Practice Questions (Prof Ad)

1. A professional whose practice blends foundation nursing principle with public health science to deliver care populations outside traditional clinical walls is known as:

Answer: **D. Community Health Nurse**

2. Which regulatory provision is an active component explicitly embodied in the Philippine nursing act of 2022 (R.A. 9173)?

Answer: **C. Empowering the professional regulatory board of nursing to**

3. With the modern expansion of nursing roles, clinicians can explore numerous non-traditional professional paths. Which of the following is not recognized as a valid nursing career option?

Answer: **D. Hotel reservation nurse**

4. The BSN educational framework aims to shape a professional practitioner who embodies core caring behaviors

Answer: **D. Camaraderie**

5. During a professional job interview, how should a candidate ideally respond to the open ended prompt, “tell me about yourself”?

Answer: **A. Highlight two or three**

6. Healthcare institutions expect clinical staff to engage in ongoing professional growth. Which of the following best represents true lifelong professional learning?

Answer: **D. Actively participating in structured institutional staff development**

7. Which trait is highly characteristic of a contemporary nurse entrepreneur?

Answer: **B. Strong orientation**

8. General and unit-specific orientations bridge the gap between student and professional staff nurse. Which question regarding orientation is least appropriate to prioritize during selection?

Answer: **B. “In what precise manner will I be financially compensated for hours spent in orientation?”**

9. The 4 year BSN program is structured to cultivate entry-level core competencies. Upon graduation, a professional nurse is expected to demonstrate which terminal competencies?

Answer: **D. 1, 2, 3, 4, and 5**

10. A recent graduate tells their clinical mentor that salary is their sole criterion for choosing a workplace. Which guidance from the mentor is most appropriate?

Answer: **A. A minor wage gap matters far less than finding an environment that aligns**

11. Nurse Sarah is interviewing for an inpatient position. When the panel asks, “what draws you to our specific organization”?, “her most effective response would be:

answer: a. your institution has a documented reputation for delivering

12. In the historical timeline of Philippine nursing education, the standardized two-year associate in health science education (ahse) curriculum was officially implemented in what academic year?

answer: c. school year 1998-1999

13. Situation: Elena is a newly hired RN at a tertiary medical center. She previously completed a year of service at a smaller secondary hospital and has just finalized the institution's comprehensive nursing orientation.

answer: a. advanced beginner

14. The regulatory practice of nursing in the Philippines evolved when the Philippine nursing act of 1991 (ra 9164) was repealed by the philippine nursing act of 2002(ra 9173). Under the scope of nursing practice defined by ra 9173, specific limitations are placed on independent nursing duties. Which functions carry special conditional restrictions or fall outside standard independent nursing duties?

answer: 5, 6, and 7

15. Which expanded role describes an expert clinician who holds an advanced degree, possesses highly specialized experience in a targeted clinical field (such as oncology), and directly delivers advanced care while consulting and driving evidenced-based practice?

answer: c. clinical nurse specialist (cns)

16. As Elena integrates into her professional role, she actively embraces patient advocacy. Advocacy is characterized by all of the following core concepts except.

answer: a. prioritizing unyielding allegiance to the policies and rights of the patient

17. The modern evolution of the nursing profession has introduced expanded practice roles. This expansion is nest red exemplified by which position?

answer: c. clinical nurse specialist (cns)

18. Elena enrolls in a continuing professional development seminar. The primary objective of participating in this type of program is to:

answer: d. refresh and enhance clinical knowledge and technical skills

19. When evaluating options for an initial professional nursing position, several critical baseline elements must be weighed. Which option is not a standard criteria component?

answer: a. absolute patient fit

20. a first year nursing students or a newly hired clinician with zero prior exposure to a specific clinical enrolment is classified

answer: a. novice

21. in which role does the nurse systematically identify patient problems and convey this information clearly

answer: b. communicator

22. Which communication approach by a nurse best reflects patient advocacy during the pre-surgical informed consent process?

answer: d. could you describe what the surgeon explained to you regarding the risks

23. a RN nurse who works as a faculty member or holds an administrative role within a university's colleges of nursing is practicing within which domain?

answer: c. nursing education/academic school nursing

24. Institutional general orientation covers cross departmental requirements. Which of the following topics falls outside the scope of a general orientation?

answer: c. advanced, highly specialized ,machine competencies unique

25. Clinician who are employed as a staff members within hospital facilities or similar acute/sub-acute inpatient system are classified as practicing:

answer: c. institutional nursing

26. What designation was given to a nurse who operates within a corporate or manufacturing setting to provide immediate care for work-related injuries, manage occupational wellness, and build accident-prevention initiatives?

