Nursing Competency Exam

Name of Nurse: ___________________________
Date of Testing: _________________________
Number correct _____ / 41 questions = _____%

1. Tylenol liquid is prescribed for a client. The liquid is available as 160mg / 5cc. The dose for the client is 240mg. How many cc’s should you give this client?
   a. 7cc
   b. 7.5cc
   c. 6cc

2. Which is the best technique for the nurse to use when determining the proper location to give chest compression on an infant?
   a. Place heel of hand next to index finger of the notch on the sternum.
   b. Place two hands one-finger width below the notch of the sternum.
   c. Place 2 fingers just below the nipple line.

3. A child receiving Albuterol (Proventil) is receiving it for which effects?
   a. Decreased infection
   b. Thinning of secretions
   c. Relaxing of smooth muscles

4. To determine the length of the tube needed to reach the stomach when inserting a Nasal gastric tube, the nurse should:
   a. Advance the tube until resistance is met
   b. Advance tube until gastric contents are received
   c. Measure the distance from the nose to the earlobe to the epigastric area of the abdomen.
   d. Divide the height of the child by 1/3 and use this length.

5. Under the new DPR guidelines – The compression /ventilation ratio for infants and children ages 1-8 for a single rescuer is:
   a. 30:2
   b. 15:2
   c. 5:1
   d. 20:4

6. When administering Phenobarbital to a client, the most important adverse reaction to watch for is:
   a. Nausea and vomiting
   b. Respiratory Depression
   c. Rash
   d. Severe bronco-spasms

7. During a grand mal seizure the nurses should:
   a. Leave the patient alone because added stimulus will increase the severity of the seizure.
   b. Protect the patient from injury, turn on side to keep airway clear.
   c. Start CPR
   d. Insert small item in mouth to keep from biting tongue.

8. A client is receiving Depakene for seizures. The liquid medication is available as 250mg/5cc. The patient’s dose is 350mg. How many cc’s do you administer?
   a. 6cc’s
   b. 7cc’
   c. 7.5cc’s
   d. 8.2cc’c
9. When giving a medication via a Mickey G-Tube the nurse should not:
   a. Flush the tubing before and after the medication is administered.
   b. Give the medication directly into the Mickey with a syringe.
   c. Dissolve the crushed pills as much as possible to avoid clogging the tube.
   d. Keep the child's head elevated 30 degrees or more.

10. A patient's pulse oximeter is reading 86%. In what order should the nurse proceed?
    a. Call parent or 911
    b. Check pulse oximeter for correlation with the heart rate, assess patient for signs and symptoms of respiratory distress. (Check color, breath sounds, etc.)
    c. Suction patient if available, turn up O2, check for equipment malfunction.
       i. a, b, c
       ii. b,a,c
       iii. b,c,a

11. Some children with asthma may only display coughing as their only symptom and may not wheeze.
    a. True
    b. False

12. Patients may stop taking their asthma medications when they are feeling well and are asymptomatic.
    a. True
    b. False

13. When suctioning a patient you should never exceed 10-15 seconds in order to avoid hypoxemia.
    a. True
    b. False

14. Circle all that is true about tracheal suctioning:
    a. When withdrawing the suction catheter you should apply intermittent suction.
    b. Inserting the suction catheter as far as possible each time will ensure proper removal of all secretions.
    c. Apply suction upon insertion and removal of suction catheter.
    d. A catheter that has been used to clear nasal or oral secretions should not be used for tracheal suctioning.

15. Some appropriate toys for a toddler age 12-23 months would be:
    a. Coloring book, Play-doh
    b. Stacking toys, simple puzzles, hidden object toys.
    c. Video Games
    d. Jacks

16. If a child is taking Digoxin, which nursing action is important in order to detect signs of toxicity?
    a. Monitor for increased thirst.
    b. Monitor temperature.
    c. Monitor Heart Rate.
    d. Monitor bowel movements

17. It is important to select the right sized cuff for measuring blood pressure due to:
    a. A cuff too small will lead to falsely elevated blood pressures.
    b. A cuff too large will lead to falsely low blood pressures
    c. There is no difference with either.

18. When checking for a pulse on an infant, you should palpate at the:
    a. Carotid Pulse site
    b. Brachial Pulse site
    c. Radial Pulse site
    d. Pedal-Dorsalis Pulse site
19. While taking care of your diabetic patient, you notice that she is becoming irritable, shaky and confused. This could be a sign of:
   a. High Blood sugar
   b. Low Blood sugar

20. Which is the appropriate intervention for the above situation.
   a. Administer insulin
   b. Check blood glucose and have client drink a glass of orange juice.
   c. Encourage client to take a nap

21. It is important to document frequently on your client's behalf because:
   a. If it is not written you did not do it.
   b. To assist the client in keeping the skilled nursing service through the state.
   c. To protect your home, license and belongings from negligence law suits.
   d. To demonstrate that you are performing skilled interventions, judgments and evaluations on a regular basis.
   e. That you're obtaining a nursing license was not a fluke.
   f. All of the above.

