TT TEXTBOOK TESTBANKS

Test Bank for Essential Procedures for Emegency Urgent and Primary Care Settings 4th Campo

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Section 1

Introduction

1. During setup for a procedure with a likely fluid splash, a clinician has already put on gloves and then realizes that eye and face protection are still missing. Which of the following actions is MOST appropriate before proceeding?

A. Add protective eyewear over the current setup and continue with the procedure

B. Replace the gloves with a new pair after completing the remaining protective barriers

***C.** Remove the gloves, complete the remaining protective barriers, and then don the gloves last

D. Continue because gloves provide the highest-priority barrier during procedural setup

Correct Answer: C) Remove the gloves, complete the remaining protective barriers, and then don the gloves last

Removing the gloves, completing the remaining protective barriers, and then donning the gloves last restores the recommended personal protective equipment sequence for a splash-risk procedure and ensures that eye, face, and clothing protection are in place before proceeding. Adding protective eyewear over the current setup leaves the barrier sequence incomplete because gloves are intended to be donned after the other protective items. Replacing the gloves after adding the remaining barriers still starts from an incorrect sequence and does not address the need to remove gloves before completing the rest of the protective setup. Continuing with gloves alone places hand protection above the broader barrier protection required when splashing of blood, bodily fluids, or tissue is anticipated.

2. Before an invasive bedside procedure, which of the following steps helps prevent complications related to choosing an inappropriate approach?

***A.** Discussing technique options and the risks and benefits of each

B. Providing continued reassurance in a low, slow voice

C. Positioning the patient close to the clinician

D. Seating a family member opposite the procedure side

Correct Answer: A) Discussing technique options and the risks and benefits of each

Discussing technique options and the risks and benefits of each most directly helps prevent complications related to choosing an inappropriate approach because patient preparation includes comparing available methods for the situation and considering the risks and benefits of each before proceeding. Providing continued reassurance in a low, slow voice promotes comfort, trust, and communication, but it does not determine which procedural approach is most suitable. Positioning the patient close to the clinician facilitates body mechanics and procedural ergonomics rather than method selection. Seating a family member opposite the procedure side helps maintain safety and reduce interference during the procedure, but it does not guide the choice of technique.

3. After providing discharge instructions following a procedure, the clinician wants to confirm that the patient and family clearly understand the required care at home. Which of the following actions BEST ensures this understanding?

A. Provide written instructions to reinforce the information discussed

B. Determine whether the patient and family have any remaining questions

***C.** Ask the patient or family member to explain the instructions in their own words

D. Emphasize key points again using simplified language

Correct Answer: C) Ask the patient or family member to explain the instructions in their own words

Asking the patient or family member to explain the instructions in their own words provides a direct check of comprehension and helps confirm that home care and follow-up expectations are understood. Providing written instructions reinforces the information discussed, but it does not establish whether the instructions were understood. Determining whether there are remaining questions invites clarification, but it does not reliably confirm comprehension. Emphasizing key points again using simplified language may improve clarity, but it still does not verify that the required care plan has been understood.

4. After a painful procedure, a patient who received a sedating medication appears calm but minimally attentive when receiving discharge instructions. Which of the following actions is MOST appropriate to facilitate safe follow-up?

A. Provide concise verbal instructions focused on the highest-priority precautions and follow-up needs

B. Review the follow-up plan verbally with a family member who is present at discharge

C. Reinforce the key home-care steps by repeating the discharge instructions slowly

***D.** Provide written instructions that have been reviewed for accuracy and are based on current evidence-based practice

Correct Answer: D) Provide written instructions that have been reviewed for accuracy and are based on current evidence-based practice

Providing written instructions that have been reviewed for accuracy and are based on current evidence-based practice best facilitates safe follow-up because anxiety, sedating medication, and procedural stress can reduce how much information the patient absorbs during discharge teaching. Moreover, written instructions reinforce education and guide subsequent care. Providing concise verbal instructions focused on high-priority precautions and follow-up needs addresses important content, but verbal teaching alone is more vulnerable to incomplete retention in this setting. Reviewing the follow-up plan verbally with a family member adds guidance at discharge, but it does not provide the durable, patient-directed reference emphasized for continued care at home. Repeating the discharge instructions slowly may offer immediate clarity, but repetition alone does not guarantee the reinforced, take-home guidance needed when attention and recall may be reduced.

5. During procedural planning, a clinician discusses skin adhesive for wound closure and obtains consent. After closer inspection, the wound edges are under tension, and suture closure is now preferred. Which of the following actions is the MOST appropriate next step?

A. Confirm the patient's continued agreement to treatment and proceed with suture closure

***B.** Revisit informed consent to discuss the revised technique, alternatives, and risks and benefits before proceeding

C. Document the change in technique and proceed because wound closure remains the agreed treatment goal

D. Ask a team member to witness the updated plan and then proceed with suture closure

Correct Answer: B) Revisit informed consent to discuss the revised technique, alternatives, and risks and benefits before proceeding

Revisiting informed consent to discuss the revised technique, alternatives, and risks and benefits best addresses the change in procedural planning because a shift from skin adhesive to suturing changes the method the patient is asked to accept and requires updated decision-making. Confirming the patient's continued agreement to treatment shows willingness to proceed, but it does not ensure that the patient has been informed about the new technique and its implications. Documenting the change in technique substantiates the medical record, but documentation alone does not replace the disclosure and discussion needed for informed consent. Asking a team member to witness the updated plan may facilitate communication or documentation, but witnessing does not substitute for a complete consent discussion about the revised procedure.

