surgical items and methods to aid surgical hemostasis.
4. Identify considerations affecting surgical wound healing, and nursing management of postoperative wounds.
5. Discuss the role of the perioperative nurse in ensuring the safe administration of anesthesia medication.
6. Describe the recommended practices for maintaining a safe care environment for perioperative patients, nurses, and other healthcare personnel.

COURSE CONTENT
7. The course content was presented in a well-organized and clearly written manner.
8. The course content was presented in a fair, unbiased, and balanced manner.
9. The course content presented current developments in the field.
10. The course was relevant to my professional practice or interests.
11. The final examination was at an appropriate level for the content of the course.
12. The course expanded my knowledge and enhanced my skills related to the subject matter.
13. I intend to apply the knowledge and skills I’ve learned to my practice.
   A. Yes       B. Unsure       C. No       D. Not Applicable

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16. The process of ordering was easy and efficient.
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continued on next page
ATTESTATION
18. I certify that I have read the course materials and personally completed the final examination based on the material presented. Mark “A” for Agree and “B” for Disagree.

COURSE RATING
19. My overall rating for this course is
   A. Poor       B. Below Average   C. Average       D. Good       E. Excellent

You may be contacted within 3 to 6 months of completing this course to participate in a brief survey to evaluate the impact of this course on your clinical practice and patient/client outcomes.

Note: To provide additional feedback regarding this course, Western Schools services, or to suggest new course topics, use the space provided on the Important Information form found on the back of the FasTrax instruction sheet included with your course.
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INTRODUCTION

COURSE OBJECTIVES

After completing this course, the learner will be able to:

1. Discuss the role and responsibilities of the nurse in assessing and preparing the patient for surgery and improving patient care during the surgical experience.
2. Identify the risks and benefits associated with positioning the patient during surgical care, and the nurse’s role in preventing surgical site infections and maintaining aseptic practices.
3. Explain nursing standards and hospital procedures designed to reduce the incidence of retained surgical items and methods to aid surgical hemostasis.
4. Identify considerations affecting surgical wound healing, and nursing management of postoperative wounds.
5. Discuss the role of the perioperative nurse in ensuring the safe administration of anesthesia medication.
6. Describe the recommended practices for maintaining a safe care environment for perioperative patients, nurses, and other healthcare personnel.

This course provides an overview of perioperative nursing, including methods to improve the quality of perioperative nursing. The nurse’s role throughout the perioperative period of care is reviewed. The Perioperative Nursing Data Set (PNDS), which was developed and is maintained by the Association of periOperative Registered Nurses (AORN), is a perioperative nursing vocabulary that describes appropriate diagnoses, interventions, and patient outcomes (U.S. National Library of Medicine, 2017). The course also explains use of the PNDS in terms of a nursing framework for providing high-quality perioperative care.

Perioperative nursing knowledge and collaborative actions to improve patient care during the surgical experience are discussed. Performing in the role of patient advocate, the perioperative nurse’s role is to identify the patient’s needs and risk factors that may be affected by the surgical experience (AORN, 2015). This course discusses the needs of special patient populations (e.g., the morbidly obese patient) as well as risk factors for all patients undergoing surgery (e.g., retained surgical items, injury, wound healing complications, etc.). In addition, the course provides a review of standardized perioperative nursing procedures and documentation in the electronic health record during routine surgical care.

The purpose of this course is to address the basics associated with navigating the perioperative environment, making it ideal for all nurses who desire to learn more about this specialty care area. The course is also suited to the needs of perioperative nurses who are studying for CNOR certification, which demonstrates competency in the field of perioperative nursing. After completing this course, the
learner will be able to describe the assessment, nursing interventions, and evaluation of patients during the three phases of perioperative nursing: preoperative, intraoperative, and postoperative care.

References


This educational offering incorporates the information contained in *Essentials of Perioperative Nursing* (6th ed.) by Terri Goodman and Cynthia Spry into an integrated learning experience. Learning outcomes and chapter objectives are provided in this workbook for each chapter of the textbook. The workbook’s chapter outcomes and objectives focus the nurse’s individual study on information contained within the textbook. The final exam questions are based on the workbook’s chapter objectives and are meant to evaluate the reader’s learning of each objective.

To complete this course, study the objectives provided in this workbook (pages 5 to 8) pertaining to each chapter of the textbook. Read each chapter in the textbook and answer the final exam questions (workbook pages 9 to 22) as indicated in this Lesson Plan. Answers to the final exam questions should be logged on the FasTrax answer sheet provided with the course.

**Note:** Before getting started, log into your account at www.westernschools.com/my-courses to take your exam as you read the course. You can save your progress and return to it at any time. If completing by mail or fax, please be sure you are using the FasTrax answer sheet labeled *Essentials of Perioperative Nursing* (6th ed.).

### Chapter 1: Introduction to Perioperative Nursing
Read Chapter 1 and answer questions 1 to 12.

### Chapter 2: Preparing the Patient for Surgery
Read Chapter 2 and answer questions 13 to 23.

### Chapter 3: Aseptic Practices: Preparing the Sterile Field and the Patient for Surgery
Read Chapter 3 and answer questions 24 to 34.

