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QUESTION 1

Your patient with schizophrenia is taking chlorpromazine (Thorazine). She complains that her urine has turned dark. You know that this is caused by:

- A. Increased intake of acid-ash foods and liquids
- B. A urinary tract infection
- C. A normal side effect of the medication
- D. Medication toxicity

Correct Answer: C

Dark urine is a normal side effect of chlorpromazine (Thorazine). This medication is an antipsychotic medication. To prevent patient from discontinuing medication, they should be made aware that this side effect is harmless.

QUESTION 2

There is a patient on the unit with herpes zoster. Which staff member would you avoid assigning to this patient?

- A. A nurse who has never had mumps
- B. A nurse who has never had chicken pox
- C. A nurse who has never had roseola
- D. A nurse who has never had German measles

Correct Answer: B

The nurse who has never had chicken pox should not be assigned to this patient. Herpes zoster is caused by the same virus that causes chicken pox; therefore, assigning this nurse to this patient would increase her chances of contracting chicken pox from the patient.

QUESTION 3

The older patient that you have been assigned to is having difficulty distinguishing between hot and cold temperatures. Alteration of what gland activity would lead to this problem?

- A. Parotid
- B. Thymus
- C. Pineal
- D. Sweat

Correct Answer: D

Alterations in the sweat gland would lead to the patient having trouble distinguishing between hot and cold temperatures. The skin is important in protection, sensory reception homeostasis and temperature regulation. The parotid glands are important in the drainage of saliva. Melatonin biosynthesis occurs in the pineal gland, and immunological roles throughout the body are affected by the thymus gland.

QUESTION 4

An elderly patient comes into the emergency department to rule out stroke. On admission, vital signs are pulse 90, blood pressure 150/100 and respirations 20. Upon reassessment 30 minutes later, vital signs are pulse 78, blood pressure 170/90 and respirations 24 and irregular. What should be the nurse's first priority?

- A. Have the patient describe how they are feeling.
- B. Check the patient's Dilantin level.
- C. Decrease fluids.
- D. Encourage the patient to drink.

Correct Answer: C

The nurse should decrease the fluids based on this assessment. The patient is showing signs of hypervolemia and increased intracranial pressure. The other three options are inappropriate for a patient who is being monitored for a stroke.

QUESTION 5

You are caring for a patient who is becoming more aggressive. He is pacing and agitated. His speech is becoming rapid and his affect belligerent. What should the nurse's first priority be?

- A. Provide safety for the patient and other patients on the unit.
- B. Offer the patient a less stimulated area to calm down and gain control.
- C. Provide the patients on the unit with a sense of comfort and safety.
- D. Assist the staff in caring for the patient in controlled environment.

Correct Answer: A

Safety to the patient and other patients on the unit should be the nurse's first priority. The patient is showing behavior that is escalating and most likely will hurt himself or someone else if the staff does not step in immediately. Use Maslow's hierarchy of needs to prioritize which is the most immediate priority.