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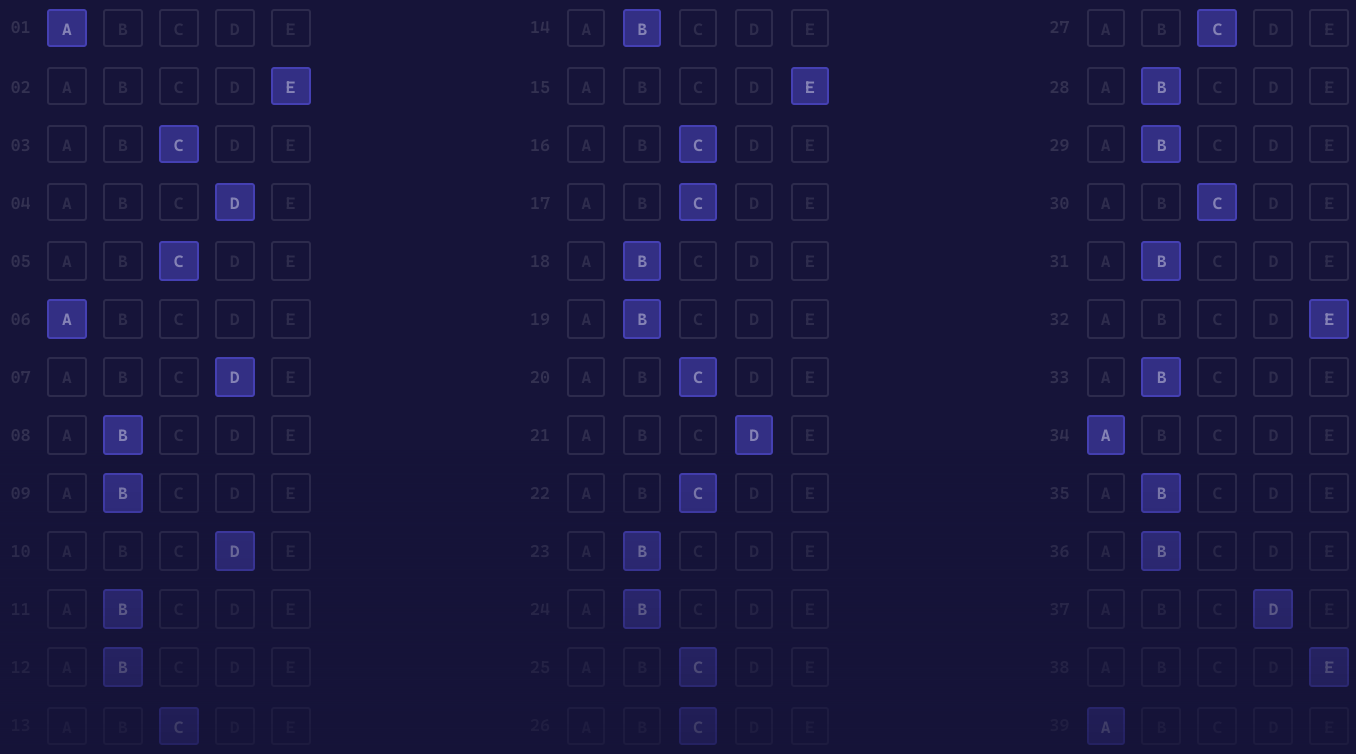

PRACTICE QUESTIONS

National Certifying Board of Otorhinolaryngology and Head-Neck Nurses (NCBOHN)

BOHN

Cert Exam in Otorhinolaryngology & Head-Neck Nursing

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for National Certifying Board of Otorhinolaryngology and Head-Neck Nurses (NCBOHN) `BOHN`, 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, `BOHN`
- 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

Which structure of the inner ear is responsible for converting mechanical sound vibrations into neural signals transmitted via the cochlear nerve?

A **Organ of Corti**

B Semicircular canals

C Vestibular apparatus

D Tympanic membrane

ANSWER A

WHY The Organ of Corti, located on the basilar membrane within the cochlea, contains the hair cells that transduce mechanical vibrations into neural impulses carried by the cochlear (auditory) division of cranial nerve VIII. The semicircular canals and vestibular apparatus are involved in balance, while the tympanic membrane is part of the middle ear and conducts—not transduces—sound.

QUESTION 2 SINGLE CHOICE

A patient presents with sudden, unilateral, pulsatile tinnitus accompanied by hearing loss. Which diagnostic study is most appropriate for initial evaluation?

A Pure-tone audiometry alone

B **Magnetic resonance imaging (MRI) with and without contrast of the internal auditory canals**

C Tympanometry with acoustic reflex testing

D Plain radiographs of the temporal bones

ANSWER B

WHY Unilateral pulsatile tinnitus with associated hearing loss raises concern for a vestibular schwannoma (acoustic neuroma) or other retrocochlear lesion. MRI with gadolinium of the internal auditory canals and cerebellopontine angles is the gold standard imaging study for evaluating retrocochlear pathology. Plain radiographs have insufficient resolution, and audiometry/tympanometry alone cannot localize retrocochlear disease.

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QUESTION 3 SINGLE CHOICE

A patient diagnosed with Ménière's disease reports episodes of vertigo lasting 20 minutes to several hours, fluctuating sensorineural hearing loss, tinnitus, and aural fullness. Which dietary modification is most commonly recommended as initial management?

