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Question: 639

A 16-year-old patient is scheduled for an urgent appendectomy. The patient's parents are divorced, and both hold joint legal custody, but they disagree vehemently about the surgical plan. One parent consents to the surgery, while the other explicitly refuses and threatens legal action against the hospital. The patient is in significant pain and demonstrating signs of early peritonitis. Which action should the perioperative nurse take?

A. Suspend all preparations and transfer the patient to the emergency department for non-operative management
B. Delay the procedure until both parents sign a mutual agreement form certified by a notary public
C. Proceed with the surgery based on the consent of one legal guardian while notifying risk management and administration
D. Request that the 16-year-old patient sign an emancipated minor waiver to bypass parental consent requirements

Answer: C

Explanation: When a minor requires urgent or emergent surgical intervention to prevent serious harm or death, and legal guardians with joint custody disagree, the consent of one legal guardian is legally sufficient to proceed with life-saving or urgent treatment. The nurse should ensure that the consent from the consenting parent is fully documented, immediately notify hospital administration, risk management, or legal counsel to handle the family dispute, and ensure the urgent surgical care of the patient is not delayed.

Question: 640

During a vascular procedure, the surgeon requests a specialized thermal cautery probe that has been processed via high-level disinfection (HLD) because it cannot tolerate steam sterilization. The probe was processed in an automated endoscope reprocessor (AER) using ortho-phthalaldehyde (OPA). What must the scrub nurse do before passing this item to the surgeon?

A. Rinse the probe thoroughly with sterile water according to the manufacturer's instructions.
B. Immerse the probe in a neutralizing sodium bisulfate solution for a minimum of 5 minutes.
C. Allow the probe to air-dry completely for 20 minutes under a laminar flow hood before use.
D. Wipe the probe thoroughly with a 70% isopropyl alcohol swab to neutralize the chemical residue.

Answer: A

Explanation: Items processed via high-level disinfection, such as ortho-phthalaldehyde (OPA) or glutaraldehyde, retain chemical residues on their surfaces that can be highly toxic, irritating, or corrosive to patient tissues. AORN and CDC guidelines mandate that any item undergoing high-level disinfection must be thoroughly rinsed with copious amounts of sterile water (often requiring multiple separate rinses) to completely remove all chemical residues before clinical application. Alcohol does not neutralize these chemicals and can fix residues to the device. Air-drying does not remove chemical residues. Neutralizing solutions like sodium bisulfate are typically used for disposing of the chemical waste solution, not for rinsing clinical instruments.

Question: 641

A perioperative nurse manager is evaluating the safety compliance of the operating room suite regarding the use of specialized laser equipment (such as a CO2 or Nd:YAG laser). During an audit, the manager observes that the laser is actively firing while the room doors are unlocked, no warning signs are posted outside, and the staff members in the room are wearing standard clear plastic eyeglasses. What corrective action must the manager immediately enforce?

A. Allow the procedure to finish without intervention because interrupting a laser case introduces a higher risk of psychological stress to the surgeon.
B. Instructing the staff to simply close their eyes whenever the laser hums or clicks, making eyewear unnecessary.
C. Halting the laser activation immediately, ensuring that appropriate wavelength-specific laser safety eyewear is distributed to all personnel in the room, posting the mandatory laser warning signs at all entryways, and ensuring the doors are properly secured to establish a controlled laser hazard zone.
D. Ordering the circulator to cover the patient’s entire face with a dry paper towel to block any stray laser reflections.

Answer: C

Explanation: Laser safety in the perioperative environment is strictly governed by regulatory and professional standards to prevent devastating ocular injuries and skin burns from scattered or reflected laser energy. A laser hazard zone must be established whenever a laser is in use. This requires posting wavelength-specific warning signs at all entrances to alert personnel before they enter, ensuring doors remain closed to prevent beam escape, and mandating that every individual within the room wear protective eyewear specifically rated for the exact wavelength of the laser being deployed. Standard clear eyeglasses provide zero protection against specialized surgical lasers.

