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01	A	B	C	D	**E**	14	A	**B**	C	D	E	27	A	B	**C**	D	E
02	**A**	B	C	D	E	15	**A**	B	C	D	E	28	A	B	C	**D**	E
03	A	B	C	**D**	E	16	A	B	C	D	**E**	29	A	B	C	**D**	E
04	A	**B**	C	D	E	17	A	**B**	C	D	E	30	A	**B**	C	D	E
05	**A**	B	C	D	E	18	A	**B**	C	D	E	31	A	B	C	D	**E**
06	**A**	B	C	D	E	19	A	**B**	C	D	E	32	A	B	C	**D**	E
07	A	B	C	D	**E**	20	**A**	B	C	D	E	33	A	B	**C**	D	E
08	A	**B**	C	D	E	21	A	B	**C**	D	E	34	A	B	C	**D**	E
09	A	B	**C**	D	E	22	A	**B**	C	D	E	35	A	**B**	C	D	E
10	**A**	B	C	D	E	23	A	B	C	**D**	E	36	A	B	**C**	D	E
11	A	**B**	C	D	E	24	A	B	C	D	**E**	37	A	B	C	**D**	E
12	**A**	B	C	D	E	25	A	**B**	C	D	E	38	A	B	C	**D**	E
13	**A**	B	C	D	E	26	A	B	C	D	**E**	39	**A**	B	C	D	E

PRACTICE QUESTIONS

Board of Certification for Emergency Nursing(BCEN)

AAGYZXSR

Certified Emergency Nurse (CEN)

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

Before you begin

What this is

9 practice questions for Board of Certification for Emergency Nursing(BCEN) `AAGYZXSR`, 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, `AAGYZXSR`
- the question number
- the email address on your order

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

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QUESTION 1 SINGLE CHOICE

A 58-year-old man presents to the emergency department with substernal chest pressure that began 45 minutes ago while watching television. He is diaphoretic, nauseated, and short of breath. His vital signs are: BP 92/60 mmHg, HR 110 beats/min, RR 24 breaths/min, SpO2 92% on room air. Lung sounds reveal crackles bilaterally. His 12-lead ECG demonstrates ST-segment elevation in leads V1 through V4. Which initial intervention is the priority?

A Administer sublingual nitroglycerin

B Obtain a chest radiograph

C **Administer aspirin and prepare for reperfusion therapy**

D Perform synchronized cardioversion

ANSWER C

WHY The patient is presenting with an anterior ST-elevation myocardial infarction (STEMI) with signs of cardiogenic shock (hypotension, tachycardia, pulmonary edema). The priority is to give aspirin and activate the cath lab/PCI pathway for reperfusion. Nitroglycerin is contraindicated with hypotension (SBP <90). Cardioversion is for unstable arrhythmias, not ischemia. Chest radiograph is useful but should not delay reperfusion therapy in a confirmed STEMI.

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QUESTION 2 SINGLE CHOICE

A patient with severe asthma exacerbation is being assessed in the emergency department. Which arterial blood gas finding is most consistent with impending respiratory failure?

A pH 7.45, PaCO2 35 mmHg, PaO2 80 mmHg

B pH 7.35, PaCO2 60 mmHg, PaO2 70 mmHg

C pH 7.30, PaCO2 25 mmHg, PaO2 60 mmHg

D pH 7.50, PaCO2 30 mmHg, PaO2 90 mmHg

ANSWER B

WHY In a severe asthma exacerbation, patients typically hyperventilate, producing a respiratory alkalosis with low PaCO2. A 'normal' or rising PaCO2 in a patient with ongoing tachypnea and respiratory distress is an ominous sign of impending respiratory failure, as the patient is tiring and unable to maintain adequate ventilation. Option B shows a normal/elevated PaCO2 with acidosis, indicating fatigue and impending failure. Options A and D show appropriate compensation. Option C shows respiratory alkalosis, consistent with adequate hyperventilation.

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QUESTION 3 SINGLE CHOICE

A 72-year-old woman is brought to the emergency department by her daughter for sudden onset of left-sided weakness and slurred speech that began 30 minutes ago. Her last known well time was 2 hours ago. Which is the most appropriate initial action?

A Obtain a non-contrast CT scan of the head

B Administer tissue plasminogen activator (tPA)

C Perform lumbar puncture

D Obtain an MRI with contrast

ANSWER A

WHY For any patient presenting with symptoms of acute stroke, a non-contrast CT scan of the head is the priority to rule out hemorrhagic stroke before considering thrombolytic therapy. Although the patient may be a candidate for tPA, it cannot be administered until hemorrhage is excluded. The CT must be obtained within 45 minutes of arrival per stroke guidelines. Lumbar puncture is not indicated and would delay imaging. MRI takes longer and is not the initial imaging study.

QUESTION 4 SINGLE CHOICE

An unresponsive adult trauma patient arrives in the emergency department. During the primary survey, the nurse notes gurgling respirations from blood and secretions in the oropharynx. Which intervention should be performed immediately?