A High-protein, low-carbohydrate diet

B **Low-sodium diet (typically 1500–2000 mg/day)**

C Gluten-free diet

D High-potassium diet with sodium restriction

ANSWER **B**

WHY Initial management of Ménière's disease includes a low-sodium diet (commonly 1500–2000 mg/day) along with caffeine and alcohol reduction to decrease endolymphatic fluid pressure. While potassium intake may also be encouraged, sodium restriction is the cornerstone dietary intervention taught in ENT nursing practice.

QUESTION 4 SINGLE CHOICE

A patient undergoing functional endoscopic sinus surgery (FESS) develops periorbital ecchymosis, proptosis, and decreased visual acuity on the affected side in the recovery area. What is the nurse's priority action?

A Apply warm compresses to the periorbital area

B **Notify the surgeon immediately; suspect retrobulbar hemorrhage**

C Administer prescribed oral analgesics and reassess in 30 minutes

D Instruct the patient to gently blow the nose to relieve sinus pressure

ANSWER **B**

WHY Periorbital ecchymosis with proptosis and decreased visual acuity following FESS is a surgical emergency suggesting retrobulbar hemorrhage, which can cause permanent vision loss from optic nerve ischemia. Immediate surgeon notification and urgent ophthalmology evaluation are required. Warm compresses, analgesics, or nose-blowing are inappropriate and could worsen the outcome.

QUESTION 5 SINGLE CHOICE

A patient with a tracheostomy tube develops respiratory distress, and the nurse notes that the tracheostomy tube has become dislodged. The stoma is mature (greater than 7 days post-tracheotomy). What is the priority nursing action?

A Place the patient in Trendelenburg position and apply pressure to the stoma

B Insert a new tracheostomy tube of the same size using gentle pressure with the obturator in place

C Cover the stoma with a sterile occlusive dressing and provide oxygen via face mask

ANSWER B

WHY For a mature stoma (typically >7 days old), the priority action is to reinsert a new tracheostomy tube (with obturator in place to ease insertion, then removed) using gentle pressure following the curve of the tract. Occluding the stoma in a tracheostomy patient would obstruct their only airway and cause asphyxiation. Trendelenburg would worsen respiratory compromise.

QUESTION 6 SINGLE CHOICE

A patient undergoing total laryngectomy for laryngeal cancer is being educated about post-operative communication options. Which statement by the nurse correctly describes tracheoesophageal puncture (TEP) with a voice prosthesis?

A It requires the patient to occlude the stoma with a finger during speech

B It produces speech by diverting pulmonary air through a one-way valve prosthesis into the esophagus

C It eliminates the need for humidification of the airway

D It is contraindicated in patients who previously received radiation therapy

ANSWER B

WHY Tracheoesophageal puncture (TEP) involves creating a small fistula between the posterior tracheal wall and the anterior esophagus, into which a one-way valve prosthesis is placed. Pulmonary air is shunted through the prosthesis into the esophagus, where vibration of the pharyngoesophageal segment produces voice. TEP speech typically does NOT require manual stoma occlusion (hands-free valves are available), humidification remains essential, and prior radiation is not an absolute contraindication.

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QUESTION 7 SINGLE CHOICE

Following a tonsillectomy, a 22-year-old patient swallows frequently and reports a metallic taste. The nurse observes pink-tinged saliva. What is the most appropriate initial action?

A **Notify the surgeon of suspected postoperative hemorrhage**

B Have the patient gargle with warm saline to clear secretions

C Offer the patient a small amount of ice chips

D Place the patient flat in bed to monitor for bleeding

ANSWER **A**

WHY Frequent swallowing and a metallic taste (suggesting blood) are classic early signs of post-tonsillectomy hemorrhage, which can be life-threatening due to aspiration risk and sudden brisk bleeding. The surgeon should be notified immediately. Gargling, oral intake, and flat positioning are inappropriate—bleeding patients should remain upright with suction at the bedside.

QUESTION 8 SINGLE CHOICE

A 4-year-old child is admitted with a diagnosis of acute epiglottitis. The child is sitting upright, drooling, and has a muffled 'hot potato' voice with stridor at rest. What is the priority nursing intervention?

A Obtain a throat culture using a tongue depressor

B **Prepare for airway management and transport to the operating room for direct laryngoscopy/intubation**

C Administer prescribed oral antibiotics immediately

D Place the child supine and perform a comprehensive oral examination

ANSWER **B**

WHY Acute epiglottitis is an airway emergency. The classic 'tripod' position, drooling, muffled voice, and stridor indicate impending airway obstruction. Visualization with a tongue depressor or supine examination may precipitate complete obstruction and should be avoided. Definitive airway management must be secured in a controlled setting (typically the OR). Oral antibiotics are not appropriate until the airway is secure.

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QUESTION 9 SINGLE CHOICE

Which cranial nerve is primarily responsible for the motor innervation of the intrinsic muscles of the larynx, including those controlling vocal fold adduction and abduction?

A Cranial nerve V (trigeminal)

B Cranial nerve VII (facial)

C **Cranial nerve X (vagus), via the recurrent laryngeal nerve**

D Cranial nerve XII (hypoglossal)

ANSWER C

WHY The intrinsic laryngeal muscles are innervated by branches of the vagus nerve (CN X). The recurrent laryngeal branch (and the superior laryngeal branch for the cricothyroid) supplies all the intrinsic muscles responsible for vocal fold movement. Damage to the recurrent laryngeal nerve, often during thyroid or thoracic surgery, results in vocal fold paralysis.

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