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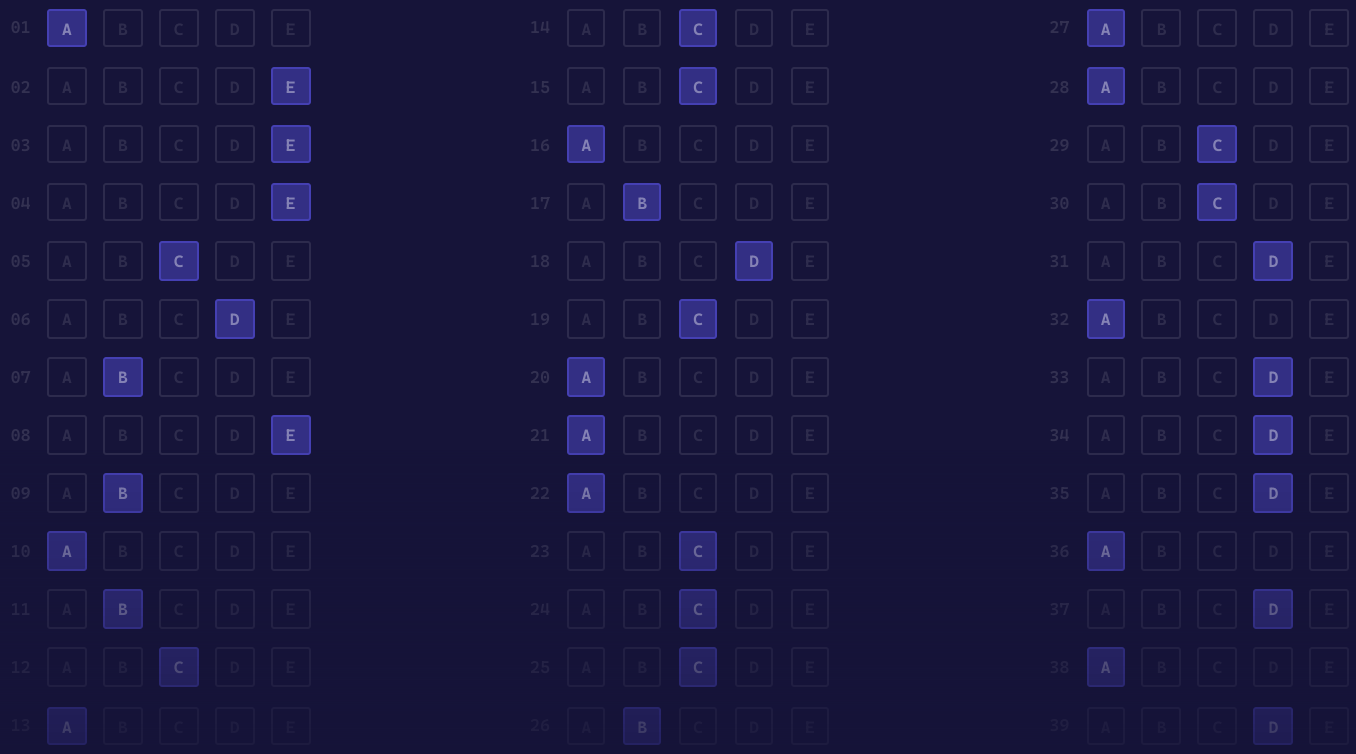

PRACTICE QUESTIONS

American Board of Perianesthesia Nursing Certification (ABPANC)

UKNE22HM

Certified Post Anesthesia Nurse (CPAN)

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Board of Perianesthesia Nursing Certification (ABPANC) `UKNE22HM`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `UKNE22HM`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A patient is admitted to the post-anesthesia care unit (PACU) following general anesthesia with an endotracheal tube still in place and is not yet meeting extubation criteria. Which assessment finding requires the most immediate nursing intervention?

