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QUESTION 1

A nurse from the surgical care unit has been floated to your unit for the day. Which of the following patients would you want to assign to this nurse?

- A. Exacerbation of heart failure
- B. Diabetes Type II, new onset
- C. Emergency appendectomy
- D. Thyrotoxicosis

Correct Answer: C

The nurse from the surgical care unit should be comfortable taking care of an emergency appendectomy patient. This nurse should be most comfortable with pre- and post-operative patients; therefore, the nurse should choose to give him or her those patients if available.

QUESTION 2

You are caring for a patient with a phosphorus level of 2.0 mg/dL. What condition do you know would cause the phosphorus level to be so low?

- A. Alcoholism
- B. Hypoparathyroidism
- C. Tumor lysis syndrome
- D. Renal insufficiency

Correct Answer: A

Of the above listed conditions, the patient with alcoholism would be most likely to have a phosphorus level of 2.0 mg/dL. A normal phosphorus level is 2.7 to 4.5 mg/dL. Malnutrition or starvation and the use of aluminum hydroxide-based antacids can also be causes of low phosphorus levels. The other three conditions are more likely to cause hyperphosphatemia.

QUESTION 3

Which finding would make you suspect that your patient might be in cardiogenic shock?

- A. Decreased or muffled heart sounds
- B. A cardiac index greater than 2.2 L/min
- C. Bounding pulses
- D. Increased cardiac output

Correct Answer: A

In cardiogenic shock the patient heart sounds will become decreased or muffled. This is caused by the myocardium's decreased ability to pump due to weakening by blood or fluid. This would cause a decreased cardiac index, decreased cardiac output and weak, thready pulses.

QUESTION 4

You are caring for a patient with chronic obstructive pulmonary disease (COPD). This patient would be most likely to develop which acid-base imbalance?

- A. Respiratory acidosis
- B. Respiratory alkalosis
- C. Metabolic acidosis
- D. Metabolic alkalosis

Correct Answer: A

A patient with COPD would be more likely to develop respiratory acidosis. Hypoventilation by the patient leads to respiratory acidosis. End-stage disease leads to airway collapse, air trapping and disturbance of ventilation-perfusion relationships.

QUESTION 5

You are encouraging your postoperative patient to cough and take deep breaths. The patient questions why it is so important to do this. Your response would include the understanding that retaining pulmonary secretions can lead to:

- A. Fluid imbalance
- B. Carbon dioxide retention
- C. Pulmonary edema
- D. Pneumonia

Correct Answer: D

Coughing and deep breath exercises help prevent pneumonia in the postoperative patient. Pneumonia is inflammation of lung tissue that causes productive cough, dyspnea and crackles. Postoperative complications related to pneumonia can be prevented if the patient is encouraged to cough and breathe deeply.

QUESTION 6

What adverse effect would you observe in a patient who is taking an excessive amount of bupropion (Wellbutrin)?

- A. Dizziness when getting up
- B. Seizure activity

- C. Increased weight
- D. Constipation

Correct Answer: B

The patient would begin to have seizures if they are taking an excess amount of bupropion (Wellbutrin). A dosage of more than 450 mg daily is considered to be excessive. Weight gain and constipation are common side effects of this medication. Orthostatic hypotension is not a side effect of this medication.

QUESTION 7

You are helping out at a local health fair when a patient admits to you that he does not eat a well-balanced diet. Which of the following would be a correct statement about the Food Guide Pyramid?

- A. 6 to 11 servings of bread, cereal, pasta, or rice a day
- B. 2 to 3 servings of vegetables a day
- C. 4 to 5 servings of milk, yogurt or cheese a day
- D. 4 to 6 servings of meat, poultry, fish, dry beans or nuts a day

Correct Answer: A

The correct diet to recommend based on the Food Guide Pyramid would include 6 to 11 servings of bread, cereal, pasta or rice a day. Vegetables is 3 to 5 servings, dairy products is 2 to 3, and meat and beans is 2 to 3 per day.