answer: b. industrial/occupational health nurse

27. Ms. Bianca works as the designated clinician at an urban public high school. to align seamlessly with the educational institution's overarching primary mission, her primary focus should center on:

answer: c. health education and literacy

28. Nurses assume varied roles during clinical delivery. When nurse Diana actively intervenes to help patients understand and exercise their medical and ethical rights, she is fulfilling the role of:

answer: c. patient advocate

29. Completing mandatory continuing professional education remains the duty of every active clinician. These formalized programs are primarily structured to:

answer: b. keep practicing clinicians abreast

30. Which of the following clinical actions fails to demonstrate the execution of nurses' role as patient advocate?

answer: c. routinely carrying out standard clinical orders

31. Modern nursing includes expanded career roles that grant clinicians elevated independence and clinical authority. Which role serves as an example of this professional expansion?

answer: b. nurse researcher

32. Institutions actively seek job candidates possessing core, transferable employability skills that translate across different clinical environments. Which of the following does not typically belong to this foundational set of baseline core employability skills?

answer: b. advanced clinical delegation

33. Upon receiving a formal employment offer for a staff position, nurse marcus should immediately seek clarification regarding which organizational elements?

answer: d. all of the operational and financial elements listed above

34. Situation: Elena is a newly hired RN at a tertiary medical center. She previously completed a year of service at a smaller secondary hospital and has just finalized the institution’s comprehensive nursing orientation. Within Benner’s framework, a “proficient” nurse stands out from lower tiers primarily because they possess:

answer: a. a comprehensive, holistic perception

35. What is the most strategic approach to answering the classic interview opening line, “tell me about yourself”?

answer: a. articulate

36. When a nurse coordinates, integrates, and monitors all facets of an individual's healthcare journey across a multidisciplinary continuum, which role are they executing?

answer: a. case manager

37. According to the criteria established by william shepard, a professional discipline must manifest specific characteristics. Which of the following statements does not reflect Shepard's criteria?

answer: b. 2,3, and 4

38. robust strategic career planning requires the integration of specific foundational processes. Which element does not structurally belong to this planning loop?

answer: a. isolating and locking in a rigid, singular career path early on

39. Multiple elements drive the current global nursing deficit, particularly in nations like the United States. Which of the following is not considered an accurate contributing factor?

answer: c. fluctuating enrollment counts among nursing students

40. Nursing is recognized as both an objective science and an expressive art. It is specifically characterized as an art because it:

answer: demands fine technical skills, manual dexterity

41. camila successfully completed military training and joined armed forces medical services. Which specialized area of practice is considered unique and highly distinct to military and air force healthcare applications?

answer: a. flight(aero nursing

42. A nurse is preparing for an interview next week. They have reviewed common interview questions and compiled their professional portfolio. Which additional preparation step provides the greatest benefit?

answer: thoroughly investigate

43. flight nurses must possess highly specialized, advanced clinical competencies to manage emergencies mid-air. Which of the following skills falls outside their typical standard scope of practice?

answer: d. complex administration of general anesthesia

44. A nurse executive who supervises entire systems of care, coordinates service delivery models, oversees staffing, and directs departmental budget is operating as a:

answer: b. nurse administrator

45. Patients expect nurses to provide clear answers confidently. to build this professional presence and overcome intimidation, a new nurse should focus on the following methods except.

answer: d. avoiding asking colleagues for assistance to prevent appearing

46. a surgeon leaves orders for a patient to sign a surgical consent form, but the nurse was not present for the initial bedside discussion. Which statement by the nurse best demonstrates the role of patient advocate before the form is signed?

answer: b. could you explain to me

47. a job applicant who wants to optimize their preparation for an upcoming hospital interview. Which strategy is most effective?

answer: c. research the institutions backgrounds, mission and current

48. A newly licensed nurse, Leo, wants to pursue a position in a pediatric intensive care unit however, he acknowledges that he struggled during his pediatric rotations and feels anxious around children. He is unsure of his next step. According to career planning principles, what should Leo do first?

answer: a. re-examine and clarify his core professional values, comfort levels and clinical interest

49. During her tenure at the secondary facility, Diana consistently demonstrated strong organizational and planning skills, effectively coordinating multiple complex patient care demands

answer: b. competent nurse

50. Which professional nursing role is enacted when a clinician serves as activist, speaking out on behalf of a patient who cannot or will not vocalize their own choices?

answer: b. patient advocate

Professional Adjustment (ENHANCEMENT)

The contemporary landscape of nursing

I. The Global Nursing Shortage

- **The Core Issue:** an insufficient supply of registered nurses limits public access to healthcare
- **Key Contributing Factors:**
- **Demographic Shifts:** rapid increase of chronically ill, frail, and elderly patients requiring complex care
- **Aging Workface:** an aging nursing population moving toward retirement.
- **Pipeline Challenges:** a steady **declining number** of nursing students entering the pipeline (not just variable numbers).
- **Systemic Changes:** continuous restructuring efforts within global health care systems.