### Chapter 4: Positioning the Patient for Surgery
Read Chapter 4 and answer questions 35 to 45.

### Chapter 5: Prevention of Retained Surgical Items
Read Chapter 5 and answer questions 46 to 56.

### Chapter 6: Prevention of Injury: Hemostasis, Tourniquets, and Electrosurgical Equipment
Read Chapter 6 and answer questions 57 to 67.

### Chapter 7: Wound Management: Wound Closure
Read Chapter 7 and answer questions 68 to 78.

### Chapter 8: Anesthesia and Medication Safety
Read Chapter 8 and answer questions 79 to 89.
Chapter 9: Environment of Care and Life Safety

Read Chapter 9 and answer questions 90 to 100.
PRETEST

1. Begin this course by taking the pretest. Circle the answers to the questions on this page, or write the answers on a separate sheet of paper. Do not log answers to the pretest questions on the FasTrax test sheet included with the course.

2. Compare your answers to the answers in the PRETEST KEY located at the end of the pretest. The pretest key indicates the chapter and page where the content of that question is discussed within the textbook. Make note of the questions you missed, so that you can focus on those areas as you complete the course.

3. Read the entire course and complete the exam questions at the end of the course. Answers to the exam questions should be logged on the FasTrax test sheet included with the course.

Note: Choose the one option that BEST answers each question.

1. A scrub person primarily works to
   a. provide the patient and family with support and teaching.
   b. select instruments, equipment, and other supplies.
   c. evaluate surgical patient outcomes and satisfaction.
   d. maintain the efficient provision of resources.

2. Patient hand-off protocols such as SBAR and I PASS the BATON are used to
   a. highlight only substantial changes in a patient’s condition.
   b. communicate comprehensive and concise patient-focused information.
   c. formulate nursing diagnoses that serve as the basis for the patient’s plan of care.
   d. identify the cause of medical errors in the perioperative environment.

3. An intrinsic (patient-related) variable that contributes to a surgical site infection is the
   a. type of surgical procedure.
   b. length of preoperative hospital stay.
   c. length of surgery.
   d. duration of smoking.

4. The Braden scale is used to predict a patient’s risk of
   a. pressure ulcer development.
   b. blood clot formation.
   c. deep tissue injury.
   d. soft tissue injury.

5. Instrument counts must account for all pieces of an instrument
   a. while performing a skin closure.
   b. after a skin closure.
   c. with multiple parts.
   d. only when the surgical incision is small.

6. A mechanism that is often sufficient to control bleeding associated with injury to small blood vessels is called
   a. argon plasma coagulation.
   b. mechanical hemostasis.
   c. anticoagulation.
   d. platelet plug formation.
7. Synthetic absorbable suture is designed to
   a. provide very long-term support.
   b. ligate superficial blood vessels.
   c. result in less tissue reaction.
   d. dissolve after several years.

8. The choice of preoperative medication for patients is based primarily on evaluation of
   a. criteria from The Joint Commission.
   b. the family’s requests.
   c. each patient’s needs.
   d. each patient’s preference.

9. One of the three critical elements that must be present for a fire to occur in surgery is fuel, which can include drapes, sponges, and
   a. the patient.
   b. a laser.
   c. fiberoptic cords.
   d. oxygen.
LEARNING OUTCOMES

CHAPTER 1: Introduction to Perioperative Nursing

Learning Outcome
After completing this chapter, the learner will be able to discuss the role and responsibilities of the perioperative nurse in improving patient care during the surgical experience.

Chapter Objectives
After completing this chapter, the learner will be able to:
1. Describe the three phases of the surgical experience.
2. Discuss application of the nursing process throughout the perioperative period and in expanded surgical care settings.
3. Describe application of the Perioperative Nursing Data Set to the practice of perioperative nursing.
4. Identify roles of the perioperative nurse.
5. Describe the responsibilities of other surgical team members.

CHAPTER 2: Preparing the Patient for Surgery

Learning Outcome
After completing this chapter, the learner will be able to explain the role of the perioperative nurse in assessing and preparing the patient for surgery.

Chapter Objectives
After completing this chapter, the learner will be able to:
1. Identify relevant patient information to be shared among healthcare providers when preparing patients to undergo surgery.
2. Describe critical physiologic and psychosocial factors included in a preoperative patient assessment.
3. Discuss appropriate nursing diagnoses and interventions for patients during the pre- and intraoperative periods.
4. Identify factors contributing to wrong-site surgery.
5. Describe the nurse’s documentation responsibilities in the preoperative phase.
6. Discuss the nurse’s patient- and family-teaching role in the preoperative phase.

CHAPTER 3: Aseptic Practices: Preparing the Sterile Field and the Patient for Surgery

Learning Outcome
After completing this chapter, the learner will be able to describe the perioperative nurse’s responsibility for aseptic practice and the prevention of surgical site infections.