Question: 642

A perioperative nurse is monitoring a patient who is actively receiving a rapid infusion of packed red blood cells through a blood warming device during an emergency trauma laparotomy. The patient's core body temperature is 34.2°C (93.6°F). To ensure that the red blood cells are not hemolyzed during delivery while effectively counteracting hypothermia, what is the maximum temperature setting allowed for the fluid warming system?

A. 42.0°C (107.6°F)
B. 38.0°C (100.4°F)
C. 50.0°C (122.0°F)
D. 45.0°C (113.0°F)

Answer: A

Explanation: Blood warming devices must be precisely regulated to prevent thermal damage to the red blood cells. According to AORN and AABB standards, the temperature of fluid/blood warming devices must not exceed 42.0°C (107.6°F). Heating blood products beyond this critical limit causes immediate thermal hemolysis, destroying the red blood cells and potentially releasing lethal amounts of potassium and free hemoglobin into the patient's bloodstream, which can precipitate acute kidney injury and arrhythmias.

Question: 643

During a prolonged posterior spinal fusion lasting over six hours, a patient is maintained in the prone position on a Wilson frame. Which physiological alteration and corresponding nursing intervention should the perioperative nurse anticipate?

A. Decreased intrathoracic pressure; monitor for sudden increases in cardiac output and systemic hypertension.
B. Increased vital capacity; decrease the mechanical ventilator tidal volume settings to avoid pulmonary barotrauma.
C. Increased intra-abdominal pressure; ensure the abdomen hangs free within the frame to prevent vena cava compression.
D. Reduced peripheral venous pooling; elevate the lower extremities above the level of the heart using hard plastic bolsters.

Answer: C

Explanation: In the prone position, compressed abdominal contents push against the diaphragm and compress the inferior vena cava, leading to decreased venous return, increased venous pressure, and increased surgical bleeding. Ensuring that the abdomen hangs free within the contours of the positioning frame mitigates this pressure, preserves cardiac preload, and reduces epidural venous engorgement.

Question: 644

During a fluoroscopically guided percutaneous nephrolithotomy, the perioperative nurse must wear a lead apron. To minimize radiation exposure according to the ALARA (As Low As Reasonably Achievable) protocol, where should the nurse stand relative to the C-arm unit when x-rays are being actively generated?

A. Separated from the patient by exactly six inches, keeping a direct hand on the patient's side.
B. On the side of the image intensifier/detector component and as far away as practical.
C. Directly in the primary pathway of the central x-ray beam to block it from hitting others.
D. Directly next to the x-ray tube component of the C-arm apparatus where the beam originates.

Answer: B

Explanation: Radiation intensity follows the inverse-square law, meaning increasing distance dramatically drops exposure. Furthermore, the scatter radiation is significantly lower on the side of the image receptor/detector than on the side of the x-ray tube source under the table. Therefore, standing on the detector side and maximizing physical distance provides the lowest radiation exposure.

Question: 645

A patient is scheduled for a left-sided inguinal hernia repair. During the time-out procedure, the circulating nurse states the patient's name and planned procedure, pointing out that the surgical site marker is visible on the left groin. The anesthesia provider looks at the schedule and states, "My sheet says right-sided repair." The surgeon insists the left side is correct and asks to make the incision to keep the schedule on track. Which action must the nurse perform?

A. Proceed with the left-sided incision because the surgeon is the ultimate authority on the intended operative site.
B. Allow the surgeon to make the incision while the nurse leaves the room to check the original electronic health record.
C. Declare a hard stop, prevent the incision, and verify the correct site using the primary history and physical examination.
D. Request that the anesthesia provider update their personal schedule sheet to match the surgical site marker on the patient.

Answer: C

Explanation: Any discrepancy identified during the time-out constitutes an immediate safety hazard and requires an absolute "hard stop" to all activities. The incision must not be made until the conflict is fully resolved using primary source documents such as the surgeon's history and physical assessment, diagnostic imaging studies, or direct confirmation if the patient is awake. Relying solely on the surgeon's memory without objective verification violates standard patient safety protocols.