A Respiratory rate of 14 breaths per minute with clear breath sounds bilaterally

B End-tidal CO_2 of 38 mmHg with oxygen saturation of 96% on the ventilator

C **Agitation, tachycardia, hypertension, and increasing peak inspiratory pressures noted on the ventilator**

D Presence of faint expiratory wheezing that clears with a single deep suction pass

ANSWER C

WHY Increasing peak inspiratory pressures along with agitation, tachycardia, and hypertension are classic signs of acute respiratory distress, bronchospasm, or impending respiratory compromise in an intubated patient and require immediate intervention (e.g., assessing for tube occlusion, secretions, bronchospasm, or kinked tubing, and notifying the anesthesia provider). Options A, B, and D describe findings that are within acceptable or improving parameters and do not require the most immediate action.

QUESTION 2 SINGLE CHOICE

Twenty minutes after admission to the PACU following a spinal fusion, a patient becomes hypotensive, tachycardic, tachypneic, and restless, with a notably swollen abdomen on palpation. What is the most likely interpretation of these findings?

A Delayed emergence from residual opioid effect

B Postoperative hemorrhage requiring immediate notification of the surgeon

C Neurogenic shock from high spinal anesthesia

D Malignant hyperthermia progressing to the rigidity phase

ANSWER B

WHY The combination of hypotension, tachycardia, tachypnea, restlessness, and abdominal distension after spinal fusion strongly suggests intra-abdominal or retroperitoneal hemorrhage. Restlessness and tachycardia are early signs of hypovolemic shock. Malignant hyperthermia would present with hypercapnia, muscle rigidity, and hyperthermia; neurogenic shock causes hypotension and bradycardia, not tachycardia; and delayed emergence would not cause abdominal distension. The surgeon must be notified immediately.

QUESTION 3 SINGLE CHOICE

A patient received general anesthesia 45 minutes ago and is now in the PACU. The nurse notes the patient is arousable but confused, has slurred speech, and is mildly hypertensive with a heart rate of 110 bpm. Which phase of post-anesthesia recovery is the patient currently in?

A Phase I – early recovery, requiring intensive monitoring and 1:1 or 1:2 nursing care

B Phase II – preparing for discharge from the ambulatory unit

C Phase III – extended observation on the surgical unit

D Phase IV – post-discharge telephone follow-up

ANSWER A

WHY Phase I (early recovery) is the immediate post-anesthesia period when the patient emerges from anesthesia, requires close physiologic monitoring, and needs intensive nursing care such as 1:1 or 1:2 staffing. A patient who is just emerging, confused, hemodynamically labile, and arousable clearly fits Phase I criteria, not the discharge-focused Phase II or the lower-acuity later phases.

QUESTION 4 SINGLE CHOICE

A patient receiving morphine via patient-controlled analgesia (PCA) in the PACU has a respiratory rate of 6 breaths per minute and is difficult to arouse. Which is the priority nursing action?

A **Administer the prescribed naloxone and continue monitoring respiratory status**

B Increase the PCA basal rate to improve analgesia

C Administer prescribed ondansetron for nausea

D Apply a warm blanket and encourage the patient to rest

ANSWER **A**

WHY A respiratory rate of 6 with difficult arousal indicates opioid-induced respiratory depression, an emergency. Naloxone, an opioid antagonist, is the appropriate emergency intervention, along with continued close monitoring and airway support. Increasing the basal rate (B) would worsen the depression, ondansetron (C) addresses nausea rather than the airway-breathing emergency, and a warm blanket (D) ignores the life-threatening situation.

QUESTION 5 SINGLE CHOICE

A patient undergoing a tonsillectomy under general anesthesia develops masseter rigidity during intubation followed by rapidly rising end-tidal CO_2, tachycardia, and a temperature of 39.2 °C (102.6 °F). Which intervention is most appropriate?

A **Cool the patient with ice packs, administer dantrolene, and notify the anesthesia provider immediately**

B Administer additional muscle relaxant and continue surgery

C Apply a cooling blanket only and reassess in 15 minutes

D Discontinue the case, but do not administer dantrolene until the temperature exceeds 40 °C

ANSWER **A**

WHY Masseter rigidity on induction is an early sign of malignant hyperthermia, particularly when followed by hypercapnia and hyperthermia. Dantrolene must be given as soon as MH is suspected (do not wait for a specific temperature threshold), along with discontinuing triggering agents, hyperventilating with 100% oxygen, and actively cooling the patient. Adding more muscle relaxant or delaying dantrolene can be fatal.