II. The Evolution of Alternative Career Paths

- **Beyond Traditional Roles:** modern nursing extends far beyond standard hospital staff or administrative positions, offering high autonomy.
- **Expanded and Alternative Careers:**
- **Advanced Practice Nurses (APNs) & Clinical Nurse Specialists (CNS):** clinical experts with advanced degrees focusing on specialized areas (e.g., oncology, gerontology) to provide expert care, consult, and lead research.
- **Traveling & Flight Nurses:** mobile and emergency transport roles.
- **Corporate Roles:** pharmaceutical and medical device sales.
- **Nurse Entrepreneurs:** independent practice owners or health consultants.

III. Specialized Career Fields

- **Flight Nursing (Aero-Space Nursing):**
- **Definition:** a specialized field (peculiar to the military and air force) responsible for evacuating and treating patients from battle zones or emergency ares\as to treatment installations.
- **Critical Skills Required:** Intubation, EKG Interpretation, Chest tube placement, IV insertion, medication administration, conscious sedation, and central line placement *(Note: advanced anesthesia techniques are reserved for Nurse Anesthetists)*.
- **The Nurse Entrepreneur:**

- **Core Characteristics:** creative, independent, market-focused, responsive to needs, accountable, and driven by financial foresight.
- **The Upside:** being your own boss, high job satisfaction, and schedule flexibility.
- **The Downside:** tough market competitiion, financial volatility, and the burden of securing individual health insurance.

Professional Development & Career Entry

I. Essential Employability Skills

- Core transferable skills that indicators of professional success:
- Clear communication
- Proactive problem solving
- Positive attitudes and professional behaviors
- High adaptability and effective teamwork

II. Interview Preparation Strategies

- **Organization Research:** the most beneficial step prior to an interview is thoroughly reviewing the organization's website to understand its goals and position.
- **Answering "Tell me about yourself":**
- Do not ramble or overshare personal histories
- The Correct Formula: dynamically highlight **2 to 3 personal and professional traits** that you consider your core strengths.

III. Job Selection Criteria

- **The Golden Rule for New Graduates:** A minor difference in hourly salary is far less important than selecting an organization where you can obtain your long-term future goals and professional growth. bottom-tier focus should be placed on premium wages alone.

Benner's Stages of Nursing Expertise

1. Novice - no professional experience
2. Advanced Beginner - marginally acceptable performance
3. Competent - 2 to 3 years in the same field
4. Proficient - 3 to 5 years, **holistically**
5. Expert - 5 years up

Fields of nursing practice & professional roles

I. Major Fields of Practice

- **Institutional (Hospital) Nursing:** nurses employed as staff or personnel within hospital settings and tertiary facilities.
- **Community Health Nursing:** combines elements of nursing and public health practice to render healthcare to people outside therapeutic institutions.
- **Industrial (Occupational) Health Nursing:** employed within corporations and industries to give immediate care to injured workers, manage health programs, and lead accident prevention.

- **School Nursing:** employed in an educational setting. because the primary function of a school is education , the school nurses health programs must be geared toward health education, along with health promotion and disease prevention
- **Nurse Administration:** manages overall client care and delivery of services through budgeting, staffing, and strategic program

II. **Core Roles of the Professional Nurse**
- **Communicator** - identifies and relays patient problems to multidisciplinary team
- **Case Manager** - oversees all aspects of care, monitors outcomes, and coordinates discharge.
- **Client Advocate** - acts as an activist; speaks up for patients who cannot or will not speak.
- **The Nurse as a Client Advocate:**
- Protects and respects the clients values and rights, ensuring they take precedence overall healthcare providers conflicting views
- Upholds the patient's right to decide (**autonomy**)
- build a relationship based on shared trust, respect, and collaboration.
- **Application in Informed Consent:** if a nurse is assigning a surgical consent form, their job as an advocate is to verify that the patient received enough clear information from the physician. Asking “What were you told about the procedure?” is the best way to validate their understanding before they sign.

III. **Continuing Professional Education (CPE)**
- **Purpose:** Formalized educational experiences designed to update a practitioner's clinical knowledge and skills
- **Key Distinction:** Unlike graduate school, continuing education is shorter, targets specific updates or specialized techniques, and grants certificates of completion rather than academic degrees.