Question: 646

A 14-year-old pediatric patient weighing 42 kg is undergoing a posterior spinal fusion for scoliosis.

The surgical team requests intraoperative neuromonitoring (IONM) and cell salvage (autologous blood transfusion) devices. The perioperative team consists of a nurse circulator, a surgical technologist, an anesthesia provider, a perfusionist operating the cell saver, and an external IONM technician. During the critical exposure phase, who bears the primary legal and professional responsibility for supervising the delegated tasks of the external IONM technician and monitoring the overall sterile field?

A. The perioperative nurse circulator, who maintains ultimate oversight of the environment, and patient safety within the operating room.
B. The external IONM technician, because they are certified by their independent professional board to interpret neurophysiological signals.
C. The attending orthopedic surgeon, since they are the captain of the ship and assume all liability for anyone present in the operating room.
D. The anesthesia provider, as they manage the systemic physiological parameters that directly affect the neuromonitoring data signals.

Answer: A

Explanation: The registered nurse circulator is legally and professionally responsible for the management of nursing care, coordination of the multidisciplinary team, and safety oversight within the perioperative environment. While specialized technical personnel (such as IONM technicians or perfusionists) manage specific technical tasks, and the surgeon directs the operative intervention, the nurse circulator retains the un-delegable duty to monitor the entire room for breaks in technique, ensure compliance with safety protocols, manage traffic control, and coordinate care among all entities to protect the patient.

Question: 647

During an orthopedic procedure utilizing a CO2 surgical laser for joint capsule revision, a fire erupts on the sterile field when the laser ignites a paper wrapper. The perioperative nurse prepares to utilize a fire extinguisher. Which type of fire extinguisher is safest and most appropriate for use on or near the sterile field and delicate surgical equipment?

A. A Class B dry chemical extinguisher containing monoammonium phosphate powder.
B. A halon-replacement or clean agent (such as carbon dioxide or water mist) extinguisher.
C. A Class A water-acid extinguisher that delivers a high-pressure stream of liquid to soak the drapes.
D. A standard Class D foam extinguisher designed for combustible metal fires.

Answer: B

Explanation:
Fire extinguishers used in the operating room must be effective against the specific classes of fire encountered without causing additional harm to the patient or permanently destroying sensitive electronic surgical equipment. Clean agent extinguishers, such as carbon dioxide (CO_2) or specialized deionized water mist extinguishers, are preferred because they leave no toxic residue, are non-conductive, and do not aerosolize corrosive powders (unlike dry chemical extinguishers, which can contaminate wounds and destroy electronic components).

Question: 648

A facility is updating its policy on the care and handling of flexible endoscopes to prevent transmission of multidrug-resistant pathogens. The policy must define the maximum allowable delay between the completion of a surgical procedure and the initiation of the manual cleaning and preprocessing stage before extended storage. According to current evidence-based perioperative standards, what is the standard protocol if the delay exceeds the manufacturer's specified timeframe (typically 1 hour)?

A. The staff can proceed with standard cleaning as long as they double the concentration of the enzymatic detergent.
B. The scope must be discarded entirely because biofilms cannot be removed once they form for more than 60 minutes.
C. The scope can be placed directly into the automated endoscope reprocessor (AER) for an extended cycle without manual brushing.
D. The scope must undergo a specialized, prolonged pre-cleaning soaking process validated by the manufacturer.

Answer: D

Explanation: If a flexible endoscope remains unprocessed for an extended period after use, organic debris, blood, and mucous dry within the internal channels, leading to the formation of a resilient biofilm that protects microorganisms from standard disinfection. If the delay exceeds the manufacturer's limit (often 1 hour), standard cleaning protocols are insufficient. The scope must be subjected to a

specific, validated "delayed processing protocol," which typically includes an extended soak in an enzymatic cleaner and enhanced mechanical flushing to dissolve the biofilm before proceeding to high-level disinfection or sterilization. Altering chemical concentrations without authorization is unsafe and can damage the equipment.