Chapter Objectives
After completing this chapter, the learner will be able to:
1. Describe nursing diagnoses and interventions related to the prevention of surgical site infections.
2. Identify pathogenic microorganisms and other sources that contribute to surgical site infections.

3. Discuss standard and transmission-based precautions for the prevention of surgical site infections.

4. Describe the concepts of aseptic practices and surgical conscience for preventing infection in the operating room.

5. Summarize techniques and guidelines to create and help maintain a sterile field.

6. Identify protocols for operating-room cleaning and disinfecting procedures.

CHAPTER 4: Positioning the Patient for Surgery

Learning Outcome

After completing this chapter, the learner will be able to discuss the risks and benefits associated with positioning the patient during surgical care.

Chapter Objectives

After completing this chapter, the learner will be able to:

1. Describe desired patient outcomes relative to positioning the patient for surgery.

2. Describe the impact of surgical positioning on the respiratory, circulatory, neuromuscular, and integumentary systems.

3. Identify intrinsic and extrinsic factors that affect patient injury related to surgical positioning.

4. Discuss the role and responsibilities of the perioperative nurse in ensuring patient safety when positioning the surgical patient.

5. Discuss the nurse’s documentation responsibilities when positioning the surgical patient.

CHAPTER 5: Prevention of Retained Surgical Items

Learning Outcome

After completing this chapter, the learner will be able to discuss nursing standards and hospital procedures designed to reduce the incidence of retained surgical items (RSIs).

Chapter Objectives

After completing this chapter, the learner will be able to:

1. Describe the surgical items and surgical sites most commonly involved in incidences of RSIs.

2. Identify approaches that healthcare facilities and professional surgical organizations use to prevent an RSI.

3. Describe the application of the nursing process as a framework for identifying an RSI and providing early intervention.

4. Explain critical challenges and the use of assistive technologies to prevent RSIs.

5. Discuss postsurgical counting practices and documentation protocols used to prevent RSIs.

CHAPTER 6: Prevention of Injury: Hemostasis, Tourniquets, and Electrosurgical Equipment

Learning Outcome

After completing this chapter, the learner will be able to describe the process of hemostasis and methods to aid surgical hemostasis.

Chapter Objectives

After completing this chapter, the learner will be able to:

1. Differentiate between natural and artificial hemostasis techniques used during surgery.

2. Identify desired patient outcomes when achieving hemostasis during surgical procedures.
3. Discuss the potential risks and appropriate use of tourniquets used to manage hemostasis during surgical procedures.
4. Describe the benefits, risks, and safety considerations associated with the use of electrosurgical equipment during surgery.
5. Explain the appropriate use and benefits of using an ultrasonic energy device and argon beam coagulator.

CHAPTER 7: Wound Management: Wound Closure

Learning Outcome
After completing this chapter, the learner will be able to discuss considerations affecting surgical wound healing and nursing management of postoperative wounds.

Chapter Objectives
After completing this chapter, the learner will be able to:
1. Discuss factors that increase the risk for patient injury following surgical wound closure.
2. Describe wound classification as a predictor of postoperative surgical site infection.
3. Describe the types and stages of surgical wound healing.
4. Describe the uses and qualities of different suture materials.
5. Review factors that are considered when selecting suture materials.
6. Describe wound closure using surgical needles and other devices.

CHAPTER 8: Anesthesia and Medication Safety

Learning Outcome
After completing this chapter, the learner will be able to describe the role of the perioperative nurse in ensuring the safe administration of anesthesia medication.

Chapter Objectives
After completing this chapter, the learner will be able to:
1. Discuss anesthesia-associated complications that occur today and nursing assessment of these complications after surgery.
2. Describe preoperative nursing assessment and care regarding safe preparation of the patient for surgery and the administration of anesthesia.
3. Review factors that influence the selection of anesthetic agents and techniques, and the use of premedication before anesthesia.
4. Describe the standards used to monitor patients during surgery and in the recovery room.
5. Identify standards used to monitor patients during anesthesia administration.
6. Discuss the methods of administration and actions of general anesthesia, regional anesthesia, and moderate (conscious) sedation/analgesia.

CHAPTER 9: Environment of Care and Life Safety

Learning Outcome
After completing this chapter, the learner will be able to describe the recommended practices for maintaining a safe care environment for perioperative patients, nurses, and other healthcare personnel.

Chapter Objectives
After completing this chapter, the learner will be able to:
1. Discuss safety regulations and standards created by federal agencies and other health organizations for perioperative patients, nurses, and other employees.
2. Identify potential hazards and injuries that frequently occur in the perioperative environment.

3. Describe the components of a fire safety plan for the perioperative environment.

4. Describe the role of the nurse in preventing or managing hazards and injuries in the perioperative environment.

5. Describe the use of a line isolation monitoring system in the operating room.

6. Identify the guidelines for healthcare personnel to follow when exposed to chemicals in the perioperative environment.
Chapter 1

1. The perioperative period begins when the patient is informed of the need for surgery, and it ends
   a. with evidence suggestive of a healing wound.
   b. with the patient’s discharge from the hospital.
   c. when the patient achieves his or her optimal level of postsurgical function.
   d. when the patient is transferred to the postanesthesia care unit.