Strategic Career Planning & Post-offer Clarifications

I. **Comprehensive Strategic Career Planning**
- Effective strategic planning anchors a nurses career trajectory and ensures high alignment with individual capabilities and goals.
- **The Four Essential Elements:**
- **Self-Assessment:** rigorous appraisal of individual values, deep interests, and prevailing job market conditions.
- **Vision and Goals:** establishing clear directional expectations (not merely mapping an isolated career path)
- **Action & Implementation:** planning and executing an organized job search
- **Ongoing Evaluation:** continuous performance check-ins to maintain strict alignment with core personal goals
- **Critical Application:**

- If a nurse targets a highly specialized field (e.g., pediatric nursing) but tracking records indicate discomfort or subpar past performance during clinical rotations, they must **first assess and clarify their values and interests** to avoid profound job dissatisfaction and clinical anxiety.

II. Post-Offer Clarifications

- Securing a position requires confirming logistical elements before formal acceptance to verify facility matches professional needs.
- **Key Components to Clarify:**
- Expected shift rotations
- Length, type, and structure of the orientation program
- Basic salary and accompanying medical/fringe benefits

III. Evaluating first-job opportunities

- **Core Criteria for Selection:** When weighing employment options, evaluate the **patient type**, overall **work environment, scheduling flexibilities**, and specific **orientation options.** (*Note: General "patient fit" is not a standardized organizational assessment metric).*
- **The Interview Pivot:** When interviewers ask, "Why do you want to work here?", the candidate must leverage prior corporate research to describe the company's attributes dynamically (e.g., "your hospital delivers superior healthcare"), rather than citing personal conveniences like proximity to home, baseline salary, or health benefits.

The Clinical Orientation Phase

- Orientation bridges the critical gap between student status and staff nurse accountability.

I. Key Advocacy Inquiries for the New Graduate

- New nurses must proactively ask clarifying operational questions regarding their status during onboarding:
- "How long should I expect to be at orientation?"
- "In case of acute short staffing, will I be pulled from orientation prematurely?"
- "Is the curriculum tailored to my individual needs, or is it identical for everyone?"
- "Does it occur continuously at the beginning of my position, or is it offered in a distinct stage?"
- **Financial Assumption:** While organizations generally compensate nurses for their first time spent in training

II. General Orientation vs. Unit-Specific Orientation

- **General Orientation (All New Institutional Hires):**
- Focuses on cross-cutting protocols
- Validation of CPR certifications
- Human resources (HR) policies
- Universal medication administration safety rules
- Cross-departmental briefings
- Joint commission patient safety mandate
- **Unit-Specific Orientation (Specialized Placement):**
- Concentrates on localized clinical requirements

- Critical care specific competencies (e.g., ICU/ER)
- Special equipment protocols
- Dedicated unit workflow patters
- Unique patient population criteria
- Unit-specific charting variations

III. Navigating Patient Expectations

- *Patients expect nurses to possess answers immediately, which frequently intimidates novice practitioners.*
- *Strategies to enhance professional confidence:*
- *William maintains a continually updated clinical knowledge base*
- *Present an impeccable, professional appearance and demeanor.*
- *Actively demonstrates a coherent body of nursing care knowledge*
- *Project a genuine sense of compassionate caring*
- **The Golden Rule of Safety:** never hide uncertainty. If you are unsure of a procedure or rationale, **do not hesitate to ask senior peers or multidisciplinary colleagues for assistance.** Seeking help

Nursing as an Academic Discipline & Profession

I. The Dual Mature of Nursing

- **Nursing as an Art:** It commands intricate manual skills, physical dexterity, and high execution proficiency
- **Nursing as a Science:** it relies on a systematic, well-defined body of knowledge, scientific methods, research application, and structured nursing care plans (NCPs).

II. **Shepard's Criteria for a Profession**

- According to Shepard, an occupation qualifies as a true profession onky when it satisfies following framework:
- *Demands the possession of a highly specialized, systematized body of training.*
- *Develops a distinct scientific technique resulting directly from tested experience.*
- *Exhibits a clear group-consciousness designed to extend scientific knowledge using specialized technical language.*
- *Explicitly recognizes its obligations to society by requiring members to strictly adhere to an established code of ethics.*

III. Professional Nursing Foundations (BSN Terminal Competencies)

- The four year BSN curriculum uses a competency-based, community-oriented approach to produce entry-level practitioners.
- **The Five Core Terminal Competencies:**
- *Seamless utilization of the nursing process in managing individuals, families, and communities.*
- *Highly effective communication skills across levels of health care settings*
- *Mastery and application of management/leadership elements in any health care environment*
- *Proactive integration of research findings to improve clinical client care*