Question: 649

An orthopedic surgical team is preparing the sterile field for an open reduction and internal fixation. A sterile drape is accidentally brushed against the unsterile IV pole while being unfolded over the patient. The drape was touched only on the outer margin, which will sit outside the actual surgical incision zone. How should the team proceed?

A. Contaminate the entire drape and discard it, then obtain a new sterile drape.
B. Sanitize the contaminated portion of the drape with an approved antiseptic spray.
C. Use the drape as planned since the affected area is distant from the incision site.
D. Apply a second sterile drape directly over the contaminated area to cover it up.

Answer: A

Explanation: Aseptic technique dictates that any item that comes into contact with an unsterile object or area must be considered contaminated. There are no degrees of contamination on a sterile field. Even if the contact occurred on a portion of the drape intended to hang off the bed or away from the immediate incision site, the integrity of the barrier has been breached, creating a pathway for micro-organisms. The entire drape must be discarded and replaced with a new, sterile item to ensure that the sterile field remains completely uncompromised.

Question: 650

A perioperative nurse is caring for a 45-year-old female patient undergoing a total abdominal hysterectomy. The patient has a history of severe postoperative nausea and vomiting (PONV) from previous surgeries. Which preventative nursing intervention should be integrated into the individualized care plan to achieve the outcome of minimal postoperative emesis?

A. Administering a large bolus of unwarmed intravenous crystalloid fluids right before emergence.

B. Keeping the patient in a trendelenburg position during the immediate recovery phase in the PACU.
C. Restricting all postoperative oral intake for the first 24 hours following the surgical procedure.
D. Ensuring the intraoperative administration of prophylactic multi-modal antiemetics as prescribed.

Answer: D

Explanation: A history of severe PONV is a significant risk factor for postoperative distress, wound dehiscence, and aspiration. An evidence-based, multi-modal approach combining different classes of antiemetics (such as 5-HT3 receptor antagonists, dexamethasone, or transdermal scopolamine) is the gold standard for high-risk patients. Large unwarmed fluid boluses can cause hypothermia, which exacerbates discomfort and alters drug metabolism. Trendelenburg positioning can increase intracranial pressure and aggravate nausea, while prolonged NPO status is outdated and counterproductive to enhanced recovery after surgery protocols.

Question: 651

The operating room schedule includes a patient with a known history of a severe Type I latex hypersensitivity undergoing an open splenectomy. To manage the environment and ensure patient safety, which scheduling and setup coordination is required?

A. Ensure the patient is pre-treated with an antihistamine infusion in the holding area so standard operating room supplies can be used.
B. Select a dedicated operating room where positive pressure airflow can be turned off completely during the surgical procedure.
C. Schedule the case as the final procedure of the afternoon to allow for an extended terminal cleaning cycle beforehand.
D. Schedule the case as the first procedure of the day, remove all latex-containing supplies, and post "Latex Allergy" signs on the entry doors.

Answer: D

Explanation: For patients with severe Type I latex hypersensitivity, the case should be scheduled as the first procedure of the day. This allows airborne latex particles from the previous day to settle and be removed by the ventilation system overnight. The room must be completely cleared of latex-containing

items, latex-free carts or supplies must be utilized, and clear signs must be posted to control traffic and prevent staff from introducing latex products. Positive pressure airflow must remain on to maintain sterility, and pre-treatment with medications does not eliminate the requirement for a strict latex-free environment.

Question: 652

A 55-year-old male patient with a history of severe obstructive sleep apnea (OSA) and a body mass index of 38 is scheduled for an open reduction of a mandibular fracture. The nurse is preparing the postoperative care plan for the post-anesthesia care unit. Which intervention is most critical to ensure airway safety during the immediate emergence phase?