2. The perioperative nurse first develops a plan of care for the patient using information obtained from review of the chart, interview, and patient assessment during the
   a. preoperative phase of the surgical experience.
   b. intraoperative phase of the surgical experience.
   c. postoperative phase of the surgical experience.
   d. occurrence of adverse perioperative events.

3. In the immediate postoperative phase, nursing activities are centered on
   a. finalizing the hospital discharge plan.
   b. treating the patient’s dry skin.
   c. screening patients for diabetes.
   d. supporting the patient’s physiologic systems.

4. The Perioperative Patient-Focused Model, established by the Association of periOperative Registered Nurses (AORN), identifies four domains that are the focus of concern for perioperative nurses including patient safety, physiologic response,
   a. healing time, and patient satisfaction.
   b. behavioral responses, and the health system.
   c. patient education, and the average length of stay.
   d. family interaction, and in-hospital teaching.

5. Much of the nurse’s time during the intraoperative phase is spent managing technology and
   a. assisting families in making decisions.
   b. providing ongoing spiritual care.
   c. teaching family members.
   d. documenting patient care.
6. Prior to seeing the patient, the perioperative nurse begins care planning by recalling knowledge of the planned procedure, the resources required, and the common
   a. nursing diagnoses related to the surgical intervention.
   b. staff members who are assigned to the operating room.
   c. causes of surgical site infections.
   d. advances in surgical techniques.

7. One of the four purposes for using the *Perioperative Nursing Data Set* (PNDS) is to
   a. assist with understanding the pathophysiology of disease.
   b. teach what medications and tests are used for each disease process.
   c. provide a framework to standardize documentation in the health record.
   d. promote interprofessional collaboration among healthcare professionals.

8. Which is a common nursing diagnosis using the PNDS?
   a. Risk of infection
   b. Ineffective role performance
   c. Impaired social interaction
   d. Health-seeking behavior

9. Responsibilities of the perioperative nurse include patient and family teaching, control of the environment, and
   a. maintenance of asepsis.
   b. supervision of the surgeon.
   c. assessment of the patient’s home.
   d. decision making for the patient.

10. A perioperative nurse who practices under the direction of the surgeon and assists the surgeon during the intraoperative phase is called a
    a. circulating nurse.
    b. registered nurse first assistant.
    c. scrub nurse.
    d. nurse manager or director.

11. Members of the sterile surgical team include the primary surgeon, assistants to the surgeon, and
    a. the anesthesiologist.
    b. the circulating nurse.
    c. scrubbed members of the team.
    d. certified perfusionists.

12. The perioperative nurse in the circulating role performs activities within a framework guided by the
    a. surgical time-out protocol.
    b. patient’s expected recovery process.
    c. patient’s health record.
    d. nursing process.

Chapter 2

13. To facilitate a surgical patient’s transfer of care, The Joint Commission mandated a standardized approach to patient hand-off communication in response to a
    a. lack of educational budget and shortage of continuing education programs and training for hospital caregivers.
    b. significant number of patient injuries caused by poor or absent caregiver communication.
    c. growing number of human errors related to medical devices.
    d. past tolerance of unsafe medical care practices.
14. Comprehensive and concise patient-focused information for the nurse to relay during hand-off protocol includes the patient situation, background, assessment, and the
   a. nurse’s recommendations for the patient.
   b. role of the preoperative nurse in patient assessment.
   c. patient’s history of childhood vaccines.
   d. nonsterile surgical team members.

15. Critical physiologic data from the preoperative nursing assessment include chronic diseases, medications, allergies, previous surgeries, and
   a. satisfaction outcomes.
   b. minor injuries.
   c. diagnostic and laboratory data.
   d. readiness-to-learn level.

16. Critical psychosocial preoperative nursing assessment data include the patient’s understanding and perception of the procedure to be performed and
   a. the age of the patient.
   b. coping ability or support system.
   c. mobility impairments.
   d. sensory impairments.

17. The most common nursing diagnoses in the preoperative period are knowledge deficit and
   a. nonadherence.
   b. health-seeking behavior.
   c. fatigue.
   d. anxiety.

18. One example of a nursing intervention during the preoperative phase to promote patient safety is
   a. verifying the surgical site and procedure.
   b. providing emotional support and reassurance.
   c. providing information as needed and desired by the patient.
   d. soliciting the patient’s questions about the surgical procedure.

19. Factors contributing to the problem of wrong-site surgery include changing the patient’s position, using unapproved abbreviations, and
   a. providing ineffective hand-off communication.
   b. performing a time-out procedure.
   c. conducting a chart review with the patient.
   d. slowing down during patient verification.