22. It is unlikely that the parents of children sent home on ventilators understand how to care for their children.
   a. True
   b. False

23. If a child has a tracheostomy, it is inserted into:
   a. Pharynx
   b. Larynx
   c. Trachea
   d. Bronchus

24. The heater unit on a ventilator controls all but:
   a. The humidity of the air delivered
   b. Warms the air delivered
   c. Helps control the client's temperature.

25. What separates the chest cavity from the abdominal cavity?
   a. Rib cage
   b. Sternum
   c. Diaphragm
   d. Bronchioles

26. What key element is missing from a premature child that predisposes them to respiratory difficulties?
   a. Oxygen
   b. Nitrogen
   c. Surfactant
   d. Calcium

27. Too much hydrogen in the blood causes acidosis?
   a. True
   b. False

28. You can never get too much oxygen.
   a. True
   b. False
29. Oxygen exchange takes place in the:
   a. Air
   b. Bronchus
   c. Alveoli
   d. Liver

30. Before suctioning you should always:
   a. Tell the client you going to do so.
   b. Give them some extra breaths to increase their oxygen levels.
   c. Insure all needed equipment is readily available.
   d. All of the above.

31. Controlled ventilation delivers a preset volume or pressure regardless of the patient’s inspiratory effort.
   a. True
   b. False

32. Assist controlled ventilation delivers the preset volume or pressure in response to the patient’s inspiratory effort and will initiate a breath if the client does not breathe within a prescribed amount of time.
   a. True
   b. False

33. FIO2 represents:
   a. Forced air
   b. Frequency of respirations
   c. Percentage of oxygen
   d. Rate of respirations

34. Most children use their accessory muscles to breath under normal breathing patterns.
   a. True
   b. False

35. When changing a trach tube of your young client you should.
   a. Place a towel under the neck to hyperextend the neck.
   b. Insure that the trach and all needed equipment is in immediate proximity.
   c. Have help present.
   d. All of the above.

36. Your client, a two-year-old preemie had 200cc of gastric content when you aspirated the gastric tube prior to the next feeding. You should.
   a. Replace the solution into the stomach.
   b. Hold the next feeding.
   c. Throw away the volume and start next feeding
   d. Determine what the gastric content is.
      i. a, b,d
      ii. b, c, d
      iii. a,b,c
      iv. a,c,d

37. After suctioning a client’s trach, it is acceptable to suction their mouth / nose and save the catheter for the next time suctioning is needed.
   a. True
   b. False
38. Match the following abbreviations to the terms below:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Term</th>
</tr>
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<tbody>
<tr>
<td>TPR</td>
<td>Temperature, Pulse, Respiration</td>
</tr>
<tr>
<td>ROM</td>
<td>Range of Motion</td>
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<tr>
<td>R SOB</td>
<td>Right, Short of Breath</td>
</tr>
<tr>
<td>I&amp;O</td>
<td>Intake &amp; Output</td>
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<tr>
<td>L cc</td>
<td>Cubic Centimeter</td>
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<tr>
<td>QID</td>
<td>Every Day</td>
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<tr>
<td>HS STAT</td>
<td>Hour of Sleep</td>
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<tr>
<td>Hx PROM c</td>
<td>History, Physical Therapy</td>
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<tr>
<td>TID Q AC Wt</td>
<td>Three times Day</td>
</tr>
<tr>
<td>PRN w/c PC</td>
<td>As needed</td>
</tr>
<tr>
<td>NPO PT</td>
<td>No Food or Fluids</td>
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<tr>
<td>CVA D/C C/O</td>
<td>Cerebral Vascular Accident</td>
</tr>
<tr>
<td>Fx Dx Ht PO</td>
<td>Right, Left, Fracture</td>
</tr>
</tbody>
</table>

Weight:___, Nothing by Mouth:___, After Meals:___, Short of Breath:___, Three times Day:___, Range of Motion:___

Cerebral Vascular Accident:___, Four times a day:___, Temperature, Pulse, Respiration:___, Intake & Output:___

As needed:___, Hour of Sleep:___, Passive Range of Motion:___, Cubic Centimeter:___, Physical Therapy:___

Height:___, Right:___, Fracture:___, Immediately:___, Complains of:___, Discontinue:___, Left:___

Without:___, Every:___, Wheelchair:___, History:___, Before Meals:___, Diagnosis:___, By Mouth:___

39. Nurse should instruct a client / family members who is taking benadryl (diphenhydramine hydrochloride) of which of the following:
   a. Avoid activities that require alertness
   b. Limit sun exposure
   c. Increase dietary calcium
   d. Exercise daily

40. You are caring for a client with Chronic Obstructive Pulmonary Disease (COPD) and you observe oxygen being delivered to the client at 4 liters/min via nasal cannula. Which of the following are true?
   a. Flow rate is acceptable
   b. Flow rate is too high
   c. Flow rate is too low
   d. Client should not be receiving oxygen at all

41. Your client is taking phenobarbital, what precautions should you take specific to this medication.
   a. Insure client takes enough fluids in to prevent constipation
   b. Provide protection or sunscreen if going out on a sunny day.
   c. Monitor for disturbed sleep patterns.
   d. Assist with ambulation to insure stability.