A. Routine administration of high-dose intravenous sedatives every two hours to prevent agitation.
B. Positioning the patient in a semi-Fowler's or lateral position and utilizing continuous pulse oximetry.
C. Maintaining the patient in a flat, supine position with two heavy sandbags stabilizing the neck.
D. Setting the oxygen flow rate to a maximum of $2\ \mathrm{L/min}$ via a standard nasal cannula without humidification.

Answer: B

Explanation: Patients with severe obstructive sleep apnea are at high risk for upper airway occlusion, hypoxemia, and respiratory depression following general anesthesia, particularly after airway or maxillofacial surgery. Elevating the head of the bed or placing the patient in a lateral position helps maintain upper airway patency by allowing the tongue and soft tissues to fall forward. Continuous pulse oximetry is essential to track oxygenation. Flat supine positioning exacerbates airway obstruction, high-dose sedatives suppress the respiratory drive and worsen sleep apnea, and restricting oxygen arbitrarily without monitoring is unsafe for a patient at risk for severe hypoxemia.

Question: 653

A hospital is experiencing an influx of orthopedic procedures requiring intraoperative fluoroscopy. The perioperative nurse manager is assigning staff to these rooms. To ensure compliance with occupational radiation safety standards and optimal personnel management, which instruction must the nurse manager provide to the team?

A. Staff members should stand within 1 foot of the fluoroscopy tube during activation to shield the patient from scatter radiation.
B. The nurse circulator must turn off all room lights during fluoroscopy to improve image contrast and reduce the overall radiation dose.
C. Staff must wear lead aprons and thyroid shields, wear their assigned dosimeter badges at the collar level outside the apron.
D. The scrub person must hold the image intensifier stable with bare hands to prevent artifacts from mechanical vibrations.

Answer: C

Explanation: Occupational radiation safety in the perioperative setting relies on three primary pillars: time, distance, and shielding. Staff must wear protective lead aprons and thyroid shields to attenuate scatter radiation. Dosimeter badges must be worn at the collar level outside of the lead apron to accurately measure potential exposure to unshielded areas like the eyes and thyroid. Additionally, maximizing distance from the radiation tube (ideally 6 feet or more) significantly reduces exposure due to the inverse-square law, which dictates that radiation intensity decreases inversely with the square of the distance from the source.

Question: 654

The perioperative nurse is auditing the traffic patterns in the semi-restricted area of the surgical suite. Which observation represents a violation of proper infection control and traffic flow standards?

A. A laboratory technician wearing a lab coat over street clothes retrieving a specimen.
B. A vendor wearing a facility-approved jumpsuit and covered hair walking to the core.
C. A surgeon walking from the locker room to the staff lounge in scrub attire.
D. A scrub technologist wearing clean surgical scrubs and a dedicated head covering.

Answer: A

Explanation: In semi-restricted areas of the surgical suite (such as peripheral corridors, central processing clean assembly, and storage areas), personnel must wear facility-approved surgical attire

(scrubs) and have their head and facial hair fully covered. Street clothes covered by a lab coat are strictly prohibited because street clothing sheds significant particulate matter and introduces environmental contaminants into an area designed to minimize bioburden. Vendors and ancillary staff must also adhere to these attire requirements.

Question: 655

A perioperative nurse circulator is supervising an unlicensed assistive personnel (UAP) who has been assigned to assist with room turnover and patient transport. The UAP is asked to position a patient in the lateral position for a nephrectomy while the nurse circulator documents at the computer desk. Which principle of delegation has been violated in this scenario?

A. The Right Communication, because the nurse should have written the positioning instructions on a whiteboard instead of speaking verbally.
B. The Right Task, because UAPs are never allowed to touch a patient in an operating room environment under any circumstances.
C. The Right Supervision and Evaluation, because the nurse circulator must provide appropriate monitoring and direction for complex tasks..
D. No principle was violated, as long as the UAP has worked in the operating room for more than six months.