20. During the time-out procedure, a factor that contributes to the problem of wrong-site surgery is
   a. positioning the patient with the correct site exposed to air.
   b. ensuring operative site markings are present during prep or draping.
   c. performing the time-out procedure before all staff are ready.
   d. performing the time-out procedure with full participation from the surgical team.
21. It is imperative that the information the nurse documents in the patient’s health record includes the
   a. anesthesia provider’s assessment findings.
   b. nurse’s participation in all intraoperative activities.
   c. assessment of opportunities for improvement.
   d. time at which preoperative events took place.

22. Preoperative patient and family teaching should begin
   a. with the nurse’s preoperative assessment in the hospital prior to surgery.
   b. when the prospect of surgery is first discussed with the patient.
   c. after the patient schedules and confirms the surgical date.
   d. before the patient is transferred to the preoperative holding area.

23. The nurse’s preoperative teaching content should include instructions
   a. to always hold all regular medications on the morning of surgery.
   b. that are difficult for the nurse to explain to the patient.
   c. pertaining to the procedure, anticipated duration, and outcome.
   d. pertaining only to those events that the patient will experience postoperatively.

Chapter 3

24. One common nursing diagnosis for patients undergoing surgical intervention is
   a. ineffective health maintenance.
   b. high risk for surgical site infection.
   c. risk for electrolyte imbalance.
   d. activity intolerance.

25. The perioperative nurse implements aseptic practices that break the chain of infection by
   a. minimizing the presence of infectious agents.
   b. preventing a portal of entry for infectious agents.
   c. eliminating the mode of transmission of infectious agents.
   d. boosting the immune system of highly susceptible patients.

26. Pathogens most commonly associated with surgical site infections include Staphylococcus aureus, Staphylococcus epidermidis, coagulase-negative staphylococci, and
   a. Borrelia burgdorferi.
   b. Mycobacterium tuberculosis.
   c. Enterococcus species.
   d. Spirochete species.

27. Factors from the environment and from other people that influence the patient’s risk for a surgical site infection are called
   a. endogenous origins.
   b. exogenous sources.
   c. air pollutants.
   d. sentinel events.

28. Standard precautions include that the blood and body fluid of all patients be considered potentially infectious, and that safety measures be taken
   a. whether or not the patient has a known bloodborne infection.
   b. only for those patients infected with a bloodborne pathogen.
   c. only for those patients infected with a bacterial pathogen.
   d. only when the nurse feels it is appropriate.
29. In addition to wearing personal protective equipment, contact precautions include
   a. cleaning and disinfecting patient equipment.
   b. implementing special air handling and ventilation measures.
   c. postponing all elective surgeries until protective equipment is cleaned.
   d. positioning other patients at least 3 feet away from infected patients.

30. A surgical conscience includes adhering strictly to aseptic practice and
   a. correcting any protocol violations.
   b. providing patient education programs.
   c. informing the patient of all aspects of surgery.
   d. keeping the operative site as clean as the surrounding area.

31. The objective of prepping the patient’s skin prior to surgery includes removing dirt and skin oils, reducing the number of microorganisms on the skin, and
   a. removing any moles, warts, or other skin growths.
   b. removing all hair at the designated incision site.
   c. preventing further microbial growth throughout the procedure.
   d. sterilizing the patient’s entire skin before and after the procedure.

32. The objective of surgical hand antisepsis or hygiene is to prevent the transfer of microorganisms from personnel to patients and
   a. between operating room personnel.
   b. from contact with recovery room personnel.
   c. from family to patients in the event of organ transfers.
   d. from patients to personnel in the event of glove tears.

33. Closed gloving is a preferred method of donning sterile gloves because it
   a. requires less effort when replacing a contaminated glove.
   b. may be performed without first drying the hands.
   c. is performed with the assistance of another person.
   d. affords less opportunity for contamination.

34. Items in the operating room that are recommended for daily cleaning include intravenous (IV) poles, computer keyboards, scrub sinks,
   a. air conditioning vents, and walls.
   b. surgical lights, and floors.
   c. ceilings, and rest rooms.
   d. sterilizers, and holding areas.
Chapter 4

35. One desired outcome relative to the neuromuscular status of the surgical patient in the postoperative period is
   a. assessing strong peripheral pulses bilaterally.
   b. reporting numbness and tingling in the extremities.
   c. flexing and extending the extremities without assistance.
   d. having a heart rate and blood pressure within the expected range.

36. A desired patient outcome following surgery includes preserving the surgical patient’s dignity by
   a. ensuring optimal airway accessibility.
   b. ensuring adequate exposure of the surgical site.
   c. maintaining anatomical body alignment.
   d. preventing unnecessary body exposure.

37. The prone surgical position may compress the ribs or sternum, thereby causing
   a. significant blood pooling.
   b. increased cardiac output.
   c. decreased lung expansion.
   d. formation of blood clots.

38. Surgical positioning that involves prolonged stretching or compression of the nerves may result in
   a. loose skeletal muscle fibers.
   b. decreased blood available for oxygenation.
   c. decreased pressure on bony prominences.
   d. permanent loss of sensation and paralysis.