6. A procedure note includes only the indication, technique, and patient tolerance. To minimize legal vulnerability, which additional documentation element should be added?

A. Complications or their absence during the procedure

B. Findings observed during the procedure

***C.** Follow-up plan after the procedure

D. Postprocedure instructions given to the patient

Correct Answer: C) Follow-up plan after the procedure

The follow-up plan after the procedure creates the greatest clinical and legal vulnerability when omitted because it directs what should happen next, facilitates continuity of care, and records the intended course after the procedure. Complications or their absence are important to document because they clarify immediate procedural outcome, but they do not by themselves guide subsequent care. Findings observed during the procedure help describe what was encountered or accomplished, yet they do not establish the next steps needed after the encounter. Postprocedure instructions given to the patient are also important because they facilitate home care and safety, but a documented follow-up plan more broadly anchors ongoing management and accountability beyond the immediate discharge conversation.

7. Which of the following presentations meets the criteria for a moderate level of medical decision-making (MDM) based on the problem being addressed?

A. Single self-limited problem with minimal review needs

B. One stable chronic condition with low likelihood of morbidity

***C.** New undiagnosed problem with uncertain course

D. Condition posing an immediate threat to life or essential functions

Correct Answer: C) New undiagnosed problem with uncertain course

A new undiagnosed problem with uncertain course meets the moderate level of MDM because this category includes conditions that require further assessment due to unclear trajectory or outcome. A single self-limited problem with minimal review needs fits the straightforward level because it involves low complexity and very limited risk. One stable chronic condition with low likelihood of morbidity suits the low level because the condition is established, and the management risk remains limited. A condition posing an immediate threat to life or essential functions aligns with the high level because it reflects the most serious category of problem complexity and risk.

8. During pre-procedure preparation, a clinician notices that the equipment setup may not match the planned procedure. The room is busy, and the team appears ready to proceed. A formal time-out has not yet been performed. What is the MOST appropriate next step?

A. Confirm the planned procedure in the chart before proceeding

B. Directly ask a team member to quickly verify the setup while the rest of the team continues preparing

C. Continue preparing while planning to address the concern if a discrepancy becomes more apparent

***D.** Pause the preparation and initiate a team discussion to clarify the procedure and setup before continuing

Correct Answer: D) Pause the preparation and initiate a team discussion to clarify the procedure and setup before continuing

Any uncertainty about procedure setup should prompt an immediate pause and team-based clarification before proceeding. This reflects core patient safety principles, including shared accountability and prevention of wrong-site or wrong-procedure errors. Addressing concerns

early ensures that all team members have a consistent understanding of the plan. Confirming details in the chart without communicating does not ensure team alignment. Delegating verification to a single team member does not promote shared situational awareness or fully resolve the concern. Continuing preparation while waiting for clearer evidence of an error delays necessary communication and increases the risk of preventable harm.

9. When a procedure requires escalation to a high-risk intervention that demands extensive, formally documented procedural training and experience, which of the following clinicians is MOST appropriately qualified to lead the intervention?

***A.** Physician with residency-based training and documented procedural experience

B. Nurse practitioner with graduate-level clinical training and supervised rotations

C. Physician assistant with medical-model training and core clinical rotations

D. The most experienced available team member, regardless of professional role

Correct Answer: A) Physician with residency-based training and documented procedural experience

High-risk, complex procedural interventions that require extensive hands-on experience and formal documentation are typically within the scope of physicians who have completed residency training with supervised procedural logs and progressive responsibility. This training pathway is specifically designed to ensure competency in managing complications and performing advanced interventions. Nurse practitioners and physician assistants receive rigorous clinical training, but their education generally includes fewer procedural requirements and less longitudinal, formally documented procedural experience compared to physician residency training. Assigning responsibility based solely on perceived experience rather than training and scope of practice is inappropriate and may compromise patient safety.

10. Which aspect of clinical education is unique to physician training and used to facilitate credentialing for independent procedural practice?

A. Completion of population-focused graduate training with specialty-specific competencies

***B.** Documentation of procedures performed under supervision during residency training

C. Structured core clinical rotations across multiple disciplines prior to graduation

D. Accreditation through standardized national criteria for graduate-level programs

Correct Answer: B) Documentation of procedures performed under supervision during residency training

Documentation of procedures performed under supervision during residency training is uniquely associated with physician education and is used to facilitate credentialing for independent practice. Physician training includes progressive responsibility with formal tracking of procedural experience as part of residency requirements. Population-focused graduate training with specialty competencies describes nurse practitioner education. Structured core clinical rotations across multiple disciplines characterize physician assistant programs. Accreditation through standardized national criteria applies broadly to multiple professional training pathways and is not unique to physician education.