A Insert a nasopharyngeal airway

B Perform endotracheal intubation

C **Suction the oropharynx and open the airway using a jaw-thrust maneuver**

D Perform a needle cricothyrotomy

ANSWER C

WHY The 'A' (Airway) component of the primary survey (ABCDE) requires clearing the airway of secretions, blood, or vomoid. Suctioning and opening the airway with a jaw-thrust maneuver (in trauma patients to protect the cervical spine) is the immediate priority. A nasopharyngeal airway is contraindicated in patients with facial trauma or basilar skull fracture. Endotracheal intubation may follow if the patient cannot maintain a patent airway, but basic airway maneuvers come first. Needle cricothyrotomy is reserved for failed airway scenarios.

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QUESTION 5 SINGLE CHOICE

A 24-year-old woman with type 1 diabetes mellitus is brought to the emergency department by her boyfriend. She is confused, diaphoretic, and tremulous. Her finger-stick blood glucose is 38 mg/dL. Which is the priority intervention for a conscious patient who is able to swallow?

A Administer 1 mg of glucagon intramuscularly

B Administer 50 mL of 50% dextrose IV

C **Administer 15 g of a rapid-acting carbohydrate orally**

D Administer normal saline 0.9% IV bolus

ANSWER C

WHY The 'Rule of 15' is the standard approach for conscious patients with hypoglycemia who can swallow: give 15 grams of a rapid-acting carbohydrate (such as glucose tablets, 4 oz of juice, or regular soda), wait 15 minutes, and recheck the blood glucose. IV dextrose is reserved for patients who cannot tolerate oral intake or are unconscious. Glucagon is used when IV access is not available and the patient cannot take oral intake. Normal saline does not correct hypoglycemia.

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QUESTION 6 SINGLE CHOICE

A patient presents with suspected septic shock. Which combination of findings is most consistent with the early (warm/hyperdynamic) phase of septic shock?

A Hypothermia, bradycardia, and cool extremities

B **Fever, tachycardia, warm/flushed extremities, and widened pulse pressure**

C Hypotension, bradycardia, and altered mental status

D Hypertension, bradycardia, and irregular respirations

ANSWER B

WHY The early (hyperdynamic/warm) phase of septic shock is characterized by peripheral vasodilation, which causes warm/flushed extremities, fever (often), tachycardia (compensatory), and a widened pulse pressure due to a decrease in diastolic pressure. As shock progresses to the cold (hypodynamic) phase, the patient develops cool extremities, hypotension, and altered mentation. Options A and D do not match septic shock physiology.

QUESTION 7 SINGLE CHOICE

A 35-year-old man is brought to the emergency department after being found unresponsive. His friends state he may have overdosed on opioids. His respiratory rate is 6 breaths/min, SpO2 is 82% on room air, and pupils are pinpoint. Which medication is the priority intervention?

A Flumazenil

B **Naloxone**

C Activated charcoal

D Sodium bicarbonate

ANSWER **B**

WHY The patient presents with the classic opioid toxidrome: respiratory depression, decreased level of consciousness, and miosis (pinpoint pupils). Naloxone, an opioid antagonist, is the priority intervention to reverse the respiratory depression. Flumazenil is for benzodiazepine overdose. Activated charcoal may be considered but is not the priority for airway/breathing compromise. Sodium bicarbonate is used for tricyclic antidepressant overdose.

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QUESTION 8 SINGLE CHOICE

An alert and oriented adult patient arrives at the emergency department with a gunshot wound to the abdomen and refuses all treatment, stating he wants to leave. Which is the most appropriate nursing action?

A Allow the patient to leave immediately because he has the right to refuse care

B Restrain the patient and begin treatment without his consent

C **Assess the patient's capacity to make decisions and explain the risks of refusing treatment**

D Discharge the patient against medical advice with no further discussion

ANSWER C

WHY Patients with decision-making capacity have the right to refuse treatment, including life-saving treatment. The nurse should assess the patient's capacity (ability to understand the situation, appreciate the consequences, reason about treatment options, and communicate a choice) and provide education about the risks of refusal. If the patient has capacity and persists in refusal, he may leave against medical advice after documentation. Restraining an alert, oriented patient without an emergency exception violates autonomy. Simply allowing departure without assessment is inadequate.

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QUESTION 9 SINGLE CHOICE

A 62-year-old man presents to the emergency department with substernal chest pressure radiating to his jaw that began while watching television 1 hour ago. He is diaphoretic and nauseated. His initial 12-lead ECG shows ST-segment elevation of 3 mm in leads II, III, and aVF. Which is the most appropriate immediate pharmacologic intervention?

- **A** **Administer chewable aspirin 162 to 325 mg**
- **B** Administer subcutaneous enoxaparin 1 mg/kg
- **C** Administer intravenous amiodarone 150 mg bolus
- **D** Administer intravenous labetalol 20 mg bolus

ANSWER **A**

WHY In acute ST-elevation myocardial infarction (STEMI), chewable aspirin is the first immediate pharmacologic intervention recommended by current AHA/ACC guidelines for all patients without contraindication. Enoxaparin is an adjunct anticoagulant but is not the first medication given. Amiodarone is for arrhythmias, not routine STEMI. Labetalol is contraindicated in STEMI as it can worsen cardiogenic shock.

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