QUESTION 6 SINGLE CHOICE

An elderly patient arrives in the PACU after a 4-hour abdominal procedure. Core temperature via esophageal probe reads 35.0 °C (95.0 °F). The patient is shivering. Which nursing intervention is most appropriate?

A **Apply forced-air warming, remove wet drapes, and use warm blankets**

B Administer meperidine 25 mg IV as the first-line treatment for shivering

C Administer 100% oxygen and observe for 30 minutes before warming

D Document only, because mild hypothermia is expected and benign

ANSWER **A**

WHY Active warming with forced-air devices, removal of wet linens, and warm blankets are the standards for treating perioperative hypothermia. Hypothermia in the elderly is associated with increased morbidity (coagulopathy, cardiac events, delayed drug metabolism, wound infection) and must be treated promptly. Meperidine is not a first-line treatment, observation alone delays needed warming, and dismissing the finding is unsafe.

QUESTION 7 SINGLE CHOICE

A patient in the PACU after outpatient gynecologic surgery reports nausea but is not actively vomiting. The provider has prescribed ondansetron, dexamethasone, and promethazine. What is the most appropriate initial nursing action?

A Administer all three antiemetics concurrently for maximum effect

B Administer the ondansetron as prescribed and reassess

C Encourage the patient to drink ginger ale and eat crackers first

D Withhold all antiemetics until the patient actively vomits

ANSWER B

WHY The nurse should administer the prescribed antiemetic (ondansetron) and reassess before layering additional agents. Combination antiemetic therapy is reserved for patients who fail monotherapy, not given concurrently as a first step. Oral fluids and crackers are inappropriate in a fresh post-anesthesia patient who may still have impaired airway reflexes, and withholding treatment until vomiting occurs delays relief and increases aspiration risk.

QUESTION 8 SINGLE CHOICE

A patient is being evaluated for transfer from Phase I PACU using the Modified Aldrete Score. Which combination of findings indicates readiness for discharge from Phase I?

A Activity 1, respiration 1, circulation 2, consciousness 2, oxygen saturation 2

B Activity 2, respiration 2, circulation 2, consciousness 2, oxygen saturation 2

C Activity 1, respiration 2, circulation 1, consciousness 2, oxygen saturation 2

D Activity 2, respiration 2, circulation 1, consciousness 1, oxygen saturation 2

ANSWER B

WHY The Modified Aldrete Score awards 0–2 points each for activity, respiration, circulation, consciousness, and oxygen saturation. A total score of 9 or 10 (typically ≥9) generally indicates readiness for discharge from Phase I. Only option B achieves a score of 10 across all five categories. The other options each have at least one category scored 1 (with option A, C, and D scoring 8 or 9 but with deficits in different areas that warrant continued monitoring before discharge).

QUESTION 9 MULTIPLE CHOICE

Which nursing interventions are appropriate for preventing postoperative complications in a PACU patient following general anesthesia? (Choose two.)

A **Encouraging deep breathing and coughing with use of an incentive spirometer**

B Assisting with early ambulation as soon as the patient is physiologically stable

C Maintaining the patient in a supine position with the head of bed flat at all times

D **Administering sequential compression devices (SCDs) for venous thromboembolism prophylaxis as ordered**

E Restricting all oral intake until the patient has been home for 24 hours

ANSWER **A · D**

WHY Deep breathing, coughing, and incentive spirometry (A) help prevent atelectasis and pneumonia, while sequential compression devices (D) decrease venous stasis and reduce the risk of deep vein thrombosis and pulmonary embolism after surgery. Early ambulation (B) is also appropriate when the patient is stable, but it is not selected here. Keeping the patient flat (C) promotes aspiration and atelectasis, and restricting oral intake for 24 hours after discharge (E) is incorrect and unrelated to PACU care.