- *Personal accountability for lifelong learning and professional growth.*
  The "3 Cs" of professional caring behavior: the core of nursing prsctice rests on being strictly **compassionate, competent, and commited.** (note: while

Philippines Nursing Jurisprudence & Legislation

- R.A. 7164 philippine nursing act of 1991
- R.A. 9173 philippine nursing act of 2002 (repealed & updated)

I. Structural & Policy Revolutions (R.A. 7164 vs. R.A. 9173)

- **Key Provisions Established Under R.A. 9173**
- **Specialty recognition:** the BON officially recognizes and regulates nursing specialty organizations to ensure advanced practice standards.
- **Expansion of BON:** the BON expanded from its older configuration to a roster of seven members (1 chairperson & 6 board members).
- **Obsolete Provisions Deleted by R.A. 9173**
- *Removal of academic restrictions: abolished the old rule requiring high school seniors to finish the upper 40% of their graduating class to enter nursing school*
- *Removal of refresher course mandate: removed the rigid clause forcing students who failed the nursing licensure examination (nle) three consecutive times to take a mandatory refresher course.*
- **Historical Academic Milestone:** effective during the school year (sy) 1998-1999, the standardized two-year **Associate in Health Science Education (AHSE)** curriculum was enforced as a common pre-clinical uniform.

II. Legal Scope of Nursing Practice & Statutory Duties

- Under current Philippine law, practicing nurses must safely execute their legally defined responsibilities. However, specific independent and dependent limitations apply.
- **Standard Legal Duties:**
- Independent execution of health care techniques and procedures
- Providing health teachings to individuals and groups
- Establishing active linkages with essential community resources
- Undertaking health human resource training initiatives and clinical research.
- **Conditional Statutory Provisions (Crucial Legal Boundaries):**
- Administration of written prescriptions: nurses carry out treatments and medications dependently upon receiving a valid written medical prescription
- Internal examination during labor: permitted legally only in the complete absence of antenatal bleeding and delivery complications.
- **Suturing of perineal lacerations:** allowed **only after the nurse has completed verified special training** according to established institutional and national protocols.

Practice Questions (MS 4, ONCO & ER)

1. Assuming no other injuries are present beyond the descriptions provided, Which of the following patients should triage nurses categorize as needing emergent treatment?
2. A factory worker is brought to the employee health clinic after sustaining an accidental industrial chemical splash on his right forearm involving concentrated lye. What localized tissue destruction must the nurse assess for?
3. When assisting with the execution of an emergency gastric lavage for an obtunded patient who has ingested a toxic dose of an unknown pharmaceutical agent, the nurse must:
4. A nurse stumbles upon a highway multi vehicle collision and provides immediate first aid to a driver who has an obvious deformed fracture of the lower leg. Before moving the individual from the vehicle frame, what is the priority action?
5. During a routine outpatient checkup, Sofia reports discovering an isolated lump within her right breast during a shower. She is highly anxious about breast cancer. The nurse knows that the classic physical assessment findings of a primary breast malignancy include a:

asnwer: b

6. A middle-aged man recently diagnosed with a small cell lung cancer (SCLC) anxiously asks if his biological children face an elevated genetic risk of developing the same disease. What is the nurse's best response?

amswer: c

7. A patient is brought to the emergency department after a motorcycle crash where he hit his head against the pavement. Based on the nurse's understanding of the rapid progression of an epidural hematoma, which intervention must the team prepare for?
8. A driver sustained a blunt force injury to the abdomen after losing control of his delivery van and striking a concrete barrier at high speed. The vehicle's steering wheel directly impacted his torso. He was rushed to the trauma bay of Sacred Heart Medical Center. During the primary survey, the patient complains of intense pain radiating to his left shoulder. The emergency nurse immediately flags this is a sign of?
9. An individual is rushed to the ER after sustaining a deep abdominal stab wound drug am altercation, resulting in the evisceration of a loop of the small intestine. What is the priority nursing action upon the patient's arrival?
10. An emergency department nurse is prepared to receive a patient with an open, displaced fracture of the left tibia. the nurse knows that the initial emergency management of this musculoskeletal injury should:
11. Which biological property does the nurse identify as a characteristic inherent to healthy, fully differentiated adult somatic cells but entirely absent in malignant cells?
12. During an educational in-service presentation regarding oncological concepts, the nurse shares which clinical facts concerning benign neoplasms?
13. Situation: During a severe heatwave, ambient outdoor temperature exceeds 42C degrees. Elena visited her elderly mother, Clara, who lived in an old urban residence without operational air conditioning. Elena found her mother unresponsive on the sofa, with all residential windows fully shut. Clara was disoriented, delirious, and unable to

answer questions coherently. emergency medical services transferred clear at the nearest ER dept, where she was diagnosed with acute heat stroke.