Answer: C

Explanation: Under the principles of safe nursing delegation, the registered nurse retains ultimate accountability for the patient's nursing care outcomes. Surgical positioning is a complex, high-risk maneuver that can result in permanent neurological, integumentary, or cardiovascular complications if performed incorrectly. While a UAP can assist with the physical movement of a patient, the nurse circulator must provide direct supervision, assessment, and evaluation of the positioning process to ensure anatomical alignment and safety devices are appropriately deployed. Sitting at the desk during this process represents a failure of appropriate supervision.

Question: 656

The perioperative team is disposing of medical waste at the conclusion of a bilateral total mastectomy.

Which item must be segregated and placed into a biohazard regulated medical waste (RMW) red bag container rather than standard solid waste?

A. Opened, unused sterile suture packets and plastic packaging materials from the back table.
B. Gowns and drapes that are completely dry with minimal, non-saturated superficial blood stains.
C. Standard surgical masks, shoe covers, and bouffant caps worn by the team during the procedure.
D. Suction canisters containing liquid blood that cannot be solidified or safely poured into the sanitary sewer.

Answer: D

Explanation: Regulated Medical Waste (RMW), which requires disposal in red biohazard bags or dedicated containers, is strictly defined by OSHA and EPA regulations. It includes liquid or semi-liquid blood or other potentially infectious materials (OPIM), items saturated or dripping with blood/OPIM, or items that would release blood/OPIM if compressed. Therefore, suction canisters filled with liquid blood that are not processed via an automated waste disposal system or solidified must be disposed of as RMW. Gowns, masks, drapes, and caps with only minor, dry, or non-saturated stains do not meet the legal criteria for RMW and should be disposed of as regular solid waste to minimize environmental impact and disposal costs. Unused plastics and packaging are also standard solid waste.

Question: 657

A 68-year-old female presents for a scheduled total knee arthroplasty. During the physical assessment, the nurse notes a blood pressure of 162/95 mmHg, a heart rate of 88 beats per minute, a respiratory rate of 16 breaths per minute, and an oxygen saturation of 94% on room air. The patient states she skipped her morning dose of clonidine because she was told to remain NPO. Which of the following is the most appropriate nursing intervention?

A. Notify the anesthesia provider immediately to evaluate the patient's elevated blood pressure.
B. Instruct the patient to take her omitted clonidine immediately with a small sip of water.
C. Cancel the surgical procedure due to severe, uncontrolled stage two hypertension.
D. Monitor the patient's vital signs every five minutes until she is transferred to the operating room.

Answer: A

Explanation: Sudden withdrawal of central alpha-2 agonists like clonidine can cause severe rebound hypertension and tachycardia, increasing the risk of myocardial ischemia intraoperatively. While the nurse must notify the anesthesia provider immediately so an evaluation can occur, the nurse cannot independently instruct the patient to take a medication while NPO without an explicit order, nor should the nurse unilaterally cancel the procedure. Monitoring vital signs is necessary but does not address the underlying pharmacological issue.

Question: 658

A perioperative nurse is performing a pre-operative phone assessment for a patient scheduled for a total gastrectomy. The patient states they have a durable power of attorney for healthcare but forgot to bring the physical document to the hospital. Which action should the nurse take to ensure proper communication and legal compliance?

A. Document the name and phone number of the stated healthcare proxy in the electronic health record based solely on the patient's verbal statement.
B. Instruct the patient or family to have a copy of the durable power of attorney document faxed or securely emailed to the pre-operative department before the scheduled surgery.
C. Inform the patient that their designated healthcare proxy cannot be recognized or documented unless the original, notarized paper document is physically present.
D. Advise the patient that the attending surgeon will automatically act as their legal medical decision-maker if they become incapacitated during the procedure.

Answer: B

Explanation: To legally recognize and document a healthcare proxy or durable power of attorney in the medical record, the facility must obtain a copy of the valid legal document. The nurse should proactively instruct the patient or family to transmit the document securely to the facility prior to surgery so it can be scanned into the electronic health record, ensuring that the patient's wishes are legally enforceable if incapacitation occurs.

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