39. One example of an intrinsic factor impacting integumentary system injury is
   a. friction.
   b. shear.
   c. moisture.
   d. infection.

40. Extrinsic factors related to surgical procedures that place patients at risk for injury include sedation, anesthetic agents, retractors, pooled prep solutions, and
   a. immobility.
   b. warming devices.
   c. impaired sensory perceptions.
   d. nutritional status.

41. One crucial responsibility of the perioperative nurse when positioning patients for surgery is to
   a. ensure that the patient’s mental status is alert.
   b. keep the patient’s limbs mobile during surgery.
   c. advocate for the patient.
   d. perform all required steps alone.

42. The nurse responsible for assessing the perioperative patient’s likelihood of developing pressure ulcers should consider the following risk factors: increasing age, a history of diabetes or vascular disease, and
   a. receiving a preoperative antibiotic.
   b. undergoing vascular surgery.
   c. living with a spouse.
   d. family history of heart disease.
43. When a patient is in the supine surgical position with arms extended and resting on armboards, the nurse should be careful to prevent ulnar and radial nerve compression by positioning the arms at an angle from the patient’s body that is
   a. no more than 45°.
   b. less than 90°.
   c. between 110° and 120°.
   d. more than 120°.

44. One nursing precaution for patients who are put in a Trendelenburg position is to
   a. keep the patient in this position for as short a time as possible.
   b. change the patient’s position to reverse Trendelenburg as soon as possible.
   c. adjust the patient’s legs to a position perpendicular with the floor.
   d. apply antiembolectomy stockings to prevent blood pooling.

45. Nursing documentation related to patient positioning during surgery should include information related to the patient’s
   a. reported understanding of the procedure.
   b. educational needs and concerns after surgery.
   c. amount and composition of IV fluids administered in the perioperative suite.
   d. overall skin condition on arrival and discharge from the perioperative suite.

47. AORN states that surgical sites where retained items are most frequently found include the
   a. chest wall and neck.
   b. abdomen and pelvis.
   c. arms and legs.
   d. brain and spine.

48. AORN’s prevention strategy for retained surgical items (RSIs) includes recognizing that the entire surgical team is responsible for preventing RSIs by avoiding interferences such as multitasking and
   a. wrong-site surgery.
   b. postoperative complications.
   c. unnecessary activities.
   d. delayed surgical procedures.

49. The policies of healthcare facilities typically specify which surgical items are counted based on the nature of the procedure, the probability of a retained item, the supplies required for the procedure, and the
   a. sensitivity of postoperative radiographs.
   b. anticipated size of the incision.
   c. goal of preanesthesia evaluation.
   d. number of hours in surgery.

50. An appropriate nursing diagnosis for the surgical patient with a retained item is
   a. risk for postoperative injury.
   b. risk for perioperative hypothermia.
   c. risk for situational low self-esteem.
   d. ineffective role performance.
51. Nursing assessment of the patient with gossypiboma includes
   a. providing preoperative teaching.
   b. palpating for pedal pulses.
   c. reviewing the consent for surgery.
   d. recognizing septic signs or symptoms.

52. Common challenges to performing a correct surgical count include distraction, time pressure, disorganized documentation, and
   a. a cluttered sterile field.
   b. a perioperative delay.
   c. impaired wound healing.
   d. invasive surgical procedures.

53. An RSI is nine times more likely when surgery is performed as
   a. a scheduled procedure.
   b. a repeat procedure.
   c. an emergency procedure.
   d. an outpatient procedure.

54. A standard of practice for supplementing manual counts of soft goods that have been admitted into the sterile field is to
   a. cut the tails from surgical sponges.
   b. incorporate radiofrequency technology.
   c. assign a second attending surgeon.
   d. perform postoperative computed tomography.

55. Correct practices for the counting of surgical items include
   a. removing items from the operating room once they are counted.
   b. beginning a search for a missing item at the incision site.
   c. having the surgeon and first assistant perform the count together.
   d. counting sponges in order of size, from largest to smallest.

56. When performing surgical item counts, the nurse should be aware that
   a. count sheets are always considered an optional component.
   b. preprinted count sheets may substitute for performing a count.
   c. all items intentionally remaining within the patient are not counted.
   d. the results of each count conducted are documented.

Chapter 6

57. The natural process of coagulation ceases when
   a. blood loss is under control.
   b. initial platelet plug formation begins.
   c. prothrombin reacts with thromboplastin.
   d. direct pressure is applied to the wound.

58. An enzyme that combines with fibrinogen and accelerates the coagulation process is
   a. cellulose.
   b. collagen.
   c. thrombin.
   d. gelatin.

59. Which mechanical hemostasis method is used to stop bleeding from bone?
   a. Manual pressure
   b. Beeswax
   c. Ties
   d. Clips
60. When placing a pneumatic tourniquet on an extremity, an appropriate patient outcome is that the patient will
   a. have a controlled risk for capacitive coupling.
   b. experience evidence of impaired skin integrity.
   c. have limited interference with adherence.
   d. be free from signs and symptoms of injury.