14. A patient facing a new diagnosis of advanced malignancy turns to the nurse and states “I just can't bear the thought of spending my remaining time hooked up to machines in a hospital room.” Which therapeutic response should the nurse prioritize?
15. A toddler was brought to the emergency clinic by his mother after swallowing liquid gasoline from a container in the garage approximately 45minutes ago. After completing the primary assessment, which action should the nurse take?
16. Which diagnostic laboratory result is most expected in a patient being treated for severe heat stroke?
17. A patient undergoing treatment for advanced prostate cancer reports experiencing a sudden onset of dull, persistent pain throughout his lumbar spine and upper thighs. The nurse recognizes this symptom as a sign of:
18. The nurse recognizes that the relentless, uninhibited growth characteristic of malignant cellular populations is primarily driven by which mechanism?
19. A 24 year old athlete brought to the emergency department with a displaced closed femur fracture suddenly develops acute chest pain, tachycardia, tachypnea, fever, and severe hypoxia. The patient is coughing up thick, white secretions. The nurse recognizes these clinical features as an emergency related to:
20. An elderly woman tells the community health nurse that she skips regular breast self-examinations because there is no known history of breast cancer among her relatives. What constitutes the nurse's best response?
21. Epidemiological and oncological research has firmly established a direct pathogenic correlation between the epstein-barr virus (ebv) and the development of which malignancy?
22. a 35 year old male presents to the triage window complaining of sudden blurry vision, nausea, and severe abdominal pain. He admits to a history of alcohol use disorder and notes that he drank a clear fluid from a container labeled “photocopier cleaner” earlier that morning: the nurse recognizes that the initial treatment will likely include:
23. A patient is brought to the ER dept via ambulance after sustaining a high cervical spinal cord injury during a diving accident 2 hours ago. The nurse anticipates the administration of which medication to help limit secondary spinal cord damage?
24. A patient is rushed to the ER dept after being rescued from a saltwater drowning incident at a local beach. the nurse must monitor the patient closely for which specific respiratory complication?
25. When conducting a community health seminar focused on the prevention of health-related illnesses during summer months, what guidance should the nurse emphasize?
26. An emergency nurse triaging four individuals who were injured during a high-speed train derailment. Which client must be sent to the treatment bay first?
27. Following a right sided modified radical mastectomy, Julia mentions to the nurse that she can still distinctly feel the sensation of her missing nipple. Which explanation should the nurse provide?

28. Which non-antineoplastic supportive agent is routinely administered alongside chemotherapy regimens like ifosfamide or high dose cyclophosphamide to minimize the risk of drug-induced hemorrhagic cystitis?
29. Gabriel, a 34 year old utility worker, was walking near a construction site when a heavy concrete balcony collapsed from the third floor. He was pinned from the waist down beneath heavy debris for over an hour before rescue teams could extract him. There is no visible external hemorrhage. He is transported to the regional trauma center. The nurse must monitor him closely for which systemic complications?
30. A nurse is preparing continuous cpr on an unresponsive adult patient. the nurse can safely stop resuscitation efforts when which clinic events occur?
31. An agricultural worker sustains a chemical skin burn from white phosphorus contained in an insecticide mixture. What is the appropriate initial action to manage this chemical exposure?
32. Which of the following developmental or medical conditions, if noted during the health history of a 20 year old male patient, indicates an elevated risk for development of testicular cancer?
33. Following a left sided modified radical mastectomy with axillary lymph mode dissection, which post operative nursing measure should be prioritized to prevent lymphedema in the affected arm?
34. A patient with colorectal cancer recently underwent a surgical bowel resection and the creation of a permanent colostomy. which behavior demonstrated by the patient indicated the highest degree of successful adaptation
35. During the initial primary survey of a patient suffering from an acute carbon monoxide poisoning, the ER dept nurse should anticipate which clinical finding?
36. A nurse is designing a plan of care for a patient undergoing active systemic chemotherapy who has a nursing diagnosis of imbalanced nutrition:less than body requirements related to treatment-induced emesis. Which intervention is most appropriate?
37. marcus, 42 year old man, presents for a wellness screening and expresses concern about his familial history; his mother had breast cancer, his father developed smoking related lung cancer, his older sister has breast cancer, and his younger sister was diagnosed with ovarian cancer. which response by the nurse provides the most accurate
38. Alvira is undergoing brachytherapy (internal radiation) via a temporary vaginal rod implant for cervical cancer. During a routine check, the nurse discovers that the radioactive rod has become completely dislodged and is lying on the hospital bed sheets. What is the nurse's immediate priority action?
39. A patient arrives at the triage desk completely alert and oriented stating she accidentally drank concentrated alkaline toilet bowl cleaner moments prior. Which intervention should the nurse implement immediately?
40. An outpatient clinic client tells the nurse, "I'm planning to throw away my prescription birth control pills because I read online that they cause cancer.” Which response should the nurse provide?