QUESTION 8

You are caring for a patient who has been displaying aggressive behavior. You observe that his behavior seems to be escalating. Which intervention by the nurse would be least helpful to this patient?

- A. Acknowledge the patient's behavior.
- B. Maintain a safe distance from the patient.
- C. Assist the patient to a quiet environment.
- D. Initiate confinement measures.

Correct Answer: D

Initiating confinement measures would be least helpful to this patient. The patient is moving toward loss of control. During this phase the nurse want to take control, maintain a safe distance, acknowledge the patient's behavior, move the patient to a quiet area and medicate if necessary. Initiating confinement would be appropriate during the crisis period.

QUESTION 9

Which of the following would be associated with detached retina?

- A. Pain in the affected eye
- B. Total loss of vision
- C. Feeling like a curtain had fallen over their eyes
- D. Yellow discoloration of the scleroses

Correct Answer: C

A patient with a detached retina would complain of a sense of a curtain falling across their field of vision. There is no pain associated with retinal detachment, but it is an ophthalmic emergency in that immediate steps must be taken to protect the patient's vision.

QUESTION 10

Which IV fluids would you need to hang with a transfusion?

- A. Lactated ringers
- B. Dextrose 5% and normal saline 0.9%
- C. Dextrose 5% and normal saline 0.45%
- D. Normal saline 0.9%

Correct Answer: D

The nurse should hang normal saline 0.9% with a transfusion. All other options are contraindicated due to clotting and hemolysis. Normal saline is the only option that can be hung with a transfusion.

QUESTION 11

You are working in the emergency department and find out that a tornado has hit the local area. Numerous casualties are being sent to the emergency department. What action should you take at this time?

- A. Prepare the triage room.
- B. Obtain additional supplies.
- C. Activate the agency disaster plan.
- D. Call in additional staff.

Correct Answer: C

The nurse should activate the agency disaster plan. All the other options may be part of the disaster plan, but the first priority of the nurse should be to activate the disaster plan. This will cover all the necessary steps that they will need to take.

QUESTION 12

You receive an order for 1000 mL of normal saline over 12 hours. The drop factor is 15 drops per 1 mL. You prepare to set the flow rate at how many drops per minute?

- A. 15 drops a minute
- B. 17 drops a minute
- C. 21 drops a minute
- D. 23 drops a minute

Correct Answer: C

The drop rate is 21 drops a minute.

QUESTION 13

Your patient came in to the emergency department with chest pain. Over the last hour the patient's blood pressure has dropped, pulse has increased and respirations have increased. What do you suspect these changes indicate?

- A. Cardiogenic shock
- B. Cardiac tamponade
- C. Pulmonary embolism
- D. Aortic aneurysm

Correct Answer: A

The changes in vital signs indicate that the patient is going into cardiogenic shock. Cardiogenic shock occurs when there is severe damage to the left ventricle. The patient may also display signs of decreased urine output and cool, clammy skin.

QUESTION 14

You are planning to draw an arterial blood gas from your patient, but you must perform an Allen's test first. You know that the Allen's test is used to test what?

- A. Popliteal circulation
- B. Ulnar circulation
- C. Femoral circulation
- D. Carotid circulation

Correct Answer: B

The Allen's test is used to test the ulnar circulation prior to drawing blood from an artery. This determines whether there is adequate collateral circulation to the hand prior to drawing the blood. If damage is done to the radial artery with ulnar circulation, the hand could suffer from severe ischemic injury.

QUESTION 15

You are caring for an infant with a diagnosis of sepsis. Which is the priority assessment for this infant?

- A. Skin integrity
- B. Temperature
- C. Jaundice
- D. Respiratory function

Correct Answer: D

The priority assessment would be respiratory function. The infant's airway should always be the priority. The other choices are all symptoms of sepsis that the nurse would also want to assess.

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