61. Potential risks from using a tourniquet during surgery can include skin injury, bruise or blister formation, and
   a. percutaneous injuries.
   b. ocular injuries.
   c. blunt force injuries.
   d. nerve injuries.

62. A tourniquet should fit on the patient’s extremity snugly, allowing for
   a. one finger under the cuff.
   b. two fingers under the cuff.
   c. three fingers under the cuff.
   d. four fingers under the cuff.

63. Electrosurgery increases the risk for
   a. gross bleeding and oozing.
   b. fire and impaired skin integrity.
   c. blood vessel constriction.
   d. chemical burns.

64. When using electrosurgery, the most relevant desired patient outcome is that the patient will
   a. experience no evidence of impaired skin integrity (burn).
   b. not experience a nosocomial infection.
   c. be free from signs and symptoms of surgical site infection.
   d. be free from signs and symptoms of illness.

65. Prior to electrosurgery, the perioperative nurse avoids placing the dispersive electrode over scar tissue, tattoos, bony prominences, implants, and areas
   a. distal to the electrocardiogram electrodes.
   b. with excessive hair or excess adipose tissue.
   c. of the patient’s thighs and abdomen.
   d. of the patient’s calves and upper arms.

66. Ultrasonic energy surgical devices use technology that cuts and coagulates simultaneously and
   a. uses lower temperatures.
   b. uses low-frequency power.
   c. requires only a foot pedal.
   d. requires a dispersive electrode.

67. Argon beam-enhanced electrosurgery is used most often for procedures where
   a. coagulation and minimal tissue penetration are desired.
   b. deep-penetrating tissue damage has already occurred.
   c. metastatic cancers need to be treated immediately.
   d. a laparoscopic approach is used during surgery.
Chapter 7

68. Dehiscence or evisceration that occurs on postoperative days 1 to 3 is usually the result of
   a. excessive vomiting or coughing.
   b. infection or dehydration.
   c. inadequate wound closure.
   d. pre-existing patient conditions.

69. Surgical wound classification is an assessment of the degree of contamination of a surgical wound at the
   a. time of recovery.
   b. time of the operation.
   c. predischarge assessment.
   d. preadmission assessment.

70. A Class II surgical wound is an operative wound that is
   a. presently infected with evidence of dead tissue.
   b. primarily closed and without a surgical drain.
   c. grossly contaminated but without obvious infection.
   d. nontraumatic with a minor break in aseptic technique.

71. Wounds that heal by second intention
   a. generally heal quickly with minimal scarring.
   b. are closed to avoid granulation.
   c. have the lowest probability of infection.
   d. cannot be sutured at the time of surgery.

72. During the healing process, the wound begins to take on a raised pinkish scar and gains enough strength to permit suture removal in the
   a. proliferation stage.
   b. inflammatory stage.
   c. final stage.
   d. maturation stage.

73. Desired characteristics of all sutures include pliability, ease of handling and knotting, and
   a. nonaccommodation to wound edema.
   b. clean material composition.
   c. maximum reactivity in tissue.
   d. consistent tensile strength in tissue.

74. The rate of decline in tensile strength and absorption of surgical gut is influenced by the type of tissue in which the suture is used, the condition of the tissue, and the
   a. tissue drag of the suture.
   b. state of the patient’s health.
   c. reduced ability of the patient to swallow.
   d. associated use of retention sutures.

75. Which type of suture is frequently used for approximating the sternum following cardiac surgery?
   a. Polybutester
   b. Polypropylene
   c. Stainless steel
   d. Multifilament

76. Nonabsorbable sutures are used primarily when
   a. extended wound support is needed.
   b. further tissue growth is expected.
   c. low tensile strength is required.
   d. epidermis strength is compromised.
77. A tapered surgical needle is designed for use in tissue that
   a. is difficult to penetrate.
   b. is friable, such as the liver.
   c. has high mass density.
   d. has little resistance.

78. Skin tapes are most often used to reinforce a surgical wound
   a. after skin staples or sutures are removed.
   b. after knitted polyester mesh is applied.
   c. before active drains are inserted.
   d. before a double-armed suture is inserted.

Chapter 8

79. Anesthesia-associated complications that persist today include compromised ventilation and perfusion, altered hypothalamic thermoregulation, and
   a. reduced cardiac output.
   b. severe cystitis.
   c. high mortality rates.
   d. low pain rates.

80. The nurse uses the postanesthesia Aldrete system to identify complications by assessing and scoring the patient’s activity, respiration, circulation, and
   a. pupil reactivity.
   b. oxygen saturation.
   c. heart rhythm.
   d. reflex activity.

81. Preoperative diagnostic testing today is conducted according to
   a. routine procedure by the perioperative nurse on the day of surgery.
   b. routine protocols within inpatient and ambulatory facilities.
   c. specific patient and procedure assessment criteria.
   d. specific patient diagnoses and includes standard laboratory tests.