41. A patient is scheduled to begin a multi-week course of external beam radiation therapy (teletherapy) for a localized tumor. Which instructions must the nurse include in the client's skin care education?
42. According to established single-rescuer cardiopulmonary resuscitation (cpr) guidelines, what is the initial priority intervention for a nurse who finds an adult patient unconscious and not breathing?
43. A patient's solid malignant tumor is staged via the international TNM classification system as T4N1Mx. the nurse correctly interprets this specific staging profile to mean:
44. kk
45. when managing a patient receiving a high-dose therapeutic
46. Nurse Hannah is conducting an admission assessment on a patient and suspects the presence of Hodgkin lymphoma based on which classic clinical presentation?
47. A patient is admitted to the ICU after surviving a freshwater submersion incident that lasted 10minutes. The patient remains completely comatose. the nurse understand that the primary cause of this neurological state is:
48. when explaining the characteristics of a neoplasm that grows rapidly, invades nearby tissues, and can lead to death if left untreated, the nurse is describing
49. a patient receives a diagnosis of a primary malignancy originating within the functional cells of the lymphatic system. The nurse documents this specific classification of cancer as a
50. The ER dept nurse knows that the primary therapeutic objective for a patient with heat stroke is reducing the core body temperature as rapidly as possible. Which of the following interventions are appropriate parts of the care plan?

Emergency Nursing (ENHANCEMENT)

Trauma and Emergency Nursing

- **I. KKK**
- **II. Advanced Trauma assessment & interventions**
  - **A. abdominal and musculoskeletal trauma**
    - **crush injuries**
    - **key manifestations:**
    - **hypovolemic shock**
    - **acute kidney injury**
  - **B. Fracture and Neurovascular Stabilization**
    - **Emergency stabilization rules:**
    - **always splint an extremity before moving the patient**
    - **immobilize the joint above and the joint below**
    - lower extremity trick:
    - **open (compound) fractures**
  - **C. Life-Threatening Trauma Complications**
    - **Fat Embolism Syndrome (fes):**

- Etiology: most common in young adults (20-30 years old) or elderly patients sustaining fractures of the **proximal femur, long bones, or pelvis.** Marrow pressure shifts fat globules into small systemic capillaries.
- Timeline: rapid onset, **24-72 hours** post-injury
- Presentation: **thick white sputum**
- **Epidural Hematoma:**
- Etiology: **middle meningeal artery**
- Pathophysiology: arterial bleeding causes rapid, dangerous intracranial pressure (icp) spikes. It is an extreme surgical procedure that can lead to respiratory arrest within minutes.
- Management: **emergency craniotomy**
- **High Cervical Spinal Cord Injury:**
- Pathophysiology: secondary inflammatory cascades can worsen initial spinal damage.
- Management: administer high-dose **methylprednisolone (solu-medrol)** within 8 hours of the injury to improve long-term motor and sensory outcomes.

III. **Environmental and toxicological emergencies**

a. heat stroke management

- Clinical Presentation: **central nervous system (CNS) dysfunction,** core temperature **40.6 °C (105°F)**
- Diagnostic Findings: **AST/ALT liver enzymes**
- **Aggressive Cooling Interventions (Target: Reduce to 39° C/102°F rapidly):**
- Strip clothing: apply cool sheets/towels; place ice packs on the neck, groin, chest, and axillae while spraying with tepid water
- Utilize cooling blankets or initiate **iced saline gastric/colonic lavage** if external methods fail.
- position an electric fan to optimize convection and evaporation.
- Supportive Care: administer **100% oxygen** to meet hypermetabolic tissue demands, maintain continuous core temperature tracking to prevent hypothermia, monitor ECG for ischemia or dysrhythmias, and enforce strict **seizure precautions.**
- **Prevention/Education:** Maintain high fluid intake, wear loose clothing, keep windows open if air conditioning is unavailable, and completely avoid peak heat hours (10:00AM to 2:00PM).

b. near-drowning syndrome

- **Definition**: survival for at least 24 hours following a submersion event that induced respiratory arrest.
- **Pathophysiology**:
- Fresh Water: causes a wash-out of pulmonary surfactant, causing alveolar collapse (atelectasis) and an inability to expand the lungs.
- Salt Water: highly hypertonic; draws fluid osmotically into the alveoli from the vascular space, leading to **severe pulmonary edema** and hypernatremia.

- Systemic Effect: severe hypoxemia leading to **cerebral hypoxia** (brain cells begin succumbing within 3 to 6 minutes of total oxygen deprivation), acute respiratory distress syndrome (ards), and profound respiratory or metabolic acidosis.

c. Poisoning, Ingestions, and Corrosive Injuries

- **Hydrocarbon/Petroleum Ingestions (e.g., Gasoline):**
- Management: use **bowel lavage and cathartics** to eliminate the chemical
- Absolute Contraindication: **Never induce vomiting** (via syrup or ipecac of manual positioning) due to the extreme risk of chemical aspiration pneumonia.
- **corrosive ingestions (acids & alkalis/lye, toilet bowl cleaners):**
- pathophysiology: causes immediate chemical destruction of epithelial tissue and mucous membranes.
- management: instruct an alert, oriented patient to **drink water or milk to dilute the toxin**.
- absolute contraindications: gastric lavage and syrup of ipecacan are strictly forbidden as re-exposing the esophagus to the corrosive chemical causes secondary perforations.
- **gastric lavage protocols (non-corossive, non-hydrocarbon toxins):**
- safety: inspect the oral cavity for loose teeth/dentures before inserting the large-bore tube to prevent aspiration.
- positioning: place the patient in the **left lateral position with the head lowered 15 degrees** to keep gastric contents from entering the duodenum. save initial aspirate samples for toxicology. Antidotes are instilled after initial aspiration is complete.
- **inhalation toxins (carbon monoxide/dioxide):**
- pathophysiology: toxic gases compete aggressively with oxygen for hemoglobin binding sites, causing severe cellular hypoxemia.
- assessment findings: low oxygen saturation readings, elevated blood pressure (compensatory hypoxia response), and classic **cherry-red mucous membranes** (not cyanotic/blue).
- **toxic alcohol ingestions (e.g.,methanol from copier fluid/antifreeze)**
- presentation: abdominal pain, nausea, and hallmark **blurry vision.**
- management: administer an **ethanol drip** or fomepizole to competitively block the conversion of methanol into formic acid. initiate urinary alkalinization; preparation for hemodialysis if visual deficits or severe metabolic acidosis
- **dry chemical burns (e.g., white phosphorus/insecticides):**
- management: **brush the dry chemical off the skin entirely** and keep it dry.
- absolute contraindication: do not apply water to lye or white phosphorus, as water triggers an explosive exothermic reaction that deepens tissue burns.

IV. **BLS principles for nurses**

- the activation priority: if alone nurses finds an adult patient unconscious and not breathing, the immediate priority is **call for help/activate the emergency medical system (ems)** before starting cpr

- exceptions to the rule: **near-drowning, drug overdoses, or pediatric arrests** the nurse should perform, **1 minute of cpr first,** then activate ems
- termination of cpr: **spontaneous heartbeat and spontaneous breathing**

Oncology Nursing: core concepts and clinical management

I. cellular biology: normal vs. malignant cells

- **benign -** made or normal cells growing in the wrong place. they grow expansion, do not invade surrounding tissues, **often surrounded by a protective capsule**
- clinical note: size and the absence of pain or itching do not guarantee a tumor is benign.
- **malignant** - irregularly shaped masses with fingerlike projections that grow rapidly and spread to other body parts via blood or lymph (**metastasis),** progressively worsening and potentially leading to death.

- **tissue growth mechanisms**
- **hypertrophy** - an increase in tissue size due to individual cells getting larger. This is a characteristic specific to **normal differentiated adult cells**, not cancer cells.
- hyperplasia - an increase in tissue size due to an increase in the number of cells. Cancer cells are usually small and grow exclusively through continuous hyperplasia.

- **the cell cycle paradox**
- *uncontrolled malignant growth does not mean cancer cells always divide faster than normal cells*
- Instead, cancer cell division is relentless, because malignant cells **re-enter the cell cycle more frequently,** bypassing the normal control check-points that restrict continuous division.

II. cancer classification, staging, and risk factors

- **classification by tissue type:**
- **carcinoma:** originates in epithelial tissue (e.g.,skin, organ linings).
- **sarcoma:** originates in connective tissue (e.g., bone muscle).
- **leukemia:** originates in blood-forming organs (e.g., bone marrow)
- **lymphoma:** originates in lymphatic tissue and infection-fighting organs.