82. The perioperative nurse frequently provides preanesthesia instructions, which include the need for a preoperative shower or enema, specific medication instructions on the day of surgery, and
   a. assessment of the patient’s family medical history.
   b. prediction of the patient’s fluid and blood loss during surgery.
   c. avoidance of milk and fatty foods 24 hours prior to surgery.
   d. direction regarding the patient’s food and liquid intake.

83. When a regional anesthesia technique that is administered centrally and over a prolonged period of time is needed, the anesthesia provider chooses
   a. a single nerve block.
   b. a brachial plexus block.
   c. general anesthesia.
   d. epidural anesthesia.

84. Preoperative medications that are frequently administered to reduce the risk and complications of aspiration are H2-receptor blocking agents, anticholinergic agents, and
   a. barbiturates.
   b. antibiotics.
   c. antiemetic agents.
   d. dopamine antagonists.
85. With the administration of general anesthesia, an additional patient parameter that is monitored during surgery is
   a. oxygen saturation.
   b. core body temperature.
   c. ventilation.
   d. circulation.

86. The two ways of administering general anesthesia are by intravenous medications and
   a. jet-injection agents.
   b. intramuscular agents.
   c. inhalation agents.
   d. electrical injection agents.

87. When receiving moderate sedation/analgesia, the patient has the ability to respond purposefully, maintain a patent airway, and
   a. respond to verbal commands.
   b. fall asleep within 1 or 2 minutes.
   c. remain pain free in the postoperative period.
   d. achieve relaxation of the jaw and larynx.

88. For a patient receiving moderate sedation, the perioperative nurse prepares for emergencies by having ready access to
   a. poison reversal agents and antidotes.
   b. sedative and analgesic antagonists.
   c. intravenous anesthetic agents.
   d. calcium channel blocking agents.

89. After the administration of spinal anesthesia, the perioperative nurse assesses the patient for complications such as infection, hypotension, total spinal anesthesia, postdural headache, and
   a. nausea and vomiting.
   b. postoperative bleeding
   c. muscle rigidity.
   d. metabolic alkalosis.

Chapter 9

90. The governmental agency that is responsible for overseeing the handling and disposal methods of medical waste is the
   b. Occupational Safety and Health Administration.
   c. Environmental Protection Agency.
   d. Institute of Medicine.

91. The federal agency that published the Guideline for Disinfection and Sterilization in Healthcare Facilities to assist healthcare facilities prevent and manage disease is the
   b. Centers for Disease Control and Prevention.
   d. Agency for Healthcare Research and Quality.
92. The Joint Commission’s Environment of Care standards address safety issues relative to three elements in the healthcare environment, including building design, healthcare equipment, and
   a. people who enter the environment.
   b. furnishings and décor within the environment.
   c. discharge instructions for the home environment.
   d. climate changes affecting the environment.

93. Malfunctioning electrical equipment in the surgical environment can lead to a
   a. blood exposure hazard.
   b. radiation hazard.
   c. fire hazard.
   d. physical hazard.

94. In the surgical environment, some of the most challenging physical hazards include exposure to fire, pathogenic microorganisms, and
   a. vibration.
   b. noise.
   c. pressure.
   d. radiation.

95. A fire safety plan in a healthcare facility addresses issues relating to a response plan, alarm testing, equipment maintenance, delegation of responsibilities, and an awareness of
   a. factors contributing to surgical fires.
   b. the response plan during construction.
   c. the disposal plan for equipment burned in the fire.
   d. employees exempted from training and responding.

96. Responsibilities of the perioperative nurse in managing surgical fires include removing burning material from the patient, smothering the fire, extinguishing small fires with an extinguisher, and
   a. turning off emergency shutoff valves.
   b. staying in the operating room suite.
   c. waiting for an evacuation plan.
   d. delegating the documentation of the fire.

97. New electrical equipment in the operating room is first inspected by a biomedical engineer and then
   a. stored in an area with the prep solution.
   b. plugged into an outlet with the alarm silenced.
   c. labeled with the date and department number.
   d. returned to the manufacturer for final testing.

98. In the event of a line isolation monitoring alarm in the operating room, the perioperative nurse’s priority is to
   a. monitor for hazards on the floor such as wet locations.
   b. contact a biomedical engineer to inspect all equipment.
   c. transfer the largest piece of equipment to a different outlet.
   d. unplug the most recently plugged-in piece of equipment.

99. If methyl methacrylate is spilled in the perioperative environment, the area is secured and isolated until all of the
   a. material has solidified.
   b. liquid has been vacuumed.
   c. fumes have been exhausted.
   d. surgical tools have been removed.
100. Recommendations from the Association of Operating Room Nurses for surgical smoke (plume) evacuation is to wear protective clothing and eyewear, develop competencies for surgical smoke evacuation, and
   a. use a fan to air out the room.
   b. cover surgical equipment.
   c. document education of staff.
   d. wear a surgical face mask.

This concludes the final examination.
Please answer the evaluation questions found on page v of this workbook.